



Jersey Care Commission
Care Standards
Service Specific Requirements
Critical Care

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 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 Requirement

2.2.1 Data is collected on the following through the Safety Thermometer (or similar methodology):

- Pressure Ulcers
- Falls
- Catheter-associated Urinary Tract Infections (UTI)
- Venous thromboembolism
- Ventilator associated infections
- Central line-associated bloodstream infections (CLABSI)
- Percentage of total available critical care bed days utilised for patients more than 24 hours after the decision to discharge
- Percentage of discharges readmitted to critical care within 48 hours of discharge
- Rate of unit acquired infection in blood
- Proportion of elective surgical critical care bed bookings cancelled due to lack of availability of a post operative critical care bed
- Standardised mortality ratio for critical care patients

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

3.2 Service Specific Requirements

- 3.2.1 NEWS is utilised as patients are clinically fit for transfer to wards, ensuring that their clinical status is monitored effectively throughout the transition process. This approach aids in a smooth and safe transfer, supporting continuity of care from admission through to ward placement.
- 3.2.2 The NEWS competency-based escalation trigger protocol is used for all people who use the service.
- 3.2.3 There is evidence of the use of a sepsis care bundle for the management of patients with presumed/confirmed sepsis (i.e., 'Sepsis 6' care bundle).
- 3.2.4 There is an escalation policy for patients with presumed/confirmed sepsis who require immediate review.
- 3.2.5 There are arrangements for safe emergency transfer into the NHS if required, and SLAs exist in the event of a patient whose condition is deteriorating requiring transfer to an NHS Trust.

- 3.2.6 Staff have access to 24/7 mental health liaison and/or other specialist mental health support if they are concerned about risks associated with a patient's mental health. Staff know how to make an urgent referral and receive a timely response.
- 3.2.7 Specific critical care assessment proformas are in use.
- 3.2.8 A formal handover document is used for people being stepped down from the critical care unit.
- 3.2.9 When people are prescribed an antimicrobial, the clinical indication, dose, and duration of treatment are documented in their clinical record.
- 3.2.10 The service ensures that consultation records and the patient clinical record are integrated into the hospital record for the patient.
- 3.2.11 Systems are in place to identify patients with pre-existing mental health conditions, learning disability, autism diagnosis, or dementia.
- 3.2.12 Records contain details of patients' mental health needs, learning disability needs, autism needs, and dementia needs alongside their physical health needs when appropriate. Staff are confident that records will inform them if a patient has one of these underlying diagnoses.
- 3.2.13 Step-up and step-down documentation includes information about patients' mental health needs or emotional wellbeing.
- 3.2.14 If a patient has been seen by a member of the mental health liaison team, their mental health assessment, care plan, and risk assessment are accessible to staff on the ward/clinic.
- 3.2.15 The staff team has advice from mental health liaison about what to do if the patient attempts to discharge themselves, refuses treatment, or other contingencies.

3.2.16 When relevant, staff have access to patient-specific information, such as care plans, positive behaviour support plans, health passports, communication aids, and they use or refer to them.

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

4.2 Service Specific Requirements

- 4.2.1 When a patient is assessed to be at risk of suicide or self-harm, the service implements arrangements to ensure their safety.
- 4.2.2 Staff are knowledgeable about the Mental Health (Jersey) Law 2016, understanding when and how it can be used, and are aware of how to obtain urgent advice on this matter.
- 4.2.3 Policies and procedures are in place for extra observation or supervision, restraint, and, if necessary, rapid tranquilisation.

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

6.2 Service Specific Requirement

- 6.2.1 There is an appropriate escalation plan to mitigate occasions where bed capacity is at limit. The escalation plan ensures a clinical setting that conforms to professional standards and has specialist equipment for all age ranges, including that required for resuscitation, is available and fit for purpose.

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

7.2 Service Specific Requirements

- 7.2.1 An acuity tool is in use for planning staffing requirements.
- 7.2.2 Nursing staffing levels are consistent with professional standards. Nursing rota, both planned and actual, demonstrate nurse/patient ratio as advocated by the guidelines for the provision of Intensive Care Services (e.g., level 3 patients require a minimum of 1:1 nurse/patient ratio to deliver direct care).
- 7.2.3 There is a dedicated critical care pharmacist and support out of hours is promptly available.
- 7.2.4 Physiotherapy staffing is adequate to provide respiratory management and rehabilitation components of care.
- 7.2.5 There is appropriate induction/competency checking for agency staff (non-registered staff, nursing, medical, allied healthcare professionals).
- 7.2.6 Non-registered support staff are appropriately trained, and their competence is assessed.

- 7.2.7 Medical staffing levels are consistent with professional standards.
- 7.2.8 The last three months' consultant rota and trainee rota are available.
- 7.2.9 Consultants in Intensive Care Medicine will have daytime Direct Clinical Care Programmed Activities in Intensive Care Medicine (ICM) identified in their job plan. These programmed activities will be exclusively in ICM and the Consultant will not be responsible for a second speciality at the same time.
- 7.2.10 Consultants carry out ward rounds and visit patients at least twice daily.
- 7.2.11 All admissions are discussed with a consultant prior to acceptance.
- 7.2.12 Consultants responsible for people on the unit are free from other clinical commitments.
- 7.2.13 A consultant in intensive care medicine is available to attend within 30 minutes – 24/7.
- 7.2.14 ICU medical staff are present and available 24/7 (medical trainee/Speciality Associate Specialist doctor or advanced critical care practitioner).
- 7.2.15 There is immediate access to a practitioner with advanced airway techniques.
- 7.2.16 Professional and national standards for intensive care nursing and medical staffing are consistently met, aligning with established guidelines.
- 7.2.17 There is an adequate number of pharmacy technical staff, ensuring sufficient support roles within the service.
- 7.2.18 Clinical pharmacists providing services to critical care, possess minimum competencies (Foundation Level) and either have access to senior specialist critical care pharmacists for advice and referrals or a link to a tertiary centre for support.

- 7.2.19 Individuals and teams responsible for antimicrobial stewardship monitor data and offer feedback on prescribing practices at the prescriber level, contributing to effective management.
- 7.2.20 Critical care nurses maintain their skills through a systematic approach implemented by the service.
- 7.2.21 All medical practitioners overseeing care in the critical care unit have acquired Step 1 competences or an equivalent level of training.
- 7.2.22 Medical staff in charge of patient care in the critical care unit have acquired Step 2 competences, possess a Certificate of Completion of Training in Intensive Care Medicine, or an equivalent qualification.
- 7.2.23 Staff possess the necessary skills, knowledge, and experience to identify and manage issues arising from patients' mental health conditions, learning disabilities, autism, and dementia.
- 7.2.24 The psychiatric liaison or similar team includes members with the requisite skills, knowledge, and experience to work with patients having learning disabilities, autism, or dementia diagnoses.
- 7.2.25 Staff have the skills to sensitively manage any difficult behaviours that patients may display, ensuring a patient-centred approach to care.

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

8.2 Service Specific Requirements

8.2.1 There is a designated area available for the respiratory isolation of people using services.

8.2.2 The unit infection rates are monitored for various infections, including

- C-Difficile, Bloodstream infections.
- MRSA acquisition rate.
- Methicillin-resistant staphylococcus aureus (MSSA) and gram-negative bloodstream infections (GNBSI), specifically Escherichia coli.
- Central Venous Catheter related bloodstream infections (CVCBSI).
- Ventilator Associated Complications including ventilator associated pneumonia.

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

10.2 Service Specific Requirements

10.2.1 The service has established arrangements for dietitian support and there is evidence of regular reviews, affirming its commitment to nutritional care.

10.2.2 A designated dietitian is assigned to the unit, ensuring specialised and dedicated support for patients.

10.2.3 The service has implemented a comprehensive referral policy, providing clear guidelines for healthcare professionals to refer patients to the dietitian.

10.2.4 The service has effectively implemented the latest guidance from Faculty of Pain Medicine's Core Standards for Pain Management.

10.2.5 Staff consistently adhere to the established Core Standards, ensuring a high level of care in pain management.

- 10.2.6 The unit utilises appropriate tools, such as DisDAT (Disability Distress Assessment Tool) and the Abbey Pain Scale for individuals with dementia, in assessing pain levels, especially in patients who are non-verbal.
- 10.2.7 The use of recommended tools aligns with professional guidelines, such as those recommended by the General Medical Council (GMC), showcasing a commitment to evidence-based practices and patient well-being.

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 Intensive Care Society standards and policies are reviewed and implemented.

11.2.2 Adherence to local best practice guidelines is ensured.

11.2.3 Best practice decision-making tools, such as the BMJ Best Practice decision-making app, are encouraged and monitored for use.

11.2.4 NICE guidance is followed, supported by a Clinical Audit program, additional prescribing audits, utilisation of NICE implementation support tools, a provider submission to the NICE shared learning database, and participation in national benchmarking clinical audits.

11.2.5 Sepsis screening and management are done effectively in line with national guidance (NICE guidance; UK Sepsis Trust).

- 11.2.6 Prescribers in secondary care use electronic prescribing systems linking the indication with the antimicrobial prescription.
- 11.2.7 Staff follow best practice for assessing and monitoring the physical health of people with severe mental illness, including appropriate health screening and falls risk assessment.
- 11.2.8 Relevant staff are able to deal with violence and aggression appropriately.
- 11.2.9 Staff handovers routinely refer to the psychological and emotional needs of patients, as well as their relatives/carers.
- 11.2.10 Older people who may be frail or vulnerable receive or get referred for a comprehensive assessment of their physical, mental, and social needs.
- 11.2.11 Patients suspected to be experiencing depression are referred for a mental health assessment.
- 11.2.12 Mental health specialists play a full role in the follow-up care of critical care patients.

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 Clear criteria for admission to the critical care unit are in place, and effective communication strategies ensure understanding among other specialties.

12.2.2 The service has a comprehensive discharge protocol, encompassing both nursing and medical aspects.

12.2.3 Handover procedures within critical care and for discharging patients to the wards are well-defined and adhered to.

12.2.4 Multi-disciplinary and interagency collaboration ensures safe discharge arrangements for individuals with complex needs.

12.2.5 The service actively works with other health and social care services to meet the diverse needs of individuals using services, including planning transfers to wards following critical care.

12.2.6 Designated physiotherapists, pharmacists, occupational therapists and dietitians are available.

- 12.2.7 The service ensures the implementation of the Academy of Medical Royal Colleges Guidance for Taking Responsibility: Accountable Clinicians and Informed Patients, meeting established objectives.
- 12.2.8 All team members are aware of the individual responsible for each patient's overall care.
- 12.2.9 Established links exist with mental health services, learning disability services, autism services, and dementia services, fostering collaborative care approaches.
- 12.2.10 Consultant cover is provided on weekends to ensure continuous medical oversight.
- 12.2.11 Adequate Physiotherapy and Occupational Therapy input is available during weekends.
- 12.2.12 Pharmacist coverage is maintained for a minimum of five days a week.

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 consistently reviews the effectiveness of care and treatment through both local and national audits.

14.2.2 The service actively contributes to audits and ensures a comprehensive review process.

14.2.3 Instances where the service does not contribute to specific audits are minimal, and the reasons for non-participation are well-documented.

14.2.4 For statistics audit outliers, the service thoroughly investigates instances where performance significantly deviates from expected norms. The findings are utilised to implement changes and enhance the quality of care.

14.2.5 The service systematically reviews the effectiveness of sepsis management through both local and national audits, including Intensive Care National Audit & Research Centre (ICNARC) and Infection in Critical Care Quality Improvement Programme (ICCQIP).

- 14.2.6 Comparative analysis with national standards is routinely performed to gauge the service's performance against established benchmarks.
- 14.2.7 Regular audit meetings are held to assess and improve performance in sepsis management and patient outcomes.
- 14.2.8 Action plans are consistently developed to address deviations from national targets, demonstrating a commitment to improvement.
- 14.2.9 In cases where issues have been identified, evidence of quality improvement initiatives is evident, demonstrating a commitment to enhancing care.
- 14.2.10 Staff receive appropriate support and training when issues related to sepsis management and patient outcomes arise, ensuring continuous improvement and adherence to best practices.
- 14.2.11 Regular audit meetings are conducted to facilitate learning and feedback within the service, ensuring a continuous cycle of improvement.
- 14.2.12 Transfers to acute NHS hospitals undergo regular audits to assess the effectiveness and appropriateness of the process.
- 14.2.13 Resuscitation events and outcomes are routinely audited to evaluate the quality of responses and identify areas for improvement.

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 The unit has a sedation policy in place. The utilisation of sedation is regularly reviewed to ensure adherence to the established policy.

15.2.2 Best interest decision-making processes are implemented for individuals lacking the capacity to consent. This involves consultation with those holding powers under Lasting Powers of Attorney, as well as involving relatives and friends interested in the person's welfare.

15.2.3 For patients detained under the Mental Health (Jersey) Law 2016, staff are aware of additional considerations, particularly if the patient does not consent to treatment. Protocols are in place, and staff know where to seek advice on these matters.

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 Requirement

- 16.2.1 Staff respond with sensitivity and appropriate care to patients who may be experiencing fear, anxiety, confusion, or phobias related to medical procedures or any aspect of their care.

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 Patients, along with their families, who receive life-changing diagnoses consistently receive appropriate emotional support.
- 17.2.2 The service ensures that individuals have access to further support services to cope with conditions such as terminal illness or other life-changing situations.
- 17.2.3 In the event a patient or family members becomes distressed in an open environment, staff take measures to assist them in maintaining their privacy and dignity.

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 expertly manage the delicate process of approaching relatives about the donation of the patient's organs when treatment is being withdrawn.
- 18.2.2 In cases where patients are responsible for the full or partial cost of care or treatment, there are appropriate and sensitive discussions about associated costs.
- 18.2.3 Staff communicate appropriately with children and young people, as well as their relatives.

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 The service collaborates effectively with other health and social care providers to address the needs of individuals using their services. They have arrangements in place to manage patients with weaning difficulties and failure, including the transfer of complex cases to national centres when necessary.
- 21.2.2 Systems or dedicated staff members, such as dementia champions, aid the delivery of care to patients requiring additional support.
- 21.2.3 The needs of patients with mental health conditions, learning disabilities, autism, and dementia are routinely considered in any service changes, with impact assessments utilised for thorough evaluation.
- 21.2.4 The service has measures in place to provide translation services, ensuring effective communication with individuals who have difficulties reading written English.
- 21.2.5 Psychiatric support is available within the service to address the mental health needs of individuals, ensuring comprehensive care.

- 21.2.6 The service offers dedicated support for individuals with learning disabilities, recognising and accommodating their specific needs.
- 21.2.7 The provider complies with the accessible information standard (local or national), which involves identifying, recording, flagging, sharing, and meeting the information and communication needs of individuals with disabilities or sensory loss.
- 21.2.8 If individuals using the service become delirious during their admission, appropriate action is taken to address their needs.

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 service effectively manages booked beds for post-elective level 2 & 3 care through a systematic process. The service has established measures to ensure that critical care does not unnecessarily impact elective care, maintaining a balance in resource allocation.
- 25.2.2 The number of delayed discharges, defined as discharges occurring 4 hours or more post decision to discharge, is actively monitored to address any challenges and improve timely discharge processes.
- 25.2.3 In cases where individuals are awaiting a critical care bed, they are appropriately cared for in the recovery area, ensuring their well-being and comfort.
- 25.2.4 The service strives to admit individuals within 4 hours of the decision to admit, optimising efficiency and minimising delays in the admission process.
- 25.2.5 Individuals with urgent mental health needs receive prompt attention within one hour of referral by an appropriate mental health clinician. The service ensures timely assessments, recognising the importance of addressing mental health concerns promptly.

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

32.2 Service Specific Requirements

32.2.1 Leadership for the critical care unit 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 The service is actively working to address sustainability of the medical workforce. There is evidence of action being taken around the national recommendations set out by organisations such as the Faculty of Intensive Care Medicine (FICM).

- 32.2.4 There is a designated lead for mental health within the service/department, with appropriate expertise or support from someone with expertise in the area.
- 32.2.5 Innovative approaches are implemented to help ease staffing issues and foster workforce stability.
- 32.2.6 The processes and procedures to meet the duty of candour are explored, encompassing aspects like training, staff support, policies, and audits.
- 32.2.7 The service ensures that critical care, including outreach services, adheres to the principles in the latest Guidelines for the Provision of Intensive Care Services.
- 32.2.8 Governance procedures are in place for managing and monitoring any SLAs the service has with third parties.
- 32.2.9 An identifiable clinical director and/or lead and nurse lead for critical care is in place.
- 32.2.10 There is an identifiable supernumerary clinical coordinator on every shift.
- 32.2.11 There is effective executive oversight of performance regarding antimicrobial prescribing and stewardship, and appropriate action is taken when issues are identified.
- 32.2.12 The service actively participates in audits related to mental health and emotional wellbeing, with relevant actions taken based on audit findings.
- 32.2.13 Relevant senior staff members are aware of risks or issues related to staff mental health and emotional wellbeing. There are unit records if concerns exist, and appropriate actions have been taken.
- 32.2.14 Support is available for non-mental health staff who may lack competence or confidence in working with people's mental health or emotional needs.