

Jersey Care Commission
Care Standards
Specific Service Requirements
Neonatal Services

Safe
Effective
Caring
Responsive
Well-led

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 The use of the neonatal early warning trigger and track (NEWTT2) system or equivalent, and the escalation process, are closely monitored for compliance.
- 3.2.2 There is an effective escalation and transfer policy in place for seriously unwell babies.
- 3.2.3 Tertiary care arrangements for the care of babies undergoing surgical procedures are clearly defined and implemented.
- 3.2.4 Where relevant for Jersey, the unit complies with the Paediatric Intensive Care Society (PICS) standards and British Association of Perinatal Medicine (BAPM).
- 3.2.5 Network arrangements are in place to provide a 24-hour, 7 days a week neonatal transport service.

- 3.2.6 The service uses a sepsis bundle for the management of sepsis, which incorporates a safe and effective escalation process.
- 3.2.7 The treatment of sepsis is delivered within the recommended sepsis pathway timelines, such as the time to administer antibiotics.
- 3.2.8 Managers have ensured that there is a plan in place to develop local Safety Standards for Invasive Procedures using the national Safety Standards for Invasive Procedures, and they have assessed the need for these standards against all invasive procedures carried out.
- 3.2.9 Best practice neonatal care assessments are used.
- 3.2.10 Information sharing systems and protocols are in place with other relevant departments, such as maternity.
- 3.2.11 Systems are in place to flag potential medical needs from the mother's medical records.
- 3.2.12 There are systems to flag records where a baby has particular needs, including child protection, and these are widely understood.
- 3.2.13 The service ensures the use of the Personal Child Health Record (PCHR), also known as red books, and recognised growth charts. The service encourages parents and guardians to bring these books to each hospital appointment or admission to facilitate the sharing of child health records and hospital admissions.
- 3.2.14 Discharge is communicated to GPs promptly, typically within a short period after discharge.
- 3.2.15 GPs have direct/ adequate access to records and can speak to a consultant or Specialist Registrar (SpR) for advice on the phone.

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 Questions about domestic abuse are consistently asked antenatally.
- 4.2.2 Arrangements are in place to safeguard women with, or at risk of, Female Genital Mutilation (FGM).
- 4.2.3 Effective systems are in place to notify staff of women/families subject to a child protection/child in need plan.
- 4.2.4 Information on safeguarding and learning from safeguarding incidents are communicated to neonatal staff.
- 4.2.5 Staff have awareness of risks and indications of Child Sexual Exploitation (CSE).
- 4.2.6 The service has an abduction policy in place.
- 4.2.7 All clinical staff working directly with children are Level 3 safeguarding trained.

- 4.2.8 There is an identifiable lead responsible for coordinating communication for children at risk of safeguarding issues.
- 4.2.9 Risk assessments are used and in place for identifying potential child exploitation cases.
- 4.2.10 Safeguarding actions are taken to protect possible victims, including making timely referrals and ensuring individualised and effective multi-agency follow-up.
- 4.2.11 All children, children's social care, police, and health teams have access to a paediatrician or lead nurse with child protection experience and skills (at least Level 3 safeguarding competencies as referenced in the Royal College of Paediatricians intercollegiate document for safeguarding) who is available to provide immediate advice and subsequent assessment if necessary for children under 18 years of age where there are child protection concerns. This includes providing advice, clinical assessment, and timely provision of an appropriate medical opinion, supported by a written report.
- 4.2.12 Wider safeguarding protocols and guidance are in place, ensuring safeguarding issues are discussed, managed effectively, and lessons are learned from incidents.
- 4.2.13 Local safeguarding or serious case reviews have been responded to appropriately, with measures implemented to address findings and recommendations.
- 4.2.14 A system is in place to check for all babies whether they are subject to a child protection plan.
- 4.2.15 The service abduction and safeguarding policy is clearly defined and implemented.
- 4.2.16 Arrangements for chaperones are established, and staff have received appropriate training. Key codes or similar systems are used on doors to enhance security and privacy.

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 Requirements

6.2.1 Specialist equipment for neonates, including that required for resuscitation, is available and fit for purpose.

6.2.2 Up-to-date standard operating procedures are in place specifically for services for babies.

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 Neonatal nurse staffing complies with British Association of Perinatal Medicine (BAPM) standards, with a ratio of

- 1:1 for Intensive Care (NICU)
- 1:2 for High Dependency (HDU)
- 1:4 for Special Care (SC)

7.2.2 Nursing levels are recorded twice daily and captured and used for future reference.

7.2.3 There is a minimum of 70:30 registered to unregistered staff ratio, (higher proportion of registered nurses).

7.2.4 There is a minimum of 70:30 nurses ratio working on the neonatal unit that hold a recognised neonatal qualification.

- 7.2.5 There is minimal reliance on bank staff caring for babies, and bank/locum/ agency staff have appropriate neonatal training.
- 7.2.6 There is always a minimum of two registered children's nurses on duty, with at least one being qualified in speciality.
- 7.2.7 There is a nursing coordinator on every shift in addition to those providing direct clinical care.
- 7.2.8 The percentage of Health Care Assistants and other support workers in the staffing composition is identified, in line with best practice, and their training needs are clearly identified and implemented.
- 7.2.9 Special Care Baby Unit (SCBU) makes provision for:
- 24-hour availability of a consultant paediatrician.
 - 24-hour cover by a resident ST4+ (or equivalent) or an advanced neonatal nurse practitioner (ANNP).
 - 24-hour cover for the provision of direct care by ST1-3 or ANNP.
- 7.2.10 If the service provides intensive care the following are available:
- 24-hour availability of a consultant neonatologist whose principal duties are to the neonatal unit.
 - 24-hour cover by a resident ST4+ or ANNP for sole cover of the neonatal service.
 - 24-hour cover for the provision of direct care by ST1-3 or ANNP with sole responsibility for the neonatal service.
- 7.2.11 There is a structured induction programme that all staff complete when they commence employment.
- 7.2.12 The mandatory training rates for staff working in these services are monitored, and any gaps are identified and addressed.
- 7.2.13 There is a policy for sepsis management, and staff are aware of it. There is training available in sepsis management and recognising signs of sepsis.

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 The service educates parents and carers on infection control practices through informational sessions, printed materials, and demonstrations.

8.2.2 Hand hygiene audit results are regularly monitored, reported and action is taken to ensure high compliance rates.

8.2.3 The hospital acquired infection rates are tracked and reported locally and, if applicable, at a national level

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

9.2 Service Specific Requirements

9.2.1 Allergies and weights are documented in the prescribing document.

9.2.2 The baby's weight is clearly documented, and all prescriptions are appropriate for the baby's weight.

9.2.3 Individuals and teams responsible for antimicrobial stewardship monitor data and provide feedback on prescribing practice at the prescriber level.

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 participates in accreditation schemes, such as You're Welcome (Department of Health), Baby Friendly (Unicef), and the BLISS Baby Charter. As a result, actions have been taken to improve patient care and service delivery, such as enhancing support for breastfeeding and ensuring family-centred care practices.

11.2.2 Compliance with national audit and benchmarking findings, such as those from the NNAP (National Neonatal Audit Programme) and MBRRACE (Mothers and Babies: Reducing Risk through Audits and Confidential Enquiries across the UK), is actively monitored and used to inform service improvements.

11.2.3 Staff handovers routinely refer to the psychological and emotional needs of patients' relatives and carers.

11.2.4 There is a bereavement care plan or pathway for families that covers communication with parents, continuity and consistency of approach, parent-led family involvement.

11.2.5 Age-appropriate nutrition is provided.

11.2.6 Where relevant, baby's care plans include an appropriate nutrition and hydration assessment and management plan.

11.2.7 There is an MDT approach to pain management, particularly following surgery.

11.2.8 Pain management processes in place include:

- Regular pain assessments using best practice, age-appropriate tools.
- Individualised pain management plans tailored to the needs of each patient.
- Utilisation of both pharmacological and non-pharmacological pain relief methods

11.2.9 There is an adequately resourced and staffed acute pain team that covers the needs of babies.

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 All anaesthetists, theatre, and recovery staff who may care for babies have up-to-date competencies.

12.2.2 Sufficient staff are trained and maintain competencies in life support on any one shift, to advanced levels such as Newborn Life Support (NLS) or equivalent.

12.2.3 There is evidence of local arrangements to ensure specialist neonatal staff are compliant with competency levels as per national guidance.

12.2.4 Local arrangements are in place to provide a multidisciplinary service, trained and competent in the care of babies.

12.2.5 Corporate/hospital policies detail resuscitation training requirements.

12.2.6 Policies are in place for:

- Managing a critically ill baby for an extended period when there are delays in retrieval from an NICU team.
- Transferring a baby with a time-sensitive condition.

- 12.2.7 Every baby referred with an acute medical problem is seen by, or has their case discussed with, a clinician with the necessary skills and competencies before they are discharged.
- 12.2.8 Specialist neonatologists are available for immediate telephone advice for acute problems for all specialties and all paediatricians.
- 12.2.9 Staff in the department have received training on neonatal sepsis, including screening, management, and the organisation policy.
- 12.2.10 Where failures in the application of the neonatal sepsis policy have been identified, staff have been given support and education.
- 12.2.11 There is access to paediatric pharmacy advice 24/7.
- 12.2.12 Neonatal MDT (Multidisciplinary Team) meetings and ward rounds are regularly held.
- 12.2.13 When babies are discharged from a service, there are clear mechanisms and effective for sharing appropriate information with their GP and other relevant professionals. The family is fully informed about what is happening and any next steps, with information shared in a timely manner.
- 12.2.14 There is sufficient access to advice from tertiary neonatal services in and out of hours.
- 12.2.15 When babies are transferred back from a tertiary unit to the JNU, comprehensive discharge information and support are provided.
- 12.2.16 Transfer arrangements are clearly defined and include coordination with relevant services to ensure safe and effective transfers.
- 12.2.17 There are established effective links with Children's Social Services teams.
- 12.2.18 The service takes an active part in multidisciplinary, interagency approaches when required, ensuring comprehensive care and support for babies and their families.

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 Arrangements are in place to ensure that if parents are not thought capable of providing consent, appropriate alternative measures are taken. This includes obtaining consent for operative procedures through legal guardians, court orders, or the involvement of child protection services to ensure the child's best interests are safeguarded.

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 Women are given opportunities to understand their options to provide informed consent for the treatment of their baby.
- 15.2.2 Staff are aware of and follow additional steps if any parents/guardian are detained under the Mental Health (Jersey) Law 2016 and do not consent to treatment. They know where to seek advice on this matter.
- 15.2.3 Midwives and doctors working with young mothers understand the law relating to Fraser Guidelines.
- 15.2.4 The service takes specific measures to enable parents/guardians with learning disabilities and/or difficulties reading written English to make informed decisions and actively participate in the planned care of their baby.

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 interactions with patients and carers ensure that privacy, dignity, and confidentiality are preserved.

16.2.2 Staff respond with empathy and support to families who might be frightened, confused, or phobic about medical procedures or any aspect of their care.

16.2.3 Local surveys are undertaken to assess care and experience, with results used to improve services.

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 leaving the ward and their baby's care with the staff on the ward at the time.

17.2.2 Staff recognise and support the broader emotional wellbeing of babies, their carers, and those close to them by providing compassionate care and emotional support.

17.2.3 If a parent or those close to babies become distressed in an open environment, staff assist them to maintain their privacy and dignity by providing a private space and emotional support.

17.2.4 Specialist bereavement support is provided that meets the individual circumstances of families, ensuring tailored and compassionate care.

- 17.2.5 Staff ensure that they deliver parent-led care, tailored to individual needs and wishes, by recording these wishes and making other staff aware of them through clear communication and documentation.
- 17.2.6 Bereaved families are given time with their deceased baby, with procedures in place to facilitate this.
- 17.2.7 Assessments of perinatal mental health, including assessment for post-natal anxiety and depression, are provided.
- 17.2.8 High quality support is provided during and after a stillbirth/unexpected death/unexpected abnormality/neonatal death.
- 17.2.9 Specialist bereavement support is provided to meet the individual needs of parents, and staff deliver care tailored to the parent individual needs and wishes.
- 17.2.10 The service has cooled cots to allow the family to have time with their baby.

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 are observed to be communicating appropriately with the baby's relatives, and there is a named nurse assigned to each baby.
- 18.2.2 Parents are actively involved in developing and understanding their baby's care plans.
- 18.2.3 Support groups are available, and the service signposts carers to these groups to ensure they receive additional support.
- 18.2.4 Bereaved families are provided with information and support to make informed choices about their care, ensuring these choices are right for them.

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 Requirement

21.2.1 The service actively engages and involves families in the design and running of the services. There is a parents/carers panel that provides feedback and suggestions to improve the service. There is a process to ensure these are properly considered.