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NHS
Gloucestershire Health and Care
NHS Foundation Trust

CLINICAL AUDIT REPORT

2025-26 Clinical Audit Programme

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

DATE OF REPORT: 30/03/2026

AUDIT LEAD: Becky Anstis

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

Clinical Audit Number:	25-093
Audit Programme Cycle:	2025-26

Clinical Audit Lead:	Becky Anstis, Modern Matron
Clinical Audit Officer:	Marcin Chmielewski
Others involved:	

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:	01/09/2025 - 31/12/2025
Date of Report:	30/03/2026
Date Report Signed off:	08/07/2026

Date Re-audit Due:	01/02/2027		
Overall compliance:	73%	Previous compliance:	78%

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 Tranquillisation (2022).

The initial audit 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 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 31st December 2025 were reviewed for the current re-audit. A larger sample of 272 rapid tranquillisations were reviewed across the following wards at the Wotton Lawn Hospital:

Inpatient Ward	No. of RT reviewed
Abbey Ward	44
Dean Ward	53
Kingsholm Ward	16
Priory Ward	59
Greyfriars	100
Total:	**272**

The audit tool that was used in the previous audit was reviewed by the project lead and used 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 by Marcin Chmielewski. The report was written by Becky Anstis, with support from Marcin Chmielewski.

SECTION 2: Results

Scoring System (RAG rating):

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

No.	Standard	Compliance 2025	Compliance 2024	⇧⇩
1	Have physical observations or non-contact observations been monitored and recorded hourly (as a minimum) after Rapid Tranquillisation?	80% (218/272)	83%	⇩
2	If unable to complete a full set of physical observations, was the rationale and reason for this clearly documented?	56% (123/221)	60%	⇩
3	If physical observations were abnormal after 4 hours or there were any concerns during this time, was a medical review requested?	100% (01/01)	100%	⇔
4	If physical observations were normal after 4 hours, was monitoring stopped?	100% (229/229)	100%	⇔
5	Has a De-brief / Wellbeing check been done?	28% (76/272)	45%	⇩

Type of RT administered:	Number of administrations:
Oral	46
Intramuscular (IM)	226
Grand Total	**272**

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

Can only find evidence of 2 set of obs (1)
Document uploaded but not completed (1)
No non touch obs document despite the clinical record say they were commenced. (1)
Non touch observations started but did not complete (1)
Not completed fully on records in the notes (1)
Only 3 set of observations recorded (9)
Only able to find 2 sets of observations (1)
Only able to find 2 sets of observations despite the notes saying they completed 4 (1)

Only able to find one set of obs (1)
Only able to find x 2 sets in the notes (1)
Only completed for 2 hours (1)
Only completed for 3 hours (1)
Only one set of physical observations completed (2)
Unable to find any clinical documentation about obs (31)
Unable to find the documentation in the clinical record (1)

Appendix 1 shows a breakdown of the results by Ward.

SECTION 3: Discussion of Results

Overall compliance has declined from a red RAG rated 78% to 73%, significant improvements continue to be required:

Of the 5 audit criteria

- 2 criteria scored a perfect, green RAG-rated, 100% compliance
- 1 criterion scored amber RAG-rated compliance of 80%
- 2 criteria scored an inadequate red RAG-rated compliance of less than 79%

It is helpful to recognise that this audit was significantly larger than the previous audit, the total number of incidents for this audit was 272 whereas the previous audit was 166 incidents.

Despite not being able to evidence with either NEWS2 chart or non-contact observation charts on 31 occasions there was evidence in the progress notes of the template for RT and documentation to say that observations either actual or non-touch were commenced. Dean Ward had the majority of these and during the period of this audit had several changes with administration support, which may have impacted on documentation being uploaded.

There was also an issue when the '4-hour observation window' took place over a hand over period to the next shift, this is where the majority of the incomplete number of observations occurred.

Documentation of the reason a full set of observations not being completed was low and the wording on the RT notes template may be the reason for this therefore it will be reviewed to make it clearer that this needs to be documented.

There is a significant issue with post incident debrief with the patient not occurring and this is across all areas of the hospital. This has already been fed back to the wards. We will continue to work on the debrief and there is a ward at WLH that is currently looking at this as part of the Culture of Care programme.

A significant number of the incidents were reported to the medics and reviews requested that were just because of administering RT rather than the observations reflecting an issue, in almost all cases the patient was seen by the medic post intervention.

Regarding the training and the module being currently used it is prudent to note that the RT policy is currently under review and close to be ratified. It is a subject of discussion, planned to be ratified within the next couple of months.

The PARRI team are scheduled to complete a dip audit for RT relating to restrictive practice and assess whether GHC process aligns to National guidance. Results to be shared within the couple of months.

SECTION 4: Recommendations

There needs to be further focus on post-RT observations in order to increase the compliance of this being completed.

Ward managers will need to review all incidents of RT that are reported through Datix and they will need to review to see if the observations have been completed. If they find that they are unable to locate the evidence, then support and training needs to be offered to the staff involved.

Debrief needs to be improved upon and one of the wards will be selected to do an improvement project which can then be rolled out across the hospital.

Hospital Governance and performance meeting agenda will continue to have RT on there and ward managers will be expected to report any ongoing issues from their reviews.

Audit has to be repeated within the next 12 months to assess the progress.

SECTION 5: References

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

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 Patients not receiving the physical observations required following RT	Notes template to be reviewed and completed for all episodes of RT. Managers to review the RT Datix to check that the template includes debrief	Moderate

		information and if not completed to ask that debrief is completed	

SECTION 7: Action Plan

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

No.	Recommendations	Actions required	Action due date	Person responsible (name and job title)	Comments/ action status
1	Review of RT template for the progress notes	Review to be completed	ongoing	Becky Anstis Modern Matron	
2	Further focus on expectation of staff post RT	Ward managers to speak to staff to remind them of the process and the importance of adhering to the policy	ongoing	Ward Managers	*Action to be reviewed with the audit lead.
3	Improvement project for debrief	Possible QI project on a ward to look at this	ongoing	Ward Manager	
4	Re-audit to take place	Re-audit	1st February 2027	Becky Anstis with Clinical Audit Team	

Appendix 1: Breakdown of results by Ward

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 Tranquillisation?	91% (40/44)	58% (31/53)	63% (10/16)	85% (50/59)	87% (87/100)
2	If unable to complete a full set of physical observations, was the rationale and reason for this clearly documented?	88% (30/34)	69% (24/35)	67% (08/12)	45% (19/42)	43% (42/98)
3	If physical observations were abnormal after 4 hours or there were any concerns during this time, was a medical review requested?	100% (01/01)	N/A	N/A	N/A	N/A
4	If physical observations were normal after 4 hours, was monitoring stopped?	100% (40/40)	100% (34/34)	100% (11/11)	100% (55/55)	100% (89/89)
5	Has a De-brief / Wellbeing check been done?	16% (07/44)	57% (30/53)	50% (08/16)	36% (21/59)	10% (10/100)