Jersey Care Commission
Care Standards
Specific Service Requirements
Urgent and Emergency 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 Requirements

2.2.1   There is a safe, validated, reliable, and audited system in place at the front door to identify critically ill patients, whether arriving by ambulance or walking, and these patients are managed as directed by agreed national/local guidelines.

2.2.2   The ambulance handover process and times are regularly monitored, and efforts are made to minimise waiting times, ensuring patients brought by ambulance are promptly attended to.

2.2.3   There is a system in place to identify deteriorating patients in any part of the department, and a robust process ensures timely action is taken.

2.2.4   The department meets national standards for children in emergency care settings set out by the Royal College of Paediatrics and Child Health.

2.2.5   If there is no paediatric team on-site, there is a clear protocol to ensure the safe transfer of paediatric patients.

2.2.6   The Emergency Department has acute paediatric support for the investigation of sudden, unexpected deaths in infancy and childhood.

2.2.7   Robust clinical pathways are in place, covering resuscitation, fluids, imaging, and emergency surgery.

2.2.8   The service ensures appropriate referrals to the Acute Assessment Unit and Same Day Emergency Care (SDEC), and patients are escorted when attending and waiting for diagnostics, where appropriate.

2.2.9   Evidence of the use of a sepsis care bundle for the management of patients with presumed/confirmed sepsis, such as the 'Sepsis 6' care bundle, is regularly observed.

2.2.10 An escalation policy for patients with presumed/confirmed sepsis who require immediate review is in place.

2.2.11 Patients at risk of and with suspected/confirmed sepsis receive prompt assessment and treatment, including information and support for patients and carers, reducing the risk of septic complications, emergency treatment and assessment, further assessment, starting antibiotic therapy, assessing the patient's risk of septic complications, and determining the duration of empiric antibiotic treatment.

2.2.12 Treatment is delivered to patients with presumed sepsis within the recommended sepsis pathway times, such as administering antibiotics within an hour.

2.2.13 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.

2.2.14 Leaders ensure that employees involved in invasive procedures develop shared understanding and are educated in good safety practice, following national standards.

2.2.15 Staff know how to make an urgent referral to mental health support, and they receive a timely response.

2.2.16 Staff have access to 24/7 mental health liaison, and other specialist mental health support is available if concerned about risks associated with a patient's mental health.

2.2.17 The staff receive advice from mental health liaison about managing various situations related to patients' mental health, including attempts to discharge themselves, refusal of treatment, or other contingencies.

2.2.18 Staff are provided with debriefs and other support after involvement in aggressive or violent incidents.

2.2.19 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 local authorities, have been involved as necessary.

2.2.20 Learning from safeguarding incidents is disseminated throughout the service, with documented evidence of changes to practice as a result.

2.2.21 Incident investigations within the service provide evidence of the application of the duty of candour, emphasising transparency and openness in communicating with patients and their families.

2.2.22 Mortality and morbidity reviews are conducted regularly, typically on a monthly basis. These reviews are attended by a multidisciplinary team (MDT), and minutes are documented. Lessons learned from these reviews are actively used for service improvement.

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 service has implemented effective measures to ensure the appropriate and timely availability of patient clinical records within the service.

3.2.2   Risk assessments, including those for pressure areas, are appropriately completed, especially for patients in the department for over 6 hours.

3.2.3   When people are prescribed an antimicrobial, the clinical indication, dose, and duration of treatment are accurately documented in their clinical record.

3.2.4   Discharge summaries are consistently sent to GPs and other relevant healthcare professionals within 24 hours of discharge from the emergency department.

3.2.5   The provider consistently 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.

3.2.6   The service has access to mental health records and develops individual crisis plans for each person seen and assessed in mental health crisis in the emergency department.

3.2.7   Electronic alerts, where available, are effectively used to signpost to relevant information such as emergency care plans or the requirement for an early senior assessment.

3.2.8   Information about the child or young person's attendance at an emergency care setting is actively shared with the relevant professionals involved with them, including the lead clinicians.

3.2.9   Links have been established with local specialist nurses and the community nursing team to ensure effective follow-up care and support for people treated in emergency departments.

3.2.10   An adequate system is in place to ensure access to cancer patient records, whether paper or electronic.

3.2.11   GPs are promptly informed when a person has been identified as requiring End of Life Care (EoLC), and the process of notification is well-established.

3.2.12   Effective systems are in place to identify patients with pre-existing mental health conditions, learning disabilities, autism, and/or dementia.

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

3.2.14   Mental and physical health records are shared effectively to avoid unnecessary admissions.

3.2.15   Staff can identify if community care is already in place through established systems.

3.2.16   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 all relevant care staff.

3.2.17   Staff members are confident that records will provide information on underlying diagnoses, including mental health conditions, learning disabilities, and autism.

3.2.18   Systems are in place to proactively identify children and young people with pre-existing mental health conditions, learning disabilities, and autism diagnoses.

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 Requirement

4.2.1   A comprehensive process is in place for the identification and management of individuals at risk of abuse, including domestic violence, following the appropriate policies.

4.2.2   The Emergency Department (ED) has nominated a lead consultant and a lead nurse responsible for safeguarding.

4.2.3   For patients assessed to be at risk of suicide or self-harm, appropriate arrangements are put in place to ensure their safety, including policies and procedures for extra observation or supervision, restraint, and, if needed, rapid tranquilisation.

4.2.4   The Emergency Department utilises a screening tool to assess the risk of physical abuse in children presenting with an injury.

4.2.5   The Emergency Department has implemented a child protection information sharing system.

4.2.6 All staff who regularly look after children have up-to-date safeguarding children training and competence in line with local and/or national guidance (e.g., Jersey Safeguarding Partnership Board (SPB), The Royal College of Paediatrics and Child Health (RCPCH)).

4.2.7 All staff in emergency care settings have access to safeguarding advice 24 hours a day from a paediatrician with safeguarding expertise (as per national guidance set by The Royal College of Paediatrics and Child Health).

4.2.8 Relevant information from the Child Protection Plan is available to staff in emergency care settings.

4.2.9 Systems are in place to identify children and young people who attend frequently. The primary care team, including GP and health visitor/school nurse and named social worker, are informed within an agreed timescale of each attendance.

4.2.10 When treating adults, staff recognise the potential impact of a parent's or carer's physical and mental health on the well-being of dependents, and take appropriate action, including when domestic abuse is suspected.

4.2.11 Policies are in place to review cases where children and young people either leave or abscond from a department unexpectedly prior to discharge or when they are not brought for planned follow-up. A review of the notes is undertaken by a senior doctor or nurse and appropriate action is taken.

4.2.12 Children and young people at high risk of potential safeguarding presentations are reviewed by a senior paediatrician or paediatric emergency care doctor.

4.2.13 Children's and young people's views are respected, and their individual needs are supported.

4.2.14 Staff know how to identify and report abuse and neglect.

4.2.15   Safeguarding supervision (nurses) and peer review (doctors) are in place for all staff.

4.2.16   Guidance/protocols are in place for girls under 13 years of age presenting for a termination of pregnancy.

4.2.17   Staff have awareness of Child Sexual Exploitation (CSE), understand the law to detect and prevent maltreatment of children, and take safeguarding actions to protect possible victims. Risk assessments are used and in place, and timely referrals are made. There is individualised and effective multi-agency follow-up, and leaflets with support contact details are available.

4.2.18   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).

4.2.19   Arrangements are in place to safeguard women or children with, or at risk of, Female Genital Mutilation (FGM).

4.2.20   A system is in place to check whether children are subject to a child protection plan.

4.2.21   There is an "abduction policy" and staff are aware of it.

4.2.22   There is a process to identify and prioritise children and young people with cancer. Staff at the point of access, including A&E reception staff, recognise the process and know how to keep them safe, e.g., isolated.

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
Regulation18 Premises and equipment

6.2   Service Specific Requirement

6.2.1   Patient flow models that consider patient acuity and consultation time are used in planning the capacity of the built environment.

6.2.2   The layout is suitable, considering factors such as distance from theatre, CT, MRI, and Xray, to support good patient flow (guidance can be found in Health Building Note 15-01: Accident & Emergency Departments)

6.2.3   There is audio and visual separation of the children's waiting area from the adult section.

6.2.4   There is a fully equipped resuscitation area for children with all sizes of equipment, which is reviewed regularly.

6.2.5   Resuscitation equipment is available and fit for purpose. It is adequately stocked, and there is evidence of regular review.

6.2.6   Adequate and appropriate space is available for children/families in crisis, including a safe space with suitable supervision by emergency staff.

6.2.7   The needs of children with complex medical needs are considered within the planning and design of the emergency department.

6.2.8   Facilities for conducting assessments or monitoring of adults and children with mental health conditions are safe, being ligature-free and equipped with an accessible alarm.

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 Requirement

7.2.1   The service ensures the presence of a Paediatric Emergency Medicine (PEM) consultant with dedicated session time allocated to paediatrics, enhancing the provision of specialised care for paediatric patients.

7.2.2   The service is appropriately staffed with registered children's nurses per shift, contributing to the delivery of comprehensive and high-quality care.

7.2.3   The service facilitates annual learning events specific to paediatric emergency medicine, ensuring continuous professional development for staff.

7.2.4   The service has a designated staff member with Advanced Paediatric Life Support (APLS) or equivalent training on duty at all times, enhancing the ability to respond effectively to paediatric emergencies.

7.2.5   Qualified staff treating children receive training in infant and child Basic Life Support (BLS), promoting readiness to manage life-threatening situations involving paediatric patients.

7.2.6   The psychiatric liaison or similar team within the ED includes members with specialised skills, knowledge, and experience to effectively work with patients diagnosed with learning disabilities, autism, and dementia, contributing to tailored and supportive care.

7.2.7   ED staff have a working understanding of the Mental Health (Jersey) Law 2016 including:

- Article 36 Police Powers
- Role of the Authorised Officer
- Role of the Approved Practitioner
- Article 15 Emergency Admissions.

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 Requirement

11.2.1   Junior doctors on rotation complete prescribing audits.

11.2.2   Evidence indicates that national guidelines are actively used within the service.

11.2.3   The service has local agreed policies in place for responding to the unexpected death of a child.

11.2.4   When children and young people (CYP) require access to a mental health in-patient bed but there is a delay exceeding 4 hours, they are looked after in a suitable paediatric facility. This facility includes appropriate in-patient facilities, regular Child and Adolescent Mental Health Services (CAMHS) review, trained registered mental health nurses, and paediatric nursing support.

11.2.5   Sepsis screening and management align with national guidance, including NICE guidance and the UK Sepsis Trust recommendations.

11.2.6   Staff members are appropriately trained to deal with violence and aggression.

11.2.7   Older people who may be frail or vulnerable receive a comprehensive assessment of their physical, mental, and social needs as a result of their contact with the service.

11.2.8   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.

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

11.2.10 The service has arrangements in place to provide food and drink options for patients, as well as accompanying friends and family, who are in the department for any duration.

11.2.11 The service has effectively implemented the Faculty of Pain Medicine's Core Standards for Pain Management (2015) in its practices.

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   Registered staff in the emergency department consistently provide health promotion and accident prevention advice, ensuring that such guidance is documented in discharge summary notes for comprehensive patient records.

13.2.2   Emergency ambulatory care teams collaborate effectively with community services to promote and develop preventive measures aimed at reducing hospital admissions, reflecting a proactive and community-centred approach to healthcare.

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 Requirement

14.2.1   Consultant review is consistently conducted prior to discharge for:

- Adults with non-traumatic chest pain

- Febrile children under 12 months

- Unplanned readmissions/re-attendances within 72 hours

14.2.2   The unplanned re-attendance within 7 days rate is routinely and effectively monitored and reported.

14.2.3   The service actively engages in regular reviews of the effectiveness of care and treatment through both local and national audit processes.

14.2.4   The effectiveness of sepsis management is consistently reviewed through both local and national audit initiatives.

14.2.5   Regular audit meetings are conducted to review the service's performance in sepsis management and patient outcomes.

14.2.6   The service actively contributes to all relevant audits, ensuring a comprehensive approach to quality improvement.

14.2.7   The Emergency Medicine service has well-defined arrangements for seamless integration with the rest of the hospital, including robust

connections with oncology services, substance misuse teams, liaison with psychiatric services, children's services, and imaging services, fostering a comprehensive and collaborative approach to patient care.

14.2.8 Clinicians assessing patients acutely unwell with frailty are competent to identify the most appropriate care pathway, ensuring tailored care for patients with frailty.

14.2.9 Clearly defined and evidence-based admissions pathways for people requiring hospital stays are in place, contributing to efficient and patient-centred care delivery.

14.2.10 The service has established effective processes for patient discharge into the community, ensuring continuity of care and appropriate support for patients post-discharge.

14.2.11 Evidence of multi-disciplinary and interagency working is apparent, especially when required for the safe discharge of patients with complex needs, demonstrating a commitment to comprehensive and collaborative care.

14.2.12 Target time for first consultant review follows national guidance or local policy.

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 In situations involving patients without the capacity to consent, the emergency department follows a comprehensive approach to decision-making, which includes consultations with individuals holding powers under Deputyships or Lasting Powers of Attorney, as well as involving relatives and friends interested in the person's welfare.

15.2.2 The emergency department adheres to relevant recommendations relating to Mental Health (Jersey) Law 2016 Article 36. This includes key practices such as the nurse in charge and senior clinician reviewing the patient with the police and ambulance crew, ensuring a 72-hour duration of article 36 commences on arrival at the ED, providing patients with information about their rights and keeping them updated on the plan for their care, facilitating timely referrals for Mental Health assessments, and maintaining appropriate safety measures for patients, with due consideration for potential risks such as absconding.

15.2.3 People who are removed from a public place by a Police Officer using Article 36 of the Mental Health (Jersey) Law 2016 should be physically examined to ensure the apparent mental disorder is not due to a physical condition.

15.2.4 A clear and pre-identified pathway is in place for patients placed under article 36, ensuring access to an identified place of safety that can

adequately meet their medical and mental health needs. This demonstrates a systematic and organised approach to managing individuals under article 36, emphasising patient well-being and appropriate care.

15.2.5   Emergency clinicians responsible for the care of children undergo comprehensive training in assessing risk and promptly managing children's mental health needs, along with providing support to their family/carers. The training encompasses various aspects, including risk assessment, awareness of current legislation on parental responsibility, consent, confidentiality, and mental capacity.

15.2.6   The emergency department has well-established policies for managing acutely distressed children or young persons, which incorporate the use of acute tranquilisation and, when absolutely necessary, restraint for individuals who are acutely disturbed or pose a risk of harm to themselves or others.

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   The service ensures that staff have dedicated time to offer appropriate and timely support to relatives of seriously injured casualties, recognising the importance of addressing the emotional needs of families.

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   Patients with mental health or dementia diagnoses receive comprehensive advice about their condition, treatment, and useful coping strategies, supported by written information. Additionally, their relatives receive adequate support and information, emphasising a holistic approach to patient and family care.

18.2.2   The service consistently provides training to staff on how to support carers/parents/relatives in response to an unexpected child/adult's death, reflecting a commitment to compassionate and empathetic care during challenging circumstances.

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 department has the capability to competently stream appropriate patients to primary care and contribute to effective patient flow.

21.2.2   Adequate seating and space are provided in reception and waiting areas, ensuring that patients do not routinely have to stand while waiting, promoting a more comfortable and patient-friendly environment.

21.2.3   The service ensures that, when required, there is an appropriate place for patients to wait while admission to a psychiatric unit or other actions are arranged, contributing to patient comfort and well-being.

21.2.4   An appropriate area is available for patients who find busy environments distressing, reflecting a commitment to providing a supportive and calming environment for patients.

21.2.5   Staff are informed about the locations of patients who are not waiting in the usual place, promoting efficient and effective patient management.

21.2.6   Frailty is promptly identified and measured upon patient arrival using a specific assessment tool.

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 a structured approach to patient flow, ensuring that all components of the system are appreciated and managed appropriately. Flow issues are escalated as needed.

25.2.2   Overcrowding is effectively managed in accordance with the up to date recommendations.

25.2.3   The department has an effective full capacity protocol, and staff members are familiar with its procedures.

25.2.4   Triage/streaming staff conduct "Fit to Sit" assessments to determine patients' suitability for transfer to a chair while awaiting treatment.

25.2.5   Clinically stable patients referred by a GP are promptly sent to a surgical or medical assessment unit within 30 minutes of arrival.

25.2.6   Patients waiting for inpatient beds in Emergency Medicine, including those with isolation needs related to cancer, are effectively managed.

25.2.7   The service collaborates with the patient flow team/bed management team to ensure efficient patient flow.

25.2.8   Admission avoidance provisions, including an ambulatory emergency care (AEC)/ same day emergency care (SDEC) are in place.

25.2.9   ED staff members are familiar with the conditions that can be treated by the AEC/SDEC, and there is an automatic referral process in place.

25.2.10 Performance indicators, such as the percentage of patients in the department for over six hours, percentage of admissions waiting 4-12 hours from decision to admit to admission, and percentage of patients leaving before being seen, are regularly monitored and meet the specified targets.

25.2.11 People with urgent mental health needs are seen within one hour of referral by an appropriate mental health clinician, and assessments are conducted in a timely manner.

25.2.12 Referral routes ensure a timely response for people experiencing a mental health crisis, including options for self-referral and prioritisation based on the level of need.

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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,

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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 care and treatment that is of good quality.
- 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, 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 Royal College of Emergency Medicine (RCEM).

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   Appropriate security arrangements are in place to ensure the safety and protection of staff and others, especially during weekends and out-of-hours.

32.2.7   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.