

Clinical Audit Report

Audit Title	Audit of Physical Health Monitoring and De-brief post-Rapid Tranquillisation			
Audit Code	23-027			
Directorates included in audit	Community PH, MH & LD	☐	Countywide Services	☐
	Children and Young People Services	☐	MH & LD Urgent Care and Inpatients	☒
	PH Urgent Care and Inpatients	☐	Trustwide	☐
Audit Lead (Name and job title)	Rebecca Anstis, Modern Matron, Wotton Lawn Hospital			
Other people involved in audit (name and job title)	Hanna Tunbridge, Clinical Audit Manager			
Date of audit	June – August 2023			
Date of report	August 2023			
Sample size	44			
Acronyms used in audit report	CQC – Care Quality Commission MERT – Medical Emergency Response Team RT – Rapid Tranquillisation			

Abstract

The audit of physical health monitoring post-rapid tranquillisation was commenced at Wotton Lawn Hospital in response to findings from a recent CQC inspection. The aim of the audit is to ascertain if the physical health monitoring of patients post-rapid tranquillisation is in line with the Trust's guidelines on the use of rapid tranquillisation.

A list of all rapid tranquillisation administrations over a three-month period was pulled from the Datix incident reporting system. A sample of 44 rapid tranquillisations administered at Wotton Lawn Hospital between 1st June and 14th August 2023 were reviewed for the audit.

Overall compliance for the audit has increased to 54% (from 11% in the previous audit), although further improvements are still required. Of the 5 audit criteria, 3 criteria scored a red RAG-rating and 2 criteria scored a green RAG-rating.

Following the results of this audit, a weekly review of all Rapid Tranquillisation has commenced. Each week Ward Managers are sent the Datix list of Rapid Tranquillisation that has taken place the previous week. Ward Managers are required to review each case and report back to Matron.

A re-audit will take place in December 2023 and will review Rapid Tranquillisations administered during September, October and November.

Section 1: Introduction

Background

The aim of rapid tranquillisation (RT) is to calm a person and reduce the risk of violence and harm rather than treat any underlying psychiatric conditions. After administration of RT it is necessary to carefully monitor the patient's physical health due to potential complications arising from RT and/or physical interventions. The type of monitoring, its frequency, decisions about when to cease monitoring and when to seek further assistance if the patient is deteriorating are detailed in the Trust's Policy on the use of Rapid Tranquillisation (2022).

This audit was commenced in response to findings from a recent CQC inspection.

Aims and Objectives

The aim of the audit is to ascertain if the physical health monitoring of patients post-rapid tranquillisation is in line with the Trust's policy on the use of rapid tranquillisation.

Methodology

A list of all rapid tranquillisation administrations over a three-month period was pulled from the Datix incident reporting system. A sample of rapid tranquillisations administered between 1st June and 14th August 2023 were reviewed for the audit. In total, 44 rapid tranquillisations were reviewed across the following wards at Wotton Lawn Hospital:

Inpatient ward	Number of rapid tranquillisations reviewed
Wotton Lawn Hospital – Dean Ward	3
Wotton Lawn Hospital - Greyfriars	7
Wotton Lawn Hospital - Kingsholm Ward	6
Wotton Lawn Hospital – Priory Ward	28
Grand Total	44

An online audit tool was created by Rebecca Anstis (Modern Matron, Wotton Lawn Hospital) and Hanna Tunbridge (Clinical Audit Manager). The criteria for the audit were taken from the Trust's Guidelines on the use of Rapid Tranquillisation. The audit tool was amended slightly for this audit to include the use of non-contact observations (if physical observations are not possible) and a question on de-brief post-Rapid Tranquillisation was also added to the audit tool. The audit tool was tested before data collection commenced.

Data for the audit was collected by Becky Anstis and entered onto the online audit tool. Data from the audit tool was downloaded and analysed in Microsoft Excel by Hanna Tunbridge. The report was written by Becky Anstis, with support from Hanna Tunbridge.

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Section 2: Results

Type of Rapid Tranquillisation administered	Number of administrations
Intramuscular (IM)	36
Oral	8
Grand Total	44

Scoring System (RAG rating)

90% - 100%	Good
80% - 89%	Requires improvement
< 80%	Inadequate

Standards		Compliance	Direction of travel and previous compliance
Overall Compliance		54%	↑ (11%)
Number	Criterion		
1	Have physical observations or non-contact observations been monitored and recorded hourly (as a minimum) after Rapid Tranquillisation?	70% (31/44)	-
2	If unable to complete a full set of physical observations, was the rationale and reason for this clearly documented?	8% (2/25)	↑ (1%)
3	If physical observations were abnormal after 4 hours or there were any concerns during this time, was a medical review requested?	100% (1/1)	↑ (0%)
4	If physical observations were normal after 4 hours, was monitoring stopped?	100% (33/33)	↔ (100%)
5	Has a De-brief / Wellbeing Check been done?	27% (12/44)	-

If physical observations or non-contact observations were not monitored and recorded on a NEWS2 chart, please state why not:

Datix states non-touch but no evidence in the notes

Only non-touch completed x2

No evidence in the notes. Agency staff documentation

Non-touch documented on RIO but no evidence in the notes

Datix states non-touch but no evidence in the notes

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One set recorded in the notes

Only 2 non-touch observations completed

Non-touch completed for 2 hours only

x3 non-touch observations completed 1 x full set completed

Non-touch completed for 3 hours not 4

only completed x 3

Non-touch not completed in full

Non-touch not completed for the full 4 hrs

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Breakdown of results by ward

Standards		Overall Compliance	Dean Ward	Greyfriars PICU	Kingsholm Ward	Priory Ward
Overall Compliance		54%	100%	52%	29%	55%
Number	Criterion					
1	Have physical observations or non-contact observations been monitored and recorded hourly (as a minimum) after Rapid Tranquillisation?	70% (31/44)	100% (3/3)	57% (4/7)	50% (3/6)	75% (21/28)
2	If unable to complete a full set of physical observations, was the rationale and reason for this clearly documented?	8% (2/25)	N/A	17% (1/6)	0% (0/6)	8% (1/13)
3	If physical observations were abnormal after 4 hours or there were any concerns during this time, was a medical review requested?	100% (1/1)	N/A	100% (1/1)	N/A	N/A
4	If physical observations were normal after 4 hours, was monitoring stopped?	100% (33/33)	100% (3/3)	100% (4/4)	100% (3/3)	100% (23/23)
5	Has a De-brief / Wellbeing Check been done?	27% (12/44)	100% (3/3)	43% (3/7)	0% (0/6)	21% (6/28)

Section 3: Discussion

Overall compliance for the audit has increased to 54% (from 11% in the previous audit), although further improvements are still required. Of the 5 audit criteria, 3 criteria scored a red RAG-rating and 2 criteria scored a green RAG-rating.

The question regarding physical observations was changed in this audit to include the use of non-contact physical observations as the Trust's policy states that these should be monitored if it is not possible to complete physical observations on a NEWS2 chart. Therefore, it is not possible to directly compare compliance with the previous audit as the criterion has changed.

A de-brief / wellbeing check was completed following 27% of the Rapid Tranquillisations reviewed for this audit, this requires improvement.

Section 4: References

Gloucestershire Health and Care NHS Foundation Trust (2022) *CLP156 Use of Rapid Tranquillisation*

Section 5: Follow up

Following the results of this audit, a weekly review of all Rapid Tranquillisation has commenced. Each week Ward Managers are sent the Datix list of Rapid Tranquillisation that has taken place the previous week and are required to review each case and report back to Matron. The review covers all areas that the audit covered.

All staff were emailed again the policy and process for post RT physical observations, and it is now a standing agenda item on all staff meetings on the wards at Wotton lawn Hospital.

Following the Ward Manger reviews, individual staff members are spoken to if policy and process has not been adhered to.

A re-audit will take place in December 2023 and will review Rapid Tranquillisations administered during September, October and November.

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Section 6: Action Plan		Audit Title: Audit of Physical Health Monitoring and De-brief Post-Rapid Tranquillisation		Audit Number: 23-027	
Number	Area of Concern	Detail	Person responsible (Name, job title, contact details)	Date to be completed by	Actual completion date
1	Physical Observations	Policy and process for post RT physical observations to be sent to all staff to remind them that physical observations must be attempted and need to be recorded hourly for at least 4 hours.	Becky Anstis, Modern Matron, Wotton Lawn Hospital	1 st December 2023	
2	Debrief	Debrief to be completed with the patient and recorded in Datix and or patient electronic record. Ward Managers will be sent Datix list of Rapid Tranquillisation that has taken place the previous week and are required to review each case and report back to Matron. Following the Ward Manger reviews, individual staff members will be spoken to if policy and process has not been adhered to.	Becky Anstis, Modern Matron, Wotton Lawn Hospital	1 st December 2023	
3	Training	All staff to complete Rapid Tranquillisation training, this will be recorded on Care2Learn and will be managed locally by Ward Managers. Compliance is currently at 79.4%.	Becky Anstis, Modern Matron, Wotton Lawn Hospital	Ongoing	
4	Re-audit	A re-audit will commence in December 2023 and will review Rapid Tranquillisations administered during September, October and November.	Becky Anstis, Modern Matron, Wotton Lawn Hospital	31 st December 2023	
Any items to be escalated to the Risk Register					