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Regulation of Care Sub-Panel

Draft Regulation of Care (Jersey) Amendment Law 202-

Witness: Jersey Care Commission

Monday, 29th September 2025

Panel:

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

Deputy K.M. Wilson of St. Clement

Deputy J. Renouf of St. Brelade

Deputy H.M. Miles of St. Brelade

Witnesses:

Mr. N. Acheson, Chair, Jersey Care Commission

Ms. B. Sherrington, Chief Inspector, Jersey Care Commission

[9:31]

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

Good morning, and welcome to this public hearing of the Regulation of Care Sub-Panel. Today is 29th September 2025, and this is our first hearing. We welcome the Jersey Care Commission. I would 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. Can all electronic devices, including mobile phones, be switched off or switched to silent? For the purpose of the recording and transcript, I would be grateful for everybody who speaks to ensure that they state their name and roll clearly. For that, we will start with some introductions. I am Deputy Tom Coles, and I am the chair of the Regulation of Care Sub-Panel.

Deputy H.M. Miles of St. Brelade:

I am Deputy Helen Miles of St. Brelade. I am a member of the panel.

Deputy J. Renouf of St. Brelade:
Deputy Jonathan Renouf also from St. Brelade, and another member of the panel.

Chief Inspector, Jersey Care Commission:
I am Becky Sherrington, chief inspector.

Chair, Jersey Care Commission:
I am Nigel Acheson. I am chair of the Jersey Care Commission.

Deputy T.A. Coles:
Thank you. We will be joined later by Deputy Karen Wilson, who is the vice-chair, but she has let us know that she is running late. I will start off by asking if you could outline the roles and responsibilities between the amendments to the Care Law and the amendments to the regulation and that of the responsibilities of the Jersey Care Commission.

Chair, Jersey Care Commission:
Becky, do you want to start?

Chief Inspector, Jersey Care Commission:
Yes, so there has been a policy intent to regulate the Island across all different healthcare sectors. At the moment, the Jersey Care Commission regulates a certain portion of healthcare on the Island, but there has been a policy intent to increase that to include the hospital, ambulance and mental health. The policy intent has now been written into law and that is what we are working towards.

Deputy T.A. Coles:
Do you have any involvement in the creating of the law and the amendment law?

Chief Inspector, Jersey Care Commission:
No, we were part of the consultation. So the policy leads write the law and we were then consulted on that.

Deputy T.A. Coles:
Okay, but your responsibility in this is that once the law is changed and amended, you then create the regulations by which, or the rules by which, these services are regulated?

Chief Inspector, Jersey Care Commission:

The rules are written in the law, we then follow the law - so the regulations - and then the regulations and standards; we follow that. We interpret it in how the inspection methodology should be carried out to fulfil those laws.

Deputy T.A. Coles:
That is then the single assessment framework that you published in April 2025?

Chief Inspector, Jersey Care Commission:
Yes, that is right.

Deputy T.A. Coles:
I suppose the question is: what methodology has the Care Commission used to develop this single assessment framework?

Chief Inspector, Jersey Care Commission:
The single assessment framework, we looked at all different jurisdictions to look at how they regulate large, complex services, and we decided that actually the Care Quality Commission, which is the U.K. (United Kingdom) English regulator, they have a set of standards that we thought were both proportionate and could be applicable to Jersey. We worked with the Care Quality Commission in the U.K. to develop that. We have made it so that it is proportionate for Jersey and applicable. So we have amended their set of standards for Jersey.

Chair, Jersey Care Commission:
Sorry, Chair, if I could just add a bit of context. I joined the Commission in January of this year, and the work that Becky and the team had been doing in developing the framework and the standards was very much against the background of the approach that States of Jersey had taken when the original regulations were implemented, which is through the lens of improvement, not using a single word summary statement, if you like, which had been part of the C.Q.C. (Care Quality Commission) approach. The work that the team have been doing in preparation for this extension is very much through the correct approach that the States of Jersey have taken for some years now, which is to view regulation through the lens of improvement.

Deputy T.A. Coles:
On the single assessment framework, how often is that going to be reviewed?

Chief Inspector, Jersey Care Commission:
Yet to be decided. We have a set of standards for social care at the moment, which we are reviewing. They were written in 2019 and we have currently reviewed those, so that has been 5

years afterwards. We have implemented children's social care standards, which we have recently been reviewing because as a regulator ourselves we are learning as well. We have learned that we probably need to amend those set of standards, so we have done that shorter than the 5-year period. We have done that after a 2 or 3-year period. It depends. It could be 2 or 3 years afterwards or if we actually feel that there are no amendments need to be made then it could be a longer period.

Deputy T.A. Coles:
You mentioned the C.Q.C. before, so I am going to hand over to Deputy Renouf.

Deputy J. Renouf:
You have engaged with the C.Q.C. as their primary organisation to engage with. Can you provide a little bit more information about that process of engagement, when did it begin, what stages did you go through with them?

Chief Inspector, Jersey Care Commission:
We have engaged with them from quite early on; since 2023 we have started our engagement with them. We have had the contract with them. They have recently, this year, agreed to continue with that engagement with us. We have got an ongoing relationship with them. I meet with them as part of the chief executive group, as a regulator's forum, which I am part of with all the chief execs of different regulators; Northern Ireland, Scotland, Wales and England, so I am part of that. But I meet with the head of strategy for the C.Q.C. every 4 months. I also have their contact, so if we have got any challenges or I want to raise a query with them, I meet with her or via email. We have regular engagement and it is a really positive relationship.

Deputy J. Renouf:
In terms of devising the single assessment framework, what was that process? Did you come up with something and send it to them? Did they send you things? What was that process?

Chief Inspector, Jersey Care Commission:
They provided their single assessment framework to us. We had a standards writer with us at the time. He went through each of those different standards to see whether that would be applicable to Jersey. We amended that. We shared that with the board; I am governed by a board. Each board meeting I would send a revised version for comments to the board. Then we went out to consultations. We went to public consultation for the single assessment framework, too. Once we have received comments about it, I then sent it back to the C.Q.C. to see if there are any comments. They have actually been benefiting from our learning, too. They have commented that there are a lot of things that they are learning from us. They have understood what the public consultation has fed back and what changes we have made about that. They are at the current stage at the moment

of reviewing their own single assessment framework. As I said, they have also commented that they have learned from some of our public consultation as well.

Deputy J. Renouf:
In terms of the single assessment framework we have ended up with, as opposed to the one they have, can you single out a couple of key differences?

Chief Inspector, Jersey Care Commission:
We have put in quite a bit about the duty candour, and visiting. I would not be able to specifically put any other ones on that for you, but I can come back to the Scrutiny; I can clarify that for you.

Deputy J. Renouf:
The C.Q.C. has had some well-documented issues recently. Have they impacted at all on the work you have been doing with them?

Chief Inspector, Jersey Care Commission:
I think whenever a regulator goes through a challenging period, I think you need to learn from that. We are a learning organisation too, so it is really important that we learn from other challenges and we reflect on what they have been through, and we have done that. I think a lot of their challenges have been around digital. So they have implemented a large digital project, which I think providers found very difficult to engage with, so they have recognised that that has caused huge problems for them. They have also had a lot of operational issues in getting to their inspectional schedule and meeting that inspectional schedules. Again that is something really important to us that we make sure we are able to do that. Also public trust in the regulator as a result of those operational challenges has been affected. I think for us we have reflected that we absolutely monitor our inspection schedule. We do that on a monthly basis and I report to the board about making sure that we are complying with our inspection schedule and we are on schedule for that. I think it is really easy to get tied up in a digital project, so we have tried to make sure that our inspection methodology is simple, that providers understand it and it is not going to tie them in knots. So we have not put huge digital systems in place. I think also being open and transparent is really important, and that is particularly important on a small island where public trust is really important. So we publish all of our inspection reports, we publish our agenda, our minutes, all of our documents and reports are available, and we do regular comms as well so people understand the importance of our independence and our transparency. There is lots of learning. It is also important to learn from international regulators as well. We are part of an international regulators group, which includes Malta, Latvia, Estonia, Singapore, to understand whether they have had challenges and things. So we are part of an international group too.

Deputy J. Renouf:

Just keeping going, how is the J.C.C.(Jersey Care Commission) managing preparations for the proposed changes under the draft law alongside all the challenges you have documented in terms of engaging with the C.Q.C.?

Chief Inspector, Jersey Care Commission:

We feel well prepared. It is something that we are taking very seriously. We understand that this is something very important to Islanders and to Ministers. We have got a project plan. That project plan is green. We understand the things that we have still got to prepare for and where we currently are, but we feel well prepared.

Deputy J. Renouf:

You have talked about other regulators that you have engaged with. Engaged with can mean many things. Have you learned anything from them? You have detailed quite a lot about what your engagement with C.Q.C. has been, but what has been the learning points, if you like, that have come from engagement with other regulators?

Chair, Jersey Care Commission:

One of the first things I think is what other regulators have said to us about the approach that States of Jersey has taken in embedding regulation through this lens of improvement and also not trying to refine down into a single word summary finding.

Deputy J. Renouf:

That is not saying failing, succeeding, whatever?

Chair, Jersey Care Commission:

Yes, and it really is. I think we have seen really good evidence. The other thing in terms of what you might call phasing of the approach is that Becky and the team have now got a very large catalogue, if you like, of inspection activity and can demonstrate that the approach has led and supported improvement over that time. I think in terms of the confidence and trust that Becky talked about, which is so important for members of the public, for staff, frankly, working in services and for elected representatives. I think that that catalogue of activity is building that trust on Jersey in preparation for these next steps. Certainly, again, as Becky has said, she and the team interfacing with these other regulators, both in what you might call the home nations and further afield.

[9:45]

I am very, very pleasantly surprised and get some assurance of not just the fact that there is this curiosity among colleagues on Jersey - Becky and the team - as to are there things that we can learn, but it is lovely in that exchange that people have said there are some things that Becky and the team are doing which are really very good practice.

Deputy J. Renouf:

Have you sought specific feedback from other regulators other than the C.Q.C. for the single assessment framework, for example?

Chief Inspector, Jersey Care Commission:

We have not consulted with other regulators about our work on the single assessment framework but, as I said, we have worked ... I am in consultation with the other U.K. regulators so they understand our direction of travel, they understand our plans and no one has raised any significant concerns over that. I have to say that most standards and most inspection methodologies are based on a broad theme. We are following that broad theme.

Deputy J. Renouf:

Can I just clarify one aspect, which is Islanders who are treated off-Island they will fall under the regulation of services provided elsewhere?

Chief Inspector, Jersey Care Commission:

That is right.

Deputy K.M. Wilson:

Morning; apologies for the slight delay. Just coming to the standards and the guidance and the single assessment framework itself. When you published it in April, clearly you had set out how you actually wanted that framework to look. Do you anticipate before the law comes into force any adaptations or changes to that framework at all?

Chief Inspector, Jersey Care Commission:

No, that is not our intent. We have done a public consultation. We received feedback from a wide range of people, including charities, the public, and the provider organisations. So we have amended that, and that is now published, and we do not intend to change that.

Deputy K.M. Wilson:

Okay, that is fine. In terms of the feedback that we have had, obviously we spoke to a whole range of stakeholders. One of the things that we received from the B.M.A. (British Medical Association) was that the regulation framework needed to be backed up in order to enhance public confidence

by robust systems, adequate staffing and adjustment with national standards. Do you believe that the existing systems in place within Health and Care Jersey and the data used to inform these systems are sufficiently robust?

Chair, Jersey Care Commission:

Can I start the response to that, if I may? Becky and the team, and increasingly myself since I have started, we have been doing a lot of engagement with colleagues in Healthcare Services Jersey, and you will all be aware of a number of the external reports that have been undertaken over recent years, many of which have pointed to deficiencies in just those areas. I think one of the things that has been really impressive in the engagement that Becky and the team have done, that I have joined more recently, is the considerable amount of work that Healthcare Services Jersey have been doing in preparation for the extension of the regulations that we hope will be put in place. The engagement that we have been having both at an executive team level and last week or the week before we went to the senior medical staff meeting, it is evident that that work has begun. Is it perfect? No system is ever perfect and of course what we will be able to do on behalf of the people of Jersey, on behalf frankly of the teams in Healthcare Services Jersey to see how they are doing on that journey and for elected representatives, is be able to hold that mirror up as the independent regulator to see where on that journey colleagues and the service more generally is. I think at this point in time could any of us answer that question I think would be very difficult, but that is one of the real values, I think, of the extension of regulation to allow all of those groups, particularly people who are going to be accessing and using those services, to understand where on that journey people are. From our impression and engagement so far, we can see really positive change on behalf of those colleagues understanding that all of those areas are important.

Deputy K.M. Wilson:

I think the short answer to that is there is still a bit of a way to go in terms of systems and processes.

Chair, Jersey Care Commission:

I think that will be one of the really key parts of the assessment that Becky and the team will make on behalf of the Commission.

Deputy K.M. Wilson:

How do you respond to the B.M.A.'s views?

Chair, Jersey Care Commission:

The B.M.A. obviously have their view and we are really trying to - through Becky's team - work with the regulations that will be set up under the law and we will do our job as the independent regulator.

Deputy K.M. Wilson:

Do you think that creates any barriers to you doing the regulatory work that you need to do if B.M.A. are saying these things on behalf of the workforce that they are representing?

Chair, Jersey Care Commission:

We, as the regulator, and certainly Becky as the operational team, work really closely with the management of Healthcare Services Jersey in this particular instance, as we do with all of the other regulated providers, and our regulator relationship is with them and then through the assurance that the board of commissioners has on the work that Becky and the team do.

Deputy K.M. Wilson:

Thank you. Do you believe that the proposals under the law provide or enhance systemic clarity for health and care providers in Jersey?

Chief Inspector, Jersey Care Commission:

Absolutely.

Deputy K.M. Wilson:

Can you tell us in what way?

Chief Inspector, Jersey Care Commission:

I think this is probably the strongest argument for regulation. At the moment we regulate sectors on the Island and they reflect back to us. It gives them a framework to operate. It demonstrates to them how they can run safe, efficient caring services. It gives them a model to operate on. The social care sector reflect that back to us. That pre-regulation there was nothing to work against. They can now demonstrate that they are really providing safe, efficient care. Children's social work services are now regulated. There is a set of standards which they can operate against and they can demonstrate that they are providing that type of care. C.A.M.H.S. (Child and Adolescent Mental Health Service), again, have got a set of standards in which they operate and can start to demonstrate that they are improving. So it absolutely demonstrates a business model and how they can operate. Health and Care Jersey have said that they have started to work against those set of standards, they are starting to reflect in their quality governance meetings how they are meeting those standards. So it definitely gives a framework to operate the services.

Deputy K.M. Wilson:

Are there any particular areas where you think there need to be changes to actually make further improvements?

Chief Inspector, Jersey Care Commission:

We have not begun regulating those service areas. It is very difficult for me to make a comment on that.

Deputy K.M. Wilson:

But in terms of the systemic clarity. Obviously you are going to be regulating hospital services and that will clearly have a connection with all of those other services that you have just talked about. Do you foresee any changes to any of those services as a result of regulating H.S.J. or H.C.J. (Health and Care Jersey), whatever it is called now.

Chief Inspector, Jersey Care Commission:

Do I think social care will change? I think that the care that is provided generally in social care is very good and we have lots of evidence of good practice. It is difficult for me to articulate without regulating the hospital, the impact that that will have on social care. My only presumption is that that will be beneficial for Islanders and people in receipt of care. To be able to evidence in which way that will impact is difficult at this point. I do not know whether you have got anything.

Chair, Jersey Care Commission:

No, I think that is right. In terms of some of the outcomes ... Becky talked about, for example, Children's Services inspections. What was really interesting was that we think in the work and the reports of the regulator activity that we can see and the service themselves would say that there are improvements that have been made, which is clearly what we are trying to achieve. But one of the unintended consequences of that activity we heard about when we talked to the senior medical staff committee, in that some specialised staff the service were trying to recruit, and one of the candidates referred specifically to the report that showed the improvements in those services as being a real factor as to why that colleague wanted then to apply to work on Jersey. I think having that independent and transparent regulatory view of services is something that can give confidence not just to the people using the service and the staff currently and of course elected representatives, but there are other potential benefits to that transparent independent view being there of services, which can seem intangible but over time we hope will continue to drive some of those improvements. We feel that was a really interesting observation.

Deputy K.M. Wilson:

I suppose in one sense I think what you have done is through your incremental approach you are starting to build up a culture, are you not, so I would imagine that will probably follow through to H.C.J. as well? Can you just tell us how you manage some of the regulatory activities that take place outside of Jersey in other jurisdictions?

Chief Inspector, Jersey Care Commission:

That would be beyond our scope, so the regulation is for Islanders receiving care here.

Deputy K.M. Wilson:

How is it going to work if somebody is initially cared for here and then transferred for a specialist placement say, for example, somebody who is going to be in a mental health placement?

Chief Inspector, Jersey Care Commission:

We would expect that there would be a contract in place so that the person receiving care we would have no oversight of that. Because most jurisdictions now have regulated healthcare; England, Scotland and Wales are all regulated so the person would be in a place of care that is regulated by a different regulator.

Deputy K.M. Wilson:

What about some of your connections with other islands like Isle of Man and Guernsey, do you foresee any overlap through joint inspections or joint regulatory activity on specific things there at all?

Chief Inspector, Jersey Care Commission:

We have had discussions. They are very early discussions, but the amendments in the law give us the possibility of working with other regulators. I think as long as that does not impact on our schedule. So I have mentioned that we need to make sure we keep up to date with our schedule, so as long as it does not impact on our schedule and our own activity I think there is some real benefit in working with other jurisdictions. The Isle of Man have a secure children's home; there are possibilities we could work with the Isle of Man in doing joint inspections. We are also quite experienced as a regulator now and Guernsey are looking at the possibility of introducing regulation. Again that is quite early on but we have been providing advice to Guernsey colleagues, so I do not think it is without the bounds of our facility we work with other island jurisdictions. That would benefit us and also benefit other islands potentially.

Deputy T.A. Coles:

Because obviously part of the amendments in the law is to open up the ability for the Jersey Care Commission to be a regulator in other jurisdictions, so at the moment for you that is literally just opening the door to view what you can do next, whether or not it is something you want to or capable of doing will come further down the line.

Chief Inspector, Jersey Care Commission:

Yes, and the example has been a secure children's home. It would be an opportunity I think for us to do that jointly, look at how we regulate and potentially working together as an inspectorate. The law has never had that in place to be able to do that, so this was the opportunity to put that in the new amendments.

Deputy K.M. Wilson:

Finally from me in terms of can you confirm whether the responsibilities of the Commission within the draft law proposals have been clarified specifically regarding the responsibilities of clinical and non-clinical staff?

Chief Inspector, Jersey Care Commission:

Could you repeat that again, sorry?

Deputy K.M. Wilson:

Are you able to confirm the responsibilities within the draft law proposals? If there has been clarification specifically regarding the responsibility of clinical and non-clinical staff?

Chief Inspector, Jersey Care Commission:

In terms of the registered manager and registered provider?

Deputy K.M. Wilson:

Yes.

Chief Inspector, Jersey Care Commission:

Okay. Yes, the policy intent is that that has changed. Currently the registered provider is the chief officer. We understand that there have been discussions around that and the law has now been amended so that the chief officer would be the delegated person but the registered provider would be the Minister. We understand that is the new policy intent.

Deputy K.M. Wilson:

How does that give you, as a regulator, the kind of granularity that you need about the service and the knowledge of the service?

Chief Inspector, Jersey Care Commission:

We are clear that that person would be the accountable person, that if we ever referred to the Attorney General for a significant breach it would be the Minister that would be the registered provider. We are now very clear on that. They do have delegated powers to give that to a chief officer, so we would also register them and then they would go through the same registration

process. There is also a registered manager and we would be clear and we would work with the services to make sure we would have registered managers as well who we would have operational dealings with. Although it changes, we are very clear on who we would be working with.

Deputy K.M. Wilson:
Is there some sort of framework or accountability framework laid out if a member of the public was interested to know some of the detail around this where they could go and look?

Chief Inspector, Jersey Care Commission:
We will be publishing guidance. All our guidance is on our website, so we will be giving guidance to the service provider on who should be registering and what that accountability looks like.

[10:00]

So in answer to that question, yes, that will be available on our website.

Deputy H.M. Miles:
I just had a question about pharmacies and prescribing in particular, because the new regulations will require that those services are effective, safe and appropriate. Do you think that the proposals under the draft law cover all aspects of prescribing in all areas where prescribing takes place?

Chief Inspector, Jersey Care Commission:
At the moment pharmacies - community pharmacies - are not in this regulation. It would be the pharmacy within the hospital. We are quite clear our responsibility for that.

Deputy H.M. Miles:
Do you think that goes far enough?

Chief Inspector, Jersey Care Commission:
In what way?

Deputy H.M. Miles:
Well at the moment the Minister is only bringing the regulations for the hospital pharmacy and yet we know ... a particular example is the cannabis clinics, for example. There will be employees of H.C.J. that prescribe cannabis outwith the pharmacy. I just wondered if you had any views at this point on what is missing from the draft regulations in terms of prescribing?

Chair, Jersey Care Commission:

Each of those prescribers is regulated by their own professional regulator. I think from the perspective of Jersey Care Commission, for those actions that individual healthcare professionals take in their role as a healthcare professional, it would fall upon their professional regulator to regulate their clinical, in this case prescribing activity. We would expect that that would still apply.

Deputy H.M. Miles:
Okay, so you would not take complaints or queries over private prescribing at this point.

Chief Inspector, Jersey Care Commission:
No.

Deputy H.M. Miles:
Okay. Thank you.

Deputy T.A. Coles:
How does that work then if somebody has been within H.C.J. and then they get moved to their community G.P. (general practitioner) who continues the prescribing programme?

Chair, Jersey Care Commission:
One of the previous roles that I held in N.H.S. (National Health Service) England was the high-level responsible officer supporting the G.M.C.'s (General Medical Council) decisions on revalidating doctors - the professional regulation of a doctor who prescribes sits with the G.M.C. - and that is really clear and long-established and that would remain the case. As far as Jersey Care Commission is concerned, that individual accountability for a professional who is regulated in their own clinical activity, that would remain.

Deputy K.M. Wilson:
If we could just tease this out because it is an area of contention. If you, as a regulator, were inspecting pharmacy services in the hospital and you found there to be inappropriate prescribing in the hospital pharmacy on cannabis prescribing, for example, what would you do? Could you just explain what you would do as a regulator?

Chair, Jersey Care Commission:
Again, the individual prescriber bears a professional responsibility but in terms of the running of … there was a really interesting - and forgive me, this is linked - maternity inquiry that was done by a chap called Dr. Bill Kirkup in Morecambe Bay. He very clearly described his recommendations in a way that I think answers your questions that there are individual accountabilities for those that do the prescribing or treat patients, but equally in a hospital setting there are then accountabilities for

those that lead and run the hospital in terms of understanding the activity that is taking place and any deviation from what would be accepted as normal and then for taking steps to rectify that. In terms of the Jersey Care Commission, obviously there is that individual professional accountability which still applies, but in terms of the work that Becky and the team would then do in the hospital, part of the assessment in the regulations will be of the leadership, the well-led part of the organisation, which would be to look at some of those governance links and how those work in the hospital.

Deputy K.M. Wilson:
Would you see that some of those responsibilities in terms of the organisational focus - because I accept the independent prescribing position - that you would have any concerns about in relation to general pharmaceutical services in the hospital?

Chief Inspector, Jersey Care Commission:
Again, I think that is very difficult to make an assumption about because we are not regulating the hospital yet so I think it would be only fair to make a judgment about that once we have regulated and inspected.

Deputy K.M. Wilson:
Okay, so you do not make any special provision for that in the standards at all.

Chief Inspector, Jersey Care Commission:
What, pharmacy?

Deputy K.M. Wilson:
In relation to cannabis prescribing in the hospital pharmacy.

Chief Inspector, Jersey Care Commission:
No.

Deputy K.M. Wilson:
Okay. Thank you.

Deputy J. Renouf:
Can I return to Article 4 of the draft law, which is shifting to the Minister becoming the accountable provider. I wanted to get a sense of why that was done and in particular it is referenced that this is more common elsewhere, but why was it appropriate for Jersey?

Chief Inspector, Jersey Care Commission:

I mean it is a policy intent. We follow the policy, so we have not driven that policy intent. I do not think that is unmanageable though. I think as long as we have somebody who is a registered provider, we are clear where their accountability lies, we will be able to enforce that.

Deputy J. Renouf:

Have you, though, looked at whether it, say, for example, mirrors the situation in the U.K.?

Chief Inspector, Jersey Care Commission:

It does. Again, the C.Q.C. have a registered provider. That is normally an accountable officer, but I do not think it is unenforceable. I think it is clear to manage that.

Deputy K.M. Wilson:

Sorry, are you saying that in the U.K. a Minister has the same responsibility in the U.K. as what we are proposing here?

Chief Inspector, Jersey Care Commission:

In the U.K., in England, it would be the chief executive.

Deputy J. Renouf:

Okay, we are doing something slightly different in these regulations then to the U.K. I guess from the point of view of the public, what is the difference, if you like? Let us say, for example, legal action needs to be taken, what is the implication for the public of those 2 different paths?

Chief Inspector, Jersey Care Commission:

I think for the public, they want to know that there is somebody accountable, there is a registered person, and we would be registering a person and people would be aware that that would be the Minister.

Deputy J. Renouf:

But does it have an implication in terms of seeking compensation and so on? You are seeking compensation from a body, an accountable officer. The reference is that this would protect chief officers from any personal liability, but presumably it shifts personal liability towards a Minister in that case.

Chief Inspector, Jersey Care Commission:

I do not know whether that has been tested and whether someone would make a claim against a person after we have taken legal action. The process is we would refer … and I have to just clarify,

this case scenario, this is not something that we do. Our role is not to make referrals to the Attorney General. We have an escalation enforcement policy. We try and make sure that this is proportionate but in the worst-case scenario it would be a referral to the Attorney General, the Attorney General would decide whether the evidence test is made and whether it is in the public interest, would then make a decision about whether it goes through to prosecution and then the prosecution would be made against the Minister.

Deputy J. Renouf:

Okay. I think we probably need to seek some more clarification on what that means in practice. The Minister is a corporation sole and so one assumes they are being held responsible in that capacity, but I think some clarification on that would probably be useful.

Deputy T.A. Coles:

Yes. We will push that. We will take that up with the Minister for drafting his regulations.

Deputy K.M. Wilson:

Can I just ask, just to build on that, how, as a regulator, do you understand the role of the chief executive of the public service in terms of the regulatory framework? They are the accountable officer in all of this and then the delegations you are proposing are through various different departments to be registered managers, is that correct?

Chief Inspector, Jersey Care Commission:

That is correct.

Deputy K.M. Wilson:

Then the Minister's role is to have the overall accountability for how the chief executive is fulfilling their accountabilities, is that correct?

Chief Inspector, Jersey Care Commission:

That is right.

Deputy K.M. Wilson:

Okay. Thank you.

Deputy H.M. Miles:

Sorry, can I just clarify there, you said the chief executive of the public service as opposed …

Deputy J. Renouf:

Public health service or the …

Deputy H.M. Miles:
Well, you said public service.

Deputy K.M. Wilson:
Public service.

Chief Inspector, Jersey Care Commission:
Well, it would be applicable to Children's Services too, so it would be for all government-regulated services.

Deputy H.M. Miles:
The Minister would delegate that authority to the public service, not to the chief officer of the Health Service or the chief officer of the Children's Service?

Chief Inspector, Jersey Care Commission:
The chief officer for the service. I mean there is no alternative.

Deputy H.M. Miles:
Well, the public service.

Chief Inspector, Jersey Care Commission:
Yes. No, so not the chief executive of the public service; it would be the chief officer for that service for healthcare, so Tom Walker, for example.

Deputy H.M. Miles:
That is what I was just trying to clarify. Sorry, Deputy Wilson.

Deputy K.M. Wilson:
No, please do.

Deputy H.M. Miles:
I think Deputy Wilson's question is: where does the chief executive of the public service, the head of the civil service, sit within these regulations and this framework?

Chief Inspector, Jersey Care Commission:

My understanding is that the Minister would be the registered provider, and he would delegate that responsibility to the chief officer for that operational service.

Deputy H.M. Miles:
For Health and Care Jersey.

Chief Inspector, Jersey Care Commission:
Yes.

Deputy H.M. Miles:
The reason we are asking is obviously the head of the public service, the chief executive of the public service, is the employer. We have just seen a recent case where it is the chief executive that has had to go and represent the public service in a prosecution.

Chief Inspector, Jersey Care Commission:
I am only following the policy. I am describing to you my understanding of the way in which the regulation has been written.

Deputy H.M. Miles:
We are just trying to clarify.

Chief Inspector, Jersey Care Commission:
However it is written I then enact so, as you mentioned, it might be prudent to speak to …

Deputy H.M. Miles:
That is a further area for us to clarify.

Chief Inspector, Jersey Care Commission:
Yes, to the policy lead.

Deputy H.M. Miles:
Thank you for that.

Deputy K.M. Wilson:
Okay, that is fine. Okay, we are just going to move on now, Becky, if that is okay. We are going to ask some questions about the registration of services. In practice, how do you expect that the J.C.C. will make its final determinations about the subcategories of services provided by each service provider, so its regulated activities effectively? You mentioned earlier, I think, something about it

would be broad themes. Could you just give us a little bit more detail around how you see the categorisation of regulated activities and who will be doing that?

Chief Inspector, Jersey Care Commission:

We have an inspection handbook, which we will be publishing once the Ministers have agreed the Regulation of Care Law. We have considered do we publish that before the debate but we decided that some of that debate might impact on our inspection methodology potentially so we will be publishing that once the law is debated. The inspection handbook describes that we will be splitting the services up. Rather than going in and doing the hospital all in one go, we will be portioning groups - for example, surgery, mental health, medicine - so there will be different subcategories of the hospital which allows us to go in different phases. One year we would go in and do one particular, so it might be maternity and women's services, next it might be surgery, next it will be medicine. There are 6 different groups and that is articulated in our inspection handbook.

Deputy K.M. Wilson:

Okay. The question here asks: how will you distinguish between the main services and the subcategories at each of the providers?

Chief Inspector, Jersey Care Commission:

In our inspection handbook it has got the group that we will be looking at and then underneath that are the subcategories that are part of that inspection. I can share that with Scrutiny prior to the handbook publication, if that would be helpful.

Deputy K.M. Wilson:

That would be helpful, yes. Just to test this a little bit, let us say, for example, you have just categorised maternity, mental health and surgery. Let us say you have some standards around looking after the physical healthcare aspects of somebody with a mental health issue, how will that work? How will you inspect that?

Chief Inspector, Jersey Care Commission:

We have got the single assessment framework, which is the broad framework in which we expect all services to follow. Underneath that are service specific requirements. Those have not been published yet. We have been working with the services to finalise those. We will be publishing those at the point in which we publish the inspection handbook, but those service-specific requirements detail each of those different aspects so, for example, the physical health needs of somebody who is detained in a mental health facility, those types of areas. We have got service-specific requirements for each of those different areas.

[10:15]

Deputy K.M. Wilson:
How will the inspection cover scenarios like somebody who has a mental health problem receiving care in the acute hospital?

Chief Inspector, Jersey Care Commission:
They all interlink. The single assessment framework provides an inspection framework regardless of your reason for your admission. It should be: are you safe? Is the care effective? Is it caring? Is it well-led? Regardless of the diagnosis, it should be about your outcome in that setting.

Deputy K.M. Wilson:
Okay. In terms of the nature of a large service, how do you define it? How will we know what a large service is and what a small service is?

Chief Inspector, Jersey Care Commission:
In what way would you like me to describe that?

Deputy K.M. Wilson:
Well, in terms of it says in the Regulation Amendment Law: "Large services, such as hospital and government social work services, consist of several subcategories of service, each of which will in practice have its own manager." I think that is what you said, so how are you defining large services in that respect? Is a large service Children's Services or is a large service social care services or is a large service a mental health service? We are just trying to understand how you have organised your definitions around what a large service looks like and then to be able to track the way in which you have made the decisions around sub-categorisation.

Chief Inspector, Jersey Care Commission:
I think that is fair to differentiate between a large, complex service and also what we currently regulate. At the moment we currently regulate single entities which are not that hugely complex, and we are now going to be regulating the hospital, ambulance, mental health, which would be apt to be subcategories. I can share with you how we define which of those different areas of service are within a large, complex service so I can give you that; I can share that with you and the different definitions.

Deputy K.M. Wilson:

Is the large, complex service the hospital and then the definition around how you subcategorise into large services, mental health, ambulance and hospital-based care is … is that what you are describing?

Chief Inspector, Jersey Care Commission:
That is right.

Deputy K.M. Wilson:
Okay. All right. Do you believe that the departments within the hospital may be regarded as standalone service under these proposals at all?

Chief Inspector, Jersey Care Commission:
Repeat that question again, sorry.

Deputy K.M. Wilson:
Do you believe that there are departments within the hospital that may be regarded as standalone services under the proposals?

Chief Inspector, Jersey Care Commission:
Well, mental health is one. We have categorised it: you have got Mental Health Services, underneath that there will be categories, and then the hospital underneath that, the different divisions, and then ambulance is a standalone service.

Deputy K.M. Wilson:
Okay. While the law will allow for the registration of multiple managers, it is your decision obviously as to whether it is appropriate to register multiple managers in each specific case. Under what circumstances might a provider have multiple registered managers?

Chief Inspector, Jersey Care Commission:
They might want to register, for example, surgery, medicine, women and young children, so they might want to register a manager for each of those services. Alternatively, they might want to register a manager just for the hospital and one for ambulance and one for mental health.

Deputy K.M. Wilson:
How soon will it be that we will know who and what that looks like?

Chief Inspector, Jersey Care Commission:

Once we have published our guidance on the responsibilities of the registered provider and the responsibilities of the registered manager and our expectations of that, we will then work with the service to then register those registered managers for those services.

Deputy K.M. Wilson:
How many are you anticipating?

Chief Inspector, Jersey Care Commission:
I am anticipating 3 but we have not had huge, detailed conversations with the registered provider at the moment, so that is something that we do need to discuss with them, but we are writing our guidance on that for them.

Deputy K.M. Wilson:
Coming to the question about the level of seniority for those registered managers for large healthcare services, what is your view in terms of the level of seniority that we are talking about?

Chief Inspector, Jersey Care Commission:
We would expect senior levels, so directors. For example, the director of Mental Health Services, a chief nurse so someone who is senior within that Executive Leadership Team.

Deputy K.M. Wilson:
What safeguards do you believe will be required to ensure that the process of determining those managers does not lead to inconsistencies across the provision of care?

Chief Inspector, Jersey Care Commission:
They have got senior accountability for delivery of operational services, so that is within their role and accountability. We would register them on that basis.

Deputy T.A. Coles:
You would not foresee them to be clinical staff in this; they would be management staff.

Chief Inspector, Jersey Care Commission:
No, and that is a difference for social care, for example, where you have a nursing home, you have got a registered provider and then you have got a manager who is probably not as senior as a director of mental services but, as Karen has mentioned, these are complex, large services so we would expect that seniority to be in place.

Deputy K.M. Wilson:

Is there an issue about how you get ownership of this agenda if it is going to be at too senior a level? There are some very capable, competent senior clinicians in there. Is there a reason why we are not asking those to take on this responsibility at all?

Chief Inspector, Jersey Care Commission:
I think that is a really good question and it is a debate we have been having ourselves, and I think there are risks and benefits in either way. Your risk, though, is then you are taking out the Executive Leadership Team who do have operational responsibility for the delivery of those services and if you go to a lower level, as you say, they have a lot of experience and a lot of authority, but you have taken out that executive responsibility though.

Deputy K.M. Wilson:
In terms of the expectation about the role of the registered manager, how do you think the scope of control and autonomy will be monitored around that in the hospital?

Chief Inspector, Jersey Care Commission:
The autonomy of the registered manager?

Deputy K.M. Wilson:
Yes.

Chief Inspector, Jersey Care Commission:
Well, they have seniority and they, at the moment, have autonomies for decision-making with designing services, delivering services, monitoring performance so I would argue at the moment they have a great amount of autonomy.

Chair, Jersey Care Commission:
If I might try and interpret I think what you are saying. What we talked about earlier was that part of the regulatory activity that Becky and the team will do will be to explore the governance within each of these providers as the team currently do in a small, medium or indeed large organisations. Part of the test for a large, complex organisation is to … and picking up, I think, on your point was about clinical involvement in this. If you look at the Executive Team in the organisation, they do have very senior clinical colleagues within that team and so testing the governance throughout the organisation will really be exploring how those - we often talk about them as triumvirates: the operational, senior nursing, midwifery, allied health professional and medical teams - work together at each of those different levels to make sure that the operation is being run smoothly, safely and effectively. The regulatory activity that is set out by Becky that, as I say, we will share, goes right from that front line, hands-on treating people right the way through the governance structure of the organisation. I think

part of the issue that you talk about in terms of where those different levels lie is something that once we move into the next stage with the provider - and, as Becky said, she has already been talking to them about that - will be to define where in that structure those things sit but they are part of a governance structure that Becky and the team will be assessing in terms of not only what it looks like but, more importantly perhaps, about how that functions.

Deputy K.M. Wilson:

Do you think that if you were to maybe make some recommendations about the level of seniority or the level of clinical engagement that that would be appropriate, first of all, and also, do you think there is a different way to get better engagement from the front line in terms of taking those accountabilities and responsibilities?

Chair, Jersey Care Commission:

It is a really good question. It is one of the things that we have been very impressed with, certainly. As I say, I have only been involved since January but picking up on work that Becky and the team had already been doing together with the team, what we are already seeing is that there are really, I think, quite encouraging signs of that clinical accountability in terms of engagement with things like National Clinical Audit Programmes, et cetera, which are part of the demonstration of, you might say, how good am I at what I am supposed to be doing? How well are we working as a team on this? What are we doing this year that is going to help us be better at this next year? We are already beginning to see some of that activity taking place, which I think feeds into part of what you mentioned, and it is really important that that happens with clinical leadership at all levels. In fact, not just clinical leadership, the leadership at all levels and that is the bit of how that governance triangle then works that Becky and the team will be able to test. It is really hard to know how impactful that is being at this time, as Becky said a couple of times, until she and team are able to look in but, certainly from the engagement that we have been doing, that looks to be what they are working on.

Deputy K.M. Wilson:

Thank you very much for that. I was going to ask you how you think it differs from the expectations of registered managers in other healthcare settings. I do not know if you want to add any more to that.

Chair, Jersey Care Commission:

I think there is something about the complexity; there is no question and, as Becky said, a number of the services that fall under the current scope of regulation are relatively well defined. Having said that, some of the other services that have fallen under regulation up to this point are more complex and so I think, as I said, the preparation phase for what will happen hopefully next year is one that

the team have been working on very carefully and effectively so far and the preparation work that has been done, certainly that I have been involved in over this year, has been really thoughtfully put together for that complexity.

Deputy K.M. Wilson:
Becky, do you have anything you want to add to that?

Chief Inspector, Jersey Care Commission:
No.

Deputy K.M. Wilson:
Thank you. Do you feel there is enough local expertise available for the position of the registered manager's role and have you been involved in any training in relation to this role at all?

Chief Inspector, Jersey Care Commission:
We have not. We have not issued the guidance on it. It has obviously changed. The amendments have recently changed to reflect, as you say, the differences that were previously there, so we have not done that. But we will be working with the registered provider and managers to talk around our guidance, et cetera; so we will be having conversations with them once it is agreed.

Deputy K.M. Wilson:
When do you expect the arrangements to be clarified and confirmed by?

Chief Inspector, Jersey Care Commission:
Once the amendments are agreed, so once the debate went to the panel, has gone through your process and then obviously once the amendments are agreed by all States Members.

Deputy K.M. Wilson:
What is your expectation of the timeframe that we are working to?

Chief Inspector, Jersey Care Commission:
My current understanding is that the law will be debated in November, so after November's debate.

Deputy K.M. Wilson:
You will be ready to go.

Chief Inspector, Jersey Care Commission:
Yes.

Deputy K.M. Wilson:
Thank you.

Deputy T.A. Coles:
I am just going to build on from that because the law provides a 6-month transitional period for these managers to then be in place. Your guidance is going to be ready to be published once it is approved within the Assembly and then they will have 6 months from that point to then affirm the managers and the details from there.

Chief Inspector, Jersey Care Commission:
Yes. I mean we have been working with the services closely, so since 2023 we have been working with the services to discuss, for example, our philosophy. It started around what our philosophy inspection is. It is not here to catch people out. It is proportionate. It is to be transparent and to improve standards. We have been working with them about understanding what regulation is. Then we have started to discuss, for example, the single assessment framework, how we thought that the inspection methodology may be implemented. We have been having conversations with the Executive Leadership Team, with the consultants, with others around how we will inspect. That will ramp up once the debate has gone ahead and once the law is enacted. We will then do some detailed comms for both the public - also for those that are currently regulated as well because there will be some small changes for them - and also for the service provider on how we will inspect.

[10:30]

Deputy T.A. Coles:
Wonderful. Moving on, this question comes about from the Commission's ability to suspend larger service providers and that the report for the Amendment Law says that it would not generally be appropriate for the Commission to suspend a large service provider. How will you determine the proportionality of the decision to suspend a care provider in this scenario?

Chief Inspector, Jersey Care Commission:
My understanding is that that has been put in because we have had a recent case in the court where we had an individual care worker that we took action against. The law was clarified in the Royal Court. We suspended that person because we were reflecting the concerns that the N.M.C. (Nursery and Midwifery Council) were investigating and they had suspended her, so we reflected that as well and suspended her. The powers were clarified that we did not have the power to suspend; we could only cancel her registration. In my view that would have been disproportionate,

and we should have only been able to suspend her, like the U.K.'s regulator had done. My understanding is that has been put in place in terms of the learning from that case.

Deputy T.A. Coles:

That is going to apply to all service providers that are regulated by yourselves or is it …

Chief Inspector, Jersey Care Commission:

We can already suspend and/or register a cancellation of provider, yes.

Deputy T.A. Coles:

Okay. We are going to move on to some points around complaints. The law clarifies circumstances on which the Commission may investigate specific complaints brought against regulated services. What preparations have the Care Commission undertaken in relation to the management of complaints it may receive following the adoption of the draft law?

Chief Inspector, Jersey Care Commission:

Do you want me to answer this one? This is something that could quite quickly overwhelm us. Our role, as a regulator, is to go in and inspect. Our role is not to become the public ombudsman. It is not there to go in and investigate every complaint. This is something that we picked up with the policy team that we thought that it needed real clear clarification so that Islanders understood our role and we would not be set up to fail in their eyes. It is quite clear now that we are not there to investigate individual complaints. We are not there as a public ombudsman, but we do have a role, though, in certain cases where we feel it is necessary or we have got the resources to do so, we could look into a specific complaint. I think that is necessary because we are still continuing to regulate social care and there are sometimes incidences where we may need to step in in those cases, so I welcome this clarification and I think it stops us, as I say, from being overwhelmed.

Deputy T.A. Coles:

Yes. Let us face it, you will still receive these complaints. You are not necessarily there to deal with the complaints, but the complaints are still going to come your way when people realise you are regulating the service, whether it is lack of understanding or clarity. Have you got any preparedness to be able to signpost people to the right place to make complaints?

Chief Inspector, Jersey Care Commission:

We are doing work on our complaints policy, our complaints leaflet and the information and we are working to get some comms ready to really clarify that to people.

Deputy J. Renouf:

Is there a threshold that you can make clear because clearly there would be some complaints which would raise systemic issues, which would be relevant to the Care Commission, would they not?

Chief Inspector, Jersey Care Commission:
Yes, so people …

Deputy J. Renouf:
It would be helpful, perhaps, to be … you are essentially going to be putting complaints into categories, are you not? There is a small number that will be systemic in nature and raise a fundamental issue and many more which are just to do with the management of service.

Chair, Jersey Care Commission:
Yes, so I think one of the principles will be that all of the information that members of the public or others indeed share with us is really important information and it will be absolutely considered in the role that Becky and the team take in regulation. Exactly as you say, there may well be bits of that information that may trigger further enquiry or engagement or indeed other regulatory activity. I think the point is just in terms of being the responder to those complaints. The point you make is absolutely critical that if people share information with us, that is information that we will use, or Becky and the team will use, in regulatory assessment or assessment of providers. But it is just that it is really important, as Becky said, that we do not become the place that investigates all those complaints, but your point is well made. It will always be information that Becky and the team will consider and the response to it will be depending on what that information says.

Deputy T.A. Coles:
Are you aware of the current hospital complaints process?

Chief Inspector, Jersey Care Commission:
Yes.

Deputy T.A. Coles:
Do you believe that meets current standards and is currently fit for purpose?

Chief Inspector, Jersey Care Commission:
I think that would be difficult for me, again, to comment on. To support us from not being overwhelmed, I think it would be beneficial for them to continue comms and making the public aware of the routes in which they go to make a complaint about the hospital, ambulance or mental health services. I think communications about how to make a complaint, the process of that would be continually welcomed.

Deputy T.A. Coles:
Moving on to the duty of candour, to what extent will the Care Commission be involved in that duty of candour process?

Chief Inspector, Jersey Care Commission:
Do you want to talk about this?

Chair, Jersey Care Commission:
Do you want to talk about the mechanics of it and then we can talk about the … I mean the general specific is, of course, we think it is a really important part of the process that there is that transparency. We believe it helps build trust and we think it is really important in terms of how you would operationalise it.

Chief Inspector, Jersey Care Commission:
Duty of candour is really important. I think there have been articulated concerns in the press around what this means in legislation and whether it prevents somebody from taking action. Our view is that duty of candour is really important, and it should not prevent people if they wanted to take legal action going forward.

Deputy T.A. Coles:
Do you believe that it is not restricting people? As you see it, as it is drafted, do you believe that there is any restriction on somebody taking action if they believe it is necessary?

Chief Inspector, Jersey Care Commission:
My view is not. Duty of candour is about being open and honest when you have got things wrong, and people do get things wrong in healthcare, so I do not believe it is. I think if you have admitted it, you have made a mistake, you have apologised for that, that should not prohibit you from taking legal action. In my view there is an overlap, but they are 2 different separate things.

Deputy T.A. Coles:
If a service provider has produced a duty of candour letter, would you expect that service provider to also self-report themselves to you as the regulator?

Chief Inspector, Jersey Care Commission:
We have notifiable events, and we have notified those notifiable events. So if there was evidence of harm or somebody had made harm, made a mistake, those events should be reported to us. We have got a list of notifiable events and that system is already in place for service providers.

Deputy T.A. Coles:
I think that completes my area.

Deputy H.M. Miles:
Thank you. I just had some final questions about preparedness, and I think you have probably answered some of these, but it just gives you an opportunity to add anything. Are you content that you have got sufficient levels of staff to undertake the extra requirements around this particular piece of work?

Chief Inspector, Jersey Care Commission:
Yes. We have been well prepared. In 2022, I worked with the policy leads to map out what resources we would need. We have got staff in place. We have got an inspection methodology where there will both be local inspectors as well as those off-Island and those people have been in post. They have also been now training, working with other inspectors to understand the local context as well as working off-Island to understand a different inspection methodology so we are prepared, and we have been preparing for a number of years to get ready.

Deputy H.M. Miles:
You have got a core team on-Island that you will supplement from people off-Island?

Chief Inspector, Jersey Care Commission:
We have. Yes, one of the criticisms we could face is if we used a methodology where you just get external reviewers to come across. The risk of that is people would say: "What do they know about Jersey?" There is a Jersey context. If we had just local regulators, the criticisms we could face are: "What expertise do they have? Are they biased?" We would have a blended team to give us the best of both of those worlds, and we have already been doing that in different areas of our inspections already, so children, social care, as well as C.A.M.H.S., et cetera.

Deputy H.M. Miles:
Yes, thank you, and I think you alluded to your work with Isle of Man and potentially Guernsey as well, and you said that that was at an early stage of development.

Chief Inspector, Jersey Care Commission:
It is. It is not our intent for that for the hospital, ambulance, mental health at this current stage. For those services we would be working with the C.Q.C. to be able to get that external expertise.

Deputy H.M. Miles:

Thank you, and I think you have just provided some information about how you are going to plan to attract local expertise. You have got quite a local team already, have you not, in different areas?

Chief Inspector, Jersey Care Commission:

Yes. I would like to point out one of the criticisms that the C.Q.C. have faced, going back to Deputy Renouf's comment, is that the inspectors were not professionally qualified. All of our regulation officers have got a professional qualification, whether that is social work, learning disabilities, nursing, et cetera, so they have all got a professional qualification.

Deputy H.M. Miles:

Thank you. In terms of transitional arrangements, you mentioned at the beginning one of the issues that C.Q.C. had was around digital and around providers, and you did allude to the fact that you were going to do things a bit differently here. Can you just tell us what you have been doing to prepare service providers?

Chief Inspector, Jersey Care Commission:

We have done a lot of preparation. There have been 6-weekly meetings with the Executive Leadership Team, which have been really beneficial. I think that has established a working relationship where they understand the benefits of regulation. We have done meetings with doctors. We have done meetings with charitable organisations as well. We have done public consultations. We have been trying to make sure that we work collaboratively with the whole Island, in a sense. We understand that the hospital is the only something that you can describe that every Islander is impacted on. Everybody has been to the hospital, whether it was to be born, whether it was to visit a relative or whether it was to receive care, so we understand that this is a really important part of regulation. We are working really hard to get prepared and we are also working with the service provider and other groups to make sure that we are ready as an Island for that.

Deputy H.M. Miles:

Thank you. Overall it sounds like you are content that there are adequate transitional arrangements in place so that you can hit the ground running when it comes. Is that a fair assessment of what you have said?

Chief Inspector, Jersey Care Commission:

It is, yes.

Deputy H.M. Miles:

Thank you.

Deputy T.A. Coles:

As you know, we are in the Budget phase now of the Assembly and, of course, that brings us nicely on to your funding. The new regulations and law are going to adapt that you will propose the funding model on the 3 to 4-year cycle to align with the Government Plan. Are the proposed proposals for funding for the Care Commission the preferred mechanism for yourselves?

Chief Inspector, Jersey Care Commission:

We do have adequate funding, and we have a close working relationship with our finance business partners, so we monitor our finances on a monthly basis. The forecast is tight and for 2026 we believe that we will be within budget. In 2027, we need to make sure that we have discussions with our Minister that that budget allows us to do our regulatory activity. I believe it will, but we need to just closely monitor that. We did set our budget to be efficient. I think it is really important that we are efficient. As I say, we are making sure we are efficient. We have done it so that we have got inspection methodology that is proportionate as well and we have got a mixed methodology, so we are not paying for external consultants at huge rates and huge teams. We have got a mixed methodology, so we are making sure we are efficient in that way too. We have reduced our budget, and we were asked by the Government to reduce our budget, as other departments have been, so we have made a reduction of 14 per cent.

[10:45]

Deputy T.A. Coles:

Because the hospital services are not going to be charged for inspections, they are not going to be charged to be regulated in the sense that some of the private providers are being charged to be regulated. I suppose my question is: do you feel that that is the best methodology for yourselves to operate, or would you have preferred it that you were charging the hospital for the services that you were regulating?

Chief Inspector, Jersey Care Commission:

I think the way in which we have structured this allows us to have stable budget control. I believe that the mechanism of having a funding model set up so that we have got enough to keep us being able to regulate on a stable basis is appropriate. It allows us to regulate throughout the whole year as well so we can monitor notifications, et cetera.

Deputy J. Renouf:

I have got a couple of questions which step back a little bit, if you like, to where we were earlier. Is it your expectation that you will inspect services in the current hospital, or do you think you will not be inspecting services there and you will only be inspecting once we get to the new hospital?

Chief Inspector, Jersey Care Commission:

My expectation is that the law will be debated in November. It then goes to the Privy Council and then it returns back to us, and we will be inspecting by the end of 2026.

Deputy J. Renouf:

That is very clear. Thank you. There has been a general criticism that Jersey is over-regulated and that we should not be extending regulation into new areas and that this has a cost proliferation and so on. Could you perhaps, Chair, explain why you think that this might be a good exercise for Jersey and good value for money?

Chair, Jersey Care Commission:

Yes. Thank you very much indeed for the question. I think the first part of the answer to this is the approach that States of Jersey have taken to the regulation of care and health services which, as I say, is very much through the lens of improvement. I think it has been evidenced over the initial few years of the work that the team have done that that approach is bearing fruit in terms of driving that improvement. In terms of what I perceive … and another former role I had was at the C.Q.C. inspecting a range of services, including hospitals, ambulance trusts. What I think we can see in the way that this has been thoughtfully put together is the value of regulation in that space. In hospitals of the size of the hospital in Jersey - and I know that all of you know this and through, as we say, some of the external investigations that have taken place - there are risks to the quality of care that are provided in such circumstances. Those risks manifest both in terms of harm to people but also in terms of cost. We believe that the proportionate extension of regulation into the hospital, mental health and ambulance services will make a positive contribution not just to the quality of services, which is clearly of huge importance to everybody who is living or visits Jersey, but also to the staff in terms of helping them on that constant journey of improvement which, again, we think is a real benefit to the proportionate cost of regulation. One of the things that Becky said about the work that she and colleagues have been doing with not just colleagues on the U.K. but internationally, is the international challenge for regulation in its entirety to demonstrate not just that it is effective but that it is cost-effective. We - certainly, as the board of commissioners and I, as the chair - take that challenge incredibly seriously that the proportionate implementation of the team ensuring regulations and standards are met is something that we take incredibly seriously. On the board of commissioners we have got expertise from, previously, Wales and Scotland, as well as England. We take that aspect really seriously, but we genuinely believe that the proportionate cost of the extension of regulatory activity, which, as you have heard, is one that has been thought about and budgeted for over a number of years, will bear great fruit over coming years here on Jersey.

Deputy K.M. Wilson:

Just picking up the issue on cost-effectiveness and clinical effectiveness, could you give us an idea of what kind of measures you have to demonstrate that? Because I think people will see, yes, we need a regulator or, no, we do not and people will also want to understand how you will deliver what you have just said, which is value for money but also this focus on improvement. How will people know that that is going to be an investment that is worthwhile?

Chair, Jersey Care Commission:

It is a good question and it is one that the world over is a very difficult question to give a really precise answer to because I think, as I alluded to earlier on, there are some very tangible things that we would hope to achieve through the team in terms of regulation, in terms of, are you meeting a standard: yes or no? But in terms of driving improvement, some of that is perhaps less tangible but we can already see it and describe what we think we are seeing. We will be able to measure it, which is: how are the services on Jersey assuring themselves, us, you and the public that they are meeting the standard that, frankly, they are being paid to deliver? There is an element of that about it, which is to say we want the standards of health and care on Jersey to be the highest they possibly can be. How will we know that? Well, what we will need to see is that that is demonstrated using data and information. I suppose one of the things that some people fear is, is regulation just additional activity that asks for all sorts of information from providers that they would not otherwise provide? What Becky and the team are very carefully trying to do is to say, look, the same data and information that we are encouraging services to use for their own improvement is the information that we would hope to use in terms of the regulatory activity. In terms of cost-effectiveness, part of that will be, I hope, that over years you, and we, will be able to see that the hospital and other services can describe and we will be assured collectively that the quality of care that is being provided is what we expect. At the moment, that is a bit difficult. In terms of how you put a cost to that, we know that good care without harm is less expensive than care that produces a lot of harm but, as I say, we and regulators the world over find it very difficult to put a pound, shillings and pence on that other than to try and say: "Look, the cost of the activity we are absolutely determined to keep as low as possible, as proportionate as possible in order to make sure that we keep seeing and driving those improvements." It is a very difficult question to put pounds, shillings and pence on at this stage.

Chief Inspector, Jersey Care Commission:

I think one of the questions is how much does it cost if you have not got regulation in place? There is a cost of harm. There is a cost in terms of public trust and scrutiny, so I think there is also a cost …

Deputy K.M. Wilson:

Where will you get your baseline from? Because that is the important thing, is it not, in terms of trying to pick up your point and in terms of understanding where that improvement is taking place? What is your baseline going to be and how will you articulate that to the public?

Chief Inspector, Jersey Care Commission:
I think this is a really good question because at the moment we are considering that. At the moment we have K.P.I.s (key performance indictors), which are very data and number driven. How many inspections have we done? Were they on time? But we are now starting to consider what are the outcomes to society that we are benefiting to, and we are starting to consider those, so we are thinking about that at the moment. We have not got to the end of that current thinking so at the moment we are probably going to be changing from internal K.P.I.s to thinking about societal and Island outcomes. We are in that consideration, and it is a new policy thought.

Deputy H.M. Miles:
Are you considering adopting an outcomes-based accountability approach?

Chief Inspector, Jersey Care Commission:
We are.

Deputy H.M. Miles:
Fabulous.

Chief Inspector, Jersey Care Commission:
We are. We are considering it. It is quite complex in terms of regulation so that is something that our head of business and I and the chair and the board are starting to currently think about.

Deputy H.M. Miles:
Because other community providers on the Island use that standard. The Children and Young People Plan you will know through the children's social work that you do but, again, that gives you that option to understand the story behind the baseline. You talk common language, which will be really supportive, and then it is not just the quantity, the quality but it is: is anybody better off?

Chief Inspector, Jersey Care Commission:
That is something we are considering, yes.

Deputy H.M. Miles:
Fabulous. Thank you.

Deputy T.A. Coles:

Any further questions?

Deputy J. Renouf:

I guess the only other point I want to hear your view on really in terms of this question of value for money and accountability and so on is to what extent do you think there is a risk that without this kind of regulatory activity that we lose our - for want of a better word - competitiveness in terms of attracting staff, in terms of reaching the standards which Islanders might expect?

Chair, Jersey Care Commission:

Not only is there a huge risk of that but I think what you have seen over recent years is some of those risks turning into issues, and I think both of those are significant. We very much take the view that what seems to us to be a natural progression for which both the Commission, but more importantly perhaps the services, have been preparing for some years, we really do think and, as I said, we can already begin to sense that even with the anticipation of regulation coming in that we are seeing some improvement in that regard. The point that you raise is really important and, as I said, I think we can see through the work in Children's Services that the reputation of the service that has improved through the lens of the transparently independent regulator is helping to attract staff to come and work here which, of course, is important as well. That is one of those things that we are considering: what would an outcome look like? Because some of it is perhaps less directly attributable and that is one of the problems with assessing the outcome of regulation.

Deputy K.M. Wilson:

There is just one question I want to ask around this. This is clearly going to be quite a significant culture shift in terms of the way in which people engage with external perspectives. Can you just talk to us about how you plan to handle that kind of - how can I say - reception to the inspection framework? I know you said there has been a lot of engagement but what we have found, certainly over the last couple of years, is that in particular the Royal Colleges have come in, and they have done a number of inspections and there have been problems receiving the messages around that. My question is really about what is going to be different here with you and how do you plan to address that culture?

Chair, Jersey Care Commission:

It is a brilliant question and culture is key. One of the things that I have been really pleased with so far is that regulation really impacts behaviour. That is what we are trying to do, so we set a standard and we expect people to move towards that. I mean clearly there are and there will always be people who are at different stages but one of the key bits of work that the Commission is involved with is with the public. There is a shared need for us all to be transparent about the standard of care

that is being provided and asking people who are providing care to look through the lens of the people receiving it in terms of the work they do is one of the things that we are doing. I have to say I have been really impressed with the engagement that I have been involved with, that people are really interested in, yes, what does this mean? What are the changes? I think that is the shift that is already beginning. In some of the external reports that you referenced, there was comment about people not wanting to follow internationally accepted standards of care, people not wanting to demonstrate the quality of the services that they are part of through audit, et cetera. That is already beginning to change and I think that is the process that we will be assessing: what does that look like on the first set of activities that Becky and the team will do? What is it that we and the organisations and teams within the organisations can do to support that going forward? But that is the fundamental and, as I say, genuinely I believe that we are seeing some evidence that that is now beginning to accelerate and certainly in the conversations that we have been having with the Executive Team. We were invited to one of the Quality and Safety Committee meetings. Those are the very topics that they are talking about, that they are beginning to work on and that are, I hope, going to be of enormous benefit to Islanders.

Deputy K.M. Wilson:

Thank you.

Chief Inspector, Jersey Care Commission:

I think it also depends on how you frame regulation as well. This is not about catching people out. This is not about making it worse. That really is not why we are. We are here to make it better for Islanders, and that is what we have done in terms of our regulation of social care sector and also children's social work. We have not made it worse for those services. We have shown them what they are doing really well as well as the areas of challenges that they may already have. That is the same philosophy and the same regulation methodology we have put in place for the hospital and that is, as I said, what we have been trying to talk to them about is this is what regulation is. It is not here to catch you out. It is not here to publicly shame you. This is about showing what you are doing really well and also what the areas of development are. Islanders as well need to have an understanding of what regulation means. I think that they think it might catch people out. Again, we will be talking to Islanders about what regulation means and the benefits of it as well.

Deputy T.A. Coles:

Thank you very much. That brings us nicely on to 11.00 a.m. and so time now to close this hearing. I would like to thank you both for your time this morning and, if we have any further questions, we will follow up in writing. I thank the officers as well for their support here and ask the meeting to be closed.

Chief Inspector, Jersey Care Commission:

Thank you.

Chair, Jersey Care Commission:

Thank you.

[11:00]