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Regulation of Care Sub-Panel

Public Hearing

Witness: The Minister for Health and Social Services

Friday, 10th October 2025

Panel:

Deputy T.A. Coles of St. Helier South (Chair)

Deputy J. Renouf of St. Brelade

Deputy H.M. Miles of St. Brelade

Witnesses:

Deputy T. Binet of St. Saviour - The Minister for Health and Social Services

Ms. P. Le Sueur - Associate Director of Quality and Safety, Health and Community Services

Ms. C. Stone - Nursing and Midwifery Change Lead, Health and Community Services

[14:30]

Deputy T.A. Coles of St. Helier South (Chair):

Good afternoon and welcome to this public hearing of the Regulation of Care Sub-Panel. Today is 10th October 2025 and this is our final public hearing with the Minister for Health and Social Services. I would just like to draw everyone's attention to the following. This hearing will be filmed and streamed live. The recording and transcript will be published afterwards on the States Assembly website. All electronic devices, including mobile phones, should be switched to silent. For the purposes of the recording and transcript, I would be grateful if everyone who speaks could ensure that you state your name and role clearly. So I will start with some introductions. I am Deputy Tom Coles and I am the Chair of the sub-panel.

Deputy H.M. Miles of St. Brelade:

I am Deputy Helen Miles and I am a member of the panel.

Deputy J. Renouf of St. Brelade:
Deputy Jonathan Renouf, also a member.

The Minister for Health and Social Services:
Deputy Tom Binet, Minister for Health and Social Services.

Associate Director of Quality and Safety, Health and Community Services:
Pamela Le Sueur, Associate Director of Quality and Safety.

Nursing and Midwifery Change Lead, Health and Community Services:
Good afternoon. I am Cathy Stone. I am Nursing and Change Lead for Health and Community Services. Good afternoon.

Deputy T.A. Coles:
Good afternoon. Thank you. So, Minister, we are going to start, for your understanding, over the political oversight that comes with these new Regulation of Care Law amendments, one of which shifts the responsibility from the Chief Officer of H.C.J. (Health and Care Jersey) to the Minister. What is your understanding of this shift?

The Minister for Health and Social Services:
Not a great deal, other than the fact that I have been recommended that it is an appropriate thing to do, to be honest with you. That is as much as I can say on the matter.

Deputy T.A. Coles:
That is fine. How do you feel that the preparations are going for to be ready for this draft law?

The Minister for Health and Social Services:
To the best of my knowledge, everything seems to be in order. I have had several meetings with the Care Commission and there is a new chair. I have explained the fact that obviously ... I think they know, but I have emphasised the fact that this is new to us and it is an ongoing process. I have requested that it is done as sensitively as possible because we have issues with morale that is now improving and we do not want this to be a sort of a sledgehammer that comes in and causes a mess. He seems to be very agreeable and is going to make certain that from his point of view that the thing is carried out in an orderly way, in a way that is appropriate for the Island under the circumstances.

Deputy T.A. Coles:

So what are your understandings of the implications of the draft law on your department?

The Minister for Health and Social Services:
With regard to what, the ...?

Deputy T.A. Coles:
Just the process, the impact, how it is going to all be carried out, just your oversight of it?

The Minister for Health and Social Services:
Well, we have the J.C.C. (Jersey Care Commission), who will be using people from the U.K. (United Kingdom) because we cannot afford to have a permanent team of people ready to inspect hospital services. So they will be utilising specialists from the U.K. to come and undertake the work.

Deputy J. Renouf:
I guess in terms of the Health Department, what sort of things has it meant you have had to do?

The Minister for Health and Social Services:
Oh, basically that is why I have Cathy and Pamela here to go through those details. As I say, Health is a very, very broad scope and I do not get involved in the day to day details of the preparation. I am very reliant on officers to provide those details for you.

Deputy T.A. Coles:
We will get down to the technical bits in ... it is just about getting your understandings. Moving on in my questions, Minister, to what extent are you providing direction and input into H.C.J. meetings and considerations about the new governance arrangements that are proposed under the new draft law?

The Minister for Health and Social Services:
Can you detail those in a bit more ...?

Deputy T.A. Coles:
So what direction are you being able to give to your team about ...

The Minister for Health and Social Services:
About the inspections?

Deputy T.A. Coles:
... about these laws that are coming in, about their preparedness?

The Minister for Health and Social Services:
But that is what they are there for. They are the specialists. I do not get involved in giving them any guidance on areas of specialisations, where they actually brief me.

Deputy T.A. Coles:
Yes. Do you have any views about the wider impacts of the implementations of excluding certain services from regulation at this time? Because there are questions around ... this is looking broadly at Health but there are bits like H.C.J. carry out services within the prison estate but that is not regulated under this current law. Do you have any worries about that ...?

The Minister for Health and Social Services:
Not particularly, given that we have not been inspected at all before. As I said at the beginning, this is a process, it is an introductory process, and we are going to go through each section as we go. It is going to take quite a while to get through it all. Once we have been through everything once, then it becomes an ongoing situation, but you cannot come in and do the whole thing all at once.

Deputy T.A. Coles:
No. So the Care Commission is going to work on a schedule and their inspection handbook, I think they referred to it as. Have you had any sight of that handbook?

The Minister for Health and Social Services:
Not as yet, no.

Deputy T.A. Coles:
Not as yet. Do you think these regulations have been drafted in a way that have taken into consideration the reports by Professor Hugo Mascie-Taylor and Peter Lepping?

The Minister for Health and Social Services:
These are all questions that I think are better put to the team.

Nursing and Midwifery Change Lead, Health and Community Services:
Yes.

Deputy T.A. Coles:
Okay. So in which case we will move on then to Deputy Renouf and the preparedness, with the more technical questions.

Deputy J. Renouf:

Did you want to come in at that point?

Nursing and Midwifery Change Lead, Health and Community Services:

I do apologise. I think most definitely if we actually look at the grounding for the single assessment framework, the service-specific implementations of each of those, clearly the underpinning requirements from Hugo Mascie-Taylor run through there as to all of those external reviews we have had in. Because if you look at the themes and trends that come from these reports, they are very much embedded in all of our regulatory ... the draft regulatory from the single assessment framework to the service-specific requirements. So very much so, yes.

Deputy J. Renouf:

Shall I pick up?

Deputy T.A. Coles:

Yes, carry on.

Deputy J. Renouf:

So I guess that leads nicely into the questions which I wanted to ask, which are about preparedness and the readiness of H.C.J. to deal with the inspection process. So I guess as an overarching question, how ready is H.C.J. for this process to begin?

The Minister for Health and Social Services:

I think they are as ready as they can be, but once again I have professionals here who are doing this day to day. I am going to hand over to them and they can fill you in on exactly how ready they are.

Associate Director of Quality and Safety, Health and Community Services:

I think we could always do more. I think it is going to be an ongoing process. It is never going to be a start and finish to it. I think it is going to be a continual learning cycle, really. So I think we are as ready ... we are getting as ready as we can be. We know that we are still going to have potentially 12 months before the first inspection and we have done an awful lot of work to prepare. We have a plan for an awful lot more work to do, so we are not ready right now but we are a good way through getting ready. We have done an awful lot of work with the care groups, with the clinicians, to get ready.

Deputy J. Renouf:

Are there any particular areas which you are struggling with, which you ... let us not be as loaded as "struggling". Are there any different ... any areas where you feel that the work is a steeper slope to travel?

Associate Director of Quality and Safety, Health and Community Services:

I think H.C.J. is quite wide and making sure that we have engagement from everybody from the bottom up is really important. That is probably going to be a big challenge, communication. We have done a lot of workshops with all the different care groups. So each major care group has had a workshop done with it and we have gone through all of the single assessment frameworks. We have gone through all 395 universal requirements with those care groups, split into groups to work on where that care group feels that they are on a R.A.G. (red, amber, green) rating of whether they feel that there is evidence for something, whether it is red, amber or green, basically, and if they have concerns that they feel need to be escalated to the board that is outside of their remit. I think the main thing that has come out of that is something that we are aware of and the Minister is aware of related to our digital integration and how our health systems talk to each other. That is probably our main escalation that has gone up through our structure of the oversight steering group through to the board and to the Minister.

Deputy J. Renouf:

Ms. Stone, you wanted to say something?

Nursing and Midwifery Change Lead, Health and Community Services:

I think you asked the question are we ready for regulation. There is a difference between regulation and inspection. What we need to make sure as an organisation is we are providing the right care each and every day and that very much is a journey which we have worked on most assertively over the last 2 years. So every day we are a step further but, more importantly, if somebody wished to regulate us now, we would welcome them as we welcome external visits. So there is almost getting ready for the process which supports the process behind, which is work we are doing now, but really the key issue is regulation. We are not doing it because we are regulated. We do it because it is the right thing to do each and every day. So because we are checking that we have the right staff with the right training each and every day and we can demonstrate that to you and to the public of Jersey, we are not doing it because it is a regulatory requirement. We are doing it because it is the right thing to do. Regulation is not today or tomorrow, regulation is ongoing. It is that ongoing assurance to our public that we have it right. But as Pam says, it is actually the preparedness for a process which Jersey are not aware of where there is a very clear timetable. I think what we have to be very careful of is actually when we talk about regulation and inspection we know the cleaner that cleans our hospital is as important as the brain surgeon because without that cleanliness we cannot have that operation to take place. So when an inspector comes and wants to talk about our

cleaner, the fact they are able to say that we are proud that we are cleaning our hospital, we are important to that, that is really important. I think that is the message we are enabling to spread through. We have a process which we have to adopt and work our way through, but the real thing is that real staff engagement to know each and every day we are doing the right thing. So there is a process but it is more than a process, regulation, because we need to do it because it is the right thing.

Deputy J. Renouf:

It is a good point to clarify the distinction between regulation and inspection. I guess I was addressing the question more towards inspection. You mentioned the R.A.G. ratings and so on. Do you have a lot of reds at this stage?

Associate Director of Quality and Safety, Health and Community Services:

I think we have gone through and tried to work out where we have evidence for something and where we do not have evidence. I think we probably do not have as many reds as I think initially people were anticipating. We have more greens than people thought we had when we started to collect the evidence. We do have reds but we are working on all those. The care groups all have their own ... like a heat map of where their reds are, where their ambers and where their greens are, and they are working through that within their care group. Each care group chief of service is having monthly meetings to discuss where they are up to with their heat map. It is also fed in through all our board papers and fed up through our care group governance meetings that are chaired by executives. Some of it is that we have not got the evidence available at the moment, not that we are not doing it. So it is finding systems and putting systems in place of how we are going to evidence or how we think we will be evidencing to the J.C.C. against specific universal requirements.

Deputy J. Renouf:

Minister, we spoke to the Minister for the Environment yesterday and he told us that initially when this inspection regime was proposed you were sceptical about it and had questions about whether it should be applied to the existing hospital services. Do you want to talk us through that?

The Minister for Health and Social Services:

You would need to repeat in more detail the conversation that I am alleged to have had with the Minister for the Environment. I cannot recall a conversation of exactly that nature. It is a strange thing for the ...

Deputy J. Renouf:

He was very ...

The Minister for Health and Social Services:

I met him yesterday at the water P.F.A.S. (per- and polyfluoroalkyl substances) meeting. I am not sure that ...

Deputy J. Renouf:

No, nothing to do with P.F.A.S. It was a discussion when the question of the extension of regulation to the hospital was proposed, which had obviously been proposed by the previous Government, that you were initially sceptical about it and were not sure that it would be appropriate in the existing hospital setting.

The Minister for Health and Social Services:

I do not think that I said I was sceptical about the process. I think I do recall asking a question about the timing and I did ask a question, as a perfectly open question, would we be better to leave the start of the inspections until the construction of the new hospital. It was a simple question and I was told no, it needs to be done now. That is fine. As I say, it is not being sceptical about the process but sceptical ... well, it was not even sceptical. It was asking questions about the timing.

Deputy J. Renouf:

Okay. So to be clear then, you are completely content with the timetable that is in place for these regulations?

The Minister for Health and Social Services:

Yes. I am perfectly comfortable about the process that is happening at the moment, yes.

Deputy J. Renouf:

Okay. The Royal College of Physicians highlighted in a submission to our panel that there were "particular areas of weakness" identified in their review of the rheumatology service. "We therefore consider that there must be a focus on steps to improve this." So what is being done to improve the rheumatology service in particular for the upcoming inspection process?

Associate Director of Quality and Safety, Health and Community Services:

I think the rheumatology service has had a huge amount of work done related to it. Operation Crocus has been running for the last ... I cannot remember how many years now, since the report came out. There has been a whole ... well, there has been 2 steering groups. There has been the executive oversight group that Tom Walker chaired and then there was the group underneath it that was the operational group. It is still ongoing and we are still working through it, but we are working through all the different tranches to make sure that the patients have all been seen, have all been assessed.

Deputy J. Renouf:

I am thinking about not so much dealing with the patients as is the department improving sufficiently to be inspection ...

Associate Director of Quality and Safety, Health and Community Services:

I think there is assurance that the department has all new staff ...

The Minister for Health and Social Services:

I just refer back to Cathy's point. I am not sure - Cathy, correct me if I am wrong - if anything is happening in rheumatology that has been done specifically for inspection purposes. All the work that is going on in rheumatology is what you have referred to as business as usual, for business as usual reasons. I think that might be the way of answering that. Unless there is something specific.

Nursing and Midwifery Change Lead, Health and Community Services:

Thank you, Minister, yes. I think the first thought, as Pamela has alluded to, Operation Crocus and that part, that has been managed and we are well aware. But when we are looking at the clinical governance that surrounded a department, that good practice has now been applied to everywhere. So if you want it specifically for rheumatology, which will apply to dermatology, which will apply to obstetrics, we now have those adherence to the Royal College standards.

[14:45]

We have those adherences to those benchmarks, which we signed up for post Operation Crocus. If you look at appraisals, clinical appraisal, have we got the right clinical appraisals, have we the right responsible officers, we have those and that is regularly reported to the board. If we look at the governance structure when we are benchmarking what we are doing against audits, maybe against pharmaceuticals, those are processes that are in place not only for rheumatology but also for other departments. As I have said and as you are well aware of, Operation Crocus has a very definitive action plan which is being managed and has been functioned through. So there is the specific and the general.

Deputy J. Renouf:

Okay. The same argument would apparently ... would also presumably apply for maternity services and other services where there have been reports from the Royal Colleges?

Nursing and Midwifery Change Lead, Health and Community Services:

Most definitely, and I think the Operation Crocus has had one plan. Scrutiny has seen sight of the maternity improvement plan. We know we started with 120 recommendations. We have nearly

completed all of those and we have moved into our maternity development plan, which is our maternity strategy which we are incredibly proud of. But each and every one of those steps you could transpose and triangulate with good practice in other departments. Not to say we are doing it right everywhere each and every time because we are human beings, but what we need to ensure is we have a process whereby that question is asked. Again, that is a process the H.C.J. has put in process over the last 2 years where on a monthly basis there is a real clinical governance review of clinical processes: what we are doing, when we are doing it, how we are doing it, and most certainly where is the follow through. Again, that is an audit trail. If we go back to our regulation process, each one of those governance reviews will have a front sheet. I will really bore you now, but on it, it says which one of the regulatory sections that will apply to. Does this apply to universal requirement 1.1, 1.3? So we are ensuring what we are undertaking is the right thing to do. We are only doing it once and we are seeing a movement forward.

Deputy J. Renouf:
Okay.

The Minister for Health and Social Services:
I think Cathy will attest to the fact that over the last 2, 2.5 years there is a very different approach to all of these things than there was prior to that time.

Associate Director of Quality and Safety, Health and Community Services:
I think we have also signed up for the national audit programme. So we are part of the H.Q.I.P. (Healthcare Quality Improvement Partnership) national audit programme and we complete or compete in all of the national audits, national clinical audits, that we are eligible to enter for. So that allows us to benchmark against best practice and N.I.C.E. (National Institute for Health and Care Excellence) guidance.

Deputy J. Renouf:
Okay. I am going to ask a slightly more technical question about transition, as we go through the transition into this process. The consultation report that came out earlier said that the Department for Health and Community Services raised concerns about proposals to enable large hospital services to register multiple managers for the service. H.C.S. (Health and Community Services) submits that this could "unwittingly create a system which encourages separate arrangements by clinical teams and approach to the single assessment framework requirements that may not be in the service users' interests." I wondered to what extent you had thrashed that out in discussions with the Minister for the Environment and the J.C.C.

Associate Director of Quality and Safety, Health and Community Services:

We have had quite a few discussions about that and overall what we would want would be to have 3 people. So we would not want it devolved down to ward level and have every ward working in a silo. We would want someone over the hospital, which would be our chief nurse, someone over mental health, which would be our director of mental health and adult social care, and then obviously the ambulance service is part of us now so it would also include the ambulance service and Pete Gavey. The law leaves it open for those discussions. It leaves the decision with the J.C.C. in consultation with us. So that would be what we have discussed with the J.C.C. and what we hope and envisage would be.

Deputy J. Renouf:
So you are comfortable that those discussions are going well ...

Associate Director of Quality and Safety, Health and Community Services:
Yes.

Deputy J. Renouf:
... and that there is a proper dialogue?

Associate Director of Quality and Safety, Health and Community Services:
Yes.

Nursing and Midwifery Change Lead, Health and Community Services:
When the first proposal came out for registered manager at ward level, it was quite a concern. But very much we had a meeting in the room and it was really very positive, along the lines: "This is what works in the U.K. and especially in the Scandinavian areas." When you have the small nuclear units, you do need the registered manager for the unit. When you have a large organisation ... because what we cannot have is we cannot have a repeat of Mid Staffs. We cannot have ward A being excellent and ward B being fair and ward D being not so good. We have to make sure those high standards we expect run across our organisation, which is why then in the larger organisations you have accountable officers who are responsible for the care within that organisation. When that case was put forward it was received very positively by the J.C.C. We had very, very good positive and interactive meetings. If we place the patients at the centre and getting it right each and every time, being that as our way forward, I think that has really moved us. I have to say I thought the meetings were incredibly professional.

Deputy J. Renouf:

Okay. Good. Thank you for that. How are you ensuring that H.C.J. has in place proper accountabilities with appropriate clarifications around duties and responsibilities under the proposals in the law?

Associate Director of Quality and Safety, Health and Community Services:
I think we have put in place a structure of meetings, and so we have the operational readiness group for preparation for inspection that feeds into the regulatory oversight steering group that we have developed. That has one of the non-executive directors on it and also has most of the executives in H.C.J. on it. We then feed through to the quality, safety and improvement sub-committee of the board and that then feeds through to the board. So we have a very clear line of accountability and Tom Walker has sight of our plans and where we are with each step.

Deputy J. Renouf:
Okay. In terms of how it would work, for example, if there are serious regulatory breaches somewhere, does the reporting framework, reporting process, change as a result of this or is it essentially still the same processes?

Associate Director of Quality and Safety, Health and Community Services:
The notification?

Deputy J. Renouf:
If there is a serious regulatory breach, does the process the department has to go through change as a result of this?

Associate Director of Quality and Safety, Health and Community Services:
I do not think so. We have the notification list. Cathy might know more about that, but we do have a list of everything that the J.C.C. would want to be notified on, which would include any serious breach. But it goes right down to the level of people falling with fractures. We are working through our pathways of notification at the moment. Obviously we do have areas of Health already regulated and it is going to be done slightly differently for the hospital because they fill in a form every time. The notification has to be done within 48 hours and we are looking at electronic transfer of information so that we have all of our data ... well, not all of our data but we have a lot of the data on Datex and Power BI dashboards and integrating that to alert the J.C.C. straightaway. So I think that is covered under all the notifications unless there is anything else, Cathy.

Nursing and Midwifery Change Lead, Health and Community Services:
I am wondering were we actually talking about the fact that it is the ... if we notify we have a breach and we will notify our regulatory body, I did not know if you were actually asking what if our regulators

found out if there was an error, what process was put in place there. Because what would happen then if our regulators brought to our attention, they will then have a process of greater scrutiny. It is well laid down, whether it will be monthly, weekly, hourly feedback. That will be in line with the breach of duty. But for our point, every time we have a notification, as Pam said, it is identifying the regulator. I think what is important, identifying, but also as we identify what mitigations we have put in place and ensuring it does not happen tomorrow or the next day.

Deputy J. Renouf:

Okay. The British Medical Association submitted a note to the panel and part of that note said: "Without adequate staffing and infrastructure, inspections may exacerbate existing pressures." So have you reviewed the staffing and resource implications of doing this? Are you comfortable that that fear expressed on the part of the B.M.A. (British Medical Association) about extra pressures being placed on staff as a result of the inspections process, are you confident that that is not going to materialise?

Associate Director of Quality and Safety, Health and Community Services:

I think that is work that is ongoing at the moment. I think there are meetings being held to look at our workforce strategy over the next 10 years. So I cannot say. I am not sure, Cathy, if you know more about that, but I cannot say very much more detail other than that I know that there is a whole group looking at our workforce strategy over the future years.

Nursing and Midwifery Change Lead, Health and Community Services:

So I think there is the other dimension to answering this question. The unknown quite often worries people and people will actually fill in spaces when there is missing information. So disciplines get very concerned we are going to be inspected, that means we have to down tools, we have to stop what we are doing, we have to open our books and everything, which again puts a weight on the service. The J.C.C., as are the Care Quality Commission, are very clear that these inspections should not interfere with working day practice, which is why we are in this preparedness session. As Pam has identified, the areas which the B.M.A. may have raised concerns about are service-specific requirements, when we talk about really what does I.C.U. (intensive care unit) need, what does the neonatal unit need? So by identifying this is what our regulators say we should be doing and we know we are doing that and we know we are doing it in a timely fashion, that will then dissipate those concerns. So when we are looking at if we think there are areas where we have shortages of staff, that shortage of staff will not apply only because it will be a regulatory issue, it will be as a functionality issue. So I think those concerns, inspection regimes are very well tested and I think that is more of the fear of what it may bring, not the actuality. As Pam says, we had superb engagement with our clinicians, I have to say on our service-specific requirements far more engagement than I have seen in any of my N.H.S. (National Health Service) areas in the U.K., those

doctors really looking into our specifications: is this really what we can do? Should we be doing more? But people will always fear the unknown.

Deputy J. Renouf:

I guess I understand all of that. I still would like to know whether you are confident that the inspections are not going to exacerbate staffing pressures, pressures on staffing and infrastructure.

Nursing and Midwifery Change Lead, Health and Community Services:

They should not do, but this is a case of the unknown. Currently, where we are at the moment, when we are looking to preparedness we have not ... when we have met with our teams, when we have gone through the single assessment framework, staff will recognise concerns and say ... perhaps as Pam has alluded to, some of our data challenges, we do not want to spend a lot of time trying to chase data but really when it comes to ongoing patient care we have not had that escalated to that extent. So I can only say it should not because I have neither the evidence to refute it or prove it.

Deputy J. Renouf:

Okay. All right. Thank you. Can you advise on work being undertaken to ensure that the patient administration systems are ready for the inspection requirements?

Associate Director of Quality and Safety, Health and Community Services:

Patient administration systems are ...?

Deputy J. Renouf:

The paperwork, but hopefully not paperwork now, but the way that you run the administration of the department.

Associate Director of Quality and Safety, Health and Community Services:

I think we have been ... since we have had, obviously as you alluded to before, a number of reports of criticism around clinical governance in the last few years, so I think putting the preparation for inspection and regulation aside, we have spent the last few years doing an awful lot to improve our clinical governance. By doing that, it is all preparing for regulation and inspection. So I think we have been on a constant journey over the last few years to improve and learn from mistakes in the past or things that have gone wrong in the past.

Deputy J. Renouf:

I think my next question has actually been answered. It is a summing up point, really, on these points, which is overall do you think there are adequate transitional arrangements in place, in other

words the preparation is going well, including preparations in the hospital to be ready to be subject to inspection?

Associate Director of Quality and Safety, Health and Community Services:
Yes. I think we can always do more. If you ask 10 people, there will always be other things that we could be doing or other ideas, but I think we are doing an awful lot. We have done a massive amount and it is going well.

Deputy J. Renouf:
Okay. Final couple of questions from me on the registration of large services. I guess one of the questions here is about how you subcategorise large services. I guess the question is to what extent that will work in practice. How are you going to do the subcategorization of services?

Associate Director of Quality and Safety, Health and Community Services:
For the actual inspection?

Deputy J. Renouf:
Yes.

Associate Director of Quality and Safety, Health and Community Services:
So I think we have had meetings with the J.C.C. and I know it is not ... nothing is finalised but they have broken it down into 6 areas. I think they have broken it down into adult mental health, women and children, medicine, ambulance, outpatients, and surgery. The current plan is for them to inspect each of those separately and so they have broken that down. Then they have broken down obviously what sits underneath it, so we are anticipating it to be ...

Deputy J. Renouf:
You are involved in that and feel comfortable with that, the approach?

Associate Director of Quality and Safety, Health and Community Services:
Yes. We have had regular meetings with the J.C.C. and they have been very open meetings where it has been discussed back and forward, yes.

Deputy J. Renouf:
Okay. Good. Has Health and Care Jersey been involved in discussions around the J.C.C. handbook?

Associate Director of Quality and Safety, Health and Community Services:

I am not sure what the specific handbook is. We have all the ...

Deputy J. Renouf:
I think it is to do with the subcategorization of healthcare services, how they are going to structure the inspection regime.

[15:00]

Associate Director of Quality and Safety, Health and Community Services:
They have sent us PowerPoints of how they are going to ... the subsections and those 6 areas identified, but in terms of what is specifically in the handbook I am not sure.

Deputy J. Renouf:
Okay.

The Minister for Health and Social Services:
The commission has said it is not going to be published until after this law is adopted.

Associate Director of Quality and Safety, Health and Community Services:
Okay. So ...

Deputy J. Renouf:
It was just a question of whether you had been involved and sight of it.

Associate Director of Quality and Safety, Health and Community Services:
We have had a lot of slides from the J.C.C. and we have had a lot of information from them. I imagine those parts feed into their handbook.

Deputy J. Renouf:
You just cannot call to mind handbook in that ...?

Associate Director of Quality and Safety, Health and Community Services:
Yes.

Deputy J. Renouf:
Okay. Fair enough. Then finally, have you established processes with the J.C.C. regarding the registration of multiple managers of large services such as the hospital to ensure service managers are of sufficient seniority?

Associate Director of Quality and Safety, Health and Community Services:
I think that goes back to what we said about before, that we would ... what we would want is that they are executive directors.

Deputy J. Renouf:
So it is always at that level, very high level, yes. Okay.

Associate Director of Quality and Safety, Health and Community Services:
Yes, the chief nurse, the director of mental health.

Nursing and Midwifery Change Lead, Health and Community Services:
Because bear in mind those roles are accountable throughout. We have this total almost from the bedsheet to the spreadsheet scenario, the whole organisation. They have key responsibility. So by having that vertical transmission you are able to ensure those consistencies are throughout the organisation.

Deputy J. Renouf:
Thank you.

Deputy T.A. Coles:
Thank you. Moving on to consultation and engagement.

Deputy H.M. Miles:
Thank you. I think you have already touched on the fact that you feel that you have consulted very well across the departments, but if you just wanted to say some more about that. Can you just describe how you have ensured that all the services and departments within your remit have been adequately considered and are prepared for the proposed changes?

Associate Director of Quality and Safety, Health and Community Services:
I think there will always be more to do and I think that is an area that ... communication is huge. We have a large number of staff in Health and so I cannot tell you that every single person knows everything and is aware. But we have done an awful lot of work with each of the care groups and we have had engagement from across the multidisciplinary team. So we have had over 200 or 300 people in workshops going through all of the standards. We have sent out comms across the organisation on a regular basis with updates of where we are progressing. We have attended multiple forums. So we have shared learning events in set days for the surgical care group. Each one has 80 to 100 people attending. So we are actively trying to push that information across. We

have a further comms plan in place as it gets closer and I think once the law is passed we will need to increase that more.

Deputy H.M. Miles:

Okay. Thank you. I really liked your analogy about the person doing the cleaning playing a really important part of the overall picture. It is very true, is it not?

Nursing and Midwifery Change Lead, Health and Community Services:

I think perhaps could I bring in there where Pam has talked about consultation, we quite often talk about nurses and doctors and healthcare professionals. As part of this, Pam and the team have been really mindful we are undertaking that with our facilities staff. We have just newly acquired ambulance and I think we had nearly 40 people as part of that consultation. This was a real diagonal slice. It was not just the seniors; it was a diagonal slice across the organisation, sitting people together in a room and saying: "This is our statement. What do you think? Where do you think we are?" Being involved in engagements elsewhere, I think this organisation has tried really hard to meet those facilities, to try and be supportive, to get everywhere. We do not get it right each and every time and we will forget somewhere, but we have really tried to learn from others' mistakes.

Deputy H.M. Miles:

Thank you. That is really good to hear. Have you engaged with the patients' and users' public engagement panel in relation to the draft Law?

Associate Director of Quality and Safety, Health and Community Services:

I am not ... no, I do not think so.

Nursing and Midwifery Change Lead, Health and Community Services:

I do not know. No, I cannot comment. I am sorry about that. We may have.

Deputy H.M. Miles:

Do you know, Minister, whether that is ...?

The Minister for Health and Social Services:

Not to my knowledge, I have to be honest with you. I attended the last patients' panel. I know that an Assistant Minister or 2 attend every patients' panel meeting and I had not had that reported back to me.

Deputy H.M. Miles:

Okay. It would seem like an important forum, would it not?

The Minister for Health and Social Services:
I can make sure that it is on the agenda.

Deputy H.M. Miles:
Yes, I think that would be helpful because obviously it is probably one of the only public forums that you have that would be able to consult on this type of thing. Thank you.

The Minister for Health and Social Services:
It is worth saying that we are trying to look at the patients' panel model to have a constant throughput of recently treated patients as well.

Deputy H.M. Miles:
Yes, different patients.

The Minister for Health and Social Services:
So we have the core members but we are trying to introduce ... that will be even more relevant when we do that, but we still have 12 months and I am happy to make sure and commit to putting that on the agenda. That is no problem.

Deputy H.M. Miles:
Thank you.

The Minister for Health and Social Services:
Thank you for the suggestion. It is a useful one.

Deputy H.M. Miles:
In the draft law consultation report, I think this was about ... this is about duty of candour. The Minister for the Environment had a slightly different view. So the Minister does not consider that amendments are required to address H.C.S.'s concerns because there should not be a conflict between a registered provider or a registered manager's duty to apologise for unexpected notifiable safety incidents, which is required under the duty of candour, and their duties to conform with other requirements under the 2018 regulations. So does the Minister for the Environment's response to consultation address your concerns about the duty of candour related to that overlap?

The Minister for Health and Social Services:
I am not sure. Cathy might be the most appropriate to answer that.

Nursing and Midwifery Change Lead, Health and Community Services:
I think Pam is trying to jump in there so I will let Pam go first.

The Minister for Health and Social Services:
Sorry.

Associate Director of Quality and Safety, Health and Community Services:
I think there were concerns that the regulation and inspection is happening at the same time as the duty of candour, whereas in the U.K. it happened quite a long time apart. Doing both at the same time would be a challenge. I think there was also concerns around whether it linked to increased litigation. But in terms of duty of candour we have an organisational policy. All of our staff are obviously G.M.C. (General Medical Council) and N.M.C. (Nursing and Midwifery Council) registered, H.C.P.C. (Health and Care Professions Council) registered, and we are already following duty of candour. We might not be making the timelines that the law set out but we will need to do that, obviously. But we are following duty of candour. We are informing people when they have come to harm within the organisation. We are writing to them and that letter comes from the Chief Officer. So it is more around formalising the process. We do need to do more training and more rollout and that is something that we are looking at and we are getting support with. But it is not that we are not doing duty of candour. It is absolutely the right thing to do and all of our staff have professional regulation that requires that. That is what we are doing.

Nursing and Midwifery Change Lead, Health and Community Services:
This is actually followed up in our quality governance meetings. Each week we will be held to account by how many serious incidents, what process happened, has the duty of candour letter been undertaken. So it is very much common practice.

Deputy H.M. Miles:
Okay. Thank you. How are you ensuring that the intended impact of the duty of candour is not limited by staff concerns about repercussions for reporting?

Associate Director of Quality and Safety, Health and Community Services:
It has not been. We are doing duty of candour.

Deputy H.M. Miles:
Okay. Are you satisfied that staff understand duty of candour and they are not concerned if I make this apology I am going to end up liable for a particular incident?

Associate Director of Quality and Safety, Health and Community Services:

I think there is still concern and I think different consultants and different clinicians still have concern, but we are doing duty of candour. It is very clear that an apology is not an admission of liability. Currently, I have a duty of candour weekly meeting with the team to go through all the moderate harms and above in the organisation and ensure that the letters are written and that they are signed off by the Chief Officer and the person involved with that. It is discussed with them. They see the letter. So at the moment it is being driven a lot more by my team rather than the clinicians. As we become more mature in the process we are hoping that the clinicians will do some of that work themselves and it will come through the care groups, but the duty of candour is ongoing with clinician engagement.

Deputy H.M. Miles:
Okay. So that structure has specifically been put in place from a quality perspective?

Associate Director of Quality and Safety, Health and Community Services:
So we have always had a duty of candour policy but we did not have assurance of how well it was being followed. So we are now overseeing it within the quality and safety team so that we do have assurance.

Deputy H.M. Miles:
As a mechanism of providing that assurance?

Associate Director of Quality and Safety, Health and Community Services:
Yes.

Deputy H.M. Miles:
Okay. Thank you for that. We have also had the Royal College of Physicians' submission for consultation, so saying having appropriate and varied forms and routes through which to raise and discuss concerns, to make sure they are both well understood by staff and effectively managed. So what measures are in place to provide health and care staff with those appropriate and varied forums to raise and discuss their concerns?

Associate Director of Quality and Safety, Health and Community Services:
So we have a Datex management system, which is what is used by about 50 per cent of the N.H.S. So any concerns can be logged on the Datex system, which is our incident reporting. We have the freedom to speak up guardian and the policies around that, that people can go to her if they feel that they need to. Organisationally, we have whistleblowing policies. But we know from benchmarking against the N.H.S. that our incident reporting is pretty much aligned to what the average is within the U.K. That is something that is in our quality account. Incident reporting should be seen as a

good thing. We are encouraging people to report incidents. It is not a negative. We want to reduce the significance of the harm. We want to reduce the severe harm episodes but we do not want to reduce incident reporting. As we push on that and continue to get that message across through various forums we have seen increases in incident reporting, but that is good. I think people are reporting more.

Deputy H.M. Miles:
Yes, so people are reporting more because they feel comfortable that the system will support them as opposed to reporting more because there is more incidents, as it were?

Associate Director of Quality and Safety, Health and Community Services:
Yes.

Deputy H.M. Miles:
So for the Datex system then, it is a self-report, is it? So can any clinician or any ...?

Associate Director of Quality and Safety, Health and Community Services:
Anybody, from the domestic to anybody, can go in to a computer and if they have not got computers in their areas there are computers in the library. They can go on and they can log an incident and they get feedback when it has been investigated. Those are reviewed within my team every day and within the care group governance leads. The ones that are moderate harm and above then come through to the meeting to discuss further as to whether we need to do a swarm or look at it from a serious incident perspective.

Deputy H.M. Miles:
Can people log incidents anonymously?

Associate Director of Quality and Safety, Health and Community Services:
They can for the freedom to speak up; they cannot for incident reporting.

Deputy H.M. Miles:
Okay. Thank you. We have seen some media about duty of candour provision in relation to the rights of patients wishing to pursue a legal action. I think as you mentioned, the duty of candour and the apology is not an admission of liability.

Associate Director of Quality and Safety, Health and Community Services:
Yes.

Deputy H.M. Miles:
What have you been doing to explain that to staff?

Associate Director of Quality and Safety, Health and Community Services:
I think it was more from the public that that came from than from staff. I think most of our staff know that an apology is not an admission of liability. We do need to do more duty of candour training. We are getting some support with that and we do need to continue to do that over the next 12 to 24 months and ongoing, really. But I think a lot of those concerns were more from the public than ...

Deputy H.M. Miles:
I think the media reporting as well maybe was not clear over the legal issues about liability and the like and the civil process. Okay. We heard yesterday from the Minister for the Environment and I think he shared a similar view.

Nursing and Midwifery Change Lead, Health and Community Services:
May I come in there? In addition to what Pam has identified, our patient experience and patient feedback team do regular training sessions to all our staff, all new staff coming into the organisation, very much identifying that if you have a concern raise it and very much go through the process to actually identify. But again, as Pam has said, this is not an admission of liability. We know that all our new undergraduate nurses and doctors as part of their postgraduate and undergraduate training will have duty of candour there, but when you come into H.C.J., as I say, we have everything from freedom to speak up, who is very spread around, but of course our patient experience team really identifying across that wide area of the organisation.

Deputy H.M. Miles:
Thank you. The other thing that the Care Commission made quite clear was that their role as a regulator is to go in and inspect. It has absolutely not become the public ombudsman. So are you concerned about the possible increase in the number of complaints either directed to H.C.J. or P.A.L.S. (Patient Advice and Liaison Service) as a result of this?

Associate Director of Quality and Safety, Health and Community Services:
I am not sure whether there will be an increase in the number of complaints, but I imagine there will be an increase in them going to the J.C.C. before us in the initial period. I think having looked at the law and the changes to the law, they will then come back through us. We do already have regulated services, and as it currently stands if someone goes to the J.C.C. and complains about a regulated service, that does feed back through our Chief Officer back into our complaints process because they do not investigate complaints, the J.C.C. I think they have outlined a couple of categories where they would consider looking into it themselves, but the majority of complaints will come back

into our complaints process. We have created a category on our complaints system, which is also on Datex, to capture J.C.C. so that we can monitor those numbers.

[15:15]

So that would be a drop-down so that we can see which ones are coming through and then the feedback will go back through the Chief Officer as it currently stands. But whether that continues or whether we will feed back directly from in our normal complaints process is what we anticipate.

Deputy H.M. Miles:
Okay. That is lovely. Thank you.

Deputy T.A. Coles:
Do you think that your complaints process is clear enough to the public as it stands?

Associate Director of Quality and Safety, Health and Community Services:
It is the Government of Jersey complaints process so I think so. Yes, I think so. I think it is quite clear on Government of Jersey websites how to raise a complaint, how to contact our P.A.L.S. service, and I think the J.C.C. have made it clear that all the complaints are not meant to come through them.

Deputy T.A. Coles:
It is just one of those when people feel that they do not ... if it is not clear that it is a Health complaint, it is different from a government complaint. Because we know that government encompasses everything, so if it is seen as government as in Union Street, people seem to forget that obviously the hospital is still part of government and that Health complaints process. Do you think that maybe there should be separated Health complaints?

Associate Director of Quality and Safety, Health and Community Services:
We have a Health complaints team and we have a Health complaints system, but you can come straight ... if you look on the internet you can come straight to our Health team and our P.A.L.S. team, which are dealing with a lot of issues before they become the level of complaints and reducing our number of complaints. Because a lot of the time people will complain because they did not have another mechanism to be heard, so the P.A.L.S. has been hugely successful in reducing our complaints. But there is the online complaints form for across government and that will still feed through to us. So you can use either form.

Deputy T.A. Coles:

Perfect. Thank you very much. I am going to move on to the bit everybody enjoys, costs and funding. So, Minister, in the proposed budget for 2026-29 there is £381 million allocated to H.C.J. Do you believe that this is a sufficient budget to help meet these regulations as well?

The Minister for Health and Social Services:
The regulatory process is only a relatively minor part of that. If it is a broader question, do I think there is enough money to run the health service properly, I would say it is the barest minimum. It is an increase and I will be very grateful if we actually get to that point, but it is worth saying that there is still a lot of pressure. We will only just be where we need to be.

Deputy T.A. Coles:
Do you know what percentage or what proportion of that money has had to go towards implementing and preparing for the regulation?

The Minister for Health and Social Services:
I think that would be very difficult to judge because there are a lot of people that are doing their business as usual work and doing additional work that is contributing to this. I do not know if either of you, Cathy or Pamela, could venture to put a figure on it. I think it would be an extremely difficult exercise to do because it involves everybody throughout the organisation.

Associate Director of Quality and Safety, Health and Community Services:
Yes.

Nursing and Midwifery Change Lead, Health and Community Services:
Because remember the governance team, which is there because it is the right thing to do, they all form part of regulation, the nurses, the doctors who are doing the work because it is the right thing to do. I am sure there will be some notional benchmark somewhere in some part of the jurisdiction we will say what a percentage will be, but to unpick it I think it would be very difficult to put a figure on that. Because I suspect you would have to ...

The Minister for Health and Social Services:
As you say, all of it is work we should be doing anyway, and are.

Deputy J. Renouf:
When we were in government we had a specific budget allocation made to prepare for inspection and it was made up of 2 components. There was a component for the Care Commission and a component for H.C.S., as it was then, and I think it may have involved 4 or 5, maybe 6 people being

employed. So is that now subsumed within the general H.C.S./H.C.J. budget or is that ...? So there is no longer a separate pot?

Associate Director of Quality and Safety, Health and Community Services:
There are separate people. So there is head of compliance and assurance that is in position, who has been leading on the work to prepare us for inspection. That was identified in that pot. I think also there was 2 positions in Informatics and those people are now part of the Informatics team's business as usual. But the compliance and assurance, there is a head of compliance and assurance that is overseeing all the regulation.

Deputy J. Renouf:
Okay. So that initial funding has now subsumed into the department, yes. Okay. Interesting.

The Minister for Health and Social Services:
If there is further detail to be had, the person to speak to would be our finance director. I am still not sure whether there is anything identifiable but that question is not easily answered by any of us.

Deputy T.A. Coles:
There is a line in the proposed budget which comes under "Other estate projects", under I. and E. (Infrastructure and Environment) estate projects funding, that is labelled as regulation of care. We asked the Minister for the Environment yesterday and he was not necessarily sure what that budget was. I was wondering do you have any ...

The Minister for Health and Social Services:
No, I am not sure either, to be honest with you. It is a question I can get an answer. If you want an answer to that, I can find out.

Deputy T.A. Coles:
We will be writing back to the Minister for the Environment. We just were not sure whether it was allocated through them to yourselves and we just wanted to know whether ...

The Minister for Health and Social Services:
It is something I can find out if you wish.

Deputy T.A. Coles:
That is great. Thank you. What is your view about the impact of the new requirements on H.C.J. under the law and the future funding and resources needed for H.C.J.?

The Minister for Health and Social Services:

In relation to inspection ...?

Deputy T.A. Coles:

So do you think there is going to be a further cost implication through this as inspections start to progress, whether it highlights failings and issues? Do you feel that you are going to need more funding to keep up with the regulations?

The Minister for Health and Social Services:

Not I think in regard to meeting the regulatory requirements, unless it comes across something that nobody is aware of. Then we would have to address that. But I think this is sort of ongoing work, to be honest with you. The professionals might have a clearer view on that than I have, but that would be my assumption from where I sit looking.

Deputy T.A. Coles:

Okay. So we are at the point where we have actually finished through our question plan but if there are additional ...

Deputy J. Renouf:

I have one additional question and it goes back to something at the beginning, Minister, which was this change from chief officers becoming the accountable officers to the Ministers. I just wanted to hear you talk a little bit more about your understanding of what that means.

The Minister for Health and Social Services:

My understanding is that it does not happen elsewhere, that the chief officers are not in that position, and that if it is politicised, if you like, it takes that pressure off them. But that is about the fullest extent of my understanding, to be honest with you.

Deputy J. Renouf:

It does mean that you could be taking on ... you are taking on, admittedly as a corporation sole, but you are taking on that responsibility. Do you not feel you should have a little more knowledge about what that involves?

The Minister for Health and Social Services:

Quite probably, yes. As a result of your question, I am quite happy to go and find out more. I can tell you quite honestly I come to this, I am very pleased I have some very professional people to rely on because Health is so broad and we are making so many major structural financial changes I am operating at a level where I am trying to get it right from my position through the organisation. As I

say, points of detail like this are not for me to answer. So as you say, in terms of the Ministerial control, I was briefed on it a good number of months ago and I shall go and rebrief myself because, as you say, that is something I should be more aware of.

Deputy T.A. Coles:
Okay. Anything further?

Deputy J. Renouf:
No, that is fine.

Deputy T.A. Coles:
Broadly, is there anything that you were expecting us to ask or you would like to tell us about the Regulation of Care that is coming forward that could be useful for the panel and our review?

Nursing and Midwifery Change Lead, Health and Community Services:
I think the only thing I would say is that I think assurance, whether you want to call it regulation, is the way forward, really. You can see H.C.S. are embracing this because we want to know we get it right each and every time for our patients and their families. I think that is the key message.

Deputy T.A. Coles:
The J.C.C. have also stated that this is not a witch hunt. This is not a plan to trap people. So are you comfortable with their process that there is going to be sort of inspect, maybe improve, before you get anywhere toward any sort of prosecution? Do you think this is the right steps?

Associate Director of Quality and Safety, Health and Community Services:
Yes.

Nursing and Midwifery Change Lead, Health and Community Services:
Yes.

The Minister for Health and Social Services:
Personally, I am very comfortable. I am very comfortable with the way the J.C.C. have approached this. I am very comfortable with the team and the approach and I think you would agree that we are probably a long way from where we were 2 or 3 years ago when there was an awful lot of criticism. I think we have the right people doing the right things, and I hope today the quality of the responses you have had from the professionals on this side have given you some reassurance that we are on the right track.

Deputy T.A. Coles:

Brilliant. Thank you. Well, if there is nothing further, then I will thank you, Minister, for attending us this afternoon and to the officers as well for your contributions. So yes, at that point I will draw the meeting to a close.

The Minister for Health and Social Services:

Thank you.

[15:23]