



# **Hospital, Mental Health and Ambulance inspections**

Journey to regulation

February 2026



# Handbook Introduction

In 2026, following law changes approved in November 2025, our remit will extend to regulating ambulance, hospital and Government-provided mental health services (new services).

The handbook provides a clear guide for the new services on the upcoming expansion of regulation and what's changing including:

- key terms
- standards and SAF
- inspection process
- what happens afterwards.





# Key Terminology

We will introduce independent oversight in a phased, proportionate way. We will support providers, offer clarity and work collaboratively.

## Principles

Our core principles are that care is

1. Safe
2. Effective
3. Caring
4. Responsive
5. Well-led

These principles set the foundation for our approach to modern independent regulation.

## Inspection Handbook

Practical guide for the new services

- How inspections are approached
- How often they take place
- Types of evidence used
- What happens before, during and after an inspection
- What providers need to do to prepare and feel ready

## Single Assessment Framework (SAF)

Newly regulated services will be inspected against the SAF and the standards and requirements that are most relevant to the service being inspected.

## Service Blocks

Hospital services include a wide range of care therefore services will be grouped into clear care areas, often called core “service blocks”.

This helps us focus inspections on specific types of care and ensures they are thorough, fair and meaningful.



# SAF Framework Explained

We will regulate the new services using a clear inspection framework that sets out what good care looks like and how this is assessed in practice.

This framework is referred to as the **Single Assessment Framework (SAF)**.

## The SAF includes:

- **The key elements of care:** Principles that underpin what all services should provide, and care users should expect to receive.
- **Regulatory requirements:** Legal duties set out in the Regulation of Care (Jersey) Law 2014.
- **Standards:** 34 standards that describe what high-quality care looks like for people using services.
- **Universal requirements:** That apply to all newly regulated services.
- **Service-specific requirements:** recognise the specialist nature of different services.

Key elements of care core principles  
Safe | Effective | Caring | Responsive | Well-led

Regulatory requirements

Standards

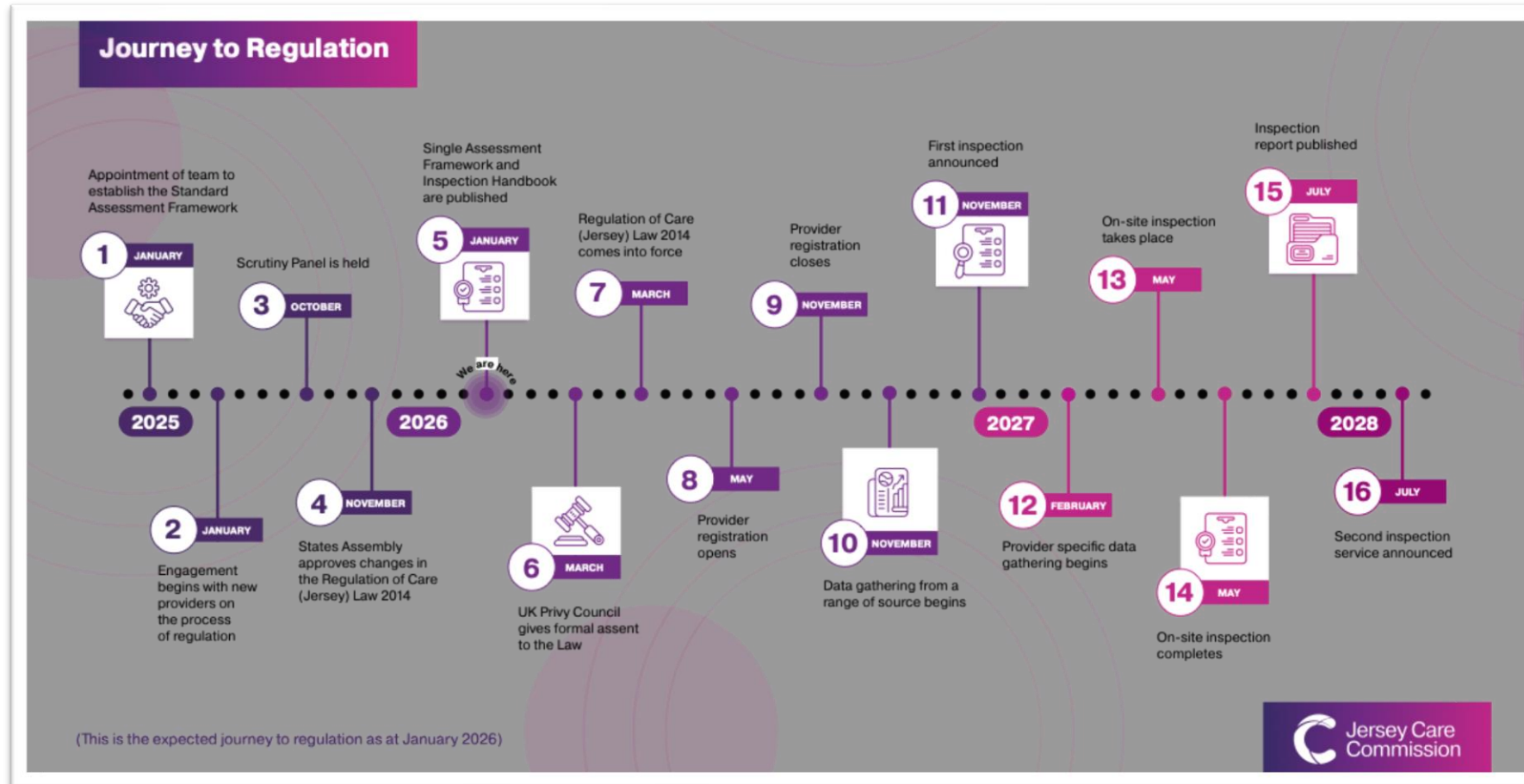
Universal requirements

Service specific requirements



# Timeline for Regulation and Inspection

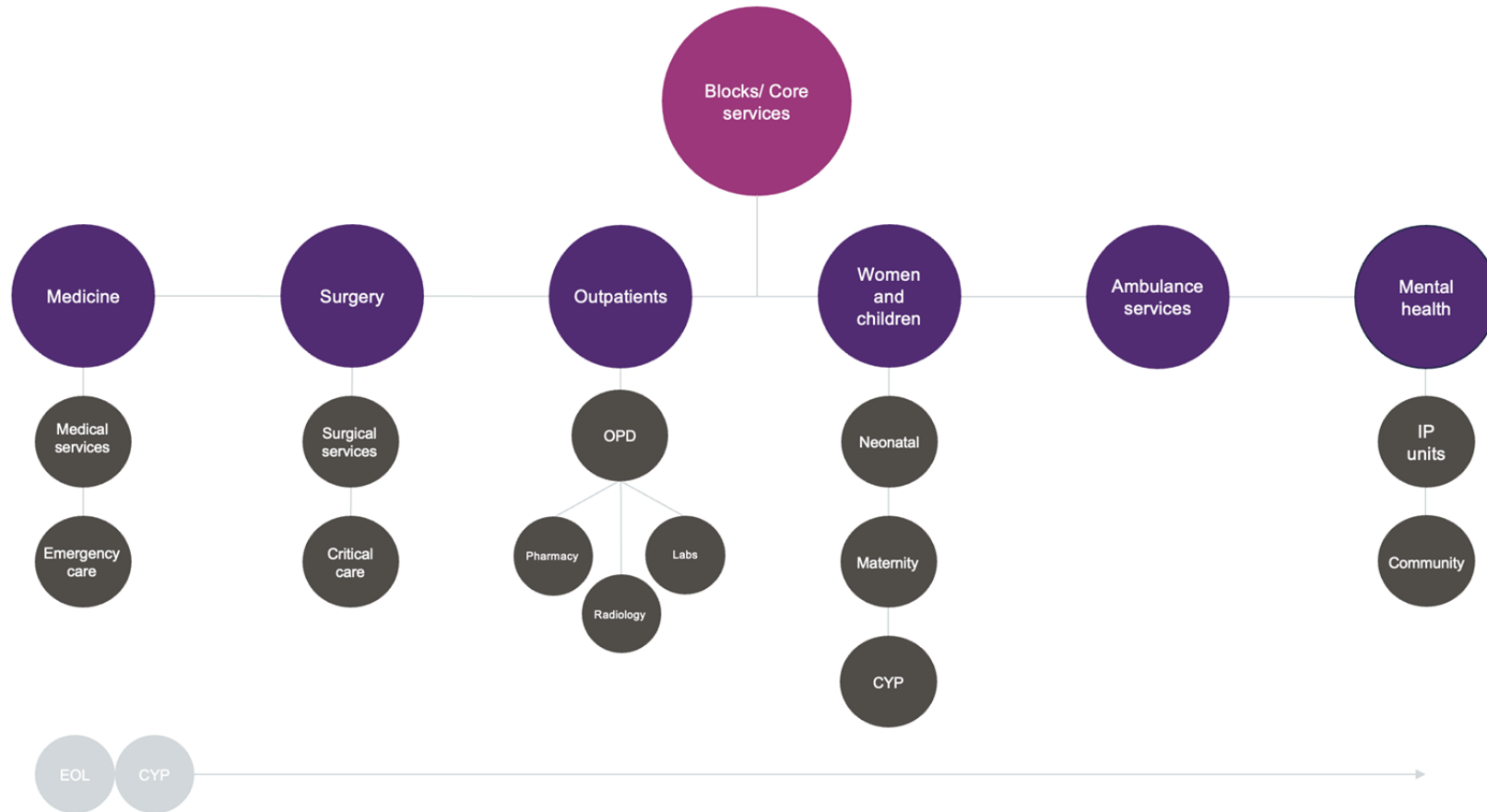
We take a phased and measured approach to regulation, to ensure services, staff, and our own teams are appropriately briefed and have adequate preparation time.





# Grouping of Services for Inspection Purposes

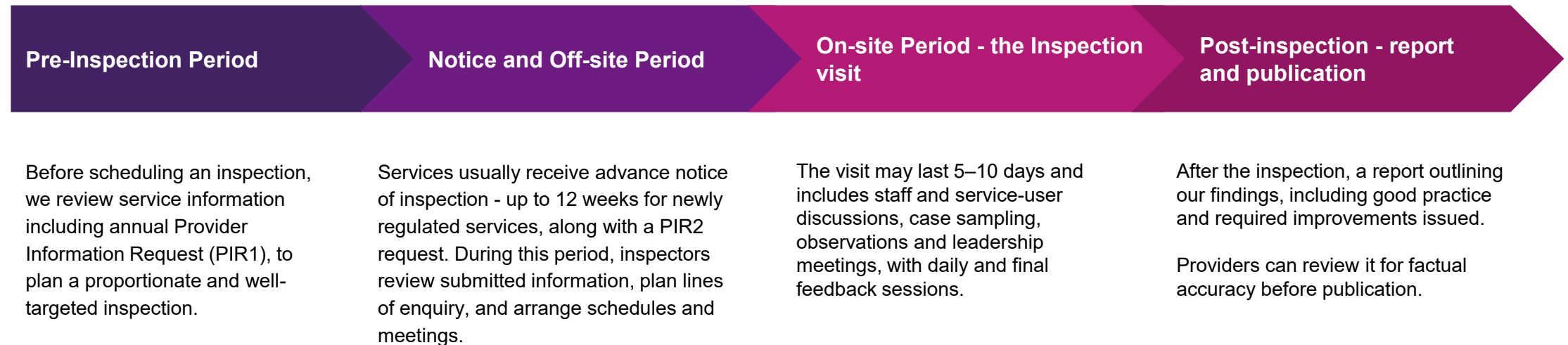
Our Inspections will be carried out in phases, focusing on defined service areas or “blocks”, with the order determined through engagement, evidence and risk assessment.





# What will the Inspection Process look like?

Through inspections and ongoing engagement, we're able to recognise and celebrate good practice, identify areas where care can be strengthened, and make clear, constructive recommendations to help services improve.





# Pre-Inspection and Offsite Period

## We gather evidence by obtaining:

- Views from people currently or recently using the service
- Staff feedback, including leaders and managers (via external survey every 3 years)
- Feedback from partner organisations and external professionals
- Direct observations of care, support and staff meetings
- Reviews of processes and documentation (protocols, rotas, care records, staff files)
- Service data (clinical outcomes, audits, notifications)

## There are two main information requests:

### Provider Information Request (PIR1)

A high-level annual request covering capacity, staffing, systems, performance data and governance. It helps us understand the organisation and informs inspection planning.

### Service-level Information Request (PIR2)

PIR2 is issued when a service or service block is scheduled for inspection. Includes a self-assessment against selected universal requirements and focuses on how services demonstrate compliance with standards. Services usually have up to six weeks to respond.

Additional information may be requested, but most detailed evidence is gathered during the inspection through observations, staff and service-user discussions, and review of records and systems.



# On-site Period (The Inspection Visit)

## Process

Inspectors assess how care is delivered, what works well and where improvements are needed. They are thorough and proportionate, with minimal disruption. The length and focus vary by service type and complexity, typically lasting several days and rarely more than ten.

### During an inspection, our inspectors may:

1. Talk with staff, managers and leaders
2. Speak with people who use the service, and where appropriate their families or carers
3. Observe care being delivered
4. Review records, systems and processes

### They will also sample requirements within the SAF framework:

1. The service block will be inspected against all **34** standards.
2. A minimum of **two** universal requirements will be inspected under each standard.
3. The relevant service specific requirements will also be inspected against each service block.

## The Team

We carry out inspections through our own highly experienced inspection team, supported where appropriate by expert external clinical and specialist advisers. This may include specialists from recognised professional bodies, such as the Royal College of Psychiatrists, or other relevant expert organisations. This ensures inspections are informed by the right expertise for the service being inspected.



# Post Inspection

Inspection is one part of regulation. Ongoing oversight continues throughout the year.

We receive ongoing information and notifications from regulated services.

Inspection findings are reviewed annually with senior leadership to track progress, monitor improvements and ensure accountability.

Ambulance services are inspected every three years, with annual keeping-in-touch meetings to support improvement and track progress on inspection actions.

After each inspection, we publish a detailed inspection report on our website. Each inspection report will include:

- A summary of the service, including the type of care provided
- An overview of the inspection process, explaining how the inspection was carried out
- A summary of inspection findings, highlighting key themes
- Detailed findings, including how any previous improvement plans have been addressed
- Areas for improvement, where required standards are not fully met
- A response from the registered provider, giving them the opportunity to explain actions taken or planned

We don't use ratings because they can oversimplify complex services and become outdated. Instead, our reports provide clear, evidence-based findings on how standards are met and where improvements are needed.



# Existing providers and laser clinics

For existing providers, there are no major changes.

Minor updates include a duty of candour, displaying regulation status, revised visiting-time guidelines, and moving children's services inspections from annually to every three years.

Under the expanded Regulation of Care (Jersey) Law, our remit will be updated to include the independent regulation of Laser Clinics.

