



Jersey Care Commission
Care Standards
Service Specific Requirements
Children and Young People (CYP)

Safe
Effective
Caring
Responsive
Well-led

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 subtopics covered by this standard

Organisational learning and actions
Continuous improvement
Duty of candour
Freedom to speak up

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

2.2 Service Specific Requirements

- 2.2.1 The service has robustly reported safeguarding incidents, maintaining an audit trail of evidence and actions taken. Notifications have been appropriately made to the Commission, and relevant agencies, such as the police and other Government departments, have been involved as necessary.
- 2.2.2 Learning from safeguarding incidents is disseminated throughout the service, with documented evidence of changes to practice as a result.
- 2.2.3 The children and young people's service proactively responds to national patient safety alerts, ensuring the timely implementation of recommended safety measures.

- 2.2.4 The service assesses the risk of Venous Thromboembolism (VTE) in certain groups, like teenagers on an oral contraceptive pill having major surgery and takes appropriate action to mitigate risks.

- 2.2.5 If a paediatric-specific safety thermometer or similar (Paediatric Early Warning System (PEWS) or Children's Observations And Severity Tool (COAST)) is in use, the service takes appropriate action based on the findings to ensure the safety and well-being of children and young patients.

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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

3.2 Service Specific Requirements

- 3.2.1 There is a policy for sepsis management that includes managing children, and staff are aware of it.
- 3.2.2 The service has effective systems in place to flag on records when a child has particular needs, including child protection, and this information is widely understood by relevant staff members.
- 3.2.3 Arrangements for sharing details of attendance and outcomes with General Practitioners (GPs), school nurses, and health visitors are working effectively both ways, ensuring seamless communication and collaboration across healthcare providers.
- 3.2.4 The service consistently encourages and requires parents/guardians to bring Personal Child Health Records (PCHRs or red books) to each service appointment or admission, facilitating the sharing of child health records and any previous hospital admissions.

- 3.2.5 Discharge information is effectively communicated to GPs, ensuring timely and comprehensive sharing of information. Care summaries are routinely sent to the child's GP on discharge, enhancing continuity of care within the community and keeping primary care providers informed about the patient's status.
- 3.2.6 GP's have direct access to records, allowing them to access information and speak to consultants/specialist registrars for advice when needed. Where direct access to records or immediate communication with consultants/specialist registrars is not available, mitigation strategies must be implemented to avoid delays in information sharing, improve communication, and minimise the risk of patient harm.
- 3.2.7 Records document the clinical indication, dose, and duration of treatment when individuals are prescribed antimicrobials, ensuring accurate and comprehensive medical documentation.
- 3.2.8 The records contain details of children's and young people's mental health needs, learning disability needs, and autism needs alongside their physical health needs, contributing to a holistic understanding of their healthcare requirements.
- 3.2.9 Records provide information on additional diagnoses, including mental health conditions, learning disabilities, and autism.
- 3.2.10 Systems are in place to proactively identify children and young people with pre-existing mental health conditions, learning disabilities, and autism diagnoses.
- 3.2.11 Mental health assessments, care plans, and risk assessments conducted by the mental health liaison team are accessible to and by staff on the ward/clinic, ensuring continuity of care.
- 3.2.12 The staff team has clear guidance from mental health liaison about contingency plans for situations such as a child or young person attempting to discharge themselves or refusing treatment.

- 3.2.13 Staff have access to child-specific information, positive behaviour support plans, health passports, and communication aids, and they use or refer to these resources as needed.
- 3.2.14 There is an adequate system to ensure access to cancer patient records, whether paper or electronic, promoting efficient and secure information retrieval.
- 3.2.15 The service consistently prepares treatment summaries to enhance communication between UK providers, cancer services, patients, their families, and primary care, contributing to a comprehensive understanding of the CYP cancer treatment history.

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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

4.2 Service Specific Requirements

- 4.2.1 The universal rights of children, as outlined by United Nations Convention on the Rights of the Child (UNCRC), are upheld by the service.
- 4.2.2 Children and young people's views are respected, and their individual needs are supported.
- 4.2.3 Staff know how to identify, report and act on abuse and neglect.
- 4.2.4 All clinical staff working directly with children are level 3 safeguarding trained.
- 4.2.5 Safeguarding supervision (nurses) and peer review (doctors) are in place and monitored for all staff.
- 4.2.6 An identifiable lead is responsible for coordinating communication for children at risk of safeguarding issues.

- 4.2.7 Guidance/protocols are in place for girls under 13 years of age presenting for a termination of pregnancy.
- 4.2.8 Staff have awareness of Child Sexual Exploitation (CSE), understand the law to detect and prevent maltreatment of children, and take safeguarding actions to risk assess and protect possible victims.
- 4.2.9 Risk assessments are in place and used, timely and effective referrals are made.
- 4.2.10 All children, children's social care, police, and health teams have access to a paediatrician with child protection experience and skills.
- 4.2.11 Wider safeguarding protocol/guidance is in place, and lessons learned from safeguarding issues are discussed and acted on.
- 4.2.12 The service ensures that all staff are trained to the appropriate level set out in the document Safeguarding Children Training Framework to support competent practice published in June 2020 (Safeguarding Partnership Board) and are familiar with Jersey Government guidance 'Working Together to Safeguard Children' (January, 2006).
- 4.2.13 Arrangements are in place to safeguard women or children with, or at risk of, Female Genital Mutilation (FGM).
- 4.2.14 A system is in place to check whether all children are subject to a child protection plan.
- 4.2.15 There is an abduction policy and staff are aware of it.
- 4.2.16 Staff is aware of the policy regarding access to clinical areas where children are being cared for.
- 4.2.17 If a child or young person is assessed to be at risk of suicide or self-harm, arrangements are put in place to ensure they remain safe.

- 4.2.18 Policies and procedures are in place for extra observation or supervision, restraint, and, if needed, rapid tranquilisation.
- 4.2.19 There is a process to identify and prioritise children and young people with cancer. Staff at the point of access, including ED reception staff, recognise the process and know how to keep them safe, e.g., isolated.

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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

6.2 Service Specific Requirements

- 6.2.1 Specialist equipment for all age ranges, including that required for resuscitation, is available and fit for purpose.
- 6.2.2 Up-to-date Standard Operating Procedures (SOPs) specifically for services for children and young people are in place.
- 6.2.3 There is a dedicated recovery area for children and young people, and it complies with the mandatory requirement of being separate or screened from those used by adults, in line with the latest Guidance for the Provision of Anaesthetic Services (by the Royal College of Anaesthetics).
- 6.2.4 The environment is safe for the age of the child, with considerations for features such as toilets, door hinge/slam protection, gates to kitchen areas and wards, rounded table edges, and protocols about hot drinks.

- 6.2.5 Consideration is given to creating a suitable environment for children with Autism Spectrum Disorder (ASD)/ Attention-Deficit Hyperactivity Disorder (ADHD), sensory, behavioural, or mental health needs, including measures such as childproofing, gates to kitchen areas and wards, and rounded table edges, along with protocols about hot drinks.
- 6.2.6 The service assures itself and provides evidence that it is following appropriate guidance in relation to the service, maintenance, and quality assurance of equipment used for cancer diagnosis and planning, including X-ray, CT, PET-CT, MRI, ultrasound, and nuclear medicine equipment (if applicable).
- 6.2.7 There is a policy for, and staff are aware of what to do in the event of, a cytotoxic spillage (if applicable).

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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

7.2 Service Specific Requirements

- 7.2.1 Nurse staffing ratios follows recognised ratios (e.g., 2013 Royal College of Nursing guidance on staffing and general acute paediatric rotas).
- 7.2.2 There is a minimum of 70:30 registered to unregistered staff, with a higher proportion of registered nurses in areas such as children's intensive care and specialist wards.
- 7.2.3 There is a minimum of two registered children's nurses at all times in all inpatient areas.
- 7.2.4 Access to a senior children's nurse for advice is available at all times throughout the 24-hour period.
- 7.2.5 At least one nurse per shift in each clinical area (ward/department) is trained in Advanced or European Paediatric Life Support (APLS/EPLS) depending on the service need.
- 7.2.6 Where there is reliance on bank/locum staff, appropriate paediatric competencies are place and records of training are available.

- 7.2.7 There is a clear pathway for children and young people in need of higher levels of care. Staff looking after these children and young people have a recognised level of training compliant with national guidance such as Paediatric Critical Care Society (PCCS) for the care of critically ill children quality standards.
- 7.2.8 For cancer services, appropriate access to a Clinical Nurse Specialist (CNS) or 'keyworker' to coordinate the care pathway and provide support for all cancer patients is ensured.
- 7.2.9 The rota is compliant with Royal College of Paediatrics and Child Health (CPCH) and British Association of Perinatal Medicine (BAPM) guidelines and a consultant paediatrician is available in the hospital during times of peak activity seven days a week.
- 7.2.10 Every child admitted to the paediatric clinical area with an acute medical problem is seen by a healthcare professional on the tier two (specialist registrar) paediatric rota within four hours of admission.
- 7.2.11 Every child admitted to a paediatric clinical area with an acute medical problem is seen by a consultant paediatrician within 14 hours of admission.
- 7.2.12 There are at least two medical handovers every 24 hours led by a consultant paediatrician or equivalent staff, associate specialist or speciality doctor who is trained and assessed as competent to work on the paediatric consultant rota.
- 7.2.13 Every child referred with an acute medical problem is seen by, or has their case discussed with, a clinician with the necessary skills and competencies before discharge.
- 7.2.14 The paediatric assessment area (inpatient ward or emergency department) has access to the opinion of a consultant paediatrician at all times.
- 7.2.15 The paediatric inpatient ward adopts an attending consultant or 'consultant of the week' system.

7.2.16 Specialist paediatricians are available for immediate telephone advice for acute problems for all specialties and for all paediatricians.

7.2.17 For cancer services:

- There is a designated lead consultant paediatrician in the Children Ward with written arrangements for cover by a named deputy consultant paediatrician.
- There is a named pharmacist responsible for paediatric chemotherapy in the Children Ward.

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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

8.2 Service Specific Requirement

- 8.2.1** The service educates children and young people and parents/carers on infection control practices.

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

9.2 Service Specific Requirements

- 9.2.1 The child's weight and allergies are clearly documented, and all prescriptions are appropriate for the child's weight.
- 9.2.2 Nursing staff are aware of policies on the administration of controlled drugs in line with the Nursing and Midwifery Council – Standards for Medicine Management and organisation's medicines policy.
- 9.2.3 There are local microbiology protocols for the administration of antibiotics, and prescribers are using them.
- 9.2.4 When children and young people are prescribed an antimicrobial, a microbiological sample is taken, and their treatment is reviewed when results are available.
- 9.2.5 When someone dependent on alcohol or illegal drugs is admitted, they are offered medicines to assist their withdrawal and associated side-effects.
- 9.2.6 For cancer services, there are arrangements in place to ensure the safe use of controlled drugs and systemic anticancer medicines (if applicable).

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

11.2 Service Specific Requirements

- 11.2.1 The service demonstrates compliance with national audits and benchmarking processes.
- 11.2.2 Local audits are actively conducted to gauge adherence to relevant guidelines.
- 11.2.3 The service adheres to established NICE guidelines and quality standards for specific areas like Type 1 diabetes and childhood epilepsy.
- 11.2.4 The service follows national guidance from NICE and the UK Sepsis Trust for effective sepsis screening and management procedures.
- 11.2.5 Prescribers in secondary care use electronic prescribing systems which link the indication with the antimicrobial prescription.

- 11.2.6 Children or young people receive a comprehensive assessment, including a history of any past or current mental health problems alongside the assessment of their physical health needs, with evidence of appropriate follow-up.
- 11.2.7 Children and young people are assessed or referred for assessment for learning disabilities or autism when necessary, with evidence of appropriate follow-up.
- 11.2.8 The service responds appropriately if a child or young person is thought to be at risk of suicide.
- 11.2.9 Children and young people displaying severe depression (but not suicidal) or a first episode of psychosis are routinely referred to Child and Adolescent Mental Health Services (CAMHS).
- 11.2.10 All children and young people who have self-harmed are assessed by healthcare practitioners experienced in the assessment of children and adolescents who self-harm.
- 11.2.11 Staff follow best practice for assessing and monitoring the physical health of people with severe mental illness, including appropriate health screening such as cardiometabolic screening and falls risk assessment.
- 11.2.12 Relevant staff are trained to deal with any violence and aggression in an appropriate way.
- 11.2.13 Staff handovers routinely refer to the psychological and emotional needs of patients, as well as their relatives/carers.
- 11.2.14 The service follows Children and Young People and Teenage and Young People (TYA) Cancer Network guidelines and clinical protocols to guide professional decision-making where national/local protocols are not available.
- 11.2.15 Age-appropriate nutrition is provided.

11.2.16 Children and young people's care plans include an appropriate nutrition and hydration assessment and management plan where relevant, including for the neonatal unit and the very young.

11.2.17 Where applicable, the service ensures appropriate nutritional support for cancer patients, considering factors such as low fibre, light meals, effective management of nausea and vomiting, and meeting patients' cultural and religious needs.

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

12.2 Service Specific Requirements

12.2.1 Access to paediatric pharmacy advice is available 24/7.

12.2.2 There is evidence that adult and children and young people services work together to share information in an effective way.

12.2.3 There are paediatric MDT meetings and ward rounds.

12.2.4 Physiotherapy and occupational therapy includes staff with paediatric-specific training.

12.2.5 Team members are aware of who has overall responsibility for each individual's care.

12.2.6 Qualified play specialist cover is available in areas where children and young people are seen and treated, with provision tailored to occupancy levels and peak activity times. Services should aim to provide coverage 7 days a week where feasible.

- 12.2.7 Clear mechanisms are in place for sharing appropriate and timely information with the GP and other relevant professionals, particularly when children and young people are discharged.
- 12.2.8 Arrangements for children and young people in transition between care teams and with other organisations are in place.
- 12.2.9 Where the care is provided in tertiary centres an effective agreement is in place to monitor and manage outcomes and share information.
- 12.2.10 Effective working is established with other critical interdependent and co-located services, such as Infection Prevention and control, Critical Care Unit, pain management team, Paediatric surgery, Clinical Haematology and diabetes team.
- 12.2.11 Discharge information and support are required and provided when children and young people are transferred back to the service's care, and established links exist with Child and Adolescent Mental Health Services (CAMHS) and Children's Social Services teams.
- 12.2.12 There is evidence of multi-disciplinary/interagency working when required (including Jersey Safeguarding Partnership Board, Children's Commissioners for Jersey).
- 12.2.13 The MDT Terms of Reference include links with other MDTs and services, specifying the support CYP can expect to receive.

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

13.2 Service Specific Requirement

13.2.1 Children and young people in the last 12 months of their lives or at risk of developing a long-term condition are offered a holistic needs assessment at various points in their journey. These results are recorded and shared with the team, the child or young person (where appropriate), and/or parents/carers.

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

14.2 Service Specific Requirements

14.2.1 The service contributes to audits, including national clinical audits and confidential enquiries. Comparative results are analysed (such as those from the National Paediatric Diabetes Audit, network-wide audits, National Neonatal Audit (Health Quality Improvement Partnership (HQIP)), Paediatric Intensive Care (HQIP), Epilepsy 12 audit (HQIP), Maternal, New-born, and Infant Clinical Outcome Review Programme (HQIP)).

14.2.2 The effectiveness of sepsis management is regularly reviewed through local and national audits an appropriate action is taken.

14.2.3 Regular audit meetings are held to review sepsis management and patient outcomes.

14.2.4 Evidence of quality improvement is sought where issues arise in sepsis management and children outcomes.

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

15.2 Service Specific Requirements

- 15.2.1 Gillick competence is assessed based on established criteria, following the guidelines outlined by National Society for Prevention of Cruelty to Children (NSPCC) and Fraser guidelines.
- 15.2.2 Young people between 16 and 18 are encouraged to involve their families or carers in decisions about consent. The staff provides support to children, young people, and their parents throughout the decision-making process.
- 15.2.3 If parents are not deemed to have capacity to provide consent, including for operative procedures, appropriate arrangements are in place to address this.
- 15.2.4 For children and young people detained under the Mental Health (Jersey) Law 2016, staff are aware of additional steps to consider if the patient does not consent to treatment, and they know where to seek advice on this matter.

15.2.5 The involved staff adhere to national principles, focusing on reducing the need for restrictive interventions.

15.2.6 Staff are trained to recognise situations where 16 and 17-year-olds lacking mental capacity for specific decisions may be deprived of their liberty under relevant legislation (Capacity and Self-Determination (Jersey) Law 2016).

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

16.2 Service Specific Requirements

- 16.2.1 Staff/patient interactions, assure the preservation of privacy, dignity, and confidentiality, as well as timely responses to buzzers, or other requests for assistance.
- 16.2.2 The duration of time children and young people are left unsupervised when not visited by a parent/carer is monitored and acted on.
- 16.2.3 Staff, especially those in non-children and young people specific areas, are well-prepared to work with and communicate effectively with children and young people.
- 16.2.4 Staff members receive training and support in managing children and/or parents with behavioural or mental health disorders.
- 16.2.5 Staff responds with kindness and compassion to children and young people who may be frightened, confused, or phobic about medical procedures or when any aspect of their care is assessed.

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

17.2 Service Specific Requirements

- 17.2.1 Parents feel confident about leaving the ward and their child's care with the staff.
- 17.2.2 Staff recognise and support the broader emotional well-being of children and young people with long-term or complex needs, along with available support from child psychologists.
- 17.2.3 Support services, including bereavement or counselling services, are available for parents and others close to a child receiving bad news.
- 17.2.4 Social, practical, emotional, psychological, and spiritual support for children and young people with life-limiting conditions is assessed and provided.
- 17.2.5 There are effective measures taken by staff to assist a distressed patient in maintaining privacy and dignity.

17.2.6 For cancer patients, the offering of personalised care and support planning, including a holistic needs assessment, end of treatment summaries, and relevant information related to diagnosis, treatment, and support, is reviewed to ensure it meets children's and young people needs.

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

18.2 Service Specific Requirements

- 18.2.1 Staff communicate appropriately with children and young people, as well as their relatives.
- 18.2.2 Information and support are provided in a child-friendly format to assist children and young people in making decisions about or agreeing to care and treatment, including consent/assessment.
- 18.2.3 Children and young people are effectively encouraged to have a say, and their opinions are actively listened to.
- 18.2.4 Children and young people and parents are involved in care planning.
- 18.2.5 Staff have access to communication aids to facilitate children and young people becoming partners in their care and treatment. There is evidence of using the patient's preferred communication methods, and easy-read materials are available and used.

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

21.2 Service Specific Requirements

- 21.2.1 Children and young people, along with their families, have been actively engaged and involved in the design and running of the services.
- 21.2.2 There are designated areas for children and adolescents, and their needs are considered, even if they are on an adult ward. The service offers a choice of same or mixed-sex accommodation.
- 21.2.3 The percentage of children and young people seen in predominantly adult-based areas (e.g., outpatients, diagnostics department) is monitored. Efforts are made to address the needs of children and young people and parents in these areas, such as providing a separate waiting area and play area.
- 21.2.4 Facilities and resources are in place to allow children and young people to keep in touch with friends and family while in the service, including access to social media platforms.
- 21.2.5 Adequate facilities for parents and relatives, such as accommodation and refreshments, are provided.

- 21.2.6 The service collaborates with other health and social care providers, including community paediatrics services, CAMHS, GPs, health visitors, practice nurses, midwives, and social services, to meet the needs of children and young people in Jersey.
- 21.2.7 The needs of patients with mental health conditions, learning disabilities, and autism are routinely considered when making any changes to the service, utilising impact assessments.
- 21.2.8 If a child or young person displays challenging behaviour, there is a designated area to direct them, ensuring their safety, the safety of others, and maintaining their privacy and dignity.

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

24.2 Service Specific Requirements

24.2.1 A child-friendly complaints process, appropriate for children and young people of different age ranges, is in place, ensuring easy access and usability.

24.2.2 Child-friendly formats, such as inpatient surveys, suggestion boxes, are implemented to gather feedback from children and young people.

24.2.3 There is clear evidence that people are supported during the complaints process and complaints are managed appropriately, and individuals are treated in line with the Government policy.

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

25.2 Service Specific Requirements

- 25.2.1 The admitting pathway to the paediatric service is well-established and includes a paediatric assessment unit/short stay unit. The length of time children spend in the unit is measured against good practice.
- 25.2.2 The waiting time for children's operations is actively monitored, and efforts are made to prioritise children on lists to be seen first.
- 25.2.3 Urgent/next day consultant led clinics are available, ensuring timely access to care.
- 25.2.4 Discharge summaries are sent electronically to the child's GP and other relevant healthcare professionals within 24 hours of unscheduled care, with safety netting information provided to the child and their parents/carers at the time of discharge.
- 25.2.5 Healthcare professionals assessing or treating children within unscheduled care needs have access to the child's shared electronic healthcare record.
- 25.2.6 Acute children's services collaborate with local primary care and community services to develop care pathways for common acute conditions.

25.2.7 Children and young people with urgent mental health needs are seen within four hours of an emergency referral and within twenty-four hours of an urgent referral by an appropriate mental health clinician.

25.2.8 The service manages urgent cancer appointments effectively.

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

28.2 Service Specific Requirements

28.2.1 Improving child health outcomes is embedded in the culture of the Health and Care Jersey.

28.2.2 The service has processes and procedures in place to ensure compliance with the duty of candour, including training, staff support, policies, and audits.

28.2.3 Children and young people's mental health and emotional wellbeing are given significant prominence in day-to-day activities within the service, including handovers, record-keeping, and care and treatment plans.

28.2.4 The service offers effective support to staff caring for children and young people with cancer.

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 Service Specific Requirements

32.2.1 Leadership is organised on a shift-by-shift basis, including designated nursing and medical leads.

32.2.2 All consultants have job plans, and these are addressed yearly to ensure ongoing clarity and alignment with service goals.

32.2.3 There is a designated lead for mental health within the service/department, with appropriate expertise or support from someone with expertise in the area.

- 32.2.4 Staff are aware of the departmental strategy, which is integrated with the overall Health and Care Jersey strategy and aligned with national/international recommendations for the care of children and young people.
- 32.2.5 The senior executive/management team receives periodic reports on safeguarding children and respond to any risk or issue.
- 32.2.6 There is a system in place to ensure that governance arrangements align with recommendations published with national safety/international standards for invasive procedures.
- 32.2.7 There is a designated sepsis lead who oversees paediatric sepsis management.
- 32.2.8 Winter management plans include children and young people, covering bronchiolitis season.
- 32.2.9 The service has effective senior leadership oversight of performance regarding antimicrobial prescribing and stewardship, with appropriate action taken when issues are identified.
- 32.2.10 Performance in regard to sepsis management and patient outcomes is fed back to the senior leadership team and features periodic comparative reports.
- 32.2.11 The service participates in audits related to mental health and emotional wellbeing, and relevant actions have been taken based on audit findings.
- 32.2.12 Senior staff members are aware of risks or issues related to staff mental health and emotional wellbeing in their ward/clinic, with recorded actions taken.

32.2.13 Support is available for non-mental health staff who are not competent or confident in working with children and young people with mental health or emotional needs.

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

33.2 Service Specific Requirements

33.2.1 Information is cascaded upwards to the senior management team and downwards to clinicians and other staff on the front line.

33.2.2 The service actively seeks out and acts on feedback from children, young people, and their families, utilising appropriate methods to engage with them.

33.2.3 Children and young people are encouraged and enabled to share their views on the quality of the service.

33.2.4 Feedback from service users and the public is regularly reviewed by teams and the department, and it is used to inform improvements and learning.

33.2.5 The service is aware of the perspectives of children and young people and their families regarding the support they receive for mental health or emotional wellbeing. If necessary, actions have been taken in response.

- 33.2.6 The leadership team understands how staff feel about delivering or coordinating care that addresses both the physical and mental health needs of children and young people.
- 33.2.7 External organisations have been involved to assist in improving or sustaining care for patients with mental health or emotional wellbeing issues.
- 33.2.8 The service has ongoing or planned initiatives related to learning, improvement, or innovation aimed at enhancing the delivery of mental health care within the service.