

Minutes

Meeting title:	Jersey Care Commission Board	
Meeting date and time:	Wednesday 26 March 2025, 09:00-12:00	
Meeting location:	1st Floor, Capital House, 8 Church Street and Via Teams	
Meeting chair:	Dr Nigel Acheson (NA)	Chair
Those present:	Lesley Bratch (LB) Commissioner Kathryn Chamberlain OBE (KC) Commissioner Jackie Hall (JH) Commissioner Noreen Kent (NK) Commissioner Gordon Pownall (GP) Commissioner Angela Parry (AP) Commissioner	
Attendees:	Fiona McLaughlin (FM) Deputy Chief Inspector Mark Silver (MS) Head of Business and Performance Malgorzata Ptak (MP) Finance Business Partner (Item 5) Andy Kean (AK) Regulation Officer (Item 10 and 11) Anna Hamon (AH) Senor Policy Officer (Item 10)	
Apologies:	Becky Sherrington (BS)	Chief Inspector

Documents presented:	<ol style="list-style-type: none"> 1. Agenda 2. Draft Minutes of Board meeting (5 February 2025) 3. Chair's Report 4. Chief Inspector's Report 5. Finance Report (3 Papers) 6. Risk Register (2 Papers) 7. Updated children's social work handbook (2 Papers) 8. Annual Report presentation (2 Papers) 9. Update on Assisted Dying (2 Papers) 10. Forward Look
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PART A – PUBLIC SESSION

1.	Welcome, Apologies and Declarations of Interest	
	<p>The Chair (NA) opened the meeting by welcoming everyone.</p> <p>As part of the Declaration of Interest, The Chair has started as an interim Chief Medical Officer with the British Pregnancy Advisory Service.</p> <p>The potential change for Kathryn Chamberlain (KC) will be noted once it is finalised.</p>	
2.	Minutes of the last meeting and Matters Arising	
	<p>The minutes of the previous meeting (5 February) were discussed and approved.</p> <p>Proposed LB Seconded AP.</p> <p>Actions from the previous meeting were reviewed:</p> <p>Action 1 Commissioners to be notified once a date for States debate on Law change is confirmed and provided with a link to States live webcast site.</p> <p>Confirmed as an ongoing action. A recent question in the Judicial Government prompted a positive response from the Minister, aligning with the plan discussed. The legislation will be lodged in the coming months, and it is showing ongoing progress.</p> <p>Action 2 MP to provide a year-by-year breakdown detailing budget increase The Chief Inspector (CI) invited RJ to attend a Board meeting and is awaiting a response.</p> <p>Noted as complete. To be discussed under agenda item 5.</p> <p>Action 3 The CI to specify who the Commission Executive Team are in the Scheme of Delegation.</p> <p>Noted as complete.</p> <p>Action 4 Amendments made to the Forward Look.</p> <p>Noted as complete.</p> <p>Action 5 Invites to the Board to be prepared for the Chair's review for:</p> <ul style="list-style-type: none"> • Invitation to Minister for Children's Services • Invitation to Children's Commissioner • Minister of Health and Social Care / Director of Health Policy • Invitation to Chair of Safeguarding Partnership Board <p>Noted as complete.</p>	

	Action 6 Confirm future dates of SPPP meetings with Commissioners Noted as complete.	
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3.	The Chair's Report	
	<p>The Chair (NA) provided a brief Chair's Report, reflecting on the beginning of the year in his new role. The Chair thanked colleagues for their support and highlighted key developments, including the Minister's recent update on the timeline for lodging the legislation. The Chair acknowledged the significant effort the team had put into preparing for this regulatory change and emphasised the importance of finalising the timeframe.</p>	

4.	The Chief Inspector's Report	
	<p>The Deputy Chief Inspector (FM) presented document 3 and updated the Board on key operational and strategic matters since the February meeting.</p> <p>The digital project is ongoing, with a project board focused on addressing issues with digital registration. An evaluation meeting has taken place, reviewing a list of issues and improvements needed, their prioritisation, and associated costs.</p> <p>The team has implemented a new internal project template and file management system. Champions are helping navigate the changes, and their efforts are supported to ensure smooth implementation. The focus is now on consolidating and embedding these changes, with everything progressing well so far.</p> <p>Following a coroner's inquest, the Commission inspected the registered home care provider, Tutella. The inspection, conducted on 24 February, showed positive results, indicating that learning had occurred and sustained changes were made. The provider has demonstrated they have learned from the outcomes. The inquest report was published by the Jersey Evening Post.</p> <p>Kathryn Chamberlain (KC) highlighted positive feedback on the inquest report published by the Jersey Evening Post. It was noted as a good example of the Commission learning from its experiences, contributing to its efforts to be an exemplary organisation.</p> <p>A proposition has been lodged with the Health Minister to introduce legislation requiring Counsellors to register with the Commission and a relevant governing body. This proposition is scheduled for debate on 1 April. Discussions have occurred with the head of policy and the Chief Inspector to explore options. The Health Minister is expected to make a counterproposal, requiring all Counsellors to register with a professional body and be transparent about their registration.</p> <p>The Child and Adolescent Mental Health Service (CAMHS) inspection took place between October and November 2024. In collaboration with the Royal College of Psychiatrists, a report was published on 6 March.</p>	

<p>Lesley Bratch (LB) commented on the language used in the CAMHS report, specifically regarding the terms “areas for improvement” and “development plan.” She suggests that while the CAMHS report is a standalone document, consistency is needed across reports and proposes using the same terminology, like “development plan,” to align with other reports, ensuring they read cohesively. The Deputy Chief Inspector (FM) acknowledged this and agreed to review.</p> <p>The Chief Inspector holds weekly meetings with communications leads to plan for future inspections of Hospital, Ambulance, and Mental Health Services. The “Care Conversation” campaign for 2025 is progressing well, with filming already completed, including interviews with care home managers and care receivers. The campaign is set to launch at the end of March. Additionally, there has been local media interest, including an article in the Jersey Evening Post about care on the island. The Bailiwick Express also showed interest in children’s social worker posts, highlighting that up to 50% of the positions are filled by agency staff.</p> <p>Three Commission regulation officers have started the Erasmus International Regulators course and recently spent a week in Rotterdam, receiving positive feedback. This experience is expected to be valuable for the team’s learning. Additionally, planning for the European Partnership for Supervisory Organisations (EPSO) Conference on 16 and 17 June is progressing well, with expectations for strong attendance from regulators across various jurisdictions, including Wales, England, Malta, and Estonia. The program will be published soon. Malta has also approached the Commission to spend an extra day sharing experiences, mainly focused on older adult services, and discussions are underway to arrange this.</p> <p>The Executive Team held a planning day to reflect on their learning over the past 18 months, which included an externally facilitated session on compassionate leadership and moral courage. The day was well received, with positive feedback from the team.</p> <p>In February, the Chief Inspector and Deputy Chief Inspector attended the UK Health and Social Care Regulators Forum, which has been established for some time. They were invited to become permanent members of the forum, an exciting opportunity, as the forum is well-represented by professional bodies in the UK.</p> <p>KC appreciated the news coverage in the Chief Inspector’s report, especially as most Commissioners are not based on the island. However, they suggest there is a gap between the updates at Board meetings and propose a monthly update for Commissioners on health care and Commission news to maintain more consistent communication.</p>	
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5.	Finance Update	
	<p>Malgorzta Ptak (MP), Finance Business Partner (FBP) presented document 5.</p> <p>The financial update focused on the budget position as of the end of February, with a reported £37,000 underspend, with JCC income exceeding expectations. The income target for the year was £379,000, but actual income reached £416,000. This represents a £40,000 overachievement, and the forecast has been adjusted to expect an additional £2,000 per month moving forward, totalling £56,000 for the rest of the year.</p> <p>Non-pay costs are underspent due to the timing of supplier invoices, and these costs are expected to normalise later in the year. Staffing costs align with the budget, with one vacant admin role expected to be filled in September.</p> <p>The 2025 budget is set at £1.8 million, but the 2026 budget requires savings of £171,000. Discussions on meeting these savings targets are ongoing, and a plan will be needed to address this shortfall. A detailed budget breakdown over the years has been provided for further reference.</p> <p>Concerns were raised about whether these savings are feasible, with discussions ongoing regarding potential government adjustments.</p> <p>The importance of staying informed and prepared for any financial decisions was emphasised. Further clarification on future cost reductions will be sought.</p> <p>The Chair thanked MP for attending and providing a detailed update.</p>	
6.	Risk Update	
	<p>MS presented document 6. There have been no significant changes to the risk register, though several risks have been reviewed and updated. Key points include:</p> <p>1/25 Maintaining Credibility of the Commission The risk remains unchanged but is slightly updated for clarity. No immediate changes to the rating: Likelihood 3, Impact 4, Overall 12.</p> <p>2/25 Maintaining Operational Readiness to Regulate New Areas Uncertainty over legislation timelines remains, though recent drafts suggest more clarity. No immediate changes to the rating: Likelihood 3, Impact 4, Overall 12.</p> <p>7/23 Legal Risks Ongoing issues with providers highlight limitations in investigatory capabilities, but this remains subject to legislation. There are no immediate changes to the rating: Likelihood 2, Impact 4, Overall 8.</p>	

<p>8/23 Impact of Differing Standards and Inspection Approaches The potential confusion caused by different inspection approaches is still being monitored. No immediate changes to the rating: Likelihood 3, Impact 3, Overall 9.</p> <p>1/24 Cyber Security There are no immediate concerns, but the Commission remains dependent on government systems and external providers. There are no immediate changes to the rating: Likelihood 2, Impact 4, Overall 8.</p> <p>3/25 Record and Information Management The Commission has improved its filing system. There are no immediate changes to the rating: Likelihood 3, Impact 3, Overall 9.</p> <p>3/24 Impact of Negative Incident Following Inspection (3/24) After conducting a critical incident exercise, the Commission is improving crisis communication processes. The Board will be updated. No immediate changes to the rating: Likelihood 2, Impact 4, Overall 8.</p> <p>6/23 UK Professional Regulatory Bodies and Fitness to Practise Action (6/23) Concerns remain about being left out of the loop when regulatory bodies take action against professionals, particularly locums. No immediate changes to the rating: Likelihood 3, Impact 3, Overall 9.</p> <p>MS noted ongoing monitoring and the importance of maintaining credibility and operational readiness.</p> <p>The Chair commented on the connection between risks 8/23 and 6/23, which relate to care pathways and regulation challenges. The Chair acknowledged that this is not just a Jersey-specific issue but a broader challenge and opportunity and highlighted the importance of collaborating with regulators and other partners, such as the responsible officer at the acute hospital, to improve regulatory practices.</p> <p>The Chair also discussed the development of the single assessment framework, which was supported by the Care Quality Commission (CQC), noting that their framework is applied across various settings (social care, acute hospitals, mental health, etc.). The Chair highlighted the importance of continuously reflecting and improving these practices over time, both to address concerns and identify opportunities for better regulation.</p> <p>KC suggested strengthening the Board's role by getting independent input, such as from the Government of Jersey's internal audit team, especially on risks like information management and cybersecurity. She also recommended conducting deep dives into strategic risks. MS supported this idea, suggesting it could be done during workshops. The Chair agreed, highlighting the need for more focus on mitigation and the alignment of regulatory language across different bodies.</p> <p>The Board approved the risk register.</p>	
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7.	Summary of updated Children's Social Work Handbook	
	<p>Andrew Kean (AK), Regulation Officer, provided an overview of revisions made to the Children's Social Care Inspection Handbook. Initially, the handbook was based on the Ofsted Inspection Handbook but has now been updated to reflect the Inspecting Local Authority Children's Services (ILAC) framework. Changes include adding themes like children's participation and vulnerable children, and removing a redundant context section.</p> <p>Key revisions involve shifting responsibility for surveys and feedback to the inspected service rather than conducting it externally. The inspection cycle will now align with the Regulation of Care Law, avoiding the need to revise the handbook when laws change. Other changes include an increased focus on outcomes and flexibility in the self-evaluation process, alongside more precise definitions, such as "focus inspections." The aim is to improve clarity and reflect current practices in children's social care services.</p> <p>Significant feedback has been received from children's social care services regarding the composition of inspection teams, with a strong preference for teams to be more prescriptive and led by social work professionals. While the current approach aimed to explore alternative models and engage with services differently, resistance from children's services has made this a repeated point of difference of opinion, and the issue remains ongoing. The Chair agreed to consider and respond to CYPES. The key updates to the inspection handbook include:</p> <ul style="list-style-type: none"> • Inspection Team & Conflict of Interest: The handbook now explicitly references a conflict-of-interest guidance in response to concerns from children's social care about the composition of the inspection team • Inspection Methodology: The process is now more concise, with clearer guidelines on how services can raise concerns during inspections • Safeguarding & Quality Assurance: Clearer procedures are outlined for raising safeguarding alerts and ensuring fair and robust inspections • Inspection Outcome Pathways: Three defined pathways now clarify the potential outcomes: routine inspections, focused visits with additional monitoring, and escalation/enforcement where necessary • Standards Update: The theme "placements" has been changed to "expectations in care settings" to reflect care standards better • Staffing Data: Greater emphasis on tracking agency vs. permanent social workers to improve workforce insights • Factual Accuracy Grid: Implemented to address genuine errors in reports while maintaining control over report content • Audit Process Change: Shift from off-site to on-site audit evaluations to ensure recommendations are adequately followed up. <p>These refinements improve clarity, fairness, and effectiveness in the inspection process.</p> <p>The handbook was praised for its thoroughness, but a potential issue is noted regarding the distinction between "social care" and "social work." Some sections,</p>	

	<p>particularly in the self-evaluation report, use these terms interchangeably, though they refer to different areas of practice, qualifications, and experience. A suggestion was made to review the document for consistency and clarity, ensuring it accurately reflects the focus on social work services for children and young people while excluding early help where social work is not involved.</p> <p>There was concern about ensuring that the voices of children, young people, and their families are adequately captured in inspections. While the Picker survey will no longer be used, feedback needs to reach the right people and will be discussed in the upcoming annual conversation. Services will be tasked with obtaining feedback, and failure to do so will be flagged as an area for improvement.</p> <p>There was a suggestion to amend the sentence for unannounced inspections, with a suggestion to specify that the Chief Inspector decides on the timing of these, to prevent challenge from the service.</p> <p>The proposed changes were approved to include the suggested changes, with a commitment to continuous improvement.</p> <p>The Chair thanked AK for attending.</p>	
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8.	Sign off Draft Annual Report	
	<p>MS advised that the timescale for finalising the Annual Report is tight. The document undergoes professional proofreading only at the final stage to avoid unnecessary costs, as changes are typically made throughout the process. Proofreading occurs after the document is fully set and laid out.</p> <p>The document follows a professional layout, which contributed to its positive reception. Some data errors were found during multiple checks, with a few financial figures still under review. Updates have highlighted significant projects, such as preparing for the regulation of Hospital, Ambulance and Mental Health Services, while streamlining the business plan section to reduce repetition. Commissioners can provide feedback via a Word version, with minor proofreading edits allowed directly, while structural or content changes should be submitted as comments for discussion. The goal is to finalise everything with the Commissioners as soon as possible.</p> <p>There was a discussion focusing on reviewing KPIs and addressing any gaps. While most KPIs show 100% success, KPI 51 had partial delivery, and one was not delivered. There's a suggestion to provide additional context, explaining what was done and what will be done next year to address these gaps. The digital registration project had issues setting up measurement mechanisms, leading to the suspension of the KPI. It was agreed that it's worth adding an update on what actions have been taken and the plans for next year to ensure it won't be an issue.</p>	

	<p>The Chair highlighted that this transparency and self-awareness should be reflected in the report, similar to how regulated services should handle their shortcomings.</p> <p>It was suggested that stock images for the report should reflect a wide age range and diversity of service users. The aim is to ensure that the visuals represent not just older people but a broader spectrum of those utilising the services, including different age groups.</p> <p>It was noted that adding a human-interest element to the report, such as interviews with inspectors or service users, would engage the general public, who might not be interested in the more technical aspects. MS acknowledged the idea but expressed concern about the report's length and mentioned considering this for future reports. He recalled a "day in the life of a regulation officer" feature from past reports, but noted mixed feedback on its relevance. The Chair suggested that such interviews might fit better into the broader care conversation planned with the public, carers, and providers.</p> <p>There was discussion around creating easy-to-read versions of key documents, such as the annual report, to make information more accessible. MS acknowledged the challenge of doing a full, easy-read version of the report, but suggested creating a summary or easy-read version to improve accessibility. Angela Parry (AP) highlighted the importance of making such documents available for people with learning disabilities or mental health needs, aligning with the principles of equality and diversity. The Chair agreed, suggesting that this approach could be integrated into their broader work, highlighting the need for better engagement with service users and their families. Lesley Bratch (LB) supported this idea, framing it as essential for empowering people to know how to access services and recognise good care.</p> <p>NK noted that revisiting changes in the annual report after providing feedback can be difficult, mainly when substantial documents are updated. She requested that future versions of the report be as final as possible when presented to the Board to avoid confusion and ensure that comments made are reflected. MS clarified that while the year-end financial figures are correct, some detailed commentary, especially regarding overspends and savings in projects, still needs finalising. The Chair suggested reviewing the timeline for next year to ensure better planning and avoid similar issues in the future.</p>	
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9.	Update on Assisted Dying	
	<p>Anna Hamon (AH), Senior Policy Officer, presented document 9.</p> <p>The proposed assisted dying law in Jersey involves several key roles and protections for health and care professionals. Health professionals who opt to participate must be registered with the Jersey Care Commission, or a relevant UK regulatory body, and undergo mandatory training.</p>	

<p>They can refuse to participate in assisted dying on any grounds, similar to conscientious objection in other areas like abortion. Care home providers can also refuse to allow assisted death on their premises.</p> <p>The law allows for professionals to raise assisted dying as a potential option in appropriate cases, but it emphasises that training rather than hard legislative requirements should guide this. Employment protections would ensure that professionals cannot be unfairly treated based on their views on assisted dying.</p> <p>Key roles include assessing doctors, coordinating doctors, pharmacy professionals, and administering practitioners (either doctors or nurses). The process involves a minimum 14-day waiting period from the first request to assisted death, though this can be waived for those with a shorter life expectancy. At each step, the individual must provide explicit consent, and they can withdraw their request at any point.</p> <p>In the proposed law for assisted dying in Jersey, the person requesting assistance must maintain consent throughout the entire assessment process. If, at any point, the person loses capacity, the process must stop. However, if they demonstrate capacity throughout and their condition is deteriorating, they can sign a waiver allowing the process to continue, even if they lose capacity later. Without this waiver, the process cannot proceed if the person loses capacity at the time of the assisted death.</p> <p>The law outlines the oversight and regulation of the assisted dying service. An assurance and delivery committee will oversee the service, ensuring adherence to standards, developing competencies for practitioners, and conducting post-death reviews. This committee will include a broad range of professionals and patient representatives. The Commission will oversee registration, inspection, and compliance with service standards. If failings are found during inspections, the Commission can take action, including issuing improvement notices or suspending or cancelling the service provider's registration.</p> <p>The proposed timeline indicates the draft law will be finalised by the summer of 2025, with implementation beginning in 2027. This allows time for necessary preparation, including public communication, recruitment of professionals, and development of guidance and standards.</p> <p>The next steps involve engaging with the Board for detailed policy discussions once the second draft of the law is available. Further input from various stakeholders is required to ensure the proper implementation of the assisted dying framework.</p> <p>The Chair thanked AH for presenting and attending the meeting.</p>	
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10.	Forward Look	
	<p>The Chair highlighted the following changes to the Forward Look:</p> <p>The Chair noted the importance of planning the July board meeting, which is only five weeks after the June meeting, and suggested skipping specific updates, such as the risk register, due to the short time interval. NK suggested using the time to look deeper into the half-yearly dashboard that MS was planning to present. MS confirmed that while he will be absent, the dashboard will still be presented and discussed. The Board agreed to reflect on the timing and content for future Board meetings to ensure the most productive use of time.</p> <p>The Chair thanked all for attending.</p>	

JERSEY CARE COMMISSION

Action Points

	Action Point	Owner	Status
1	Commissioners to be notified once a date for States debate on Law change is confirmed and provided with a link to States live webcast site.	Chief Inspector/Chair	Ongoing
2	Review language regarding the terms "areas for improvement" and "development plan" to be consistent in inspection reports	Deputy Chief Inspector	Complete
3	Meetings are to be arranged between Commissioners and The Chair as a catch-up due to the gap between the March and June Board meeting	Executive Assistant	Complete
4	<p>The distinction between "social care" and "social work needs to be clarified in the handbook.</p> <p>The last sentence, unannounced inspections will be considered if serious concerns arise, should be amended to unannounced inspections will be considered if, in the opinion of the Chief Inspector.</p>	Deputy Chief Inspector and Regulation Officer	Complete
5	Prepare half yearly dashboard for July Board and add to Forward Look	Head of Business and Performance	Complete
6.	Consider how the Commission communicates and delivers news during gaps between Board meetings	Head of Business and Performance	Ongoing