Clinical Audit Report

Audit Title	Audit of Physical Health Monitoring and De-brief post-Rapid Tranquillisation			
Audit Code	23-143			
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	September - November 2023			
Date of report	January 2024			
Sample size	114			
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 114 rapid tranquillisations administered at Wotton Lawn Hospital between 1st September and 30th November 2023 were reviewed for the audit.

Overall compliance for the audit has increased to 85% (from 54% in the previous audit), although further improvements are still required. Of the 5 audit criteria, 2 criteria scored a red RAG-rating, 1 criterion scored an amber RAG-rating and 2 criteria scored a green RAG-rating.

A re-audit will take place in April 2024, looking at incidents from December 2023 – March 2024.

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 September and 30th November 2023 were reviewed for the audit. A larger sample was included in this audit. In total, 114 rapid tranquillisations were reviewed across the following wards at Wotton Lawn Hospital:

Inpatient ward	Number of rapid tranquillisations reviewed
Wotton Lawn Hospital – Abbey Ward	20
Wotton Lawn Hospital – Dean Ward	50
Wotton Lawn Hospital - Greyfriars	10
Wotton Lawn Hospital - Kingsholm Ward	5
Wotton Lawn Hospital – Priory Ward	29
Grand Total	**114**

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 that was used in the previous audit was used again in this audit to enable comparison of audit data.

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.

Section 2: Results

Type of Rapid Tranquillisation administered	Number of administrations
Intramuscular (IM)	95
Oral	19
Grand Total	**114**

Scoring System (RAG rating)

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

Standards		Compliance	Direction of travel and previous compliance
Overall Compliance		85%	⇧ (54%)
Number	Criterion		
1	Have physical observations or non-contact observations been monitored and recorded hourly (as a minimum) after Rapid Tranquillisation?	89% (102/114)	⇧ (70%)
2	If unable to complete a full set of physical observations, was the rationale and reason for this clearly documented?	70% (21/30)	⇧ (8%)
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)	⇔ (100%)
4	If physical observations were normal after 4 hours, was monitoring stopped?	100% (107/107)	⇔ (100%)
5	Has a De-brief / Wellbeing Check been done?	70% (80/114)	⇧ (27%)

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

Only recorded for 2.5 hrs

Only x2 documented

Documented that unable to assess as patient had painted observation window, one recorded in 3 hours

x2 sets completed, then patient declined. Staff were agency not regular

Only completed x 2 then no other obs

Only completed 3

Only x3

Limited information

Only x3

Patient was transferred to Police Custody, non-touch completed until that point

Only x1 then unable to locate non-touch despite recorded as completed

Only completed for 2 hours

Breakdown of results by ward

Standards		Overall Compliance	Abbey Ward	Dean Ward	Greyfriars PICU	Kingsholm Ward	Priory Ward
Overall Compliance		85%	76%	94%	77%	80%	81%
	Criterion						
1	Have physical observations or non-contact observations been monitored and recorded hourly (as a minimum) after Rapid Tranquillisation?	89% (102/114)	80% (16/20)	92% (46/50)	70% (7/10)	100% (5/5)	97% (28/29)
2	If unable to complete a full set of physical observations, was the rationale and reason for this clearly documented?	70% (21/30)	88% (7/8)	63% (5/8)	100% (2/2)	80% (4/5)	43% (3/7)
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)	100% (1/1)	N/A	N/A	N/A	N/A
4	If physical observations were normal after 4 hours, was monitoring stopped?	100% (107/107)	100% (18/18)	100% (48/48)	100% (8/8)	100% (5/5)	100% (28/28)
5	Has a De-brief / Wellbeing Check been done?	70% (80/114)	45% (9/20)	94% (47/50)	60% (6/10)	40% (2/5)	55% (16/29)

Section 3: Discussion

Overall compliance for this audit has significantly increased to 85% (from 54% in the previous audit), although further improvements are still required. Of the 5 audit criteria:

- 2 criteria scored a good compliance of 100% (green RAG-rated)
- 1 criterion scored an amber RAG-rated compliance of 89%
- 2 criteria scored an inadequate compliance of 70% (red RAG-rated).

Physical observations or non-contact observations were monitored and recorded hourly (as a minimum) after 89% of the Rapid Tranquillisation administrations. This has increased significantly from 70% in the previous audit and is now amber RAG-rated. Physical observations or non-contact observations were recorded for all of the Rapid Tranquillisation administrations at least once, but observations were not recorded at the required frequency and duration for 12 of the administrations (11%).

On the occasions when it was not possible to complete a full set of physical observations, the rationale and reason why was not clearly documented for 9 of the administrations (30%). Although the recording of the rationale and reason has significantly improved since the previous audit, this requires further improvement.

It is good to see that monitoring was stopped at the appropriate time for all patients whose physical observations were normal after 4 hours. As per policy, a medical review was requested for the one patient whose physical observations were abnormal after 4 hours.

A de-brief / wellbeing check was completed following 70% of the Rapid Tranquillisations reviewed for this audit, this has significantly improved from 27% in the previous audit. Dean Ward completed a de-brief / wellbeing check after 94% of Rapid Tranquillisations, this is significantly higher than the other wards and therefore their good practice should be celebrated and shared with the other wards.

Clinical Audit Quality Impact Assessment Table:

	Description of risk	Outline of mitigations	Impact Rating: Low, Moderate, High Please ensure your action plan reflects the risk level identified in this table
Patient Safety Risk Outline any aspects of the audit that relates to or would impact patient safety where the outcome is less than expected.	Physical health observations post administration of rapid tranquillisation not completed in full.	All incidents had at least one set of observations	Moderate
Clinical Effectiveness Risk Outline any aspects of the audit that would impact of the effectiveness of the interventions, assessment or pathway.	None		
Patient Experience Risk Outline any aspect that would impact the patient experience of the intervention, assessment or pathway.	Debrief not completed for all episodes of rapid tranquillisation administration	There is an improving picture and all wards have been asked to complete a template for RT which should improve occurrence of debrief	Moderate

Section 4: References

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

Section 5: Follow up

Following this audit all wards have been asked to adopt the post RT progress note to allow for the prompting and reminding of the required process, this was used regularly on Dean Ward and this is reflected in their audit results.

This audit will require further reviews and audits to ensure that the improvements continue, and that the policy is adhered to fully.

The audit will be repeated in April 2024 and will review all RT given between December 2023-March 2024.

Section 6: Action Plan		**Audit Title: Audit of Physical Health Monitoring and De-brief Post-Rapid Tranquillisation**		**Audit Number: 23-143**	
Number	**Area of Concern**	**Detail**	**Person responsible (Name, job title, contact details)**	**Date to be completed by**	**Actual completion date**
1	Recording of Debrief / Wellbeing Check	All wards to adopt the post RT progress note to allow for the prompting and reminding of the required process.	Rebecca Anstis, Modern Matron	31/03/24	
2	Re-audit	The audit will be repeated in April 2024 and will review all RT given between December 2023-March 2024.	Rebecca Anstis, Modern Matron	30/04/24	
Any items to be escalated to the Risk Register					