

24.02.06.

9.7 Deputy J. Renouf of the Minister for Health and Social Services regarding the prospect of hospital services being subject to regulatory control of the Jersey Care Commission. (OQ.16/2024)

Will the Minister confirm whether he supports the proposed legislative timetable that, if approved, would bring hospital services under the regulatory control of the Jersey Care Commission by the start of 2025, with the hospital subject to inspection by the J.C.C. (Jersey Care Commission) later in 2025, and if not, why not?

Deputy T. Binet (The Minister for Health and Social Services):

I could answer that with a simple yes, but I suspect the Deputy might want a little bit more than that. As the Deputy knows, the legislation for this area sits with the Environment Department and obviously when the question came in I called a very swift meeting with the Minister for the Environment and we had a short briefing on the Care Commission. As I say, I am due to have a much more comprehensive briefing later on, but from the information I gleaned from the briefing that I have had the answer is a firm yes.

9.7.1 Deputy J. Renouf:

The question was motivated by an answer in the hustings where the Minister indicated he was not sure whether he supported that. The reason why it falls under both is because we have funded under the Government Plan a joint Health Ministry and Environment Ministry funding bid, which was passed by the Assembly in 2022 to fund preparatory work for that inspection. Will he therefore commit to bringing forward draft legislation by the third quarter of this year, sticking to the timetable currently in the Government Plan?

Deputy T. Binet:

Yes, I see no reason why that should not be the case. As I say, in terms of the timing I have to assume that everything is in place for that to be achieved, but if it is, the answer is yes. If I can just clarify a little bit about having some reservations about the Jersey Care Commission. It is quite right that I did voice some concern but I have been assured that the inspections are due to take place by the Care Quality Commission seconded from the U.K., and that was my concern and that has been allayed. I am happy with that.

Deputy J. Renouf:

Sir, I think that might be inadvertently misleading the Assembly. It is the Jersey Care Commission under the legislation that will undertake the inspections I believe with assistance from the Care Quality Commission in the U.K., but the legislation is I believe quite clear on that.

Deputy T. Binet:

It would appear that I have been incorrectly briefed in that case, but I will certainly make certain to find out what the details are and get back to the Deputy so that we can both be absolutely clear on what the intentions are.

9.7.2 Deputy H.L. Jeune:

This discussion has just prompted me to ask the question and if the Minister is not able to answer in full now, but why would the hospital be put under a different system than the Jersey Care Commission, which is a legislation specifically built for Jersey and for Jersey institutions and as

someone said a couple of times, but as chair of J.A.Y.F. we are trying to strive towards being registered under the Care Commission, and many organisations and charities have also had to register under the Jersey Care Commission at great expense. It would seem very strange that the main hospital in Jersey would then take a different route than the legislation that has been specifically developed for Jersey. Could the Minister explain why there is a choice of a different system than the one developed in Jersey?

Deputy T. Binet:

I think at this point in time we are at odds about our understanding of what the intentions are. Why would you use an independent inspection service to carry out the inspection? Because it is possible the inspections, as I understand it, are exceptionally complicated. In my view, I would have thought it would be sensible for them to be carried out by people who inspect hospitals all the time and know exactly what they are doing. If you have a team of people here who you have got to train up in all the complexity to inspect the hospital once every 3 years, or whenever the inspections take place, it would be, I suggest, an extremely expensive business and not a terribly effective one, given that your inspectors will not necessarily be current for the inspection purposes. I think there is some clarification that is required and I am certainly happy to get that clarification and feed that back to all interested parties.

9.7.3 Deputy H.L. Jeune:

I think exactly there needs to be a clarification because it is one thing bringing in inspectors that have specific expertise but it is another putting under which legislation, and of course the quality control in the U.K. is under a different legislation than the Jersey Care Commission.

The Deputy Bailiff:

Are you coming to a question or are you making an observation?

Deputy H.L. Jeune:

No, Sir, therefore could we get clarification as soon as possible from the Minister, please, on what is going to happen?

Deputy T. Binet:

I thought I made it very plain in my last answer that I would get clarification as soon as I can but I shall reconfirm that I am prepared to get clarification as soon as possible.

9.7.4 Deputy J. Renouf:

I think the reason why we can have confidence that the J.C.C. can do this job is because the funding bid, to which I referred earlier, was precisely to build up capacity within the J.C.C. to achieve the ability to do that. Given that the Mascie-Taylor review and the recent rheumatology report both identified serious problems with oversight and highlighted a culture of consultants that did not benchmark the clinical oversight, what reassurance can he give the Assembly and the public that independent governance, which might include these kinds of inspections, will be a priority?

[16:15]

Deputy T. Binet:

I am not quite sure how that relates to the initial question. Perhaps it is relevant, but I do not mind answering anyway. I would have hoped that I had made sufficient statements this afternoon to indicate that governance is a key area of concern, possibly the primary one, and that I shall be doing

all I can to make sure that, going back to the initial question, we put the process on steroids. I do not think I can offer much more than that at this stage.