

# Care Standards

## Single Assessment Framework

Hospital, Ambulance and Mental Health Services

April 2025

Safe  
Effective  
Caring  
Responsive  
Well-led

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## THE JERSEY CARE COMMISSION

### *The Jersey Care Commission's purpose is to:*

- provide the people of Jersey with independent assurance about the quality, safety and effectiveness of their health and social care services
- promote and support best practice in the delivery of health and social care by setting high standards and challenging poor performance
- work with service users and their families and carers to improve their experience of health and social care and achieve better outcomes.

### *The Jersey Care Commission's work is based on these core values:*

- **A person-centred approach** – we put the needs and the voices of people using health and social care services at the heart of everything we do.
- **Integrity** – we are objective and impartial in our dealings with people and care providers.
- **Openness and accountability** – we act fairly, and transparently, and are responsible for our actions.
- **Efficiency and excellence** – we strive to continually improve and provide the best possible quality and value from our work.
- **Engagement** – we work together with, and seek the views of, those using, providing, funding, and planning health and social care services in developing all aspects of our work.

## INTRODUCTION TO THE SINGLE ASSESSMENT FRAMEWORK

The newly developed Single Assessment Framework (SAF) is a fundamental set of standards, designed to set out how care services should be provided across various sectors. Everybody has the right to expect clear standards, which set out how care providers make sure that their services are safe, effective, caring, responsive and well-led.

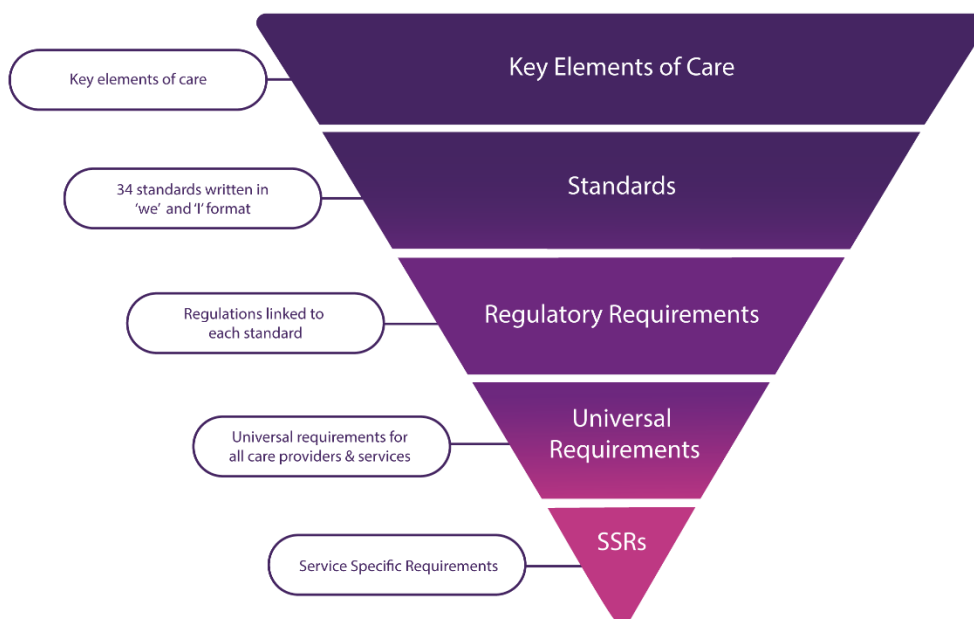
The development of the SAF was inspired by the regulatory approach of the Care Quality Commission, adapting its principles to suit the specific needs and context of Jersey.

*The SAF has been written to:*

- promote the safety and well-being of people's care
- help people understand that they should have high expectations of the service supporting them and of the outcomes they can achieve
- set out what the care provider must do to meet the high expectations of people who use their services
- set out the structure to be used to regulate and inspect the care provided.

The SAF comprises 34 standards which set out what is needed to ensure high-quality care. Compliance with the standards is central to striving for excellence.

Every standard commences with a 'We' statement that outlines what providers must do to meet legal requirements and to fulfil the expectations of individuals utilising care services. Subsequently, an 'I' statement follows, describing the entitlements that individuals can rightfully expect from the service.



*Diagram (1) Setting out SAF structure*

Each Standard is accompanied by directly related regulatory requirements. This ensures providers gain a clear understanding of the regulatory context for each standard.

The Universal Requirements are applicable to all services and every care provider should comply with these requirements.

The depth of regulation and inspection is further expanded in Service Specific Requirements. This tier recognises the unique challenges and requirements in various specialist settings.

The SAF should be read in conjunction with the [Regulation of Care \(Jersey\) 2014 Law](#), regulations and other relevant legislation.

## SCOPE

These Standards apply to providers of registered services under the [Regulation of Care \(Jersey\) Law 2014](#):

**Jersey General Hospital and satellite sites:** inpatient and outpatient services, public and private (this includes services provided to people who visit the hospital for the purposes of attending appointments, daycare or obtaining medicines):

- Medical care
- Surgical care
- Urgent and emergency care
- Critical care
- Maternity care
- Neonatal care
- Services for children and young people
- Rehabilitation services
- Outpatient services
- Daycare services
- Diagnostic and imaging services
- Assisted reproductive services
- Laboratory and management of blood, tissue and organs
- Pharmacy
- End of life care
- Mental health care at the hospital.

**Services run from the Hospital** delivered outside the premises, including hospital discharge and community nursing services:

- Patient transport services (Example: Jersey Emergency Transfer Services)
- Rehabilitation services.

**Ambulance Service:** services delivered by the Government of Jersey's Ambulance Service and private/charitable ambulance services:

- Emergency operations centre
- Emergency and urgent care services
- Patient transport services.

**Mental Health Services:** all Government of Jersey mental health services provided to inpatients and outpatients, with the sole exception of the Government of Jersey’s Child and Adolescent Mental Health Service (CAMHS):

- Acute wards and long stay wards for adults
- Community based Mental Health services for adults.



## GUIDING PRINCIPLES

The Commission’s guiding principles are the fundamental values which influence the SAF and Standards. They reflect people's rights and are central to this new approach. The guiding principles will help the inspectors to answer five key questions: is the service safe, effective, caring, responsive and well led.

<b>Safe</b>	People are protected from abuse and avoidable harm
<b>Effective</b>	Care, treatment, and support achieve good outcomes, promote a good quality of life and are based on the best available evidence
<b>Caring</b>	Care is respectful, compassionate, and dignified
<b>Responsive</b>	Care meets people’s unique needs
<b>Well-led</b>	The leadership, management and governance of the organisation assure delivery of high-quality care, support learning and innovation, and promote an open and fair culture.

## SAFE

### Standard 1. Statement of Purpose

We have a clear Statement of Purpose and a set of objectives which are accessible to everyone.

**What this means to people:**

I have access to clear and comprehensive information about the service's mission, values and the quality of care I can expect to receive.

**Relevant regulatory requirements**

Regulation 3 Conditions of Registration

Regulation 5 Conduct of Regulated Activity

Regulation 6 Openness and Transparency

Regulation 8 Person-Centred Care

Regulation 17 Workers

Regulation 18 Premises and Equipment

#### 1.1 *Universal Requirements*

There is a written Statement of Purpose that includes information about:

1.1.1 General information:

- Registered manager information and qualifications
- The address and contact information for the service
- The organisational structure for the service
- Visiting arrangements (where applicable)
- “Chaperoning” arrangements.

1.1.2 Mission and vision:

- Provider's overall mission and vision statements setting out an understanding of the purpose and the values that guide its services
- The aims and objectives of the care service.

1.1.3 Scope of services: Detail of the range of clinical services, treatments, and procedures offered by the service. This includes specialist services, emergency care, surgeries, diagnostic procedures, and other healthcare services.

## SAFE

### Standard 2. Learning Culture

We have a positive and proactive culture of safety based on openness and honesty. We listen to safety concerns, investigate and report safety events thoroughly, and learn from them to improve and embed good practices.

**What this means to people:**

I can voice safety concerns and the service takes these concerns seriously, investigates thoroughly, and learns from any safety incidents to improve practices.

**Relevant regulatory requirements**

Regulation 8 Person-centred care

Regulation 9 Personal plans and care records

Regulation 17 Workers

Regulation 22 Complaints and representations

Regulation 71 Requirements in respect of complaints procedure

#### 2.1 *Universal Requirements*

- 2.1.1 The care provider proactively assesses both clinical and environmental risks, identifying early signs and taking preventive measures to manage and mitigate potential incidents. These are regularly reviewed and documented.
- 2.1.2 Arrangements for reviewing and investigating safety and safeguarding incidents and events are in place for situations when issues arise. All relevant staff, services, partner organisations and people who use services are involved in reviews and investigations. Lessons are learned, and themes are identified through investigations when issues occur. Action is taken based on these findings to address the causes.
- 2.1.3 Learning from lessons is shared effectively to ensure actions are taken to improve safety.
- 2.1.4 Staff actively participate in and learn from reviews and investigations conducted by other services and organisations. The arrangements to respond to external safety alerts, recalls, inquiries, investigations, or reviews are effective and responsive.

- 2.1.5 The care provider upholds a duty of candour, ensuring transparency and openness in communication with individuals receiving care and their families. In the event of adverse incidents, the care provider is committed to promptly informing affected parties, providing honest and clear explanations, and identifying and agreeing appropriate resolutions.
- 2.1.6 The care provider values and actively promotes a culture where people feel free to express their concerns, suggestions, or feedback without fear of reprisal. Open and dedicated channels for communication are established to encourage a free flow of information, contributing to a more collaborative and responsive healthcare environment.
- 2.1.7 The service proactively responds to national patient safety alerts, ensuring the timely implementation of recommended safety measures.
- 2.1.8 Regular mortality and morbidity meetings are conducted within the service, attended by relevant stakeholders, and the proceedings are appropriately minuted.
- 2.1.9 There is documented evidence of “Never Events”, Serious Incidents and Root Cause Analysis investigations.
- 2.1.10 Learning from mortality and morbidity meetings, “Never Events”, Serious Incidents and Route Cause Analysis, is disseminated to all staff, ensuring that those unable to attend receive the necessary information for continuous improvement.
- 2.1.11 Safety Thermometer (or equivalent) data is systematically collected for various relevant indicators.
- 2.1.12 The care provider proactively responds to national patient safety alerts, ensuring the timely implementation of recommended safety measures.

## SAFE

### Standard 3. Safe systems, pathways and transitions

We work with people and our partners to establish and maintain secure care systems. We manage, monitor, and ensure safety. We make sure that care is continuous, even when people move between different services.

#### What this means to people:

I know what to do and who I can contact when I realise that things might be at risk of going wrong, or my health condition may be worsening. When I move between services, settings or areas, there is a plan for what happens next, who will do what, and all the practical arrangements are in place.

#### Relevant regulatory requirements

Regulation 8 Person-centred care

Regulation 15 Shared responsibilities

#### 3.1 *Universal Requirements*

- 3.1.1 All staff receive effective training in safety systems, processes, and practices, specifically focusing on health and safety.
- 3.1.2 The track record on safety is assessed and documented.
- 3.1.3 The safety performance over time is evaluated through collected data, Datix information, Serious Incidents (SIs) records, Huddles compliance, and relevant Key Performance Indicators (KPIs).
- 3.1.4 The safety performance is compared with similar services through benchmarking with similar or relevant jurisdictions and action is taken when there is undue negative variance.
- 3.1.5 Safety is effectively monitored using information from various sources, including performance against safety goals where applicable.
- 3.1.6 Staff understand their responsibilities to raise concerns, record safety incidents, concerns, and near misses, and report them internally and externally, as necessary.

- 3.1.7 Individual care records, including clinical data, are written and managed to ensure people's safety.
- 3.1.8 All necessary information required to deliver safe care and treatment is available to relevant staff in a timely and accessible manner. This includes test and imaging results, care and risk assessments, care plans, and case notes.
- 3.1.9 When people move between teams, services, and organisations (such as referral, discharge, transfer, and transition), all the necessary information required for their ongoing care is communicated appropriately, promptly, and in accordance with relevant protocols.
- 3.1.10 Staff possess all the necessary information required to deliver safe care and treatment to people.

## SAFE

### Standard 4. Safeguarding

We work with people to understand what safety means to them and with our partners to make it happen. We focus on improving people's lives while protecting their right to live safely, free from bullying, harassment, abuse, discrimination, avoidable harm, and neglect. We make sure that we share concerns quickly and appropriately.

#### What this means to people:

I am listened to, respected and know that my identity and personal safety matters. Care providers and partners work together to make sure I am kept safe from harm, bullying, and discrimination.

#### Relevant regulatory requirements

Regulation 9A Need for consent

Regulation 8 Person-centred care

Regulation 11 Safeguarding

#### 4.1 *Universal Requirements*

- 4.1.1 Staff have received the required level of safeguarding training.
- 4.1.2 Safety and safeguarding systems, processes, and practices are comprehensively developed, efficiently implemented, and effectively communicated to all staff members.
- 4.1.3 Systems, processes, and practices are designed to protect people from abuse, neglect, harassment, and breaches of their dignity and respect. These methods are monitored and continually enhanced.
- 4.1.4 Measures are in place to protect people from discrimination, which could amount to abuse, or cause psychological harm. This includes addressing harassment and discrimination related to protected characteristics under the [Discrimination \(Jersey\) Law 2013](#).
- 4.1.5 Robust arrangements are established to safeguard adults and children from abuse and neglect, in alignment with relevant legislation and local requirements (Safeguarding Partnership Board).

- 4.1.6 Staff comprehend their responsibilities and adhere to safeguarding policies and procedures, collaborating with other agencies as necessary.
- 4.1.7 Staff actively identify adults and children at risk of experiencing significant harm. They collaborate with other agencies to ensure these people receive appropriate help, support and protection.
- 4.1.8 Staff have received training to raise awareness of the potential needs of individuals with mental health conditions, learning disabilities, autism, and dementia.



## SAFE

### Standard 5. Involving people to manage risks

We work with people to understand and manage risks. We think about the person as an individual, so that care is safe and supportive and helps people do the things that matter to them.

#### What this means to people:

- I feel safe and am supported to understand and manage any risks
- I know what to do and who I can contact when I realise that things might be at risk of going wrong, or my health condition may be worsening
- If my treatment, including medication, has to change, I know why and am involved in the decision
- When I move between services, settings or areas, there is a plan for what happens next and who will do what, and all the practical arrangements are in place
- I have considerate support delivered by competent people
- I can get information and advice about my health, care and support and how I can stay as well as possible – physically, mentally and emotionally.

#### Relevant regulatory requirements

Regulation 7 Respect and involvement

Regulation 9A Need for consent

Regulation 8 Person-centred care

Regulation 11 Safeguarding

Regulation 18 Premises and equipment

#### 5.1 *Universal Requirements*

- 5.1.1 Risks to people are assessed, and their safety is monitored and managed to provide necessary support for staying safe.
- 5.1.2 The care provider involves people in understanding and assessing risks specific to their care and support needs.
- 5.1.3 Strategies are employed to identify potential risks and hazards in collaboration with people receiving care.

- 5.1.4 The planning and delivery of care considers the whole person, ensuring care plans are tailored and supportive.
- 5.1.5 The care provider collaborates with multiagency partners to access specialist support and advocacy services, ensuring a comprehensive and tailored approach to individual care needs.
- 5.1.6 Methods are used to identify people's personal preferences, goals, and aspirations, aligning care with what matters most to them.
- 5.1.7 The care environment is designed to promote safety while supporting people's needs and choices.
- 5.1.8 Measures are in place to create a secure atmosphere, empowering people to voice concerns about their safety and well-being.
- 5.1.9 Examples of how people are actively involved in decision-making processes related to risk management can be shared.
- 5.1.10 People are encouraged to take control of their own safety and to actively participate in managing risks affecting their lives.
- 5.1.11 Mechanisms are in place to gather feedback from people about their experience with risk management processes.
- 5.1.12 The care provider uses feedback and lessons learned from people to continuously improve its approach to managing risks and providing person-centred care.
- 5.1.13 Comprehensive risk assessments are carried out for people who use services, and risk management plans are developed in line with best practice in the sector. Risks are managed positively.

## SAFE

### Standard 6. Safe Environments

We detect and control possible risks in the care environment. We make sure that the equipment, facilities, and technology support the delivery of safe care.

#### What this means to people:

- I feel safe in the care environment
- I am protected from harm caused by the use of faulty equipment
- I am protected from harm caused by any defect in the building where my care is provided
- Staff who care for me, or support me, are trained to operate equipment and know what to do when things go wrong.

#### Relevant regulatory requirements

Regulation 7 Respect and involvement

Regulation 9A Need for consent

Regulation 8 Person centred care

Regulation 11 Safeguarding

Regulation 18 Premises and equipment

#### 6.1 *Universal Requirements*

- 6.1.1 The design, maintenance and use of facilities and premises keep people safe.
- 6.1.2 The environment is tidy, calm and clutter-free. Bathing/toilet facilities are clean and conducive to use.
- 6.1.3 Facilities and premises are appropriate for the services delivered.
- 6.1.4 Health records are stored in a secure cabinet / locked room.
- 6.1.5 Staff identification badges are worn, and a 'Work Wear' Policy is adhered to by all staff.
- 6.1.6 A resuscitation trolley is easily accessible and is clean and sealed. Checking schedules should identify and record minimum daily checks.
- 6.1.7 Sharps bins are signed according to policy and stored away from public access.

- 6.1.8 Staff are aware of and comply with the correct procedure after sustaining a sharps injury.
- 6.1.9 Staff are aware of the relevant evacuation procedures in the event of a fire.
- 6.1.10 Staff are aware of any significant findings following the ward /area fire risk assessment and have completed a corresponding action plan to reduce risk.
- 6.1.11 People are not disturbed by unnecessary noise and light at night.
- 6.1.12 Privacy is maintained by using curtains, screens, and appropriate clothing. Permission is obtained before entering any private areas, for example bed spaces, bathrooms, and cubicles.
- 6.1.13 Pressure relieving equipment (including seating) is used appropriately to meet individual needs.
- 6.1.14 Mattress covers are opened after every patient discharge to check for signs of permeability/damage.
- 6.1.15 Staff are aware that a root cause analysis (RCA) needs to be completed for acquired Category 2 and above pressure ulcers.
- 6.1.16 Hand cleaning facilities are available to everyone (hand wipes, soap and water).
- 6.1.17 Personal aids are kept within easy reach, for example walking stick, spectacles and hearing aids.

## SAFE

### Standard 7. Safe and effective staffing

We make sure there are enough qualified, skilled, and experienced staff who are well supported and receive effective supervision and development. They work together effectively to provide safe care that meets people's individual needs.

#### What this means to people:

- I always receive safe care and treatment delivered by competent staff
- Staffing levels and skills are planned and reviewed to provide safe care
- I know who my named nurse or key worker is and know how to contact them.

#### Relevant regulatory requirements

Regulation 2 Fitness criteria

Regulation 8 Person-centred care

Regulation 17 Workers

#### 7.1 *Universal Requirements*

- 7.1.1 The care provider ensures staff have completed all relevant mandatory and statutory training by implementing a comprehensive verification process.
- 7.1.2 Staffing levels and skill mix are planned and reviewed to ensure that people always receive safe care and treatment and that staff do not work excessive hours.
- 7.1.3 Actual staffing levels and skill mix are compared with the planned levels, and cover is provided for staff absence.
- 7.1.4 Local induction policies ensure that all new and agency staff are thoroughly oriented with the hospital's procedures, protocols, and safety standards before commencing their duties.
- 7.1.5 Arrangements for using bank, agency, and locum staff or staff moved from other areas keep people safe at all times.
- 7.1.6 There are established and implemented protocols for managing staffing gaps to ensure continuity of service and people safety.

- 7.1.7 Cover arrangements for sickness absence, planned and unplanned absence are in place to maintain patient safety. These arrangements may include temporary staff, overtime, or other strategies to ensure adequate coverage during absences or vacancies.
- 7.1.8 Arrangements for handovers and shift changes ensure that people are safe.
- 7.1.9 Safety is promoted in recruitment practices, staff support arrangements, staff conduct investigations, grievance procedures, and appropriate Disclosure and Barring Service checks.
- 7.1.10 Staff identify and respond appropriately to changing risks to people, including deteriorating health and well-being, medical emergencies, or behaviour that challenges. Staff can seek support from senior staff in these situations.
- 7.1.11 The impact on safety is assessed and monitored when changing the service or the staff.
- 7.1.12 People have their assessed needs, preferences, and choices met by staff with the right knowledge, skills and experience.
- 7.1.13 The learning needs of all staff are identified, and staff receive appropriate training that covers the scope of their work, with protected time allocated for this training.
- 7.1.14 Staff are encouraged to pursue and given opportunities for personal growth and development.
- 7.1.15 Arrangements for supporting and managing staff to deliver effective care and treatment include one-to-one meetings, appraisals, coaching and mentoring, clinical or other professional supervision, and revalidation.
- 7.1.16 Poor or variable staff performance is identified and managed in a timely way, and staff are supported to improve.
- 7.1.17 When volunteers are recruited, they undergo training and receive support for their roles.

## SAFE

### Standard 8. Infection prevention and control

We assess and manage the risk of infection. We detect and control the risk of infection spreading and share any concerns quickly with the right people.

#### What this means to people:

- I can expect to receive care and treatment in a clean and safe environment
- I will not be exposed to a higher risk of infection when in hospital or in any other care setting
- I will be cared for in a way that reduces the risk of cross infection if I have a contagious condition
- I feel protected and appropriately cared for and do not feel isolated or alone.

#### Relevant regulatory requirements

Regulation 12 Cleanliness and infection control

Regulation 18 Premises and equipment

#### 8.1 *Universal Requirements*

- 8.1.1 Standards of cleanliness and hygiene are maintained, and reliable systems are in place to prevent and protect people from contracting healthcare-associated infections.
- 8.1.2 All ten elements of standard infection control practices are considered, monitored, and observed in practice:
- patient placement/assessment of infection risk
  - hand hygiene
  - respiratory and cough hygiene
  - personal protective equipment
  - safe management of the care environment
  - safe management of care equipment
  - safe management of healthcare linen
  - safe management of blood and body fluids
  - safe disposal of waste (including sharps)
  - occupational safety/managing prevention of exposure, including sharps.

- 8.1.3 People are promptly assessed for infection risk on arrival at the care area. This assessment influences placement in accordance with clinical/care needs.
- 8.1.4 Cross-infection risks are managed and (where applicable) include people:
- With unexplained diarrhoea, vomiting, an unexplained rash, fever or respiratory symptoms
  - Known to have been previously positive for a multi-drug resistant organism (MDRO), for example Methicillin Resistant Staphylococcus Aureus (MRSA), Carbapenemase Producing Enterobacteriaceae (CPE)
  - Who have been an inpatient in any hospital in the UK or elsewhere or are a known epidemiological link to carriers of CPE
  - With known or suspected infection or colonisation.
- 8.1.5 Clinical hand-wash basins are used for that purpose only and not for disposing of other liquids. They are in a good state of repair and have mixer taps, no overflow or plug. They exist in all clinical areas and have wall-mounted soap and paper towel dispensers.
- 8.1.6 Hand hygiene facilities have instructional posters.
- 8.1.7 Hand hygiene principles are followed and performed:
- Before touching a patient
  - Before clean or aseptic procedures
  - After body fluid exposure risk
  - After touching a patient
  - After touching a patient's immediate surroundings.
- 8.1.8 All Personal Protective Equipment (PPE):
- Is located close to the point of use
  - Is stored to prevent contamination in a clean, dry area until required (expiry dates must be adhered to)
  - Is single-use only, unless specified by the manufacturer
  - Is changed immediately after each use and /or after completing a procedure/task
  - Is disposed of after use into the correct waste stream, for example domestic waste, offensive (non-infectious) or clinical waste
  - Is discarded if damaged or contaminated
  - Reusable PPE, such as non-disposable goggles/face shields/visors, is decontaminated after each use according to the manufacturer's instructions



- Specific PPE (gloves, apron, headwear, footwear, fluid-resistant surgical masks, higher-level protective masks, face shields and goggles) is worn appropriately and in accordance with the care provider's infection prevention and control policy.
- 8.1.9 Care equipment classed as single use, single patient use, reusable invasive and reusable non-invasive is disposed of/cleaned/disinfected/ decontaminated according to the care provider's IPC (Infection Prevention and Control) policy. Where applicable the systems in place to clean and decontaminate are subject to appropriate governance arrangements to ensure good quality control.
- 8.1.10 Safe management of linen is in place. Healthcare laundry is managed and segregated (clean linen, used linen and infectious linen) in accordance with the care provider's IPC policy.
- 8.1.11 Clean linen is stored in a clean designated area, preferably an enclosed cupboard. Where a mobile unit for storage is in place, an impervious covering is used and able to withstand decontamination.
- 8.1.12 Spillages of blood and other body fluids are treated by staff trained to undertake this safely. Responsibilities for treating blood/body fluids are clear within each care setting.
- 8.1.13 Arrangements for managing waste and clinical specimens are in place to keep people safe. This includes the classification, segregation, storage, labelling, handling, and, where appropriate, treatment and disposal of waste.
- 8.1.14 An occupational safety policy (prevention of exposure (including sharps)) is in place, and managers and staff are aware of it in clinical practice.
- 8.1.15 Isolation protocols are implemented for people diagnosed with infectious diseases.
- 8.1.16 Clear signage and communication are in place to alert staff and visitors about isolation precautions.
- 8.1.17 There is evidence of routine cleaning and disinfection of surfaces and medical equipment.

- 8.1.18 All placement decisions and assessment of infection risk/status (including isolation requirements) are clearly documented in notes (digital and/or handwritten) and provided in handovers with other healthcare/ care providers.
- 8.1.19 There is evidence of clinical judgement, integrated decision-making and assessment of infection risk involving staff and the IPC team.
- 8.1.20 Isolation room utilisation follows best practice.
- 8.1.21 When isolation rooms are in short supply, there is evidence of the IPC team's documented risk assessments.
- 8.1.22 Prioritisation of single rooms is reviewed daily.

## SAFE

### Standard 9. Medicines optimisation

We make sure that medicines and treatments are safe and meet people's needs, capacities, and choices. We involve people in planning their care, even when things change.

#### What this means to people:

- I feel safe and am supported to understand and manage any risks
- I know what to do and who I can contact when I realise that things might be at risk of going wrong, or my health condition may be worsening
- If my treatment, including medication, has to change, I know why and am involved in the decision
- I have considerate support delivered by competent people.

#### Relevant regulatory requirements

Regulation 8 Person-centred care

Regulation 9 Personal plans and care records

Regulation 14 Management of medicines

#### 9.1 *Universal Requirements*

- 9.1.1 The provider ensures the proper and safe use of medicines.
- 9.1.2 Medicines, including medical gases and emergency medicines and equipment, and medicines-related stationery (for example prescription pads, labels and packing) are managed (ordered, transported, stored, and disposed of) safely and securely in accordance with the care provider's medicines policy.
- 9.1.3 The provider has an overarching Medicines Policy and, where required, departmental standard operational procedures.
- 9.1.4 Medicines are appropriately prescribed, administered, and/or supplied to people in line with the relevant legislation, current national guidance, or best available evidence.
- 9.1.5 The provider holds regular multi-disciplinary governance meetings regarding the use of medicines within the organisation.

- 9.1.6 People receive specific advice about their medicines in a timely manner and in line with current national guidance or evidence.
- 9.1.7 There are established local microbiology protocols for the administration of antibiotics, and prescribers are actively using them.
- 9.1.8 When someone dependent on alcohol or illegal drugs is admitted, the service offers medicines to assist with their withdrawal and associated side-effects.
- 9.1.9 The individuals and teams responsible for antimicrobial stewardship actively monitor data and provide constructive feedback on prescribing practices at both prescriber and team levels, fostering continuous improvement in antimicrobial use.
- 9.1.10 When individuals are prescribed an antimicrobial, the service ensures that a microbiological sample is taken, and their treatment is systematically reviewed when results become available.
- 9.1.11 People's medicines are reconciled in line with current national guidance when transferring between locations or changing levels of care.
- 9.1.12 The service ensures that people receive their intended medicines, which are recorded appropriately.
- 9.1.13 People receive appropriate therapeutic drug and physical health monitoring with appropriate follow-up in accordance with current best practice.
- 9.1.14 People's medicines are regularly reviewed and reconciled, including the use of 'when required' medicines.
- 9.1.15 The service ensures that people's behaviour is not controlled or otherwise negatively affected by excessive or inappropriate use of medicines.
- 9.1.16 Medicines are stored in locked patient medication lockers, designated locked cupboards/trolleys, or a locked fridge (with exception for emergency medication storage that will follow provider's Medicines Policy).

- 9.1.17 The medication fridge and medication storage rooms have a current temperature log sheet completed in line with the provider's medicines policy.
- 9.1.18 All IV infusions are stored in original boxes or appropriately labelled containers, with potassium-containing solutions kept separately from other solutions.
- 9.1.19 People are observed to ensure that they take medication. If people choose not to, medicines are appropriately discarded and lack of consumption recorded. Medication is not left, for example, on bedside tables, trays or lockers.
- 9.1.20 Medicine trolleys and equivalent facilities are locked and secured when not in use.
- 9.1.21 In all cases where medicines have been omitted, the reason for the omission is documented on the Electronic Prescribing and Medicines Administration (EPMA).
- 9.1.22 EPMA is used in all clinical areas. In departments where it has not been implemented or EPMA does not hold the functionality, robust processes are in place in order to achieve safe administration of medicines.
- 9.1.23 A record of staff trained on using Patient Group Directions (PGDs) relevant to their area is maintained.
- 9.1.24 Controlled drug keys are held by the nurse in charge/paramedic or registered delegate (in line with provider's medicine's policy).
- 9.1.25 Staff comply with standards for controlled drug administration.
- 9.1.26 Records confirm that stock checks of controlled drugs are carried out daily.
- 9.1.27 Allergy status is documented on Electronic Prescribing Record (EPR) and patient clinical record system.

## EFFECTIVE

### Standard 10. Assessing needs

We make sure people receive effective care and treatment by communicating with them to understand their health, care, and well-being needs. We assess and review these regularly.

#### What this means to people:

- I can get information and advice about my health, care and support and how I can be as well as possible – physically, mentally and emotionally
- I have care and support that is coordinated, and tailored to my specific needs
- Everyone works well together and with me
- I have care and support that enables me to live as I want to, seeing me as a unique person with my particular skills, strengths and goals
- I am empowered to get the care, support and treatment that I need and want.

#### Relevant regulatory requirements

Regulation 7 Respect and involvement

Regulation 8 Person-centred care

Regulation 9 Personal plans and care records

Regulation 13 Nutrition and hydration

Regulation 14 Management of medicines

#### 10.1 *Universal Requirements*

- 10.1.1 People who use services are actively engaged with to understand their health, care, well-being, and communication needs.
- 10.1.2 Assessments are conducted to ensure the ongoing effectiveness of care and treatment.
- 10.1.3 A systematic approach is in place to regularly review and update assessments based on people's evolving needs.
- 10.1.4 Staff ensure that the care provided aligns with the information gathered from engagement and assessments.
- 10.1.5 There is evidence of a person-centred approach in the assessment process, considering people's unique preferences, priorities and conditions.

## EFFECTIVE

### Standard 11. Delivering evidence-based care and treatment

We work with people to plan and provide care and treatment, considering what matters to them. Our approach aligns with the law and follows the latest evidence-based best practices and standards.

#### What this means to people:

- I am involved in the planning of my treatment and care
- I am able to influence important decisions about my treatment and care
- I can give or withhold my consent freely
- The care I receive is personalised to my preferences and supported by best practice.

#### Relevant regulatory requirements

Regulation 8 Person-centred care  
 Regulation 9 Personal plans and care records  
 Regulation 12 Cleanliness and infection control  
 Regulation 13 Nutrition and hydration  
 Regulation 14 Management of medicines  
 Regulation 16 Control and restraint

#### 11.1 *Universal Requirements*

- 11.1.1 People's physical, mental health, and social needs are holistically assessed, and their care, treatment, and support are delivered in line with legislation, standards, and evidence-based guidance, including National Institute for Health and Care Excellence (NICE) and other expert professional bodies, to achieve effective outcomes.
- 11.1.2 The provider has a clinical audit program that actively supports and monitors the implementation of national or international guidance.
- 11.1.3 Prescribers in secondary care use electronic prescribing systems that link the indication with the antimicrobial prescription.
- 11.1.4 Nutrition and hydration needs, including those related to culture and religion, are identified, monitored, and met.

- 11.1.5 Staff handovers routinely refer to the psychological and emotional needs of people, as well as their relatives/carers.
- 11.1.6 Staff utilise appropriate tools (such as DisDAT (Disability Distress Assessment Tool) and the Abbey Pain Scale)), to assess pain levels in non-verbal patients, ensuring a comprehensive approach to pain management.
- 11.1.7 Processes are in place to ensure no discrimination, including on the grounds of protected characteristics under the [Discrimination \(Jersey\) Law 2013](#) and best practice, when making care and treatment decisions.
- 11.1.8 Technology and equipment are used to enhance effective care and treatment delivery and support people's independence.
- 11.1.9 Adherence to the requirements of the [Capacity and Self Determination \(Jersey\) Law 2016](#) is evidenced through comprehensive case records that are maintained in accordance with the requirements of the Law.
- 11.1.10 The process used in assessing mental capacity, particularly during temporary incapacitation, relies on standardised and reliable tools to ensure accuracy and consistency.
- 11.1.11 The rights of people subject to the [Mental Health \(Jersey\) Law 2016](#) are protected, and staff have regard to the application of mental health articles and what they signify for people and care delivery.
- 11.1.12 Decision-making for people who lack mental capacity considers a range of factors and adheres to a framework that prioritises the best interests of the individual in question.



## EFFECTIVE

### Standard 12. How staff, teams and services work together

We collaborate well between teams and services to help people. We ensure that people who use services only have to tell their story once, by sharing their needs assessment when they move between different services.

#### What this means to people:

- I only have to tell my story once, and the care I receive is based on teams working together, even when I move between services
- I can expect that all information provided will be treated confidentially and held securely
- My care records will be shared appropriately with my knowledge and consent and on a need-to-know basis.

#### Relevant regulatory requirements

Regulation 8 Person-centred care

Regulation 15 Shared Responsibilities

#### 12.1 *Universal Requirements*

- 12.1.1 Care is delivered and reviewed in a coordinated way when different individuals, teams, services, or care providers are involved.
- 12.1.2 People are assured that they will receive consistent, coordinated, person-centred care and support when they use or move between different services.
- 12.1.3 All relevant teams, services, and care providers are informed when people are discharged from a service. Discharge is undertaken at an appropriate time of day, and only when any necessary, ongoing care package is in place.
- 12.1.4 High-quality in-patient services are delivered seven days a week, and their effect on improving patient outcomes is monitored routinely.
- 12.1.5 Pain is assessed and effectively managed, especially for those who have difficulty communicating. Special attention is given to understanding and addressing the unique challenges faced by people in expressing their pain.

- 12.1.6 People are informed when they need to seek further help, and they are advised on what to do if their condition deteriorates. Clear communication is provided to empower people to take appropriate actions in response to changes in their health or well-being.

## EFFECTIVE

### Standard 13. Supporting people to live healthier lives

We help people take charge of their health and well-being so they can have independence, choice, and control. We assist them in living healthier lives and, when we can, reduce their need for future care and support.

#### What this means to people:

- I feel empowered to take control over my own health
- I am helped and supported when I am unable to care for myself
- I am encouraged to live independently for as long as I am able to do so
- My immediate family will be able to receive carer support when they need it
- Services and staff help me to manage my care, treatment, health and well-being.

#### Relevant regulatory requirements

Regulation 7 Respect and involvement

Regulation 8 Person-centred care

Regulation 9A Need for consent

#### 13.1 *Universal Requirements*

- 13.1.1 People who may need extra support are identified, including those in the last 12 months of their lives (Gold Standards Framework, Holistic Needs Assessment), those at risk of developing a long-term condition, and carers.
- 13.1.2 People are actively involved in regularly monitoring their health, which includes health assessments and checks, as appropriate and necessary.
- 13.1.3 People who use services are empowered and supported to manage their own health, care, and well-being to maximise their independence.
- 13.1.4 When abnormalities or risk factors that may require additional support or intervention are identified, people's changing care or treatment needs and requirements are discussed and followed up between staff, people, and their carers as necessary.

- 13.1.5 The support for local and/or national priorities to improve population’s health, such as breastfeeding, mental health awareness, smoking cessation, obesity, drug and alcohol dependency, dementia, and cancer, is aligned with the Public Health and/or Mental Health strategy.

## EFFECTIVE

### Standard 14. Monitoring and improving outcomes

We routinely monitor people's care and treatment to continuously improve outcomes. We ensure that outcomes are positive and consistent and that they meet both clinical expectations and the expectations of people themselves.

#### What this means to people:

- The care and treatment I receive is constantly monitored so that improvements can be made
- I receive the best care possible for my condition
- I am consulted about new or recommended treatments for my condition.

#### Relevant regulatory requirements

Regulation 7 Respect and involvement

Regulation 8 Person-centred care

Regulation 9A Need for consent

#### 14.1 *Universal Requirements*

- 14.1.1 Information about the outcomes of people's care and treatment, including both physical and mental health aspects where appropriate, is routinely collected and monitored.
- 14.1.2 Information demonstrates whether the intended outcomes for people are being achieved. Outcomes for people in this service are compared with those of other similar services, and changes over time are assessed to identify trends and improvements.
- 14.1.3 The service participates in relevant quality improvement initiatives, such as Jersey-wide and international clinical audits, benchmarking, approved accreditation schemes, peer review, research, trials, and other quality improvement initiatives. All relevant staff are involved in activities to monitor and use information to improve outcomes.
- 14.1.4 Staff are knowledgeable about and proficient in referring patients to local services when additional support is required, such as substance misuse services, contributing to holistic patient care.

## EFFECTIVE

### Standard 15. Consent to care and treatment

We inform people about their rights regarding consent and always respect these rights when providing personalised care and treatment.

#### What this means to people:

- I am well-informed and understand my rights
- Services and staff consistently respect and uphold my right of consent and choice
- I understand I can change my mind at any time or in respect of any particular treatment.

#### Relevant regulatory requirements

Regulation 7 Respect and involvement

Regulation 8 Person-centred care

Regulation 9A Need for consent

#### 15.1 *Universal Requirements*

- 15.1.1 Staff understand the relevant consent and decision-making requirements of legislation and guidance, including the [Mental Health \(Jersey\) Law 2016](#) and [the Children and Young People \(Jersey\) Law 2022](#), and other relevant national standards and guidance.
- 15.1.2 People are supported to make decisions in line with relevant legislation and guidance.
- 15.1.3 The process for seeking consent is monitored and reviewed to ensure it meets legal requirements and follows relevant local/national guidance.
- 15.1.4 When people lack the mental capacity to make a decision, staff ensure that best interest decisions are made in accordance with legislation.
- 15.1.5 The service promotes supportive practice that avoids the need for physical restraint. Where physical restraint may be necessary, the service ensures that it is used as a measure of last resort, safely, proportionately, and for the shortest time necessary to deescalate a situation. The use of physical restraint should only be undertaken by staff who have received the necessary training and all instances of use of restraint are recorded and monitored as part of a wider person-centred support plan.

- 15.1.6 Staff recognise when people aged 16 and over, who lack mental capacity, are being deprived of their liberty. They seek authorisation to do so when they consider it necessary and proportionate.

## CARING

### Standard 16. Kindness, compassion, and dignity

We always treat people with kindness, empathy and compassion, and we respect their privacy and dignity. We treat colleagues from other organisations with kindness and respect.

#### What this means to people:

- I am always treated with kindness, empathy, compassion and respect
- I am listened to, and my views are taken seriously
- I know how to complain when things go wrong.

#### Relevant regulatory requirements

Regulation 7 Respect and involvement

Regulation 8 Person-centred care

Regulation 9A Need for consent

#### 16.1 *Universal Requirements*

- 16.1.1 The service ensures that people are treated with kindness, respect, and compassion and that they receive emotional support when needed.
- 16.1.2 Staff demonstrate understanding and respect for the personal, cultural, social, and religious needs of people, incorporating these considerations into the delivery of services.
- 16.1.3 Staff members consistently demonstrate understanding and maintain a non-judgmental attitude when interacting with or discussing patients who have mental health, learning disability, autism, or dementia diagnoses. This reflects a commitment to inclusive and compassionate care.
- 16.1.4 Information regarding personal, cultural, social, and religious needs is recorded and shared with other services or providers as needed.
- 16.1.5 Staff consistently take the time to interact with people in a respectful and considerate manner. Staff exhibit an encouraging, sensitive and supportive attitude to people who use services and those close to them.



- 16.1.6 Staff respond with empathy and sensitivity to patients who may be frightened, confused, or phobic about medical procedures, ensuring a supportive environment for individuals with varying emotional needs.
- 16.1.7 People's privacy and dignity are respected and promoted by the service. The service and staff ensure that people's privacy and dignity needs are understood and consistently respected, including during physical or intimate care and examinations.
- 16.1.8 Staff actively raise concerns about any instances of disrespectful, discriminatory, or abusive behaviour or attitudes, and action follows.
- 16.1.9 Staff have a clear understanding of the impact that a person's care, treatment, or condition will have on their well-being, as well as on those close to them, considering both emotional and social aspects.
- 16.1.10 People are provided with appropriate and timely support and information to cope emotionally with their care, treatment, or condition. They are also advised on how to access other support services as needed.

## CARING

### Standard 17. Treating people as individuals

We treat people as individuals and make sure their care, support and treatment meet their needs and preferences. We take account of their strengths, abilities, aspirations, culture and unique backgrounds and protected characteristics.

#### What this means to people:

I am treated as a unique individual. Care providers go beyond a one-size-fits-all approach and ensure that my care, support, and treatment are tailored to meet my specific needs and preferences.

#### Relevant regulatory requirements

Regulation 7 Respect and involvement  
 Regulation 8 Person-centred care  
 Regulation 9A Need for consent  
 Regulation 13 Nutrition and hydration  
 Regulation 14 Management of medicines  
 Regulation 16 Control and restraint

#### 17.1 *Universal Requirements*

- 17.1.1 The service actively supports people to express their views and be involved in decision-making about their care, treatment, and support to the fullest extent possible.
- 17.1.2 Staff effectively communicate with people and seek to ensure their understanding of their care, treatment, and condition, along with any advice provided.
- 17.1.3 Staff seek accessible ways to communicate with people, including when their protected equality or other characteristics make this necessary.
- 17.1.4 Staff ensure that people and those close to them can find additional information, including community and advocacy services, and are supported in accessing these resources.
- 17.1.5 People are empowered and supported, as needed, to use and connect with support networks and advocacy, fostering a positive impact on their health, care, and well-being.

- 17.1.6 Carers, advocates, and representatives, including family members and friends, are identified, welcomed, and treated as important partners in the delivery of care. Compassionate support and relevant information are provided to those close to people using services, including carers, family members, dependants, in line with legal requirements and restrictions on information sharing.
- 17.1.7 The services provided reflect the needs of the population served, ensuring flexibility, choice, and continuity of care.
- 17.1.8 Patients and their families receiving life-changing diagnoses, such as terminal illness, are provided with appropriate emotional support and assistance in accessing further support services. This reflects a commitment to holistic care encompassing emotional well-being.

## CARING

### Standard 18. Independence, choice and control

We promote people’s independence, so they know their rights and have choice and control over their own care, treatment and well-being.

#### What this means to people:

I am informed about my rights, and staff actively involve me in making choices and decisions about my care, treatment, and well-being.

#### Relevant regulatory requirements

Regulation 7 Respect and involvement

Regulation 7A Visitors and involvement in the community

Regulation 8 Person-centred care

#### 18.1 *Universal Requirements*

- 18.1.1 People are actively informed about their rights, fostering a sense of empowerment and control over their care, treatment, and well-being.
- 18.1.2 The care provider encourages and supports people in making choices that align with their preferences and values.
- 18.1.3 There is evidence of a person-centred approach that actively promotes and enhances people's independence.
- 18.1.4 Clear mechanisms are in place to assess and address any barriers that may limit independence and choice.
- 18.1.5 The care provider ensures that people actively participate in decisions related to their care, treatment, and overall well-being, promoting a collaborative and empowering approach.
- 18.1.6 The care provider respects peoples’ autonomy and acknowledges the preferences of those who choose not to engage, fostering an environment that values personal choice and autonomy in matters pertaining to their care, treatment, and overall well-being.

- 18.1.7 The care provider upholds the principle of informed consent, recognising individuals' right to refuse care and make decisions that may be deemed unwise by conventional standards. The aim is to create a supportive environment that values diverse perspectives and empowers individuals in matters related to their care.
- 18.1.8 Support systems are in place to assist people in understanding and exercising their rights regarding choice and control over their care, treatment, and well-being.
- 18.1.9 Staff routinely involve people and those close to them (including carers and dependants) in planning and making shared decisions about their care and treatment. People feel listened to, respected, and have their views considered.
- 18.1.10 The care provider actively facilitates and encourages visits from relatives and friends as a fundamental component of supporting the mental health and social wellbeing of individuals under their care.
- 18.1.11 The care provider actively facilitates visits from professional services and makes sure that individuals receive professional support from a diverse range of practitioners (example: lawyers, hairdressers, priests, and healthcare professionals).

## CARING

### Standard 19. Responding to people's immediate needs

We listen to and understand people's needs, views and wishes. We respond to these in that moment and will act to minimise any discomfort, concern or distress.

#### What this means to people:

I feel heard and understood because staff actively listen to my needs, views and wishes.

#### Relevant regulatory requirements

Regulation 7 Respect and involvement

Regulation 8 Person-centred care

Regulation 19 Reviewing quality of service

Regulation 22 Complaints and representations

#### 19.1 Universal Requirements

- 19.1.1 Staff consistently respond in a compassionate, timely, and appropriate manner when individuals experience physical pain, discomfort, or emotional distress.
- 19.1.2 People are assured that information about them is treated confidentially in accordance with the [Data Protection \(Jersey\) Law 2018](#). Staff actively support people in making and reviewing choices about sharing personal information.
- 19.1.3 People receive personalised care that is responsive to their specific needs.
- 19.1.4 Instances where people's needs and choices are not met are identified and used to inform the improvement and development of services.
- 19.1.5 The service identifies and meets the information and communication needs of neurodiverse people or people with a disability or sensory loss. This information is recorded, highlighted, and shared when required, with people's consent.

## CARING

### Standard 20. Workforce, well-being and enablement

We care about our staff and promote their well-being. We help them provide care that focuses on each person.

#### What this means to people:

I receive care from a team that is supported and, in turn, able to meet my individual needs effectively.

#### Relevant regulatory requirements

Regulation 17 Workers

#### 20.1 *Universal Requirements*

- 20.1.1 The care provider actively demonstrates a commitment to staff well-being, providing robust support mechanisms to address the physical and psychological health of the workforce.
- 20.1.2 Opportunities for staff training and development are readily available to enhance their skills and knowledge, empowering them to deliver care that is person-centred.
- 20.1.3 The care provider effectively manages and monitors staff workloads to ensure they are reasonable, promoting a healthy work-life balance.
- 20.1.4 Mechanisms are in place for gathering feedback from staff about their well-being, and this feedback is utilised to continuously improve working conditions and support.
- 20.1.5 Staff are recognised and appreciated for their work ethic, fostering a positive and supportive working environment.
- 20.1.6 Flexible working arrangements are implemented to accommodate the diverse needs of the workforce, promoting work-life balance and well-being.
- 20.1.7 The care provider facilitates opportunities for staff members to grow both personally and professionally, fostering a culture of continuous improvement.

- 20.1.8 Measures are in place to ensure the occupational health and safety of the workforce, providing a safe and conducive working environment.
- 20.1.9 The care provider actively supports staff members during challenging or emotionally demanding work situations, promoting their emotional resilience and overall well-being.



## RESPONSIVE

### Standard 21. Person-centred care

We make sure people are at the centre of their care and treatment choices, and we decide, in partnership with them, how to respond to any relevant changes in their needs.

#### What this means to people:

I have care and support that is coordinated, and everyone works well together with me.

#### Relevant regulatory requirements

Regulation 7 Respect and involvement

Regulation 8 Person-centred care

Regulation 9A Need for consent

#### 21.1 *Universal Requirements*

- 21.1.1 Services are tailored to address the specific needs of individual people, emphasising flexibility, choice, and continuity of care.
- 21.1.2 The delivery of tailored services places people's individual needs and preferences at the centre.
- 21.1.3 Individualised and innovative approaches are employed to create integrated, person-centred pathways of care, involving collaboration with other service providers, especially for individuals with multiple and complex needs.
- 21.1.4 The service has adapted to meet the needs of local people, and this consideration is integrated into service planning to ensure responsiveness to the community.
- 21.1.5 Systems or staff members are in place to aid the delivery of care to patients in need of additional support, such as dementia champions, symbols, Learning Disability link nurses, or other supportive measures.
- 21.1.6 The needs of patients with mental health conditions, learning disabilities, autism, and dementia are routinely considered when making changes to the service, demonstrating a commitment to inclusivity and accessibility.

- 21.1.7 Signage and public announcements are clear enough to be understood by people who are unfamiliar with the environment, contributing to a user-friendly and accessible service.
- 21.1.8 Service actively considers and accommodates the individual needs of various patient groups, including those with complex needs, learning disabilities, and dementia.
- 21.1.9 The service ensures that children and their parents/carers receive both verbal and written safety netting information at the time of discharge, presented in an accessible format that they can understand.
- 21.1.10 The service has robust discharge arrangements in place for individuals with complex health and social care needs, taking into account their specific needs and social circumstances.
- 21.1.11 Discharge correspondence appropriately includes relevant teams, such as community mental health teams, community learning disabilities teams, child and adolescent mental health teams, or similar, when appropriate.
- 21.1.12 Appropriate support and supervision are available for individuals with mental health conditions, learning disabilities, autism, and dementia when needed.

## RESPONSIVE

### Standard 22. Care provision, integration and continuity

We understand that people have diverse health and care needs. We adapt our services to fit those needs. This means our care is connected, flexible, and supports people's choices.

#### What this means to people:

I am cared for by services and staff that reasonably adapt to my unique needs.

#### Relevant regulatory requirements

Regulation 7 Respect and involvement

Regulation 8 Person-centred care

Regulation 9A Need for consent

Regulation 15 Shared responsibilities

#### 22.1 *Universal Requirements*

- 22.1.1 Services take into account the particular needs and choices of different people.
- 22.1.2 Services are delivered, made accessible, and coordinated to account for the needs of different people, including those with protected characteristics under the [Discrimination \(Jersey\) Law 2013](#), and those in vulnerable circumstances.
- 22.1.3 Services are delivered and coordinated to be accessible and responsive to people with complex needs.
- 22.1.4 People receive appropriate support during referral, transfer between services, and discharge, ensuring a seamless and well-coordinated transition.
- 22.1.5 Key staff collaborate across services to coordinate people's involvement with families and carers, with a particular focus on those managing multiple long-term conditions.
- 22.1.6 People are encouraged and supported to develop and maintain relationships with significant individuals, both within the service and the broader community.

- 22.1.7 People are supported to pursue their interests and participate in socially and culturally relevant activities, including in the wider community, with access to education and work opportunities where appropriate.
- 22.1.8 People approaching the end of their life are supported in making informed choices about their care, with documented decisions incorporated into a personalised care plan and shared appropriately with relevant parties.
- 22.1.9 Services are delivered and coordinated to identify people, including those with protected equality characteristics and vulnerabilities, who may be approaching the end of their lives, with a focus on sharing relevant information.
- 22.1.10 Processes are in place to manage changes or withdrawals of treatment openly and sensitively, ensuring people experience a comfortable and dignified death.

## RESPONSIVE

### Standard 23. Providing information

We provide appropriate, accurate and up-to-date information in formats that we tailor to individual needs.

#### What this means to people:

- I receive the right information whenever I need it
- I receive information in a format that suits my needs
- People caring for me recognise my specific communication needs and respond appropriately.

#### Relevant regulatory requirements

Regulation 7 Respect and involvement

Regulation 11 Safeguarding

Regulation 15 Shared responsibilities

Regulation 20 Provision of updated information and review of Statement of Purpose

Regulation 21 Notification of incidents, accidents and other events

#### 23.1 *Universal Requirements*

- 23.1.1 The care provider ensures that the information provided is appropriate, accurate, and up to date for each individual's unique needs.
- 23.1.2 The care provider utilises various formats to tailor information to the individual, considering factors such as accessibility, language, and understanding.
- 23.1.3 The care provider upholds transparency and effective communication in providing information to individuals and their families.
- 23.1.4 The organisation addresses translation and interpretation needs to ensure effective communication with individuals from diverse ethnic and linguistic backgrounds.
- 23.1.5 The care provider is committed to informing individuals about their rights, ensuring clarity and openness in financial matters related to the services provided.

- 23.1.6 The care provider adheres to [Data Protection \(Jersey\) Law 2018](#) when handling and disseminating information.
- 23.1.7 The care provider ensures notification compliance with relevant regulatory and advisory bodies (for example, Jersey Care Commission, Medicines and Healthcare Products Regulatory Agency (MHRA), and United Kingdom Accreditation Service (UKAS), Safeguarding Partnership Board (SPB), States of Jersey Police).

## RESPONSIVE

### Standard 24. Listening to and involving people

We make sure it's easy for people to share their thoughts, feedback or complaints about their care. We include them in decisions about their treatment and let them know what changes have been made.

#### What this means to people:

- I am included in decisions about my treatment, and my voice is heard.
- The process of sharing thoughts, feedback, and concerns is easy for me to use.
- I am involved in decisions about my care, and I am told what has changed as a result.

#### Relevant regulatory requirements

Regulation 7 Respect and involvement

Regulation 8 Person-centred care

Regulation 14 Management of medicines

Regulation 19 Reviewing the quality of the service

Regulation 22 Complaints and representations

#### 24.1 *Universal Requirements*

- 24.1.1 The care provider ensures a straightforward and easy to use process for individuals to share their thoughts, feedback, or complaints about their care.
- 24.1.2 Individuals are actively included in decisions about their treatment, ensuring their wishes are understood and valued.
- 24.1.3 The care provider has established mechanisms to involve individuals in decisions about their care and communicates any changes made as a result of their input.
- 24.1.4 The care provider actively encourages and facilitates involvement and co-production with individuals in the planning and delivery of their care.
- 24.1.5 The care provider has procedures in place for gathering and addressing feedback and complaints from individuals, ensuring a responsive and transparent approach.

- 24.1.6 Advocacy and support services are provided to empower individuals in expressing their needs, concerns, and preferences.
- 24.1.7 The care provider offers support to caregivers, recognising their role and contributions to the care process.
- 24.1.8 The care provider's medication management ensures a focus on involving individuals in decisions related to their medication.
- 24.1.9 Processes are in place and implemented to review the quality of service, with the active involvement of service users and staff in this review.



## RESPONSIVE

### Standard 25. Equity in access

We ensure that there is equal access to care, support, and treatment and seek to ensure it is provided when it is needed.

#### What this means to people:

I am in control of planning my care and support. If I need help with this, people who know and care about me are involved.

#### Relevant regulatory requirements

Regulation 7 Respect and involvement

Regulation 8 Person-centred care

Regulation 19 Premises and equipment

#### 25.1 *Universal Requirements*

- 25.1.1 People can access care and treatment in a timely manner, ensuring prompt and efficient services.
- 25.1.2 People receive timely access to initial assessment, test results, diagnosis, and treatment, facilitating swift and effective healthcare interventions.
- 25.1.3 Proactive measures are taken to minimise the length of time people have to wait for care, treatment, or advice, ensuring timely delivery of services.
- 25.1.4 People with the most urgent needs have their care and treatment prioritised, addressing critical healthcare requirements promptly.
- 25.1.5 Appointment systems are designed to be user-friendly, supporting people in accessing appointments easily and efficiently.
- 25.1.6 Waiting times are actively monitored and actions are taken to improve them when required.

- 25.1.7 Appointments, care, and treatment are only cancelled or delayed by the care provider when absolutely necessary. Delays or cancellations are explained to people, and support is provided to reschedule care and treatment to be delivered as soon as possible. This is communicated to people via their preferred method of communication.
- 25.1.8 Services adhere to scheduled timelines, and people are kept informed about any disruptions to appointments or care. Transparent communication is maintained regarding any changes to the planned schedule.
- 25.1.9 Technology, including telephone systems and online/digital services, are employed to support timely access to care and treatment. The technology is designed to be user-friendly, enhancing the overall healthcare experience.
- 25.1.10 The care provider seeks to provide equitable access for all individuals by implementing measures to eliminate barriers to access, including language interpretation services and transportation assistance.
- 25.1.11 The care provider maintains accessible premises that comply with universal design principles, ensuring physical, sensory, and cognitive accessibility for all individuals, including those with disabilities or mobility limitations, to promote inclusivity and equal access to healthcare services.
- 25.1.12 The care provider seeks to provide equitable access to emergency and unplanned care services by establishing robust out-of-hours arrangements that are responsive, timely, and accessible to all individuals.

## RESPONSIVE

### Standard 26. Equity in experiences and outcomes

We actively seek out and listen to information about people who are most likely to experience inequity in experiences or outcomes. We tailor the care, support and treatment in response to this.

#### What this means to people:

I feel empowered by providers and staff to share my views and expectations. Staff providing my care understand my rights and treat me with courtesy and respect.

#### Relevant regulatory requirements

Regulation 6 Openness and transparency

Regulation 7 Respect and involvement

Regulation 8 Person-centred care

Regulation 11 Safeguarding

Regulation 19 Reviewing the quality of the service

#### 26.1 *Universal Requirements*

- 26.1.1 The service actively identifies and acknowledges groups of people or communities most likely to face inequity in their experiences or outcomes.
- 26.1.2 Mechanisms are in place to actively seek out and listen to information about people who may be disproportionately affected by inequalities in their experiences or outcomes.
- 26.1.3 The service ensures cultural competence in delivering care, support, and treatment, taking into account the diverse needs and experiences of different communities.
- 26.1.4 Measures are in place to ensure that care, support and treatment are accessible and responsive to the particular requirements of people who may face inequity in experiences or outcomes.
- 26.1.5 The service monitors and evaluates the impact of tailored interventions on reducing inequality in experiences and outcomes for identified groups of people.

- 26.1.6 Feedback mechanisms are in place tailored to collect input from identified groups of people and communities likely to face inequity of experiences or outcomes. This feedback is used to make improvements.
- 26.1.7 Staff members are trained and made aware of the importance of addressing inequalities in experiences and outcomes. Ongoing initiatives are in place to enhance staff understanding and responsiveness.
- 26.1.8 The service collaborates with external care providers, community groups, or advocacy bodies to address and mitigate inequalities in experiences and outcomes for people.
- 26.1.9 Data is collected and reported regarding the experiences and outcomes of people or groups likely to face inequity. This information is used to inform decision-making and service improvement.

## RESPONSIVE

### Standard 27. Planning for the future

We support people to prepare for important life changes. This way, they have enough time to make thoughtful decisions about their future, including at the end of their life.

#### What this means to people:

- I can get information and advice that is as accurate as possible, up-to-date and provided in a way that I can understand
- I am in control of planning my care and support. If I need help with this, people who know and care about me are involved
- I am supported to plan ahead for important changes in my life.

#### Relevant regulatory requirements

Regulation 7 Respect and involvement

Regulation 8 Person-centred care

Regulation 9A Need for consent

#### 27.1 *Universal Requirements*

- 27.1.1 The care provider ensures that individuals receive as accurate as possible and up-to-date information and advice in a manner that is easily understandable.
- 27.1.2 Individuals are empowered to be in control of planning their care and support, with a focus on respecting their preferences and choices.
- 27.1.3 The care provider involves those who know and care about the individual when assistance is needed to plan care and support.
- 27.1.4 The care provider supports individuals in planning ahead for important life changes, particularly those that can be anticipated.
- 27.1.5 The care provider addresses Do Not Attempt Cardiopulmonary Resuscitation (DNACPR)/ Treatment Escalation Plan (TEP) decisions in alignment with individual preferences and values, respecting personal choice.

- 27.1.6 The care provider offers end-of-life care services with a person-centred approach, acknowledging and respecting the unique needs and wishes of individuals.
- 27.1.7 The care provider addresses complex care needs by providing tailored support that meets the specific requirements of each individual.
- 27.1.8 Palliative care services prioritise maintaining a high quality of life for individuals receiving end of life care.
- 27.1.9 The care provider upholds values such as respect and involvement in supporting individuals to plan for important life changes.
- 27.1.10 The care provider assists individuals in planning for the future, ensuring that consent is obtained and respected throughout the process.

## WELL-LED

### Standard 28. Shared direction and culture

We develop a shared a vision and align our strategy and culture to meet it. Our approach is based on transparency, equity, equality and human rights, diversity and inclusion, and engagement. We understand and seek to meet the challenges and the needs of people and our island community.

#### What this means to people:

- My care provider is transparent and promotes values such as equality, diversity, and inclusion
- I am included in important decisions about my treatment and care
- My views are sought and listened to by the people who care for me
- I am respected for who I am and am treated at all times with courtesy and respect.

#### Relevant regulatory requirements

Regulation 3 Conditions of registration: general

Regulation 5 Conduct a regulated activity

Regulation 6 Openness and transparency

Regulation 7 Respect and involvement

Regulation 8 Person-centred care

Regulation 11 Safeguarding

Regulation 19 Reviewing the quality of the service

Regulation 20 Provision of updated information and review of Statement of Purpose

### 28.1 *Universal Requirements*

28.1.1 The care provider has a well-defined vision and values statement.

28.1.2 The strategy and plan for delivery are coherent with the care provider's vision and set out clear objectives and timescales.

28.1.3 Vision and strategy are collaboratively developed with input from service users, staff, and system partners.

28.1.4 The strategy is grounded in a clear understanding of the quality of care, improvement, finances, operational realities, and performance.

- 28.1.5 Explicit attention is given to addressing challenges in the workforce, estates, and information technology.
- 28.1.6 Clear leadership accountability is established for each component of the care provider's strategy and plan.
- 28.1.7 Joined up strategies and plans with key system partners are in place where appropriate.
- 28.1.8 It is clearly set out how the care provider will monitor and review delivery of its objectives.
- 28.1.9 The care provider can demonstrate that effective governance structures and accountability systems are established at all levels.
- 28.1.10 Multidisciplinary, integrated working is supported, and effective cross-sector risk mitigation and management is agreed and in place.
- 28.1.11 The care provider understands the challenges it faces in achieving the strategy, including local health and care system factors. It has an aligned, resourced action plan to address identified challenges.
- 28.1.12 Staff feel positive and proud to work in the organisation.
- 28.1.13 Staff understand the vision and strategic goals and their role in achieving them.
- 28.1.14 Staff understand the importance of equality and human rights in their work and this is evidenced by training records.
- 28.1.15 The care provider actively works to facilitate and foster openness and learning.
- 28.1.16 Delivering for people and communities and tackling health inequalities are central to the care provider's ways of working.
- 28.1.17 Compassion is exhibited in interactions at all levels.



- 28.1.18 Mechanisms are in place for identifying and addressing behaviours inconsistent with the care provider's values without fear of reprisal or repercussions for those raising concerns (for example, supervision and appraisal, and Whistleblowing policy).
- 28.1.19 The care provider prioritises the safety and well-being of staff.
- 28.1.20 There is a collaborative, open, and respectful culture with an explicit focus on both promoting constructive challenge and resolving conflicts.

## WELL-LED

### Standard 29. Capable, compassionate, and inclusive leaders

We have inclusive leaders at all levels who understand the context in which we deliver care, treatment and support and embody the culture and values of their workforce and organisation. They have the skills, knowledge, experience, and credibility to lead effectively. They do so with integrity, openness, and honesty.

#### What this means to people:

- I experience care delivered in an organisation led by skilled and compassionate leaders
- The people who lead the organisation create a culture where I am respected for who I am
- The people who lead the organisation create an environment where I feel listened to and my views are respected
- I know who to speak to when things go wrong.

#### Relevant regulatory requirements

Regulation 2 Fitness criteria

Regulation 5 Conduct of regulated activity

Regulation 17 Workers

Regulation 26 Commissioned services

#### 29.1 *Universal Requirements*

- 29.1.1 Leaders possess the requisite experience, capacity, capability and integrity to translate the organisation's strategy and plan into practical actions for service user benefit.
- 29.1.2 Risks to quality, including safety and performance, are identified and systematically addressed.
- 29.1.3 Effective and visible leadership, including clinical leadership, is exercised across the organisation.
- 29.1.4 This culture inspires and enables individuals and teams to perform at their best and is reflected in the care people receive.
- 29.1.5 Leaders actively encourage compassionate, inclusive, and supportive relationships among staff.

- 29.1.6 Equality and human rights are promoted and modelled in leadership roles.
- 29.1.7 Leaders proactively seek and listen to the views of those they lead. They demonstrate an understanding of their role in the prevention and early detection of closed cultures.
- 29.1.8 The duty of candour is followed as a commitment to transparency, honesty and accountability.
- 29.1.9 Leaders consider the holistic health and well-being of staff in communications, language, strategic and operational plans, and performance reporting. They actively work to ensure a safe and secure working environment and proactively manage and mitigate risks.
- 29.1.10 Staff are supported to be empowered, understand discrimination, challenge and build equity in their roles.
- 29.1.11 Leaders, at all levels, understand and demonstrate their responsibility to role model and demonstrate positive behaviours.
- 29.1.12 Care provider leadership is explicit that success is not only about what is delivered but also how it is delivered.
- 29.1.13 The care provider undertakes leadership development centred around principles and behaviours which set the right 'tone from the top'.
- 29.1.14 Compassionate, inclusive, collaborative, and capable leadership is proactively sustained through the care provider's leadership strategy and development programmes.
- 29.1.15 Staff can observe visible arrangements for effective selection, retention, deployment, support processes, and succession planning.
- 29.1.16 Leaders actively encourage and support staff at all levels to develop their skills and competencies.
- 29.1.17 Formal and informal training is provided to enhance staff and team skills.

- 29.1.18 Leadership development programmes are offered to emerging leaders to enhance their skills, knowledge, and capabilities, while also promoting a culture of mentorship and knowledge sharing among current leaders.
- 29.1.19 The care provider prioritises talent management initiatives that attract, retain, and develop a diverse pool of skilled professionals, fostering a culture of continuous learning, innovation, and excellence in care delivery.

## WELL-LED

### Standard 30. Freedom to speak up

We foster a positive culture where people feel that they can speak up and that their voice will be heard.

**What this means to people:**

I can trust that staff will speak up if anything is going wrong.

**Relevant regulatory requirements**

Regulation 6 Openness and transparency

Regulation 7 Respect and involvement

Regulation 17 Workers

Regulation 22 Complaints and representations

#### 30.1 *Universal Requirements*

- 30.1.1 The care provider fosters a culture of speaking up, ensuring that all staff, irrespective of their level, are equally encouraged, empowered, and feel safe to speak up.
- 30.1.2 Speaking up is promoted without the fear of detriment, including disadvantageous or unfair treatment. Staff, at every level, are confident that their voices will be heard.
- 30.1.3 Managers across the organisation are confident in listening and taking appropriate action when someone speaks up.
- 30.1.4 Improvements resulting from speaking up are communicated back to those who raise concerns, fostering transparency and accountability.
- 30.1.5 Leaders actively promote Freedom to Speak Up through role-modelling positive behaviours. They demonstrate a commitment to creating an environment where speaking up is valued and welcomed.
- 30.1.6 Appropriate training and support are available to equip Freedom to Speak Up leads.
- 30.1.7 Freedom to Speak Up Guardians receive the necessary tools to actively support individuals who raise concerns.

- 30.1.8 The care provider's policies and procedures positively support the speaking-up process.
- 30.1.9 Feedback from those who raise concerns is used to enhance policies, procedures, and the overall environment for speaking up.
- 30.1.10 Improvements resulting from individuals speaking up are effectively communicated to the workforce. This communication reinforces the care provider's commitment to a culture of openness and improvement.
- 30.1.11 Efforts are made to eliminate barriers that might hinder individuals from voicing their concerns. The care provider's commitment to promoting speaking up builds trust and confidence among staff. This confidence encourages individuals to play an active role in contributing to the improvement of the organisation.

## WELL-LED

### Standard 31. Workforce equality, diversity, and inclusion

We value diversity amongst our workforce. We aim for a fair and inclusive environment by promoting equality and fairness among our employees.

#### What this means to people:

- I am looked after by staff who work in a fair, diverse and inclusive environment
- This gives me confidence that discrimination is not tolerated by my care provider
- I am not treated differently because of my age, gender, or religious beliefs
- I am respected by the people who provide my care
- I respect others who are different from me.

#### Relevant regulatory requirements

Regulation 17 Workers

#### 31.1 *Universal Requirements*

- 31.1.1 The care provider consistently reviews and improves its organisational culture through the lens of equality, diversity, and inclusion.
- 31.1.2 An anti-discriminatory approach is adopted to ensure fair treatment of all staff.
- 31.1.3 Necessary steps are taken to fully empower staff within their roles throughout the employee life cycle (recruitment, onboarding, development, retention, and exit).
- 31.1.4 Staff processes and structures build in principles of equity so that all staff are treated fairly.
- 31.1.5 Interventions taken to address equity concerns are monitored to evaluate their impact.
- 31.1.6 The care provider actively seeks evidence-based strategies to continually improve its approach to equity and inclusion.
- 31.1.7 Active steps are taken to prevent and address bullying and harassment at all levels.
- 31.1.8 Fairness in recruitment and career progression is ensured, with equitable outcomes for staff.

- 31.1.9 Disciplinary and capability processes are regularly evaluated to make sure they are applied equitably and fairly.
- 31.1.10 Reasonable and effective adjustments are made to remove or reduce disadvantage related to staff who have a disability.
- 31.1.11 Effective and proactive engagement with staff is established.
- 31.1.12 Special focus is given to ensuring the voices of staff with protected characteristics are heard, including for example through using staff equality networks.
- 31.1.13 Concerns and ideas from staff result in positive change that shape services, creating a more equitable and inclusive organisation.
- 31.1.14 Equality and inclusion initiatives consider the experiences and needs of staff working under different contractual arrangements.
- 31.1.15 Agency, bank, and contracted-out staff receive fair treatment in all aspects of temporary employment.
- 31.1.16 The care provider actively incorporates feedback into its ongoing initiatives for workforce equality and inclusion.



## WELL-LED

### Standard 32. Governance, management, and sustainability

We have clear responsibilities, roles, systems of accountability and good governance. We use these to manage and deliver good quality, sustainable care, treatment, and support. We act on the best information about risk, performance, and outcomes, and we share this securely with others when appropriate.

#### What this means to people:

- I am looked after by an organisation where staff are clear about their roles and work within their competencies
- I can expect to receive the best care and treatment available
- My care provider is committed to delivering safe care
- I can rely on my care provider to be aware of the risks involved in delivering safe care and in preventing harm.

#### Relevant regulatory requirements

Regulation 17 Workers

Regulation 18 Premises and equipment

Regulation 19 Reviewing quality of service

Regulation 21 Notification of incidents, accidents, and other events

Regulation 24 Financial viability

Regulation 26 Commissioned services

Regulation 27 Absence of manager

### 32.1 *Universal Requirements*

- 32.1.1 The care provider has well-defined governance, assurance, risk, and accountability structures that interact seamlessly. These structures support effective decision-making and provide robust assurance that risks are mitigated sustainably, ensuring consistent care quality.
- 32.1.2 Staff at all levels are clear about their roles, responsibilities, and accountabilities.
- 32.1.3 The care provider specifically considers and documents the impact that decisions it makes will have on workforce, quality, financial sustainability, and the wider health and care system.

- 32.1.4 Governance and management of partnerships, joint-working arrangements, and third parties are effective.
- 32.1.5 Regular reflection and review of governance and leadership ensure continuous improvement and development.
- 32.1.6 The care provider has clear processes and robust data systems to identify and manage current and potential future risks in line with its risk management policy.
- 32.1.7 Appropriate measures and training are in place to minimise the impact of incidents, including software or hardware failures, cyber-attacks, and data breaches.
- 32.1.8 High quality care delivery is underpinned by evidenced-based decisions, up-to-date information, relevant data, and contemporaneous knowledge.
- 32.1.9 Staff are actively supported to use up-to-date guidance on quality, standards, and good practice.
- 32.1.10 A commitment to continuous improvement in addressing concerns is evident.
- 32.1.11 Leaders at all levels receive and analyse relevant, timely, complete, accurate, valid, and reliable data.
- 32.1.12 Data supports leaders in gaining insight into, adjusting, and improving people's experience, performance, and resource utilisation as necessary, and in identifying risks and issues.
- 32.1.13 Clear structures and systems of accountability are in place.
- 32.1.14 Performance information is used to hold staff accountable, and data is triangulated with clinical insight, observation, and feedback to ensure robust assurance.
- 32.1.15 Data and information is shared appropriately in compliance with data protection legislation.
- 32.1.16 Processes and plans are in place to respond to with emergencies such as internal incidents, significant equipment failures, or extreme weather events.

- 32.1.17 Arrangements for advertising or promotional events adhere to advertising legislation and professional guidance.
- 32.1.18 The governance procedures for managing and monitoring any Service Level Agreements (SLA) the provider has in place involve systematic oversight and evaluation by designated parties.

## WELL-LED

### Standard 33. Partnerships and communities

We understand our duty to collaborate and work in partnership with others across the island and off the island. This way, our services work well for people. We share information and knowledge with our partners and collaborate to continuously improve.

#### What this means to people:

- I benefit whenever care providers team up with others across the island and beyond to improve my healthcare experience
- I will have access to specialist care and treatment provided off island when I need it.

#### Relevant regulatory requirements

Regulation 7 Respect and involvement

Regulation 8 Person-centred care

Regulation 26 Commissioned services

#### 33.1 *Universal Requirements*

- 33.1.1 Resilience is strengthened through a consistent and proactive collaboration with partners to deliver ambitious health outcomes for populations.
- 33.1.2 The care provider proactively engages in shared planning and decision-making. It takes responsibility for the agreed delivery of services and improvements.
- 33.1.3 Impacts on the wider health and care system are understood, aligning decisions with the best interests of Islanders.
- 33.1.4 Leaders collaborate with partner care organisations to address challenges in the service and the wider care system. This collaboration is aimed at meeting local needs and ensuring equitable access, experience, and outcomes for all.
- 33.1.5 There is a culture of proactively seeking the views, listening to, and acting on feedback of staff and service users.
- 33.1.6 Leaders support diverse ways of working with people and communities, empowering them to participate in the design, testing, roll-out, and evaluation of new care delivery methods.

- 33.1.7 Governance and management of partnerships, joint working arrangements, and third parties, are effective, accessible, and transparent.
- 33.1.8 Assurance systems and data-sharing arrangements support effective collaboration and management of internal and external relationships.
- 33.1.9 The care provider is transparent, collaborative, and open with all relevant stakeholders about performance. This builds a shared understanding of challenges in the system and the needs of Islanders.
- 33.1.10 Involvement in governance and responsiveness to people's views and concerns shape the organisational culture and deliver high-quality services while addressing health inequalities.

## WELL-LED

### Standard 34. Learning, improvement and innovation

We aim to continuously learn, be innovative, and get better in our organisation and the local system. We support new and creative ways to make sure everyone has equal experiences and a good quality of life. We take part in safe and effective practices and research to help improve care.

#### What this means to people:

I am looked after by a care provider that values continuous learning and improvement. As a result, practices are safe.

#### Relevant regulatory requirements

Regulation 19 Reviewing quality of service

Regulation 22 Complaints and representations

#### 34.1 *Universal Requirements*

- 34.1.1 A quality improvement method (such as LEAN, Six-Sigma or Plan-do-check-Act) is embedded to support increased productivity and improved health outcomes.
- 34.1.2 In-house expertise and/or external partners provide capability to all teams for continuous improvement.
- 34.1.3 Staff collaboratively work across teams and services to improve services.
- 34.1.4 Opportunities for research participation, using research evidence, and implementing innovations are actively promoted.
- 34.1.5 Appropriate strategy, governance, oversight, evaluation, and accountability are in place for research, innovation, and improvement projects.
- 34.1.6 Learning from patient safety events, data protection, and national improvement initiatives are incorporated in clinical practice.
- 34.1.7 Plans for service improvement consider the resources required for successful implementation.

- 34.1.8 Leaders build a shared purpose and vision that guides the strategic goals for all improvement activities.
- 34.1.9 Research, improvement, and innovation activities have clear goals in terms of outcomes for people who use services and for staff. Evaluation against these goals ensures continuous improvement.
- 34.1.10 The care provider invests in people and culture, providing opportunities for professional development.
- 34.1.11 Leaders embrace research, innovation, and improvement to embed a culture of continuous quality improvement.
- 34.1.12 The care provider invests in digital transformation in line with its digital and data strategy.
- 34.1.13 Staff are empowered with tools, services, and skills for effective job performance.
- 34.1.14 Plans are in place to build capability, capacity, and to develop behaviours and skills for research, innovation, and improvement.
- 34.1.15 Effective use of data and team coaching enhances workplace practices.
- 34.1.16 The care provider actively seeks, tests and adopts practices that have worked well elsewhere.
- 34.1.17 Digital tools are used to transform pathways, increase productivity, and improve services.
- 34.1.18 The care provider follows a structured approach to quality assurance, quality management, quality improvement, and quality planning.
- 34.1.19 Insights from patient safety incidents contribute to ongoing improvement efforts.
- 34.1.20 Safety incident response planning considers ongoing improvement efforts.
- 34.1.21 The leadership team may involve external organisations to aid in enhancing or maintaining the care provided to people with mental health or emotional wellbeing issues.

- 34.1.22 The service actively seeks feedback from people and carers regarding the support they receive for their mental health or emotional wellbeing. If issues or concerns are identified, the service takes appropriate action in response to address them.
- 34.1.23 There is a designated individual responsible for cascading information upwards to the senior management team and downwards to clinicians and other staff on the front line.