STATES OF JERSEY

DRAFT REGULATION OF CARE (JERSEY) AMENDMENT LAW 202- (P.57/2025) :COMMENTS

Presented to the States on 7th November 2025
by the Environment, Housing and Infrastructure Scrutiny Panel

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STATES GREFFE

COMMENTS

Introduction and Context

In accordance with Standing Order 35 of the States of Jersey, these Comments are presented by the Environment, Housing and Infrastructure Scrutiny Panel (hereafter "the Panel") on behalf of the Regulation of Care Sub-Panel (hereafter "the Sub-Panel").

The Panel undertook initial scrutiny of the current proposals for the regulation of care in Jersey, prior to the lodging of the draft Regulation of Care (Jersey) Amendment Law 202- (hereafter the "draft Law"). This included a private briefing on the proposals for the regulation of hospital and ambulance services on 4th December 2024.

However, following considerations by the Panel about the nature and scope of the draft Law proposals, and in consultation with the Scrutiny Liaison Committee, it was agreed that a Sub-Panel would be formed to undertake a review of the draft Law. It was further agreed that due to the crossover of Panel remits, that Members of the Health and Social Security Scrutiny Panel would be invited to join the Sub-Panel. The Sub-Panel was formally constituted on 16th July 2025.

On 30th July 2025, the newly constituted Sub-Panel, as well as Members of the Health and Social Security Scrutiny Panel, received a joint private briefing on the draft Law from a Government Officer.

On 19th August 2025, the Sub-Panel launched its 'Review of the Draft Regulation of Care (Jersey) Amendment Law 202-'. The Sub-Panel decided to request targeted written submissions from key stakeholders that included:

- representatives of healthcare professionals,
- clinicians that previously undertook reviews of Jersey's health and care arrangements,
- the Health and Care Jersey Advisory Board,
- the Patients and Users' Public Engagement Sub-Panel, and
- laser clinics and hyperbaric oxygen therapy providers.

The Sub-Panel engaged with the Minister for the Environment, the Minister for Education and Lifelong Learning and the Minister for Justice and Home Affairs through written correspondence. The Sub-Panel also undertook three Public Hearings, that involved the JCC, the Minister for the Environment and the Minister for Health and Social Services.

Summary of Key Areas

During its examination of the draft Law, the Sub-Panel focused on a number of key areas. Mindful of the quantity of information covered, these are listed below along with a summary of the Sub-Panel's position on each.

Further detail on the information and work that informed the Sub-Panel's conclusions in each area is set out in the Appendix to these Comments.

- **Development of the draft Law:**

  Whilst the draft Law has accounted for previous Jersey-specific reviews and inquiries, the Sub-Panel wishes to highlight that strong leadership and positive attitudes to regulation embedded within the culture of health and care services is important to ensure that the draft Law is effective, and that the service specific requirements of health and care providers under development by the JCC will set out the key information and detail about the different aspects of patient care, and will be an important component in the practical application of the draft Law.

- **Consultation and engagement:**

  The Sub-Panel believes that a suitable consultation has been undertaken, but has recommended continued engagement with all stakeholders, to ensure awareness of the implications of the draft Law.

  Recommendation 1:
  The Minister for the Environment should continue to engage with key stakeholders, to ensure awareness about the changes proposed under the Draft Regulation of Care (Jersey) Amendment Law 202-, and that the detail of this is communicated publicly.

- **Proposed services in scope for regulation:**

  The Sub-Panel accepts the rationale for the inclusion of the proposed services in scope of the draft Law but has recommended that a timeframe is produced for the regulation of other clinic services, including community dental services and medicinal cannabis prescribing.

  Recommendation 2:
  The Minister for the Environment should produce a timeframe for the regulation of other clinic-based healthcare services, including the provision of medicinal cannabis, the regulation of community-based care services and community-based medical and dental services and complete the regulation of adult social care, prior to the end of the current term of Government.

- **Governance of the Jersey Care Commission:**

  This section addresses Part 2 and Part 4 of the draft Law. The Sub-Panel accepts the rationale for the shift in responsibility from Chief Officers to Ministers but has highlighted governance and accountability concerns raised by stakeholders.

  Whilst the Sub-Panel understands the need for executive responsibility in relation to registered managers of large services, it has raised the potential for more input from clinicians in decision-making. However, the Sub-Panel is satisfied that the draft Law is enforceable and that the decision to enable the suspension of sole and small providers of health and care services is a proportionate alternative to the cancellation of registration.

  The Sub-Panel has also highlighted concerns about a potential increase in the number of complaints that may be received by the JCC following the

introduction of the draft Law. Finally, the Sub-Panel understands that the JCC will undertake regulatory activities in other jurisdictions, provided its Jersey work schedule will not be impacted, and has highlighted practical changes to the eligibility criteria for JCC Commissioners.

- **Transitional arrangements in place for the proposed changes:**

  The Sub-Panel has addressed concerns raised by key stakeholders about the adequacy of the transitional arrangements with the JCC, the Minister for the Environment and the Minister for Health and Social Services. The Sub-Panel has highlighted the importance of the transitional arrangements and received assurance these are adequate.

- **Proposals in relation to the JCC's costs and funding arrangements:**

  The Sub-Panel has highlighted the importance of ensuring that the JCC is sufficiently resourced to fulfil its requirements under the draft Law, as well as ensure funding for future phases of the regulation of care.

- **Changes proposed under the Regulation of Care (Standards and Requirements) (Jersey) Regulations 2018:**

  The Sub-Panel has highlighted the importance of a culture that permits staff to engage in the duty of candour process and has highlighted the need to ensure staff receive sufficient training on the duty of candour. Finally, the Sub-Panel is satisfied with the practical changes to visitor access to patients, and the access of relatives to patient care records.

  Recommendation 3:
  The Minister for Health and Social Services should review the provision of duty of candour training, to ensure Health and Community Services Department staff are prepared for the formal implementation of the duty of candour requirement under the Draft Regulation of Care (Jersey) Amendment Law 202-, by 30th June 2026.

- **Implications for patient data protection and privacy:**

  The Sub-Panel has addressed the potential implications for patient data protection and privacy but understands that the proposed changes will not alter the powers and obligations of the JCC under draft Law.

Conclusion

The Sub-Panel acknowledges the need for the regulation of health and care services in Jersey however, it believes that this must be supported through adequate transitional arrangements including sufficient staffing, leadership, governance and accountability as well as clear service specific requirements detailing the different aspects and standards of patient care.

The Sub-Panel has made recommendations aimed at improving service provider awareness of the proposed changes, a timeframe for the regulation of other clinic services and to ensure that staff within Health and Care Jersey are prepared for and

receive adequate training in relation to the formal implementation of the duty of candour. The Sub-Panel intends to follow-up on its recommendations with the Minister for the Environment through written correspondence.

Appendix: Further Detail

Development of the draft Law

At the outset of its review, the Sub-Panel identified the extent to which the proposed changes accounted for the recommendations and findings of previous Jersey-specific healthcare reviews and inquiries as an important area of the Sub-Panel's consideration in relation to the development of the draft Law.

The Sub-Panel identified and wrote to three key stakeholders that previously undertook expert, clinical reviews of health and care services in Jersey. The submissions the Sub-Panel received can be read here. Submissions received from the Royal College of Physicians, as well as Professor Hugo Mascie-Taylor, highlight the importance of leadership and culture within health and care services in Jersey, to ensure that the proposed changes under the draft Law are effective.

In April 2025, the JCC published its Single Assessment Framework (hereafter the "SAF"), entitled 'Care Standards - Single Assessment Framework - Hospital, Ambulance and Mental Health Services'. The Sub-Panel has been advised that the JCC has considered practices in other jurisdictions, and decided that the SAF would be based on the standards set by the UK Care Quality Commission (hereafter the "CQC"), which the JCC determined are standards that are proportionate, and had engaged with the CQC to amend CQC standards so that they apply to Jersey. Additionally, the Sub-Panel has been advised that during the process of consultation with the CQC, that the CQC has also benefitted from learning from the JCC.

However, whilst the SAF had been published, the service specific requirements are still under consideration, and the JCC is engaging with service providers in relation to these requirements. The service specific requirements will set out information about the needs of patients with specific considerations and requirements, such as for example, the physical health needs of patients detained in mental health facilities. Whilst the Sub-Panel has considered the SAF, and the JCC inspection handbook, and questioned the JCC about the proposed standards, the specific service requirements are currently under development by the JCC and as such were not considered by the Sub-Panel during its review.

The Sub-Panel has also heard from the Minister for Health and Social Services, during a Public Hearing on 10th October 2025, that the findings and recommendations of previous expert, Jersey-specific reviews have been considered during the development of the draft Law.

However, the Sub-Panel wishes to highlight the importance of leadership and culture within health and care services to ensure that the draft Law is effective, as highlighted in written submissions the Sub-Panel received from the Royal College of Physicians and Professor Hugo Mascie-Taylor.

The Sub-Panel also wishes to highlight that the service specific requirements will set out key information and detail about the different aspects of patient care and will be an important component in the practical application of the draft Law. The Sub-Panel understands that these will be published, along with the JCC's inspection handbook, if the draft Law is approved by the States Assembly.

Consultation and engagement

During its scrutiny of the draft Law, the Sub-Panel analysed the responses to the Government's consultation set out in the Consultation Report entitled 'Regulation of Care (Jersey) Law 2014: Independent Regulation and Inspection of Hospital and Ambulance Services'. The consultation was intended to ask providers of health and social care services, care receivers, patients and their representatives and all other interested parties for their views on the draft Law proposals. The Sub-Panel understands that the responses to the consultation were generally supportive of the proposals.

However, the Sub-Panel notes submissions from stakeholders within scope of the draft Law, that have indicated a lack of awareness of the proposed changes and that the consultation process could have been made clearer and more accessible, and a need for further stakeholder engagement in relation to the draft Law. This was evidenced in a submission received from a key stakeholder that stated they were not aware of the Government's consultation, and a further submission that indicated the proposed changes under the draft Law were not explained. Additionally, the Sub-Panel has heard that consultation with vulnerable groups was not undertaken by Government, which aimed to avoid duplication of the consultation exercises undertaken by the JCC.

Whilst the Sub-Panel has heard that the Minister for Health and Social Services previously expressed concern about the timing of the draft Law, the Sub-Panel has been assured that the Council of Ministers support the proposed changes.

The Sub-Panel is assured that the draft Law has been subject to an appropriate consultation process in line with Government guidelines, and that the JCC has also consulted in relation to the proposed changes. However, it is important that all stakeholders within scope of the draft Law, are aware of the proposed changes and understand the implications of the draft Law. During its review, The Sub-Panel has identified some stakeholders within scope of the draft Law that have not been consulted or made aware the proposed changes, and the Sub-Panel recommends that the Minister for the Environment should continue to engage with key stakeholders to ensure awareness about the proposals under the draft Law.

Recommendation 1:
The Minister for the Environment should continue to engage with key stakeholders, to ensure awareness about the changes proposed under the Draft Regulation of Care (Jersey) Amendment Law 202-, and that the detail of this is communicated publicly.

Services in scope for regulation

In line with the terms of reference for its review, the Sub-Panel assessed the rationale and implications of extending the third phase of the regulation of care to the hospital (including government-provided health services), ambulance services and laser clinics and hyperbaric oxygen therapy providers.

As part of the evidence gathering for its review, the Sub-Panel wrote to key stakeholders, including clinicians, representatives of healthcare professionals as well as laser clinics and hyperbaric oxygen therapy providers, for their views about the draft Law proposals, and whether this provided Islanders with assurances about the quality and safety of Government provided healthcare services as well as laser clinics and hyperbaric oxygen therapy providers.

In its written submission to the Sub-Panel, the BMA stated that the independent regulation of Government-provided healthcare services could enhance public confidence in those services but emphasised the need for "… *systemic clarity and professional excellence to deliver high-quality care".* Following a Public Hearing with the JCC, the Sub-Panel understands that the draft Law will provide systemic clarity, and that this was a key rationale for regulating Government-provided healthcare services. However, the wider impact of the draft Law on the provision of social care services is not yet known. The Sub-Panel understands that the simultaneous regulation of hospital and ambulance services avoids a "regulatory gap".

In relation to regulation of laser clinics and hyperbaric oxygen therapy services, whilst some stakeholders indicated support for the introduction of regulation, concerns were expressed about the potential for financial and administrative burdens.[1] However, following a Public Hearing with the Minister for the Environment on 9th October, the Sub-Panel understands that the rationale for the regulation of laser clinics under the draft Law is a practical step, to repeal the Nursing Homes (Jersey) Law 1994, which currently regulates laser clinics in Jersey. Additionally, the rationale for the regulation of hyperbaric oxygen therapy services is due to the nature of hyperbaric oxygen therapy and the associated risks.

During its scrutiny of the draft Law, the Sub-Panel also addressed the rationale and decision-making in relation to the exclusion of certain services from the current phase of regulation. Whilst all services provided through the hospital will fall within scope of the draft Law, the Sub-Panel understands that the equivalent services provided at community clinics will not be subject to the draft Law. This means that the regulation of other clinic services, including community dental clinics and services and medicinal cannabis prescribing in the community, will not be within scope of the draft Law. The Sub-Panel notes that whilst the report accompanying the draft Law states that other clinic services including medicinal cannabis prescribing will be regulated "over time", the draft Law creates an inconsistency between the regulation of services within the hospital and services provided in the community.

The Minister for the Environment highlighted that the regulation of hospital and ambulance services was identified as a priority, and that Government resources were focused on actioning the previous decisions of the States Assembly and ensuring the regulation of these services prior to the 2026 General Election.

The Sub-Panel has also addressed healthcare provided to prisoners at HM Prison La Moye. On 17th October 2025, the Minister for Justice and Home Affairs confirmed that Health and Care Jersey provide healthcare services to prisoners at HM Prison La Moye, commissioned by the Justice and Home Affairs Department, and that the services include a team of nurses, a visiting psychiatric service, visiting specialise nurse-led alcohol and drugs service and smoking cessation and other prevention/health education interventions.

[1] Submission – Julie Naidu – 23rd September 2025
Submission – Mark Wilbourn – 29th September 2025
Submission – Daniel Thomas – 30th Submission 2025
Submission – Samantha Wade – 1st October 2025

The Sub-Panel accepts that the regulation of major services, including hospital and ambulance services in Jersey, fits in line with previous decisions of the States Assembly, and that the regulation of both hospital and ambulance services simultaneously is a practical step to avoid a 'regulatory gap' in the delivery of those services under the draft Law. Additionally, the Sub-Panel accepts the rationale for the regulation of laser clinic services as a practical step to ensure all such services are regulated under the draft Law, and that the rationale for the regulation of hyperbaric oxygen therapy, is due to the risks associated with hyperbaric oxygen therapy. Furthermore, the Sub-Panel accepts that the regulation of all laser clinic services, allows the Government to repeal the Nursing Homes (Jersey) Law 1994, and include the regulation of all laser clinic services under the draft Law.

However, the Sub-Panel has identified inconsistencies in the regulation of other clinic services under the draft Law proposals, particularly in relation to the regulation of dental services and the prescribing of medicinal cannabis, which will not be regulated in community clinics. The Sub-Panel recommends that the Minister for the Environment should produce a timeframe for the regulation of other clinic services, including the provision of medicinal cannabis, complete the regulation of adult social and community care services and community medical and dental services, prior to the end of the current term of Government.

Recommendation 2:
The Minister for the Environment should produce a timeframe for the regulation of other clinic-based healthcare services, including the provision of medicinal cannabis, the regulation of community-based care services and community-based medical and dental services and complete the regulation of adult social care, prior to the end of the current term of Government.

Governance of the Jersey Care Commission

During its review, the Sub-Panel considered the adequacy and impact of governance changes to the JCC, that includes the transfer of accountability from Chief Officers to Ministers as corporate sole, registration of large services, restrictions on health and social care services, the suspension of sole and small providers of regulated services and the operation of the JCC in other jurisdictions. The Sub-Panel also addressed Part 4 of the draft Law, related to the changes proposed to the eligibility criteria of JCC Commissioners, including term limits.

This section of the Comments will address the relevant sections of the draft Law as they relate to the governance of the JCC, with particular focus on Part 2 and Part 4 of the draft Law.

Part 2 of the draft Law: Registered Providers for Government Care Services

During its review of the draft Law, the Sub-Panel sought to understand the implications of the proposed shift in legal responsibility away from the personal legal responsibility that is currently placed on Chief Officers.

The report accompanying the draft Law highlights that the current position differs from that in other jurisdictions, including the UK, where the liability for regulatory breaches prosecuted by the CQC is placed on NHS Trusts as corporate bodies. The British Medical Association (hereafter the "BMA") submitted to the Sub-Panel that the

proposed changes raise "…*concerns about clarity in governance and accountability*", and that BMA had offered similar commentary in relation to restructuring efforts by NHS England, and "*warns against fragmentation and loss of operational clarity*". The BMA further emphasised the need to retain expertise and ensure service delivery or staff protections are not compromised.

The Sub-Panel understands the rationale for the proposed shift from personal legal responsibility imposed on Chief Officers, to liability imposed on Government Ministers as corporate soles, addresses the deterrent effect of the current position on prospective candidates applying for Chief Officer roles. However, the Sub-Panel has identified governance and accountability concerns about this shift in responsibility, as highlighted by the BMA, and that there is a need to ensure service delivery and staff protections are not compromised by the changes. Further consideration should be given to the proposal to transfer responsibility to Ministers given that they are not directly responsible for day-to-day delivery of operational services and that the accountabilities for upholding the draft Law rest with accountable officers as they do for the Public Finance Law.

Part 2 of the draft Law: Registration of Large Services

The Sub-Panel understands that the JCC will set out its expectations for the registration of large services through its 'inspection handbook', that includes the hospital, and that hospital inspections will be split up to manage the inspection process in phases, with six different categories within the hospital subject to inspection.

The Sub-Panel has been advised that the JCC will work with service providers in relation to the registration of multiple managers under the draft Law, once JCC guidance is published about the expectations and responsibilities of a registered manager, and that a registered manager would need to be a person with senior accountabilities. The Sub-Panel has considered that, under the draft Law proposals, manager registration is focused on senior management in relation to decision-making, and that the JCC does not expect that registered managers will be clinicians. The JCC has highlighted to the Sub-Panel that there are risks and benefits to delegating decision-making powers to clinicians, but that a key risk with this approach is the removal of executive responsibility. However, the Panel believe that this is a missed opportunity to strengthen clinical leadership in the regulatory process.

The Sub-Panel understands that the registration of managers of large health and care services are required to be of sufficient seniority within an organisation to have executive responsibility for key decision making. However, the Sub-Panel wishes to highlight that the responsibilities and ownership of the proposed changes under the draft Law, could include more input from clinicians that undertake patient care, and the Sub-Panel has considered the JCC's views about the benefits and risks of doing so.

Part 2 of the draft Law: Restrictions on Health and Social Care Services

During its review, the Sub-Panel sought to understand the enforceability of the proposed changes under the draft Law. The Sub-Panel is satisfied that the draft Law will be enforceable and has heard that the Minister for the Environment is confident in the enforceability of the proposals set out under the draft Law, and about the role of the JCC in supporting improvement in the delivery of health and care services.

Part 2 of the draft Law: Sole and Small Providers of Regulated Services

The Sub-Panel has addressed the changes to allow the JCC to suspend, rather than cancel, the registration of sole and small providers of regulated services. The Sub-Panel is satisfied that the decision to enable the JCC to suspend sole and small providers of regulated services is a practical step, and a proportionate alternative to the cancellation of the registration of sole and small providers of health and care services.

Part 2 of the draft Law: Complaints

The role of the JCC as a regulator, and not a public ombudsperson that deals with complaints, has been emphasised to the Sub-Panel during its review. The Sub-Panel has identified concern from the JCC about a potential increase in the number of complaints received by the JCC following adoption of the draft Law. The preparation and delivery of a clear complaints policy and effective public communications plan about the JCC complaints policy, will be an important step to mitigate a possible increase in complaints received by the JCC.

Part 2 of the draft Law: Registration of Services in Other Jurisdictions

Whilst the JCC is an experienced regulator, it will need to ensure that its work schedule in Jersey is not impacted by regulatory activities undertaken in other jurisdictions, however, the Sub-Panel understands the potential for benefits associated with working with other jurisdictions, such as the Isle of Man and Guernsey.

Part 4: Term Limits

The Sub-Panel is satisfied that the proposed changes to the term limits of JCC Commissioners under the draft Law is a practical step to ensure that the recruitment process of JCC Commissioners is proportionate, and that qualified and suitable candidates are not excluded from being considered as candidates for the role of JCC Commissioner.

Transitional arrangements

A key focus of the Sub-Panel's review has been its assessment of the readiness and preparedness of service providers, as well as the JCC, for the proposals set out under the draft Law, and the transitional arrangements in place to allow for the effective implementation of the proposed changes.

The Sub-Panel wrote to key stakeholders, including employee unions and representatives of staff employed in the health and care sector in Jersey, about the readiness and preparedness of staff in the health and care sector for the regulation of key services, including the hospital. In its submission to the Sub-Panel, the BMA stated "*Concerns have been raised about the adequacy of transitional arrangements. The BMA has consistently advocated for clear timelines, stakeholder engagement, and protection of existing entitlements during transitions*". However, the Sub-Panel has been assured by the JCC that it has undertaken "considerable work" in preparation for the draft Law, and that engagement with key stakeholders is ongoing.

However, the Royal College of Physicians highlighted in its submission to the Sub-Panel, that it believes much more work is required before Jersey's hospital services can meaningfully participate in the inspection process, and that "*This will require investment*

and strong leadership to drive a culture of transparency and focus on measuring and improving outcomes for patients".

The JCC has stated that it has sufficient staffing in place and that the JCC's 'inspection methodology' will adopt a mix of on-Island and off-Island inspectors, which the Sub-Panel understands will enable the JCC to demonstrate a balanced inspection methodology. Additionally, during Public Hearings with the Minister for the Environment and the Minister for Health and Social Services, the Sub-Panel received assurances about the preparations and transitional arrangements in place for the changes proposed under the draft Law.

The Sub-Panel wishes to highlight the importance of the transitional arrangements in place for the JCC and service providers, including the readiness of the JCC to commence inspections under its expanded remit. The Sub-Panel has addressed the concerns raised in submissions from key stakeholders in Public Hearings, and has been assured by the JCC, the Minister for the Environment and the Minister for Health and Social Services that the transitional arrangements developed in relation to the proposed changes will be adequate. The Sub-Panel understands that the JCC commenced work to map out the resources it would require in 2022, and that staffing, an inspection methodology as well as on-Island and off-Island training has taken place in preparation for the changes.

Costs and funding

The Sub-Panel also considered the impact of changes to legal provisions governing the funding for the JCC. Whilst the Sub-Panel is satisfied that the JCC's funding requirements are met despite the proposed 14% reduction requested by Government, the JCC has highlighted that funding may be "tight" in future years, and there is a need to ensure that the JCC is properly resourced to ensure that it can fulfil its expanded remit, as well as continue with future phases of regulation as set out in the report accompanying the draft Law.

Regulation of Care (Standards and Requirements) (Jersey) Regulations 2018

The Sub-Panel considered the amendments to the 2018 Regulations during its review of the draft Law, that included the introduction of a 'duty of candour', rights to access patient care records and visitor access as well as implications for privacy, data protection, vulnerable groups and the impact of the new requirements on the JCC, which are addressed in this section of the Comments.

Part 5 of the draft Law: Duty of Candour

A key area of Sub-Panel focus during its consideration of the amendments to the 2018 Regulations has been on the provisions relating to the introduction of a duty of candour. The Sub-Panel became aware of concern reported in the media related to *"...a clause that states that any apologies issued as a result of the "duty of candour" cannot be used as evidence of liability in legal proceedings*[2]*".*

During evidence gathering for its review, the Sub-Panel asked key stakeholders for their views about the proposed duty of candour provision. The submissions received and

[2] Jersey Evening Post – 'Rheumatology patient "appalled" by plans to make apology letters inadmissible in court'

considered by the Sub-Panel demonstrate support for the introduction of a duty of candour in Jersey by clinicians and representatives of healthcare professionals. However, the submissions also indicated that the effectiveness of the duty of candour would be determined by the culture and leadership of health and care providers in Jersey.

The Sub-Panel has considered the concerns that had been raised publicly about the duty of candour provision in relation to the wording of the draft Law. The Sub-Panel understands that the draft Law wording in relation to the duty of candour is based on Section 1 of the Apologies (Scotland) Act 2016 ("Scottish Act"), and that the proposed duty of candour would likely produce more evidence for a potential claimant to refer to, and that the UK Government considered the Scottish Act more effective than the equivalent UK provision, and had stated its intention to reform English law based on the Scottish Act.

The Sub-Panel has also been informed that whilst Health and Community Services currently follow the principles of the duty of candour, the process needs to be formalised if the draft Law is adopted by the States Assembly, and that training is required in relation to this.

The Sub-Panel has learned that whilst the introduction of the duty of candour is intended to facilitate openness and honesty with patients in relation to mistakes made by health and care staff, the importance of creating a culture that permits staff to engage with the duty of candour process, has been raised by stakeholders that submitted to the Sub-Panel's review, as being an important step to ensure the effectiveness of the duty of candour provision.

However, there is a need to ensure that Health and Care Jersey staff are suitably prepared for the proposed changes, and whilst the Sub-Panel has heard that staff within Health and Care Jersey currently follow the duty of candour process, the Sub-Panel recommends that the Minister for Health and Social Services review the provision of training in relation to this, to ensure that staff are prepared for the formal implementation of the duty of candour under the draft Law.

Recommendation 3:
The Minister for Health and Social Services should review the provision of duty of candour training, to ensure Health and Community Services Department staff are prepared for the formal implementation of the duty of candour requirement under the Draft Regulation of Care (Jersey) Amendment Law 202-, by 30th June 2026.

Part 5 of the draft Law: Access to Visitors

The Sub-Panel is satisfied that the proposed changes in relation to patient visitor access are designed to ensure that restrictions imposed on visitor access to patients are properly recorded, including the rationale for such decisions, and the driver behind the proposed change followed the significant impacts of the COVID-19 pandemic restrictions on care home users in Jersey.

Part 5 of the draft Law: Access to Health and Care Records

The Sub-Panel is satisfied with the policy intent regarding access by relatives to patient care records, to enable patients to permit their relatives access to their care records and

has been assured that the draft Law is clear about the circumstances in which it is appropriate for patient care records to be shared with relatives.

Patient Data Protection and Privacy

The Sub-Panel is content that the proposed changes will not alter the JCC's powers and obligations regarding data protection and privacy.