

Physical health policy

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1. Introduction

It is well recognised that those with Serious Mental Illness (SMI) have much higher morbidity and mortality rates compared to the general population. Those with SMI are susceptible to many different physical health problems and this is exacerbated by additional risk factors. These include; psychotropic medications that can lead to weight gain and metabolic alterations. Individual lifestyle factors such as poor diet, a lack of exercise and high levels of smoking. There are also disparities in access and utilisation of healthcare services. DH (2005), DH (2006), Schizophrenia Commission (2012), Wahlbeck (2011), DH (2016).

2. Purpose or Aim

The purpose of the policy is to ensure that assessment of all service users under the care of AWP includes their physical health, including any monitoring and interventions required. This should be in line with policy and procedural guidance and adhere to best practice, including good standards of recording on the electronic patient record (RiO).

The policy provides direction and guidance for the planning and implementation of high quality physical health interventions within the organisation. It sets out the expectations of interventions that should be provided by staff employed within AWP and those which will require advice and / or intervention from other specialist services.

Underpinning this policy is the recognition that training and equipment is required at a level which can be effectively utilised by all health care practitioners.

Standards

This policy has been written in line with requirements of the NHS Litigation Authority Risk Management Standards for Mental Health and Learning Disability Trusts and will be monitored against these, the CQC Quality and Safety Outcomes standards.

Best practice guidelines should be adhered to as set out in ClinicalSkills.net and in accordance with [NICE guidelines](#).

Scope

This policy applies to all staff employed or contracted within AWP working within a clinical role.

It applies to all service users receiving care from AWP, whether accessing community or inpatient services; CAMHS, adult, later life or specialised services.

3. Definitions

3.1 Lester Tool

The Lester Tool is also known as the Positive Cardio-metabolic Health Resource – An intervention framework for people experiencing psychosis and schizophrenia. It provides practitioners with a simple intervention framework to assess the cardiovascular and metabolic health (risk of developing CVD and Diabetes) of patients with SMI and recommends the best course of intervention and treatment – including thresholds for intervention. It brings together advice from a number of NICE guidelines and is also designed to take into account the impact of anti-psychotic medication on an increased risk of CVD in people with SMI.

The tool was developed by the Royal College of Psychiatrists and Royal College of General Practitioners, supported by the national Audit of Schizophrenia. It was adapted to fit the NHS context with NHS England and Public Health England, and supports the current NHS mental health CQUIN.

Link to [Lester Tool](#)

3.2 Quality and Outcome Framework (QOF):

The Quality and Outcome Framework (QOF) is a voluntary annual reward and incentive programme for all GP surgeries in England, detailing practice achievement results. It is about resourcing and then rewarding good practice. QOF are reviewed each year, but always include specific interventions for those with SMI (SMI Annual Health Check). For further information regarding QOF, click here qof.hscic.gov.uk.

3.3 Commissioning for Quality and Innovation (CQUIN):

The CQUIN payment framework enables commissioners to reward excellence by linking a proportion of healthcare provider's income to the achievement of local quality improvement goals. For further information and details of the current CQUIN refer to OurSpace – Effectiveness and NICE Guidance – CQUIN Guidance

4. Roles and Responsibilities

4.1 Standard Physical Health Assessment

All service users receiving care and treatment from AWP should have a Standard Physical Health Assessment undertaken, whether accessing that care and treatment in the community or inpatient services. For community services this should be completed within 28 days of the date which they were accepted to receive services, and reviewed annually as a minimum thereafter. For inpatient services this should be completed and / or reviewed within 24 hours of admission.

This assessment is based upon the Lester Tool for Positive Cardio-metabolic Health screening and requires the following assessment to be undertaken:

- Smoking
- Lifestyle (Diet, activity, alcohol and substance misuse)
- Weight and Height (Body Mass Index)
- Blood Pressure Blood glucose
- Blood lipids

Recording a Physical Health Assessment sets out the fields that should be completed in RiO to record the assessment, interventions and monitoring of any physical health needs identified. Click here to refer to the [User Guides for Physical Health Assessment](#) related assessment, monitoring and interventions on RiO, for the fields that should be completed.

4.2 Inpatient Physical Health Assessment

In addition to the Standard Physical Health Assessment all service users should have an Inpatient Physical Health Assessment completed on admission or as soon as practicably possible. It should be completed within 24 hours of admission. If this is not achievable within this timeframe a clear rationale for why this was not possible must be recorded on RiO.

Staff will be expected to only undertake physical health checks that they are competent and up-to-date to perform, seeking intervention from an appropriate specialist as required.

The admitting nurse will complete the following assessments and record these on RiO under the Core Assessment:

- 24 Hour Physical Monitoring (including nutrition)
- Substance and Alcohol Use
- Problematic Substance and Alcohol Use Form (If assess use is problematic)
- Physical Health Assessment Smoking fields*

The doctor who clerks a service user into hospital will undertake the following and record this on RiO under the Core Assessment:

- Physical Health History
- Physical Examination
- Risk Assessment for VTE
- Alerts
- Allergies and Adverse Reactions

If clinically indicated, either the admitting doctor or nurse should complete:

- Body Map Annotations
- Physical Health Assessment*:

*With exception to the admitting nurse needing to complete the smoking fields in this section, completing the rest of this section is recommended as good practice, but is not mandatory. Refer to 10. Associated and Related Procedural Documents for further guidance re: Health Promotion. Click here to refer to the [User Guides for Physical Health Assessment](#) related assessment, monitoring and interventions on RiO, for the fields that should be completed.

General Observations

- Anaemia, cyanosis, jaundice, nodes, clubbing, cleanliness, state of clothing, smell of urine, dentition, scars, particularly relating to self-harm and other injuries.
- **Cardiovascular System** - Pulse, blood pressure, heart sounds, jugular venous pressure, swelling of ankles (oedema), signs of insufficiency, offer ECG (NICE guidance recommends for people with diagnosis of schizophrenia).
- **Respiratory System** - Trachea, percussion note, vocal fremitus, breathe sounds, air entry, respiratory distress (including at rest), sputum, respiratory rate, oxygen saturation and peak flow.
- **Abdomen** - Bowel sounds, scars, soft, tender, liver kidney, kidney spleen
- **Nervous System** - Pupils and optic fundi, cranial nerves, power, tone, coordination, reflexes, nystagmus, observation of tongue and rest of body for involuntary movements, level of consciousness, ability to stand without support, ability to walk in a straight line.
- **Blood Tests** - Full blood count, urea, creatinine, electrolytes, liver function tests, thyroid function tests, fasting blood glucose, prolactin, blood lipid profile, pregnancy test and others as appropriate.

Venous Thromboembolism (VTE) Risk Assessment and Prevention

Dementia:

All inpatients with dementia in addition to receiving a Standard and Inpatient Physical Health Assessment should be screened using the MUST Screening Toolkit (see link to [Introducing MUST / MUST Screening Toolkit](#)) on admission with appropriate care planned in accordance with identified risk and carer involvement where appropriate.

4.3 Well-being Assessment

As appropriate to the needs of the service user, additional assessment of the health and wellbeing can be undertaken and recorded in RiO.

4.4 Nutrition

All Service Users to have 24hr Physical Health Monitoring (including Nutrition and MUST) on first contact – to include height (cms) weight (kgs) Body Mass Index (BMI kg/m² calculated).

Service Users that are at-risk (underweight, overweight, obese) or with specific nutritional concerns (cardio-metabolic syndrome, diabetes, raised cholesterol, gastrointestinal disorders) are to have a First Line Action Plan (FLAP available on OURSPACE) Care Plan initiated.

Inpatient Service Users are to be weighed weekly.

Community Service Users to be weighed minimum annually, unless at-risk; then to be weighed at each appointment (monthly).

A referral to a dietician should occur if a Service User remains at-risk with FLAP in-situ >1 month and no improvement.

4.5 Hydration

If concerns are raised about a service user not drinking adequate amounts of fluid or concerns of a risk of dehydration this should be identified and care planned accordingly. The use of intake/ output monitoring should use the appropriate AWP PHO charts for recording fluid balance and stool charts.

For subcutaneous rehydration see section 4.9 below.

4.6 Wound Care

All service users with wounds are entitled to wound management which is appropriate and supported by current validated research.

There are a variety of wounds that can occur and require treatment by healthcare professionals (HCPs). Wounds can be caused by trauma, surgical interventions, pressure or disease processes. Wounds within mental health and learning difficulties services vary widely. Often wounds encountered within AWP may be a result of self-injurious behaviour, which can present challenges for healing. All wounds must be assessed and reviewed by a competent registered nurse/healthcare professional who will undertake a comprehensive assessment of the wound to include site, size, surface, grade and appearance, exudate type and volume, state of the surrounding skin and level of wound pain.

The [Wound Care Procedure](#) aims to provide an evidence-based framework for best practice in wound management in accordance with national and local guidelines.

4.7 Pressure Ulcers

If concerns are raised about pressure areas/ ulcers for a service user this should be identified and care planned accordingly. Reference to the Trust Pressure Ulcer Procedure and/or Wound Care Procedure should be made for guidance on best practice in managing pressure areas. Additional tissue viability support can be arranged depending on the SLA (service level agreement) for each area.

4.8 Falls

Falls are best managed with a multi-disciplinary approach. Many of our service users in later life service are at high risk of falls due to their cognitive impairment and multi pathology. We also have risks identified in the younger population as service users can be chaotic in presentation take high risk medications and poor nutrition which increases risk. All service users over the age of 65 and those with risk factors should have a falls risk assessment completed as per the [slips trips policy number P067](#) They will require an alert added to RIO and care plans in place that are reviewed on a regular basis.

Those people identified at risk in the community should be referred to the relevant local falls services via their General Practitioner or falls care pathways.

4.9 Intermediate and Advanced Procedures

Staff required to undertake 'intermediate and advanced procedures' such as Venepuncture, ECGs, Catheterisation, and Subcutaneous Rehydration, must have first received specific training from a trust approved provider, which may require the inclusion of a period of supervised practice and evidence of ongoing practice prior to and for continued authorisation. A record of authorisation will be held on MLE. Once trained, guidance on undertaking these intermediate or advanced procedures can be found at [ClinicalSkills.net](https://www.clinicalskills.net) (click on the clinical skills logo and then procedure).

ECG - All service users admitted should have an ECG performed. This is important because many antipsychotic drugs can cause prolongation of the QT interval, even at normal doses, however other factors associated with increased risk include:

- Concomitant medication known to prolong QT intervals
- Drug-drug interactions resulting in an increased plasma level of drug(s) associated with a known risk of QTc prolongation / TdP
- Treatments which may cause electrolyte imbalance e.g. diuretics
- Specific medical conditions (e.g. anorexia nervosa) associated with electrolyte abnormalities and / or cardiac disease.

5. Blood Tests and Venepuncture

Guidance on what blood tests should be undertaken is detailed in the [Physical Health Monitoring Summary](#).

Any staff/ prescribers requesting for a blood test to be undertaken must state explicitly in the service user's RiO notes who in the team is responsible for contacting the patient and arranging their attendance for the blood test. A date by when this blood test is to be completed must be included in all cases.

All staff are expected to be aware of their responsibilities in the coordination of blood tests for service users.

Access to test results requires contact with the local Pathology Laboratory (Path Lab). In most cases across the Trust, staff can make arrangements to have access to the local Path Lab results system. Further details including the contact details for local path labs can be found on [Ourspace](#)

6. Responding to concerns / changes in needs:

Where any assessment of physical health identifies any results outside of usual ranges, it is imperative that these are acted upon. This may require additional monitoring - see the [Care of the Deteriorating Patient Procedure](#) – or obtaining additional medical or specialist assessment.

If a service user complains of any worsening or new physical symptoms, they must be referred to the ward doctor or their GP for a physical examination to determine whether any further action is required. Within inpatient services the [Care of the Deteriorating Patient Procedure](#) should be used to respond to any risk of physical deterioration.

Assessment must also be undertaken for any risks of infections. This includes any risk of MRSA, any increased risk to the individual of contracting infection, e.g. as immunocompromised, or any increased risk to others of spreading infection. Any identified risk should be followed up adhering to Infection Control Policies – see [Infection Control home page](#).

Consideration should be given to liaison with the GP to ascertain if any concerns are part of a usual or longer-term presentation for that service user or are indeed conflicting with their medical history and require further investigation.

Where there is any doubt about the most appropriate treatment option for a service user's physical health needs, specialist advice must always be sought. This will mostly be through Service Level Agreements (SLA) with The Acute Hospital Sites.

7. Consent and Refusal:

Any service user who refuses to undergo all or part of the relevant physical health assessments (be that on admission to hospital, with their community team or attending their GP surgery for an annual health check) should have this clearly documented on RiO, and the risks of not having this completed clearly recorded.

Regular review of the service user's decision and their capacity should be undertaken and recorded, and every encouragement should be offered to persuade them to receive this.

Staff can utilise the Non-Contact Physical Health Guidance and Assessment Tool to monitor a service user's physical wellbeing when they decline or it is not safe for full physical health observations (NEWS2) to be undertaken.

If a service user refuses one or more elements of the physical health assessment, this must be clearly documented and non-contact observation tool must be completed. If the service user refuses one or more elements of the physical health assessment, the practitioner must offer the service user a second opportunity to undertake a physical health assessment before leaving the service user. If the service user refuses to have one or more elements of the physical health assessment, this must be documented on the service user's electronic health and social care record. The RiO physical health pages must also reflect the refusal of one or more elements of the physical health assessment. This will require the practitioner to click 'refused/ declined' at the top section of the 'physical health assessment – regular obs' for each time assessment has been offered but 'refused/ declined'. This will ensure accurate clinical recording of this physical health assessment offer by the practitioner.

[Non-Contact PHO Guidance and Assessment Framework.](#)

There is also a [Non-Contact tool for use with those who decline to engage in the Lester Tool screening](#)

8. Monitoring, Review and Care Planning:

The initial assessment of the service user's physical health needs must be subject to regular review.

8.1 Monitoring Requirements:

The care coordinator is responsible for ensure that the service user is accessing an appropriate frequency of monitoring, either by the service or at the GP, relevant to the physical health need identified.

Inpatient nursing staff are required to offer and undertake the following physical health monitoring of service users on a weekly basis (this may be adjusted more frequently if their presentation requires):

- Physical observations and the calculation of NEWS2 should be undertaken at a minimum frequency of weekly for inpatients Care of the Deteriorating Patient Procedure.
- Inpatient service users should have their weight recorded on RIO weekly.

8.2 Care Planning:

Discussion of physical health needs must be included in all ward rounds, CPA (Care Planning Approach) meetings, medication reviews and whenever there is a change in the service user's physical wellbeing.

Documentation that the service user's physical health needs have been considered and attended to will be documented in RiO.

The identification of physical health needs should have a corresponding intervention identified. All patients must have a care plan that reflects the interventions identified for the need that has been assessed.

Within inpatient settings a physical health care plan must be in place within 72 hours of admission and reviewed by the ward team within 7-14 days (in accordance with the first ward review meeting). Thereafter it should be reviewed as per the review date set, which should not exceed 1 month in inpatient settings.

For service users in community services, their physical health needs must be subject to regular review as part of the CPA planning process.

All service users' physical health needs must be reviewed annually in their CPA meetings, and appropriate actions identified and documented in their care plans.

9. Discharge Requirements:

At the point of discharge from inpatient services, all physical health related abnormalities / findings should be shared as part of the discharge summary to the GP.

At the point of discharge from community services, all physical healthcare needs, monitoring and care planning should be shared as part of the discharge summary to the GP.

10. GP Liaison

Services should ensure consultation and liaison with a service user's GP at each significant stage of their care, including acceptance to a community case load, admission or transfer, CPA reviews and discharge.

On acceptance to a community caseload a Standard Physical Health Assessment should be undertaken and a medical history from the GP will support this process. If appropriate the care coordinator should ensure the service user is on the GP SMI Register and as appropriate, should support engagement in an annual health check or facilitate its completion.

On admission to hospital the inpatient care team should consult GP summaries for relevant medical history information.

At all significant care transfer points between services notification to the GP should include information related to the service user's physical health.

Where concerns are raised in relation to a service user's physical health assessment or monitoring, contact with the GP should be undertaken by the service to ascertain if this is part of a longer term medical presentation. This will inform any decision to seek specialist assessment or intervention.

Following any significant changes or events in relation to a service user's physical health the relevant team should ensure that the GP is notified at the earliest opportunity.

GPs should always be invited to annual CPA review meetings or discharge meetings which should include reference to the management of the service user's physical health needs.

11. Duties within the Organisation:

The Director of Nursing and Quality and the Medical Director are responsible for establishing the standards for physical health monitoring within the organisation, seeking advice from relevant specialists as required.

Clinical Directors, Clinical Leads, Modern Matrons and Ward/Team Managers are responsible for ensuring all staff are aware of the policy, its whereabouts and their adherence to it.

All staff delivering clinical care are required to adhere to the requirements of this policy.

Managers are responsible for ensuring that any staff member required to adhere with this policy is adequately trained and assessed as competent. They must also ensure that the equipment is up to date and maintained, and liaise with the Medical Devices Lead and Procurement Department as required.

Where staff are aware of any incidence of physical health needs not being adequately met, they must complete a Trust adverse incident form.

12. Policy Statement:

This policy is written to ensure that our service users physical health needs are adequately assessed, monitored and that interventions are undertaken, as required, to prevent deterioration and maximise quality of life and wellbeing.

This policy also aims to ensure consistency of practice and quality of care across the Trust, as well as providing staff with practical instruction and information.

13. Policy Content

13.1 Community Services

There is a nationally recognised risk of gaps in physical healthcare provision between primary and secondary care providers for those with Serious Mental Illness (SMI) (Rethink 2012).

All service users receiving care and treatment from AWP should have a standard physical health assessment undertaken. Within community services this physical health assessment should be completed within 28 days of the date which they were accepted to receive services, and reviewed annually as a minimum thereafter.

Care coordinators should ensure that all service users on their case load have a care plan from the assessment of physical health needs and how these will be met.

In accordance with GP QOF requirements (see section 3.2), care coordinators should encourage and support individuals with SMI to register with a GP, ensure they are on the SMI Register and to encourage engagement in an annual health check. The care coordinator is responsible for recording a service user's engagement in the SMI Annual Health Check in RiO.

Refer to the [User Guides for Physical Health Assessment](#) related assessment, monitoring and interventions on RiO, for the fields that should be completed.

NOTE: Community teams need to be aware that the QOF was significantly revised in 2014/15 and subsequently what is covered as a minimum standard for the physical health monitoring requirements by a GP for those on the SMI registers has reduced. NICE CG 178 recommends that the secondary care team should maintain responsibility for monitoring a service user's physical health and the effects of medication for at least the first 12 months or until a person's condition has stabilised, whichever is the longer.

Care coordinators should promote collaborative working with the GP surgery by notifying the service users GP of any concerns regarding the physical wellbeing of the service user, promoting GP attendance at CPA meetings and sharing of care plans. The care coordinator

should also request that the results for any annual health check undertaken by the GP be made available.

Care coordinators must ensure that at specific points of care (e.g. CPA reviews, known acute hospital admissions) a GP summary of prescribed medications and physical health conditions is obtained and stored electronically on RiO - [Procedure for Medicines Reconciliation](#).

In situations where a service user declines to register and engage in an annual health check with a GP this should be clearly documented on RiO, and the risks of not having this completed clearly recorded.

Regular review of the service user's decision and their capacity should be undertaken and recorded, and every encouragement should be offered to persuade them to receive this. This unmet need should be care planned and provision discussed at future CPA meetings to explore resolution. With regard to additional monitoring requirements for those prescribed psychotropic medication see below (13.4).

13.2 Intensive Service Teams/ Crisis Teams

Practitioners working within the Intensive Service Teams / Crisis Team will offer a physical health assessment during their first face to face assessment with the service user. If possible, the Practitioner undertaking the assessment should request a summary record from the patient's GP prior to undertaking the patient's physical health assessment. The practitioner should enquire as to the service user's normal physiological parameters including; respiratory rate, oxygen saturations, heart rate, blood pressure, level of responsiveness, temperature and capillary blood glucose level, if recent physical health observations available. This will aid the practitioner in identifying any abnormal physiology at the point of assessment by the service.

Practitioners will offer assessment of these physiological parameters and calculate the service user's NEWS2 score as per the requirements of the AWP [Care of the Deteriorating Patient procedure](#). Practitioners should be guided by the clinical response ([appendix E - Clinical Response to NEWS2 Clinical Response for Service Users in Community Settings](#)). Practitioner must ensure the NEWS2 chart is scanned and uploaded into the 'clinical documentation' section of the service user's electronic health and social care record. The physiological parameters must also be entered onto the RiO physical health pages under 'physical health assessment – regular obs'.

If a service user refuses one or more elements of the physical health assessment (NEWS2), this must be clearly documented and the [Non-contact PHO observation tool](#) must be completed. If the service user refuses one or more elements of the physical health assessment, the practitioner must offer the service user a second opportunity to undertake a physical health assessment before leaving the service user. If the service user refuses to have one or more elements of the physical health assessment undertaken, this must be documented on the service user's electronic health and social care record. The RiO physical health pages must also reflect the refusal of one or more elements of the physical health assessment. This will require the practitioner to click 'refused/ declined' at the top section of the 'physical health assessment – regular obs' for each time assessment has been offered but 'refused/ declined'. This will ensure accurate clinical recording of this physical health assessment offer by the practitioner.

For more information relating to non-contact observation tool, please see section 7 for more information.

13.3 Inpatient Services

All service users admitted to inpatient services within AWP must have an assessment of their physical health that is acted upon and kept under regular review.

On admission to inpatient units, service users should have their physical health assessed within 24 hours, and this will be recorded on RiO under the Core Assessment. See User Guides for Recording Physical Health related assessment, monitoring and interventions on RiO, for the

fields that should be completed and the professional groups responsible for completing these - [click here](#).

All inpatients will have a record in their progress notes on RiO at least daily that their physical wellbeing has been checked and any concerns acted upon. NB: This check does not need to include physical health observation such as NEWS2 (unless clinically indicated) but should include as a minimum a visual check for any anomalies and / or a self-report from the service user on how they are feeling.

For service users who are inpatient for six months or more, their physical health must be reassessed a minimum of every six months for the first year and annually thereafter. This assessment will need to be recorded on RiO under the Core Assessment. See User Guides for Recording Physical Health related assessment, monitoring and interventions on RiO, for the fields that should be completed and the professional groups responsible for completing these - [click here](#).

13.4 Psychotropic Medication – All services:

For those service users for whom the Trust prescribes psychotropic medication, there is a responsibility to undertake physical assessment and monitoring.

Therefore, all service users should receive a minimum level of physical health assessment prior to any pharmacological treatment being initiated, in accordance with current prescribing guidelines for that treatment. These minimum requirements can take place either in Primary Care or Secondary Care, but a record must be made in the service user's Core Assessment on RiO. Click here to refer to the [User Guides for Recording Physical Health related assessment, monitoring and interventions on RiO](#).

The minimum standard for all service users prior to the commencement of pharmacological treatment is the assessment and recording of the following baseline observations:

- Weight and height, and Body Mass Index (BMI) calculated
- Blood pressure and pulse
- Relevant haematology tests

Guidelines for monitoring and the ongoing frequency of these investigations are as set out in the [Physical Health Monitoring Summary](#).

Refer also to Associated and Related Procedural Documents below for further guidance (10).

Responsible clinicians and care coordinators should be aware that the annual health checks offered as part of the GP contract do not include all of the screening recommended nationally for those with SMI.

Where there are specific monitoring requirements not covered by the GP, the Local Delivery Unit needs to consider the future provision of these with their commissioners, to minimise gaps in care delivery.

14. Clinic Standards and Equipment

14.1 Equipment requirements

All medical equipment should be a trust approved preferred make or model. The Trust approved equipment can be found on the [Clinic List](#) on Ourspace. Please refer also to the [Medical Equipment Policy](#) and [Single Use Policy](#).

14.2 Clinic Room Standards

Click here to view [Clinic Room Standards](#).

15. Training

All inpatient registered nursing staff, suitably trained other non-medical staff, and those based in the community who are required to routinely check service users physical wellbeing, will be expected to undertake all physical health 'basic procedures' including the Physical Health Observations required under NEWS2, Neurological observations, Weight and Body Mass Index (BMI), Fluid balance, Blood Glucose Monitoring and urinalysis. Guidance on undertaking these basic procedures can found at [ClinicalSkills.net](https://www.clinicalskills.net) (click on the clinical skills logo and then procedure).

All inpatient registered nursing staff, suitable trained other non-medical staff, and those based in the community who are required to undertake the Standard Physical Health Assessment (The Lester Tool) must complete the Cardio-metabolic Awareness training via MLE.

Staff required to undertake 'intermediate and advanced procedures' such as Venepuncture, ECG, Catheterisation, and Subcutaneous Rehydration, must have first received specific training from a trust approved provider, which may require the inclusion of a period of supervised practice and evidence of ongoing practice prior to and for continued authorisation. A record of authorisation will be held on MLE. Once trained, guidance on undertaking these intermediate or advanced procedures can be found at [ClinicalSkills.net](https://www.clinicalskills.net) (click on the clinical skills logo and then procedure).

Staff are required to adhere to their professional responsibilities to remain competent to perform such interventions through monitoring of their own practice and within clinical and line management supervision.

Availability and approval of additional training will be for individuals working in clinical areas which require these enhanced skills. Managers will be responsible for identifying all additional training requirements.

Clinical staff must not undertake any procedure or intervention that they are not competent to undertake. Where any intervention is required that a staff member is not trained and competent to perform, the service user must receive this care from a healthcare professional visiting them, be this on the ward or in their home, or they must be transferred to an acute hospital to receive this treatment directly.

On-going competency for medical staff will be monitored through appraisal and revalidation systems.

The Trust's overarching policy for training is the [Learning and Development Policy](#) and this should be read in conjunction with this policy. The Trust learning and development matrices are attached as appendices to that policy.

The Learning and Development Policy also describes the Trust's arrangements for training, in particular how there are processes in place to ensure staff receive the training they require and how non-attendance is followed up. These arrangements are further supported by management supervision and appraisal processes.

The Trust lead for physical health has agreed the training standard with the Learning and Development Team and training standards have been informed by statutory requirements, professional standards and national best practice.

16. Monitoring or Audit

The Associate Director of Nursing is responsible for monitoring that the requirements of this policy have been met.

The Procurement and Contracts department are responsible for monitoring and maintaining relevant SLA arrangements and reviewing their effectiveness with the Trust lead for physical health care on an annual basis.

Physical health policy

The Physical Healthcare Group will provide 6-monthly reports in respect of physical health care to Care Quality Governance Group (CQGG) and the Quality and Safety Committee and will take action to address any issues identified.

These reports will provide information on:

- The adherence to the training requirements outlined on the MLE
- Completion of a physical health assessment on admission to services
- Completion of on-going assessment of physical health care needs
- Process of care planning for appropriate follow-up of physical health needs
- Any incidence of service users not receiving the physical health care interventions that they require.
- Any issues arising from the audit and monitoring that will aid and inform wider learning will be communicated via the Trust's programme of thematic reviews.

17. Associated and Related Procedural Documents

There are a wide range of policies, procedures and guidance that relate to the Physical Health Policy and support the assessment, monitoring and meeting of physical health needs, including health promotion. These are signposted below:

[Consent to Examination or Treatment Policy](#)

Sets out the standards and procedures that aim to ensure clinical staff are able to comply with statutory requirements as well as best practice guidance on consent. This policy should be read in conjunction with The Mental Capacity Act 2005, Mental Health Act 1983 (as amended by the Mental Health Act 2007), Care Act 2014, and associated Codes of Practice (Mental Capacity Code of Practice 2007 and Mental Health Act Code of Practice 2015) which provides detailed information relevant to consent.

[Tobacco Free Smoke Free Environment Policy](#)

Provides guidance on the implementation and management of smoke free environments and supporting service users with abstinence or a quit attempt.

[Care of the Deteriorating Patient Procedure](#)

Provides the standards and guidance to support the use of the National Early Warning Score (NEWS) system. developed by the Royal College of Physicians (2012) and updated to [NEWS2 \(2017\)](#), the system is used to standardise the assessment and response to acute illness and is recommended as a surveillance system for all individuals in hospital, tracking their clinical condition, alerting the clinical team to any clinical (physical) deterioration and triggering a timely clinical response.

An e-learning package for the use of the AWP National Early Warning Score (NEWS2) is available via the AWP Managed Learning Environment (MLE). This e-learning package has been created to assist those responsible for undertaking and recording physical observations to gain a working knowledge of the National Early Warning Score (NEWS2) system in practice.

[Resuscitation Policy](#)

Provides direction and guidance for the planning and implementation of a high quality and robust resuscitation practice

[Treatment escalation plan \(TEP\) and resuscitation decision policy](#)

Provides practitioners involved in the planning of an individual's care and in making DNAR decisions.

[End of Life Care Policy](#)

Physical health policy

Ensures consistency of practice and quality of care across the Trust, as well as providing staff with practical instruction and information. Other supporting documents (contained within the Bereavement Policy), should also be used/referred to.

[Wound Care Procedure](#)

Provides guidance on the clinical assessment and management of wounds and wound care.

Pressure Ulcer Procedure (formally [Good Practice for the Management and Prevention of Pressure Ulcers](#))

This guidance is based on national and local principles and evidence based practice. It applies to all AWP inpatient wards, and the principles can be used when working with individuals in nursing home care, care home care, in receipt of nursing interventions at home or domiciliary care. The guidance states that an initial pressure ulcer prevention risk assessment (using the Waterlow Risk Assessment Tool) should be undertaken for all service users admitted to an AWP inpatient ward who are 65 years and above for each admission. Service users, under the age of 65, who are identified as being at risk of pressure ulcers, should also have a pressure ulcer prevention risk assessment (using the Waterlow Risk Assessment Tool). Such service users will typically present with concerns in any of the following areas; Mobility, Skin Condition, Nutrition and Weight.

[Clinical Guidelines for Mental Health Practitioners on the Management of Diabetes](#)

Designed to provide information to clinical staff working in mental health care settings regarding the safe and effective management of people with diabetes. The guidelines are intended to provide information to support the delivery of safe and effective care for people with co-morbid mental health needs and diabetes.

[Prevention and Management of Slips, Trips and Falls and Falls from a Height Policy](#)

This policy describes the process for managing the risks associated with slips, trips, falls and falls from a height involving patients, staff and other persons who might come onto hospital or Trust premises.

[Multi-agency Protocol for the Internal and External Transfer of Patients to and from Care Settings](#)

This protocol is to ensure that when an individual needs to be transferred from one health care provider to another, that it is undertaken in a safe and effective manner, minimising risks to the individual, staff, and the public.

[Venepuncture Procedure](#)

This procedure ensures that venepuncture is undertaken in a safe and effective manner. The procedure includes standards for training and maintaining competency in the practice of venepuncture.

[ClinicalSkills.net](#)

An on-line resource to assist practitioners put evidence based best practice into practice. Produced in the UK based on NHS practice. Each resource regularly updated with links to national guidance. Over 160 procedures covered in an article format using clear graphics supported by text and references.

[Click here for Physical Observation Charts](#)

A range of AWP charts to record and monitor the following; Weight and Body Mass Index, Fluid Balance, Nutrition, NEWS2, Neurological Observations, Blood Glucose and Peak flow.

17.1 Medication related physical health monitoring:

- [Physical Health Monitoring Summary](#)

Physical health policy

- [Procedure for Medicines Reconciliation](#)
- [Rapid Tranquillisation Procedure](#) – the use of medication to manage disturbed (violent) behaviours on mental health units
- [Procedure for the prescribing, administration and monitoring of Clozapine](#)
- [Guidance Zuclopenthixol Acetate \(Clopixol Acuphase\)](#)
- [High-dose / combination antipsychotic monitoring form](#)
- [Oxygen Procedure](#)
- [Guidance Emergency Treatment of an Anaphylactic Reaction using Epipen](#)
- Refer also to Health Promotion Resources, Guidance and tools (2009) re: Medication Side effect scales (LUNSERS, SESCOAM and GASS) [Health Promotion: Resources, Guidance and Tools](#) (*Under review*)

The Physical Healthcare policy should also be used in conjunction with the following policies;

- [Medical Equipment Policy](#)
- [Mental Capacity Act Policy](#)
- [Infection Control Policy](#)
- [Single Use Policy](#)
- [Policy for Managing Safety Alerts \(SABS\)](#)
- [Care Programme Approach and Risk Policy](#)

18. References

DH (2016) Improving the physical health of people with mental health problems: Action for mental health nurses: DH, Public Health England & NHS England. London

DH (2005) National Services Framework for Long Term Conditions: DH. London

DH (2006) Choosing Health: Supporting the physical health needs of people with severe mental illness. DH. London

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Version History				
Version	Date	Revision description	Editor	Status
1.0	21 01 2009	Ratified at Board	MB	Approved
2.0	06 07 2010	Approved at Quality and HealthCare Governance Meeting	MB	Approved
3.0	11 08 2014	Revised Policy: Change in title of policy, compatibility with RiO, assessment and monitoring responsibilities re: inpatient and community based service users and signposting to related policies, procedures and guidance. Reviewed by IC/PHC/MD Group.	SH/LB	Final Draft
4.0	19.08.2014	Reviewed and approved by Quality and Standards Committee	SH/LB	Approved
5.0	17.11.2016	Updated to include new AWP standards to promote physical healthcare monitoring and wellbeing	SH	Draft
6.0	28.04.2017	Administrative review	SH	Approved
7.0	21/11/2017	Approved by Quality and Standards committee	SH & NH	Approved
7.1	18/07/2018	Edited exec to Nursing Director as per James Severs. Marked as under review as per Sarah Harding	SH	Approved
7.2	15/10/2018	Removed reference to Procedure for Recording Physical Health Related Assessments as per Sarah Harding. Added linked to RiO User Guides for Physical Health Monitoring	SH	Approved
7.3	17/07/2019	Addition: section 13.2 Intensive Service Team physical health monitoring and recording standards.	JS	Approved