

**WRITTEN QUESTION TO THE MINISTER FOR HEALTH AND SOCIAL SERVICES  
BY DEPUTY M.R. SCOTT OF ST. BRELADE  
QUESTION SUBMITTED ON MONDAY 25th SEPTEMBER 2023  
ANSWER TO BE TABLED ON MONDAY 2nd OCTOBER 2023**

**Question**

“Will the Minister detail what progress is being made in delivering updated operational policies across all areas of healthcare in accordance with the Quality and Improvement in Healthcare process, in particular in the area of mental health, and provide the following information –

- a) a copy of the rapid tranquiliser policy used by the inpatient department and, if none is available, advice on when this will be produced and published;
- b) the official operational policy for inpatient care;
- c) an explanation of the process by which the crisis team operational policy was constructed, and what feedback was obtained from clinicians and staff working in mental health;
- d) details of the ethical conduct policy for managers within health and an explanation of who is responsible for enforcing policy; and
- e) the process used to define mild, moderate and urgent cases within mental health, and who has responsibility for determining the categorisation of cases in the absence of a published operational policy for mental health?”

**Answer**

- a) The Rapid Tranquilisation policy was signed off by the Medicines Optimisation Committee on 12 September 2023 and is currently being registered for publication on the intranet. The policy in its current form is attached here.



Guideline on the  
Pharmacological Ma

- b) The Inpatient Care Improvement Programme commenced in June 2023, and therefore all inpatient policies are being reviewed and rewritten as part of that work.

The current inpatient policies that are currently in use, overdue for review and being redeveloped are:

- Seclusion Policy
  - Observation Policy
  - Management of Leave (mental health inpatients) and Missing Persons Checklist
- c) The development of the Crisis and Assessment Team model and standard operating procedure was undertaken as part of the Community Redesign Programme during 2022. This work was driven by feedback from service users, carers and staff. It involved a number of working groups (with representation from the relevant clinical teams) and 2 large workshops which all community staff (and relevant key stakeholders) were invited to. The programme resulted in the development of a new model and service / team structure. At the second workshop the proposed draft service models and staffing mix were presented in detail, with discussions and opportunities to feedback. Engagement with service users and carers was also part of this work, including presentation at a number of partnership / service user forums and an open public event. Once the

final model was agreed, an HR management of change process was followed to allocate staff to the new models.

In addition to the 2 large workshops that took place in 2022, a third ‘initial implementation review’ workshop was held this year. Over 70 staff and partners attended and provided an opportunity for feedback and sharing ideas on the experience of the new model to date.

- d) The States Employment Board has issued the Codes of Practice for all public servants, available on gov.je.

The objectives of these Codes of practice are to:

- enshrine a consistent and clear expectation of all public servants as to the standards expected of them
- provide a strategic document for standards to be applicable throughout the policy frameworks of all organisations for whom public servants work
- define a minimum standard for all public servants
- place duties on each public servant

The States Employment Board will administer these codes through a Scheme of Delegation.

The Codes of Practice include the code on Standards in Public Service. These Standards help employees to:

- make informed decisions
- promote standards and ethical behaviour in public service
- be clear about the absolute standards to which they are held

The sixth standard is ‘Ethics’: “Public servants should act to promote good ethical decision-making and effective decisions through demonstrating trust, responsibility, fairness and caring; in line with good citizenship. Decisions must be objective and seek to demonstrate advancement and a contribution to the objectives of our organisations. “

In addition, there are professional codes of conduct for Health and Care Workers and managerial staff. It is the responsibility of the individual to work within their code of conduct and any breaches are dealt with by the line manager and professional lead supported by HR.

- e) The terms ‘mild and moderate’ relate to the nature of the illness, whilst ‘urgent’ relates to the prioritisation of response. Within the mental health Crisis & Assessment Team, response times are classified as Emergency / Crisis (4 hours); Urgent (72 hours); and Routine (10 working days)

The guidance for this prioritisation is set out in the Standard Operating Procedure for the services as follows:

Priority	Description
Emergency / Crisis Referrals	Identified current high risk of self-harm/suicide or harm to others Presentation with likely acute & severe mental illness, agitated or disturbed behaviour Current incident of harm to self resulting in ED attendance Referrer, service user or carers requesting emergency assessment with rationale

	Mental Health Legislation assessment requested to consider detention (including Article 36 detention by police)
Urgent	Immediate risk not present but significant concern (including risk to self / others, vulnerability or safeguarding concerns) requiring prioritisation over routine assessments Significant concerns expressed from referrer or other agencies, but not crisis / immediate
Routine	Non-urgent referral for assessment – no immediate risk identified

Whilst this provides guidance for staff, clearly the decision around prioritisation is an individual clinical one that incorporates presentation, initial triage assessment, history, and risk.