# Jersey Care Commission
## Care Standards
## Specific Service Requirements
## Outpatients

**Safe**
**Effective**
**Caring**
**Responsive**
**Well-led**

**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 Requirements

2.2.1    The provider assures itself that it is following best practice and using validated tools, such as NICE guidance, for the prevention and management of neutropenic sepsis.

| 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 subtopics covered by this standard |
| :-- |
| Safety during transitions (including from child to adult services)<br>Referrals, transfers or discharges<br>Partnership working<br>Continuity of safe care |

| Relevant regulatory requirements |
| :-- |
| Regulation 8 Person-centred care<br>Regulation 15 Shared responsibilities |

## 3.2      Service Specific Requirements

3.2.1    There are clear pathways and processes for the assessment of people within outpatient clinics and for those who are clinically unwell and require hospital admission.

3.2.2    Staff have access to 24/7 mental health liaison, covering the age range of the clinic, and other specialist mental health support if they are concerned about risks associated with a patient's mental health.

3.2.3    Staff know how to make an urgent referral to mental health support services and receive a timely response.

3.2.4    Staff are provided with a debrief and other support after involvement in aggressive or violent incidents.

3.2.5    Leaders ensure that employees involved in the performance of invasive procedures develop a shared understanding and are educated in good safety practices as set out in the national/international standards.

3.2.6    For services that treat children, there is access at all times to a registered children's nurse who can provide advice.

3.2.7    For services that treat children, there are additional wider arrangements in place to manage a child whose condition is deteriorating.

3.2.8    There is a system in place for ensuring the availability of medical records for clinics. This system is audited regularly to monitor compliance. Measures to improve have been taken to increase compliance, including electronic availability of records to mitigate risk.

3.2.9    If notes are not available, clinic appointments are not automatically cancelled. Measures are taken to gather necessary information considering the risks involved.

3.2.10   When patients are prescribed an antimicrobial, the clinical indication, dose, and duration of treatment are documented in their clinical records.

3.2.11   Records contain details of patients' mental health needs, learning disability needs, autism needs, and dementia needs alongside their physical health needs.

3.2.12   Systems are in place to identify patients with pre-existing mental health conditions, learning disabilities, autism diagnoses, and dementia. 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 or clinic.

3.2.13   When appropriate, the staff team receives advice from mental health liaison on what to do if a patient attempts to discharge themselves, refuses treatment, or other contingencies.

3.2.14   For cancer services, patient records include all Multi-Disciplinary Team (MDT) staff involved in the patient's treatment, a clear MDT plan, and coordination with other providers to support the patient through the pathway.

3.2.15   The provider shares comprehensive discharge summaries with patients' GPs, care homes, or domiciliary care staff, including details of any surgery, implants, or medication changes, to ensure effective continuity of care in the community.

3.2.16   The service communicates with GPs in a timely manner, with the communication process measured and monitored to ensure efficiency.

## 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     If a patient is assessed to be at risk of suicide or self-harm, arrangements are put in place to enable them to remain safe.

4.2.2     Risk assessments are used and in place, and timely referrals are made.

4.2.3     There is individualised and effective multi-agency follow-up, and leaflets with support contact details are available to meet all communication needs.

4.2.4     There is an "abduction policy". Staff are aware of it and compliance is monitored.

4.2.5     For services treating patients under the age of 18, appropriate child safeguarding arrangements are in place.

## 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    Staff have received training to make them aware of the potential needs of people with mental health conditions, learning disabilities, autism, and dementia.

7.2.2    Sub-speciality clinics are run by clinicians with the required training and competencies in the field.

7.2.3    Staff have the skills, knowledge, and experience to identify and manage issues arising from patients' mental health conditions, learning disabilities, autism, and dementia.

7.2.4    Staff have access to training in advanced communication skills, such as breaking bad news, where relevant.

## 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   Precautions are taken when seeing people with suspected communicable diseases, such as TB or flu, to prevent the spread of infection.

8.2.2   Infection control measures are in use when carrying out a consultation or performing a scan on people requiring isolation, such as those with infectious diarrhoea.

8.2.3   The results of local cleaning and hand hygiene audits are monitored and reviewed to ensure high standards of hygiene are met and maintained. Each outpatient's clinic will have individual audits (where appropriate).

8.2.4   The service is managing and decontaminating reusable medical devices in line with national guidance.

## 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 service has established local microbiology protocols for the administration of antibiotics, and prescribers are actively using them.

9.2.2    Arrangements are in place to ensure the safe use of controlled drugs and systemic anticancer therapy given in outpatients and the storage of prescription pads.

9.2.3    When someone dependent on alcohol or illegal drugs is admitted, they are offered medicines to assist with their withdrawal and manage associated side effects.

**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 ensures it identifies and implements relevant best practices and guidance, such as NICE guidance.

11.2.2   Protocols and proformas are in place and consistently implemented in clinics.

11.2.3   Outpatient procedures such as hysteroscopy and cystoscopy are carried out in line with professional guidance.

11.2.4   Staff follow best practices for assessing and monitoring the physical health of people with severe mental illness, including appropriate health screenings such as cardiometabolic screening and falls risk assessment.

11.2.5   People who are suspected to be experiencing depression are referred for a mental health assessment.

11.2.6   For cancer services, the service follows national guidance, such as the NICE pathway guidance for the assessment and treatment of cancer, including stratified pathways and appropriate information for those living with and beyond cancer, as well as related complications like metastatic spinal cord compression. This includes conducting audits and national benchmarking.

11.2.7   For cancer services, as part of the stratified pathway after treatment has finished, the service supports people to stay well by providing health education information, events, courses, information on potential late effects, contact information for questions or concerns, and guidance on how to access other support services and charities. The service ensures people are seen quickly if an appointment, urgent test, or treatment is required.

11.2.8   The service ensures it follows national/international guidance for chemotherapy, and specialised cancer diagnostics and surgery.

## 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   The service uses specialist nurses in clinics.

12.2.2   The service provides one-stop clinics involving different disciplines of staff working together.

12.2.3   There are established links with mental health services, learning disability services, autism services, and dementia services.

12.2.4   There are established links with Child and Adolescent Mental Health Services (CAMHS) and Children's Social Services teams.

12.2.5   For cancer care, MDTs have robust operational policies and work programmes that clearly describe the structure and function of services.

12.2.6 Cancer MDTs are attended by all appropriate staff (including consultants, radiologists, physiotherapists, nutritionists, etc.) and operate in a collaborative and effective manner. All appropriate patients are referred to and discussed by relevant MDTs in line with speciality guidance. MDTs have sufficient time to provide effective care and are routinely well attended. A designated person at the MDT represents the patient's views.

12.2.7 There are clear, agreed criteria for identifying cancer patients deemed 'non-complex' who may not require discussion at weekly MDT meetings. Regular clinical discussions support the effective protocol management of non-complex cancer patients, and the patients' views and wishes are heard.

12.2.8 For cancer care, the service supports the delivery of holistic needs assessments and the preparation of treatment summaries to improve communication between cancer services, patients, and primary care.

12.2.9 For cancer care, the service has effective, efficient shared-care protocols and recall systems for active surveillance with primary care services.

**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  Service users are able to speak to the receptionist without being overheard.

16.2.2  Staff ensure that when intimate personal care and support is being given by a member of the opposite sex, service users are offered the option of a chaperone. Staff ensure that chaperones are, where possible, the same gender as the service user.

16.2.3  Staff respond to patients who might be anxious, frightened, confused, or phobic before or after medical procedures, surgical procedures or any aspect of their care with empathy, patience, and appropriate support strategies, ensuring to address their concerns and provide reassurance.

## 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   Staff provide people who use services with information leaflets and written information to explain their condition and treatment plan.

17.2.2   Treatment options are discussed with people, people are listened to, and they are encouraged to be part of the decision-making process.

**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    In open environments, staff assist distressed patients in maintaining privacy and dignity, demonstrating a proactive approach to addressing individual needs and preserving patient dignity.

18.2.2    Following their appointment, service users understand how and when they will receive any test results and their next appointment date, where relevant.

18.2.3    Service users receive copies of letters sent between the hospital and their GP.

18.2.4    Service users know who to contact if they are worried about their condition or treatment after they leave the clinical.

18.2.5    Information regarding safeguarding from abuse is displayed where people using services will be able to see it.

18.2.6    Service users are informed in advance if there is a planned change of consultant or lead clinician.

18.2.7   Staff have access to communication aids and translators to help patients become partners in their care and treatment. There is evidence that they use the patient's own preferred methods, and easy-read materials are available and used.

18.2.8   For cancer care, people using the service know who to contact if they are worried about their condition or treatment after they leave the clinic. This system works in practice, with the keyworker calling back. Patients are given cards or leaflets in an adequate range of formats describing the role of the keyworker, which should be available from the point of diagnosis.

## 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 environment is appropriate and patient-centred, with comfortable and sufficient seating, toilets, a drinks machine, and a separate play area for children in an adult clinic.

21.2.2   The department is clearly signposted, and volunteers are available to help.

21.2.3   Information is provided to service users in accessible formats before appointments, including contact details, site maps and directions, consultant names, and information about any required tests, samples, or fasting.

21.2.4   Public transport availability is considered, and appointments are scheduled with timeliness in mind.

21.2.5   Telemedicine and telephone appointments are used appropriately as alternatives to face-to-face appointments.

21.2.6   There is support in place to aid the delivery of care to patients in need of additional support, such as dementia champions, dementia symbols above beds or treatment spaces, Learning Disability link nurses, or stickers on paper records.

21.2.7 The needs of patients with mental health conditions, learning disabilities, autism, or dementia are routinely considered when any changes are made to the service, often using an impact assessment.

21.2.8 A quiet area is available where patients can wait if they find busy environments distressing.

21.2.9 Staff know how to locate patients who are not waiting in the usual place.

21.2.10 Signage and public announcements are clear enough to be understood by people who are unfamiliar with the environment.

21.2.11 The service ensures that appointments for new service users allow time for them to ask questions and have follow-up tests.

21.2.12 Support with transport is available to service users with mobility issues.

21.2.13 The service provides appropriate support for bariatric patients.

21.2.14 The service manages the care of vulnerable service users by allowing those living with dementia to bypass queues at reception and when clinics are running late.

21.2.15 The service takes into account the individual needs of people with complex needs, people with mental health conditions, people with learning disabilities or autism and people with dementia.

21.2.16 If people with a mental health condition, learning disability, autism, or dementia need extra support or supervision on the ward or in the clinic, this support is available. Longer clinical appointments are available and offered where appropriate.

21.2.17 When appropriate, Community Mental Health Teams, Community Learning Disabilities Teams, and Child and Adolescent Mental Health Services Teams are copied into discharge correspondence.

## 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 has arrangements in place for those who might not have a permanent address in Jersey, such as itinerant workers, homeless individuals, and travellers, specifically focusing on the communication of appointments and letters.

25.2.2   Service users are offered a choice of appointment times.

25.2.3   Same-day or next-day appointments, known as 'hot' clinics, are available if needed.

25.2.4   The waiting times for outpatient appointments, including cancer waiting times, are monitored and managed to ensure timely scheduling.

25.2.5   People are kept waiting for a minimal amount of time once they arrive at the clinic.

25.2.6   Waiting times for appointments and at appointments are communicated to service users.

25.2.7 The service actively manages DNA (Did Not Attend) rates and WNB ((Was Not Brought) – relevant to children)) through follow-up communications, reminders and relevant escalation.

25.2.8 People with urgent mental health needs are seen within one hour of referral by an appropriate mental health clinician and assessed in a timely manner.

25.2.9 The service manages urgent cancer appointments promptly and efficiently.

25.2.10 For cancer services, clear pathways exist for referral between specialties in the hospital or tertiary care (as appropriate), ensuring coordinated care for patients.

## 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 is organised on a shift-by-shift basis.

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 supervision or support from someone with expertise in the area.

32.2.4  Innovative approaches are implemented to help ease staffing issues and foster workforce stability.

32.2.5   Patients' mental health and emotional well-being are given significant
         prominence in day-to-day activities within the service, including handovers,
         record-keeping, and care and treatment plans.

32.2.6   The service participates in audits related to mental health and emotional
         wellbeing, with actions taken based on audit findings.

32.2.7   Support is available for non-mental health staff who may lack competency or
         confidence in addressing people's mental health or emotional needs.

32.2.8   Governance procedures are in place for managing and monitoring Service
         Level Agreements (SLAs) with third parties.