with you, for you

NHS
Gloucestershire Health and Care
NHS Foundation Trust

CLINICAL AUDIT REPORT

2024-25 Clinical Audit Programme

Audit of Physical Health Monitoring and De-brief post-Rapid Tranquilisation

DATE OF REPORT: 26/09/2024

AUDIT LEAD: Becky Anstis

Audit of Physical Health Monitoring and De-brief post-Rapid Tranquilisation

Clinical Audit Number:	24-016
Audit Programme Cycle:	2024-25

Clinical Audit Lead:	Becky Anstis, Modern Matron
Clinical Audit Officer:	Sarah Townsend, Clinical Audit Officer
Others involved:	N/A

Directorate:	Community PH, MH & LD	☐	Countywide Services	☐
	Children and Young People Services	☐	MH & LD Urgent Care and Inpatients	☒
	PH Urgent Care and Inpatients	☐	Trustwide	☐

Data Period:	01/12/2023 – 31/03/2024
Date of Report:	26/09/2024
Date Report Signed off:	18/10/2024

Date Re-audit Due:	01/04/2025		
Overall compliance:	78%	Previous compliance:	85%

SECTION 1: Introduction

Background/ rationale:

The aim of rapid tranqulisation (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 Tranquilisation (2022).

The audit was commenced in response to the findings of a CQC inspection at Wotton Lawn Hospital.

Aims/ Objectives:

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

The audit will also include information about patient debrief, whilst this was not identified as an issue from the CQC inspection it is an area that requires improvement from a quality perspective

Methodology:

A list of all rapid tranqulisation administrations over a three-month period was pulled from the Datix incident reporting system. A sample of rapid tranquilisations administered between 1st December 2023 and 31st March 2024 were reviewed for the audit. A larger sample was included in this audit. In total, 166 rapid tranquilisations were reviewed across the following wards at Wotton Lawn Hospital:

Inpatient Ward	No. of RT reviewed
Abbey Ward	33
Dean Ward	42
Kingsholm Ward	11
Priory Ward	34
Greyfriars	46
Total:	**166**

An online audit tool was created and the criteria for the audit were taken from the Trust's Guidelines on the use of Rapid Tranquilisation. 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, this included a review of the patients' electronic record to locate any evidence to support the adherence to the policy, once reviewed the results were entered onto the online audit tool. Data from

the audit tool was downloaded and analysed in Microsoft Excel by Sarah Townsend. The report was written by Becky Anstis, with support from Sarah Townsend.

SECTION 2: Results

Scoring System (RAG rating):

Inadequate 0-79%	Requires Improvement 80-89%	Good 90-100%

No.	Standard	Compliance 2024	Compliance 2023	⇧⇩
1	Have physical observations or non-contact observations been monitored and recorded hourly (as a minimum) after Rapid Tranquilisation?	83% (137/166)	89%	⇩
2	If unable to complete a full set of physical observations, was the rationale and reason for this clearly documented?	60% (62/103)	70%	⇩
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% (143/143)	100%	⇔
5	Has a De-brief / Wellbeing check been done?	45% (74/165)	70%	⇩

Type of RT administered:	Number of administrations:
Oral	34
Intramuscular (IM)	132
Grand Total	**166**

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

- *3x One set of observations recorded, unable to find evidence of any other*
- *3x No evidence of any observations in the notes*
- *3x Unable to find any documentation*
- *6x Only 2 sets of observations that can be found in the notes*
- *4x Only completed x 3*
- *No entry for the late shift at all*
- *Only 3 sets of non-touch*
- *Only completed for 3 hrs*
- *Obs taken before RT but not after*
- *Documented as started but document not uploaded*
- *Physical obs completed for first hour, recorded in the notes as non-touch but no document*

Appendix 1 shows a breakdown of the results by Ward.

SECTION 3: Discussion of Results

Overall compliance has decreased to 78% (from 85% in the previous audit), so further improvements continue to be required.
Of the 5 audit criteria

- 2 criteria scored a good compliance (green RAG-rated)
- 1 criterion scored amber RAG-rated compliance of 83%
- 2 criteria scored an inadequate compliance of 60% and 45%

Physical observations or non-contact observations were monitored and recorded hourly (as a minimum) after 83% of the Rapid Tranquillisation administrations. This has decreased slightly from 89% in the previous audit and remains as amber RAG-rated. Physical observations or non-contact observations were recorded for all the Rapid Tranquillisation administrations at least once, but observations were not recorded at the required frequency and duration for 29 of the administrations (17%).

On the occasions when it is not possible to complete a full set of physical observations, the rationale and reason why was not clearly documented for 41 of the administrations (40%). This is a further decrease in compliance and therefore continues to require 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 45% of the Rapid Tranquillisations reviewed for this audit, this has significantly reduced from 70% in the previous audit.

SECTION 4: Recommendations

It is recommended that a re-audit is undertaken in April 2025 using data collected between 1 September 2024 – 31 March 2025. This earlier than usual re-audit is recommended due to the decrease in compliance.

All wards have been instructed to utilise the template that we have designed to be used in the electronic patient record to record all episodes of Rapid Tranquillisation. This is to be closely monitored, and a small dip audit completed by Ward Managers on a fortnightly basis to ensure this becomes embedded.

SECTION 5: References

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

SECTION 6: Clinical Audit Quality Impact Assessment

Clinical Audit Title:	Audit of Physical Health Monitoring and Debrief post Rapid Tranquillisation
Audit Lead:	Becky Anstis, Modern Matron

	Description of risk:	Outline of mitigations:	Impact Rating: *(Low, Moderate, High)*
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 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.	N/A	N/A	N/A
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	Notes template to be completed for all episodes and regular dip audit to be completed by Ward Managers fortnightly as a minimum to ensure compliance with this.	Moderate

SECTION 7: Action Plan

Clinical Audit Title:	Audit of Physical Health Monitoring and Debrief post Rapid Tranquilisation
Audit Lead:	Becky Anstis, Modern Matron

No.	Recommendations	Actions required	Action due date	Person responsible (name and job title)	Comments/ action status
1	Feedback to Wards	All Ward staff have been instructed to utilize the template that has been designed for use in the patient's electronic record to record all episodes of Rapid Tranquilisation.	Ongoing.	Rebecca Anstis, Modern Matron	
2	Small, local 'dip' audits to be undertaken.	Small 'dip' audits to be completed by Ward Managers on a fortnightly basis to ensure template is being used.	Ongoing.	Rebecca Anstis, Modern Matron	

Appendix 1: Breakdown of results by Ward

Scoring System (RAG rating):

Inadequate 0-79%	Requires Improvement 80-89%	Good 90-100%

No.	Standard	Abbey Ward	Dean Ward	Kingsholm Ward	Priory Ward	Greyfriars Unit
1	Have physical observations or non-contact observations been monitored and recorded hourly (as a minimum) after Rapid Tranquilisation?	94% (31/33)	67% (28/42)	100% (11/11)	91% (31/34)	78% (36/46)
2	If unable to complete a full set of physical observations, was the rationale and reason for this clearly documented?	74% (17/23)	74% (14/19)	10% (1/10)	71% (12/17)	53% (18/34)
3	If physical observations were abnormal after 4 hours or there were any concerns during this time, was a medical review requested?	N/A	N/A	N/A	100% (1/1)	N/A
4	If physical observations were normal after 4 hours, was monitoring stopped?	100% (32/32)	100% (34/34)	100% (11/11)	100% (30/30)	100% (36/36)
5	Has a De-brief / Wellbeing check been done?	55% (18/33)	74% (31/42)	18% (2/11)	42% (14/33)	20% (9/46)
	Overall compliance:	81%	79%	57%	81%	63%