Mersey Care
NHS Foundation Trust

Community and Mental Health Services

TRUST-WIDE CLINICAL POLICY DOCUMENT

PHYSICAL HEALTH CARE

(MENTAL HEALTH AND LEARNING DISABILITY SERVICES)

Policy Number:	**SD29**
Scope of this Document:	**All Clinical Staff**
Recommending Committee:	**Trust Physical Health Strategy Working Group**
Approving Committee:	**Executive Committee**
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Lead Executive Director:	**Executive Director of Nursing & Operations**
Lead Author(s):	**Modern Matron, Physical Health (Corporate, Local and Secure Divisions)**

TRUST-WIDE CLINICAL POLICY DOCUMENT

2019 – Version 3

Striving for perfect care and a just culture

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PHYSICAL HEALTH CARE
(MENTAL HEALTH AND LEARNING DISABILITY SERVICES)

Further information about this document:

Document name	**PHYSICAL HEALTH CARE (SD29)**
Document summary	**This document clarifies the responsibility of Mersey Care NHS Foundation Trust Clinicians in respect of service users' physical health care needs and establishes standards of physical health examination and assessment on admission to inpatient wards**
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Published by Copies of this document are available from the Author(s) and via the trust's website	**Mersey Care NHS Foundation Trust** **V7 Building** **Kings Business Park** **Prescot** **Merseyside** **L34 1PJ** **Trust's Website: www.merseycare.nhs.uk**
To be read in conjunction with	**IC01 – Infection Prevention and Control Policy** **LOC08 – Protocol for Undertaking Electrocardiogram (ECG) recording using the Broomwell Health Watch** **SA19 – Management of Medical Devices Policy** **SA20 – Nicotine Management Policy** **SA30 – Slips, Trips and Falls Policy** **SD06 – Consent to Examination and Treatment Policy** **SD07 – Resuscitation Policy** **SD12 – Handling of Medicines Policy** **SD34 – Venepuncture Policy** **SD51 – Management & Recognition of the Deteriorating Patient – Using NEWS2 & Recognition of Sepsis** **HR10 Equality and Human Rights** **Human Rights Act, 1998** **MC01: Mental Capacity Act Overarching Policy**
This document can be made available in a range of alternative formats including various languages, large print and braille etc	

Version Control:

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Version 1	Circulated to Local and Secure Divisions	December 2018
Version 2	Comments received	January 2019
Version 3	Circulated to Local and Secure Division	February 2019

SUPPORTING STATEMENTS

This document should be read in conjunction with the following statements:

SAFEGUARDING IS EVERYBODY'S BUSINESS

All Mersey Care NHS Foundation Trust employees have a statutory duty to safeguard and promote the welfare of children and adults, including:

- being alert to the possibility of child / adult abuse and neglect through their observation of abuse, or by professional judgement made as a result of information gathered about the child / adult;
- knowing how to deal with a disclosure or allegation of child / adult abuse;
- undertaking training as appropriate for their role and keeping themselves updated;
- being aware of and following the local policies and procedures they need to follow if they have a child / adult concern;
- ensuring appropriate advice and support is accessed either from managers, *Safeguarding Ambassadors* or the trust's safeguarding team;
- participating in multi-agency working to safeguard the child or adult (if appropriate to your role);
- ensuring contemporaneous records are kept at all times and record keeping is in strict adherence to Mersey Care NHS Foundation Trust policy and procedures and professional guidelines. Roles, responsibilities and accountabilities, will differ depending on the post you hold within the organisation;
- ensuring that all staff and their managers discuss and record any safeguarding issues that arise at each supervision session.

EQUALITY AND HUMAN RIGHTS

Mersey Care NHS Foundation Trust recognises that some sections of society experience prejudice and discrimination. The Equality Act 2010 specifically recognises the *protected characteristics* of age, disability, gender, race, religion or belief, sexual orientation and transgender. The Equality Act also requires regard to socio-economic factors including pregnancy /maternity and marriage/civil partnership.

The trust is committed to equality of opportunity and anti-discriminatory practice both in the provision of services and in our role as a major employer. The trust believes that all people have the right to be treated with dignity and respect and is committed to the elimination of unfair and unlawful discriminatory practices.

Mersey Care NHS Foundation Trust also is aware of its legal duties under the Human Rights Act 1998. Section 6 of the Human Rights Act requires all public authorities to uphold and promote Human Rights in everything they do. It is unlawful for a public authority to perform any act which contravenes the Human Rights Act.

Mersey Care NHS Foundation Trust is committed to carrying out its functions and service delivery in line with a Human Rights based approach and the FREDA principles of **F**airness, **R**espect, **E**quality **D**ignity, and **A**utonomy.

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1. PURPOSE AND RATIONALE

1.1 This policy sets out the minimum standards of physical health care for service users within Mental Health and Learning & Disability Divisions within the Trust.

1.2 Adherence to the standards within this policy will ensure a consistent approach to physical health assessments that are inline with evidence based and good practice: timely, effective, equitable and person-centred care.

1.3 Mortality among mental health service users aged 19 and over in England was 3-6 times the rate of the general population in 2010/11 (HSCIS, 2013).

1.4 People with mental health problems have a higher death rate for most causes of death but in particular:

a) nearly four times the general population rate of deaths from diseases of the respiratory system;

b) just over four times the general population rate of deaths from diseases of the digestive system;

c) nearly three times the general population rate of deaths from diseases of the circulatory system;

1.5 People with mental health problems often have higher levels of metabolic syndrome, cardiovascular disease and diabetes, than the remainder of the population.

1.6 People with metabolic syndrome have 3-6 fold increased risk of mortality due to coronary heart disease, and 5-6 fold increased risk of developing Type 2 Diabetes (Arms et al 2014).

2. OUTCOME FOCUSED AIMS AND OBJECTIVES

2.1 All patients on admission should be offered a comprehensive assessment. The standard is the use of a recognised early warning signs tool in recognising early deterioration in a patient and use of the appropriate documentation. The physical examination minimum criteria are as follows and with more detailed information in Appendices 1 and 2 regarding Local and Secure Division procedures:

a) all admissions must have a full early warning score (NEWS2) assessment completed within six hours by admitting ward staff and charted in clinical notes;

b) a full physical assessment by medical staff/duty doctor needs to be completed within 24 hours from admission;

c) additional comprehensive health checks will be completed by appropriately trained physical health staff;

d) if examination is not possible, the reason must be clearly stated in the healthcare record and relevant observations documented;

e) all clinical findings should be documented on standard observation chart (SD51).

2.2 A full physical health check must be offered to patients who are long stay at set periods agreed locally.

2.3 Results of physical health investigations must be checked by a member of medical/appropriately trained health care professionals at the earliest opportunity and action taken when necessary.

2.4 All long term physical conditions and disorders must be reviewed according to individual need, the results documented in the healthcare records and a care plan agreed to address any concerns identified during the assessment process.

2.5 All information should be fed into and reviewed at CPA meetings.

2.6 All information must be recorded electronically and within the patient's healthcare records.

2.7 Compliance with these aims and objectives will be subject to annual audit using a random sample of patient records.

2.8 Admission health checks, annual health checks and monthly well man checks will gather information taking the elements of the LESTER Tool into account to enable individual plans of care to be devised.

2.9 Culture is a system of values, beliefs and practices. All health care staff must be aware of cultural sensitivities, drawing guidance and pointers from the actions of the patient and their relatives. Staff should be alert to and ensure that they respect any cultural and or gender sensitivity issues. In the event of concerns regarding religious or cultural practices and beliefs, advice and support should be sought from the Spiritual and Pastoral Care Team so that treatment is progressive in an appropriate and sensitive manner.

2.10 All employees (including bank, agency, locum or visiting staff) should make themselves aware of ethical responsibilities.

3. SCOPE

3.1 This policy applies to all staff who provide services to people with mental health issues, learning disabilities and addictions issues both in inpatient and community services. This policy excludes the Community Services Division. Some aspects of the policy will differ between Divisions/Services (see Appendix 1 and 2).

4. DEFINITIONS (Glossary of Terms)

4.1 The relevant terms and their definitions (within the context of this policy document) are outlined below:

Glossary of Terms	Definition
A&E	Accident & Emergency
AHC	Annual Health Check
ACVPU	Alert Confusion Voice Pain Unresponsive
APHC	Annual Physical Health Check
BMI	Body Mass Index
CMHTs	Community Mental Health Teams
CPA	Care Programme Approach
CQUIN	Commissioning for Quality and Innovation
CVD	Cardiovascular Disease
ECG	Electrocardiogram
FRAT	Falls Risk Assessment Tool
GP	General Practitioner
HbA1c	Glycated Haemoglobin

MRSA	Methicillia-resistent Staphylococcus Aureus
MUST	Malnutrition Universal Screening Tool
NAS	National Audit of Schizophrenia
NEWS2	National Early Warning Score 2
NICE	National Institute Clinical Excellence
NRT	Nicotine Replacement Therapy
RMO	Responsible Medical Officer
SMI	Severe Mental Illness
VTE	Venous Thromboembolism

5. DUTIES

5.1 Board of Directors

5.1.1 Health care providers are under obligation to provide safe care to their service users and appropriate training to their staff. This duty encompasses ensuring the physical health care of service users whilst under the care of the organisation and the Trust has an obligation to comply with its statutory and regulatory observations.

5.1.2 The Trust Board has overall responsibility for ensuring that all staff are appropriately trained and competent to effectively fulfill their role within the organisation and to maintain the safety of service users.

5.2 Lead Executive Director

5.2.1 The Lead Executive Director for this policy (Executive Director of Nursing & Operations) has strategic responsibility for ensuring that appropriate physical health care management is monitored and reported to the Board accordingly.

5.3 Policy Lead

5.3.1 The Policy Lead (Deputy Director of Nursing) will oversee the Trust implementation, promotion and governance of the policy across the Trust. They will be responsible for monitoring and reviewing the policy as necessary with support from the Corporate Matron and Physical Health Matron in both Local and Secure Divisions.

5.4 Chief Operating Officer

5.4.1 The Chief Operating Officer is accountable for ensuring high standards of physical health care within the service for which they have overall responsibility and ensuring adherence to the policy. This will include ensuring appropriate arrangements are in place with other providers of healthcare supported by service line agreements where required.

5.5 Service Care Leads, Modern Matrons and Ward Managers

5.5.1 Service Care Leads, Modern Matrons and Ward Managers are responsible for ensuring that high standards of competency relating to physical healthcare are maintained within their areas of responsibility and that staff have access to and received appropriate physical health training. They must ensure all appropriate medical equipment is available and in good working order for all aspects of physical health care under the auspices of the Trust's Medical Devices Policy:

5.6 **Admitting Clinician (Medical Practitioner) – Inpatient Only**

5.6.1 The admitting Medical Clinician is responsible for undertaking a physical examination in accordance with evidence based practice and Trust policies and procedures during an inpatient episode. The assessment must be documented within the Physical Health Joint assessment form within the electronic record. All identified physical health needs need to be documented and appropriate and timely referrals made if and when required.

5.7 **All Other Healthcare Practitioners**

5.7.1 All staff working with service users, regardless of service setting have responsibility to assess and manage physical health care inline with evidence based practice and Trust policy. Where they are unable to safely manage the physical health care of a service user, it is their responsibility to ensure the escalation process is taken, with referral to a senior member of staff or medical team.

5.7.2 This includes the ability to carry out all vital signs monitoring and the use of physical health assessment tools in use within this field of practice.

6. PROCESS

6.1 **Admission and Baseline**

6.1.1 Admitting ward staff will undertake baseline observations on all patients that are admitted. All admissions must have a full early warning score (NEWS2) assessment completed within six hours by admitting ward staff and charted in clinical notes (SD51) and escalated accordingly in line with the policy.

6.1.2 Ensure the patient has capacity to consent and that the patient has given informed valid consent for the procedures. If a physical health need or condition is identified and the service user lacks capacity to consent the team must refer to the Mental Capacity Act guidance to complete a capacity assessment in order to meet the physical health needs and maintain the service uses' safety.

6.1.3 If English is not the first language or there is any disability such as visual, hearing impairment, or learning disability, the practitioner must ensure relevant action is taken (eg interpreter, signer, etc.).

6.2 A full physical assessment will be completed by medical and nursing staff:

a) vital sign observations (Blood Pressure, Pulse, Respirations, Oxygen saturations, Temperature and ACPVU);

b) family history;

c) long term conditions;

d) medications;

e) allergies (commence alert card);

f) physical examination;

g) social history;

h) alcohol, drug use and smoking status (drug screen if required. Offer NRT – Nicotine Replacement Therapy if required);

i) body mass index (BMI);

j) full baseline bloods (full blood count, liver function tests, thyroid function tests, urea and electrolytes HbA1c Lipd profile as a minimum);

k) ECG;

l) VTE assessment;

m) slips, trips and falls assessment (nursing staff);

n) pregnancy status (females);

o) MUST (Malnutrition Universal Screening Tool – nursing staff).

6.3 Additional physical health checks will also be undertaken. These comprise of:

a) review of the bloods from admission;

b) family history;

c) urinalysis;

d) review of all physical health medication;

e) therapeutic monitoring regime;

f) smoking history and NRT;

g) alcohol and drug history;

h) diet and exercise;

i) bowels

j) waterlow score;

k) MUST review;

l) falls assessment;

m) QRISK2 score;

n) national screening;

o) MRSA screen review;

p) any additional referrals (dietitian, optician, dentist, podiatry, long term conditions, clinic lists).

6.4 If examination is not possible, for example if a patient refuses or clinical presentation does not allow, the reason must be clearly stated in the healthcare record and relevant observations documented. These could include nutritional status, gait, abnormal movements or other observations. The situation should then be reviewed at regular intervals.

6.5 All clinical findings should be documented on standard observation chart.

6.6 The standard is the use of a recognised early warning signs tool in recognising early deterioration in a patient and use of the appropriate documentation.

7. CONSULTATION

7.1 The following were consulted within the development of this policy:

a) medical staff;

b) nursing staff;

c) divisional directors, service leads and modern matrons.

8. TRAINING AND SUPPORT

8.1 In both inpatient and community settings, assessment and monitoring of physical healthcare is a routine activity. Therefore, it is important that professionals involved have the necessary skills, competence and support to delivery high quality care inline with professional codes of conduct.

8.2 All staff are responsible for ensuring they have the competency required in relation to essential physical healthcare skills. Clinical staff should identify their continuing professional development needs through appraisal and supervision.

8.3 All clinical nursing procedures must be carried inline with local and national standards for physical assessment and clinical examination.

8.4 Information and resources to support education and training can be found on the Trust's internet (SharePoint – Physical Health section for Corporate and Local Divisions).

8.5 All inpatient units should have access to a member of staff per shift who is able to complete routine bloods and ECGs on admission. This should be provided where possible and in most circumstances within the first 24 hours of admission. Training for venepuncture and ECGs is provided by the Trust on a regular basis. Further information on Learning Development and/or Modern Matrons (Local and Secure), Corporate Matrons.

9. MONITORING

9.1 The application of this policy will be monitored by the Trust Physical Health Strategy Working Group via the reporting of KPIs, CQUIN, Audit of Implementation of NICE Guidelines and NAS requirements in line with the Trust's agreed Clinical Audit Programme.

9.2 A copy of the most up-to-date physical health KPIs and quality measures can be obtained by contacting performancetream@merseycare.nhs.uk.

9.3 Commissioner performance requirements including CQUINs can be obtained by contacting QualitySchedule@merseycare.nhs.uk.

10. EQUALITY AND HUMAN RIGHTS ANALYSIS

Title: Physical Health Care
Area covered: Trust-wide

What are the intended outcomes of this work? This policy sets out the minimum standards of physical health care for service users within Mental Health and Learning Disabilities Divisions in the Trust. This policy sets out the Trust's compulsory, physical health assessments, timeline, follow up for clinical findings and continued care provision for service users in all Divisions except the Community Division.
Who will be affected? Staff, patients, carers.

Evidence
What evidence have you considered? Full reference and supporting documents listed on Page 16, Section 11. PALS and Patient Complaints. Research Patient Demographics.
Disability (including learning disability) Guidance from specialist learning disability teams which acknowledges and supports learning disabilities. Any service user whose first language isn't English an interpreter or other mediums as requested would be provided. A service user who is deaf a person able to use BSL would be provided. As part of the trust's mandatory training all staff must complete Equality, Diversity, & Human Rights training at the appropriate level commensurate with their job role. If the service user lacks mental capacity to take part in the discussion and make any necessary decisions then relatives, others close to the service user or recognised carers would be consulted as per policy.
Sex This policy applies to all staff and service users regardless of sex. Staff should always be mindful of maintaining dignity wherever possible throughout any clinical procedure. Refers sensitivity in gender issues.
Race It is anticipated that the policy has the potential to deliver positive impacts for patients of different religions and beliefs by supporting the Trust in identifying and addressing their physical health needs and assisting them to access primary care services. This policy applies to all staff and service users regardless of race. Supports provision of interpreters by the trust. Supports the need for cultural sensitivity.

Age Evidence from national research and statistics shows that older people are more likely to experience physical health problems than younger people. This would mean that the policy is particularly relevant to age and has the potential to bring about even greater positive impacts in relation to older people.
Gender reassignment (including transgender) It is anticipated that the policy has the potential to deliver positive impacts for transgender patients by supporting the Trust in identifying and addressing their physical health needs and assisting them to access a wide range of services including community and .primary care services.
Sexual orientation It is anticipated that the policy has the potential to deliver positive impacts for patients of all sexual orientations by supporting the Trust in identifying and addressing their physical health needs and assisting them to access community and primary care services.
Religion or belief It is anticipated that the policy has the potential to deliver positive impacts for patients of different religions and beliefs by supporting the Trust in identifying and addressing their physical health needs and assisting them to access community and primary care services. This policy applies to all staff and service users regardless of religion or belief. Clear guidance is given to ensure that if there are any concerns relating to this area, the advice and support of the Spiritual Care and Pastoral Team is sought.
Pregnancy and maternity The NEWS2 tool should not be used in women who are pregnant due to normal physiological changes of pregnancy and at present there is no standardised nationally approved MEOWS tool.
Carers Nothing to note.
Other identified groups The NEWS2 may be unreliable in patient with a spinal cord injury.
Cross Cutting This policy applies to all staff and service users without discrimination.

Human Rights	**Is there an impact?** **How this right could be protected?**
Right to life (Article 2)	This policy ensures that the Trust responsibility in relation to article 2 is met.
Right of freedom from inhuman and degrading treatment (Article 3)	This policy ensures that the Trust responsibility in relation to article 3 is met. To include reference the Human Rights Act responsibilities and considerations in the principle. Informed, valid consent required.
Right to liberty (Article 5)	This article is not engaged.
Right to a fair trial (Article 6)	This article is not engaged.

Right to private and family life (Article 8)	This article is not engaged.
Right of freedom of religion or belief (Article 9)	This article is not engaged.
Right to freedom of expression **Note: this does not include insulting language such as racism (Article 10)**	This article is not engaged.
Right freedom from discrimination (Article 14)	This article is not engaged.

Engagement and Involvement
Physical Health Strategy Working Group

Summary of Analysis
Eliminate discrimination, harassment and victimisation This policy intends to provide investigations safely and respectfully.
Advance equality of opportunity
Promote good relations between groups This policy does not impact on good relations between groups.

What is the overall impact?
For patients, this policy and procedures has a positive impact insomuch as ensuring safety and respect.

Addressing the impact on equalities

Action planning for improvement
Human Rights Act, 1998 Legislative Framework added.

For the record **Name of persons who carried out this assessment:** Joanna Morgan, George Sullivan
Date assessment completed: 10:07:19
Name of responsible Director: Trish Bennett
Date assessment was signed:

11. SUPPORTING DOCUMENTS

11.1 List of Supporting Documents and References:

- Arms T, Bostic T, Cunningham P (2014) Educational intervention to increase detection of metabolic syndrome in service users at community mental health centres. Journal of Psychosocial Nursing and Mental health Services, September Vol 52, Issue 9: 32-36

- Cormac. I, Gray. D (Eds) (2012), Essential of Physical Health in Psychiatry. RCPsych, London

- Department of Health (2014), Closing the gap: priorities for essential change in mental health. DOH, London

- Department of Health (2011), The Operating framework for the NHS in England 2012/13. DOH, London

- Department of Health (2011) No Health without Mental Health: A CrossGovernment Mental Health Outcomes Strategy for People of All Ages. DOH, London

- Sougherty, L, Lister S (Eds) (2015) The Royal Marsden Manual of LCinical and Nursing Procedures. Ninth Edition. Wiley-Blackwell, Oxford

- NHS England (2015) Building the NHS of the Five Year Forward View, The NHS England Business Plan 2016-16, NHS England

- RCPsych. Lester UK Adaptation (2014 update), Positive Cardiometabolic Resource

- Smith M, Hopkins D, Peveler RC, Nolt R, Woodward, Ismail K (2008). First – v second generation antipsychotics and risk for diabetes in schizophrenia systematic review and meta-analysis. Br J Psychiatry, 192: 406-411

Appendix 1.

LOCAL DIVISION STANDARD OPERATING PROCEDURE

1. Local Division AIMS AND OBJECTIVES

1.1 As part of admission into Local Division services, all service users will receive a baseline physical health assessment with 3 days for clinical observations and within 7 days for the full completion of the nursing physical health assessment form in line with local KPI PHYSLOC8.

1.2 Any identified physical health need will receive assessment, intervention and care planning as part of the holistic care delivery from Local Division.

1.3 To maintain safety of our service users monitoring and completion of physical observation will be completed in line with NEWS2 recommendations. Any identified physical condition will be monitored and treated in line with local and national standards.

1.4 Local Division are committed to improving the health outcomes of all its service users, especially around the improvement of physical health and premature death. Providing assessment and intervention for cardio-metabolic risk screening including diabetes, hypertension, dyslipidaemia and risky behaviours, in line with the LESTER Tool 2016. Providing effective training for staff, health information for service users, carers and families and providing effective referral pathways.

1.5 To provide effective information and support to service users and carers to promote and preserve health and wellbeing (ensuring appropriate methods of communication are used).

2. Method

2.1 **Physical Examination and Assessment to Inpatient Wards**

2.1.1 A full physical examination and assessment should be completed within 24 hours of admission by the medical team; this should be documented in the Admission Clinical Clerking form within the Physical Healthcare Pathway of the Local Division's Clinical information system. In the event the service user refuses a physical examination this needs to be documented in the clinical records with reasons for refusal, including a plan of how the team will proceed in requesting further physical health assessment. If the service user is too high risk, this should be documented in the service user's clinical record with the risk assessment; however, physical observations including Visual A-E Assessment, respiration rate, ACVPU, colouration and mobility must be completed as standard and form part of the care plan and be documented in the clinical notes. This also is applicable to service users who refuse physical health assessments.

Physical Health examinations as recommended by NICE, NHS England, RC Psych and Maudsley include:

a) blood pressure;

b) pulse;

c) pulse oximetry;

d) respirations;

e) weight BMI (weight circumference where appropriate);

f) temperature;

g) bloods screening, including HbA1c and total lipids;

h) ECG.

The Nursing Physical Health assessment should be completed within seven days of admission and relevant pathways completed, this is reported through PHYSLOC8.

2.2 If a physical health need or condition is identified and the service user lacks capacity to consent or refuses physical health care, the team must refer to the Mental Capacity Act guidance to complete a capacity assessment in order to meet the physical health needs and maintain the service user's safety.

2.3 If the service user has been admitted from another Local Division ward (transfer) it is the responsibility of the team receiving the admission to ensure the physical health assessment is up-to-date, monitoring any changes or deterioration in the service user since admission. Where it has not been completed this must be escalated to the medics on duty or on call medic. Due to the risk of deterioration it is advised that the receiving wards treat this as a new admission. The nursing physical health assessment should also be reviewed and completed/updated as appropriate.

2.4 Service users transferred back to Local Division from an acute hospital MUST be clerked in promptly and thoroughly by the responsible junior doctors for the ward in and out of hours. As part of the re-admission process all doctors both in and out of hours MUST give appropriate attention to correctly determining the current prescribed medication for the service user. Transfer from an acute hospital can only be accepted with the completion of a discharge summary (see Appendix 1).

2.5 It is the responsibility of the MDT to ensure physical health investigations and outcomes of the admission clinical clerking form, nursing assessment and nursing observation form be acted on. This will include, if needed, making referrals to other secondary care specialists. The service user's GP may also be asked to investigate, monitor, treat and if necessary refer a physical health condition or for specialist advice. The results of any physical health investigations, referrals and findings should also be included in the discharge correspondence to the service user's GP.

2.6 Guidance on care planning for long term conditions, weight management and nutritional needs can be assessed via the Physical Health pages of SharePoint (link to Care Plan Guidance on SharePoint).

2.7 The physical examination and assessment should follow the criteria set out within the admission clinical clerking assessment forms (all fields are to be completed) within the Local Division's electronic clinical records and as a minimum must include:

a) examination of cardiovascular, respiratory, gastrointestinal, musculoskeletal and nervous systems;

b) VTE assessment;

c) smoking, drug and alcohol screening must be completed for service users in all settings, within specified timescales in:

   i) smoking timeframes please see Trust Nicotine Management Policy (SA20),

   ii) alcohol and substance misuse screening must be completed and where appropriate brief interventions offered or referral to specialist services where indicated. Following completion of the Audit assessment tool for alcohol,

   iii) urine drug screen to be completed on admission if clinically indicated;

d) ECG to be completed if clinically indicated and for prescribing;

e) baseline blood investigations to include:

   i) full blood count,

   ii) urea and electrolytes.

   iii) liver function test with gamma GT,

   iv) thyroid function test,

   v) HbA1c,

   vi) random or total lipids,

   vii) B12 folate (older people),

   viii) bone profile,

   ix) baseline therapeutic drug levels (if clinically indicated);

f) all baseline observations must be completed within six hours of admission and include:

   i) pulse,

   ii) respiration rate,

   iii) temperature,

   iv) blood pressure,

   v) conscious state (ACVPU),

vi) oxygen saturations,

vii) NEWS2,

viii) urine dipstick;

g) the above observations including NEWS2 must then be completed twice daily for 72 hours then reviewed by the medical team who will set the frequency of observations to be taken as per Recognition and Management of the Deteriorating Patient Policy (SD51) Policy. As a minimum these observations are to be undertaken and documented weekly;

h) adapted Malnutrition Screening Tool (MUST), see Appendix 2, including weight, height, BMI MUST score and MUST care plan to be undertaken within 72 hours of admission and reviewed dependent on score;

i) inpatient nursing assessment, nursing observations form and Investigations V2 form with additional physical health information must be undertaken and completed within seven days of admission. This includes the completion of the Diabetes Joint Inpatient pathway to ensure completion of a diabetes care plan with the inclusion of the diabetes specialist team (see Appendix 3);

j) Completion of Physical Health interventions for Diabetes, Cholesterol and Hypertension must also be completed with in 7 days can be found on the Nursing assessment form;

k) pressure ulcer risk assessment tool – Waterlow Assessment to be completed on every admission where clinically indicated within 24 hours of admission (Waterlow Assessment screen is integral to the Physical Healthcare Pathway on the patient's electronic clinical information system);

l) routine investigations such as ECG and routine bloods should be completed before the prescription/administration of any new medications;

m) all equipment should be from the Trust recommended Medical Devices list, unless otherwise agreed by the Trust-wide Medical Device Group.

2.8 **Longer Term Physical Healthcare of Inpatients**

2.8.1 Ongoing monitoring and reviews of physical healthcare of inpatients should be based on the Positive Cardio metabolic Health Resource (Lester UK Adaption 2014) and linked to the service user's care plan/or health action plan. Further information can be found n Local SharePoint. MUST nutritional screening and care plan to be reviewed weekly/monthly according to scope.

2.8.2 Risks of slips, trips and falls should be routinely assessed using FRAT and appropriate preventative measures adopted in line with Slips, Trips and Falls Policy (SA30).

2.9 Service users should have timely access to community dental care, chiropody, wound care and optician when required. Any known diabetic service user should have an automatic referral to podiatry whilst an inpatient, as per current Service Level Agreement (SLA) and referral procedures. Provider staff (SLA) will provide ongoing treatment plans for those service users with more complex medical needs, eg diabetes as categorised as increased risk or above in line with NICE guidance or podiatric problems, eg corns, callouses, some pathological nail conditions.

Service users with specific medial conditions must continue to receive appropriate care and treatment. This may involve expert advice from specialist services where specific conditions are already established (eg diabetes, COPD, cardiovascular, respiratory).

2.10 All service users should have access to appropriate health promotion information, including physical activity, smoking cessation, alcohol brief advice and appropriate dietary advice.

2.11 For inpatients longer than first three months and then annually, a repeat of the inpatient physical health screening tool must be completed inline with Lester tool PHYSLOC1, this will include:

a) blood pressure;

b) BMI;

c) pulse;

d) pulse oximetry;

e) respirations;

f) temperature;

g) HbA1c;

h) Total/random lipids.

Also, sign posting/action for cardio metabolic risks:

a) diabetes;

b) hypertension;

c) dyslipidaemia.

2.12 A full review of service user's health needs including examination must be undertaken every six months for long stay service users and documented appropriately.

2.13 On discharge it is the MDT responsibility to ensure discharge information is sent to the GP within 48 hours for inpatients and seven days for Community Teams. This must include mental health care plan, physical health care plan, lists of medications and screenings attached to the medication. It is the responsibility of medical staff to ensure that the service user's GP receives a full discharge summary which must include all physical investigations undertaken and medication prescribed.

2.14 **Physical Health for Community Service Users: CPA**

2.14.1 Care co-ordinators in community settings must ensure that all service users are registered with a GP and that an annual health check is undertaken. Community Physical Health clinics should be provided in each community setting to facilitate the APHC when the service user does not regularly attend the GP.

2.14.2 The APHC should be shared with the GP and the GP should share the information of a completed APHC with the CMHTS/Care Co-ordinator.

2.14.3 Community Physical Health Assessment form complies with the Cardio-metabolic risk screening and interventions as required by national guidelines. An APHC form is available on electronic recording system.

2.14.4 Care co-ordinators and consultants must ensure that a review of physical healthcare is undertaken as part of a CPA review and that the service user is supported to attend follow up appointments in relation to physical health needs.

2.14.5 Each identified Physical Health need must have an individualised care plan, documented in their notes. Ensuring they are able to access the appropriate primary care of secondary health care provision within the acute trusts as appropriate.

2.14.6 CPA review documentation must include a physical health assessment including:

a) physical health/mental health diagnosis;

b) medication and actions needed to maintain medication screening and safe levels;

c) copy of recent treated conditions and further treatment plans where necessary;

d) completed set of physical observations, including weight management, diet and exercise advice, which are also included in the care plan.

2.14.7 Any depot, lithium or Clozapine clinics must have a physical health review of the service user when attending for medication. Please ensure that all clinics that see CPA or non CPA clients have the ability to offer physical health screening and "health chats", brief interventions, this should be documented in the electronic records. *Please see local protocols for screening requirements.*

2.15 **Physical Health for Community Service Users: NON CPA**

2.15.1 Non CPA clients should have an APHC completed by the GP. Non CPA clients not engaging with the GP should be referred to the Primary Care Mental health Team who is responsible with helping GPs in engaging patients on the SMI register.

2.15.2 Outpatient appointments should include a physical health and mental health assessment with actions required sent to the GP.

2.15.3 Changes to medication should be communicated to the GP in a timely fashion and agreed that the GP is willing to manage the titration of the new medication in the community. This may need negotiating in line with roles and responsibilities.

Appendix A

Check List Proforma for Transfer of Patients between Medical Ward/

Accident & Emergency Department and Mental Health Unit

(only complete this checklist once transfer has been agreed)

Name …… Date and time of admission: ……..……..

DOB: …… Date and time of transfer: ……..

NHS Number: …… Transferring ward or department: ……..

1. Are any of the following currently applicable to the patient?

Red Flag	Currently receiving intravenous fluids	Yes/No
	Currently receiving intravenous medications	Yes/No
	On oxygen mask	Yes/No
	Nasogastric Tube	Yes/No
	GCS <12	Yes/No
	Diarrhoea/vomiting in the last 48 hours	Yes/No
	Currently receiving continuous cardiac monitoring	Yes/No
	Cannula	Yes/No
	Does patient have a tracheostomy tube	Yes/No If Yes is it Established or New

If YES to any of the above, patient is not medically fit for transfer to a Psychiatric Unit.

2. Are any of the following currently applicable to the patient?

Amber Flag	PEG in situ	Yes/No
	On hourly monitoring of BP/Pulse/Temp/Urine output	Yes/No
	Raised inflammatory markers/ongoing infection requiring treatment	Yes/No
	BMI < 17.5	Yes/No
	Recent loss of mobility	Yes/No
	GCS 12-14	Yes/No
	Grade 4 pressure sore or compromised skin integrity	Yes/No
	Recent infection requiring antibiotics/ antimicrobials	Yes/No
	Mews Score > 5	Yes/No Please state
	Unstable BMs (Blood Sugar) - Especially Hypo	Yes/No

If YES to any of the above, please provide details and discuss with the Nurse in Charge in consultation with Dr on call before transfer

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Appendix B

Nutritional Screening Tool
(Based on the Malnutrition Universal Screening Tool/MUST)

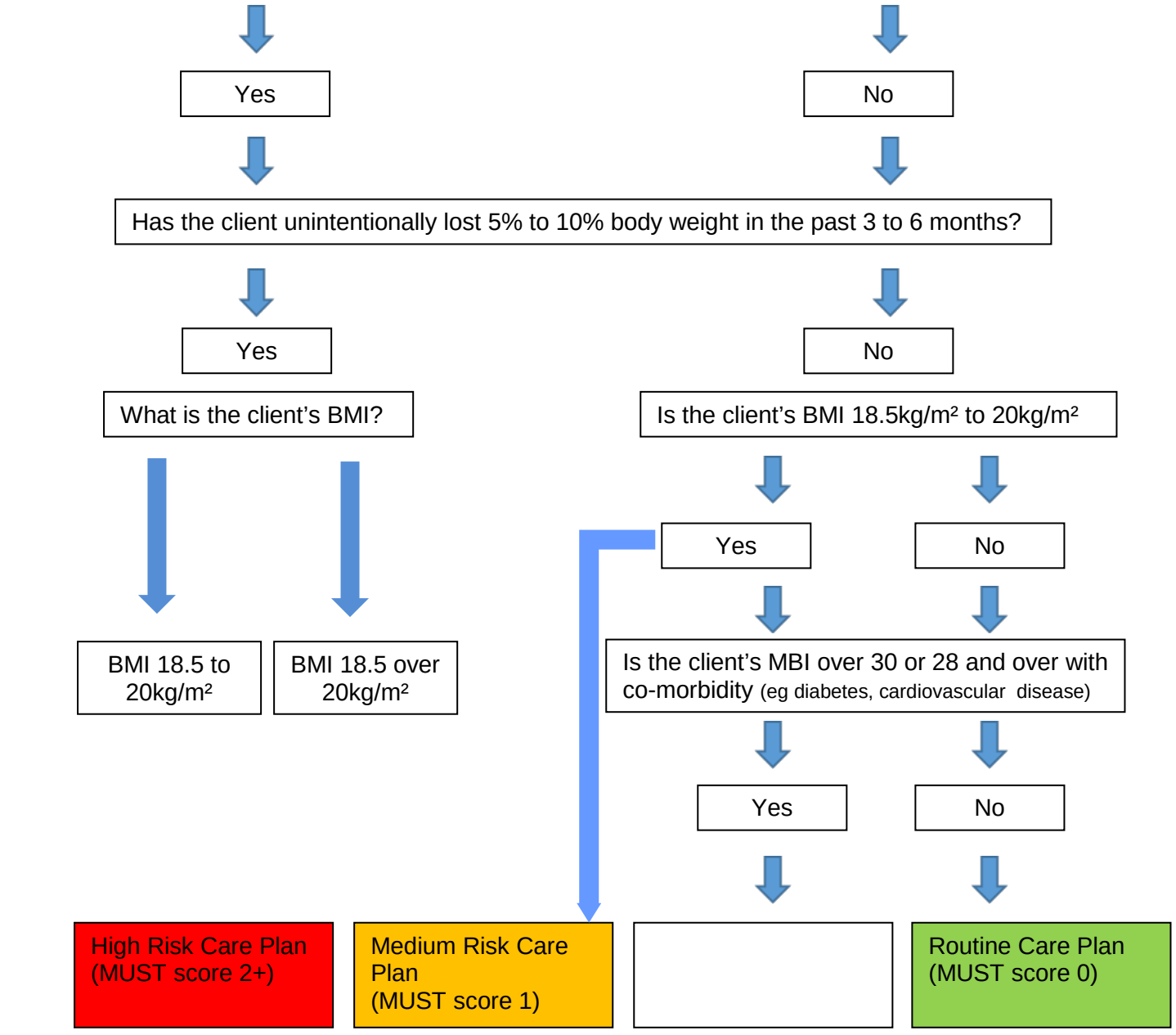
Is client's BMI less than 18.5kg.m²?

OR

Has client unintentionally lost over 10% body weight in the past 3 to 6 months?
(Percentage weight loss reference chart available – refer to Appendix ?)

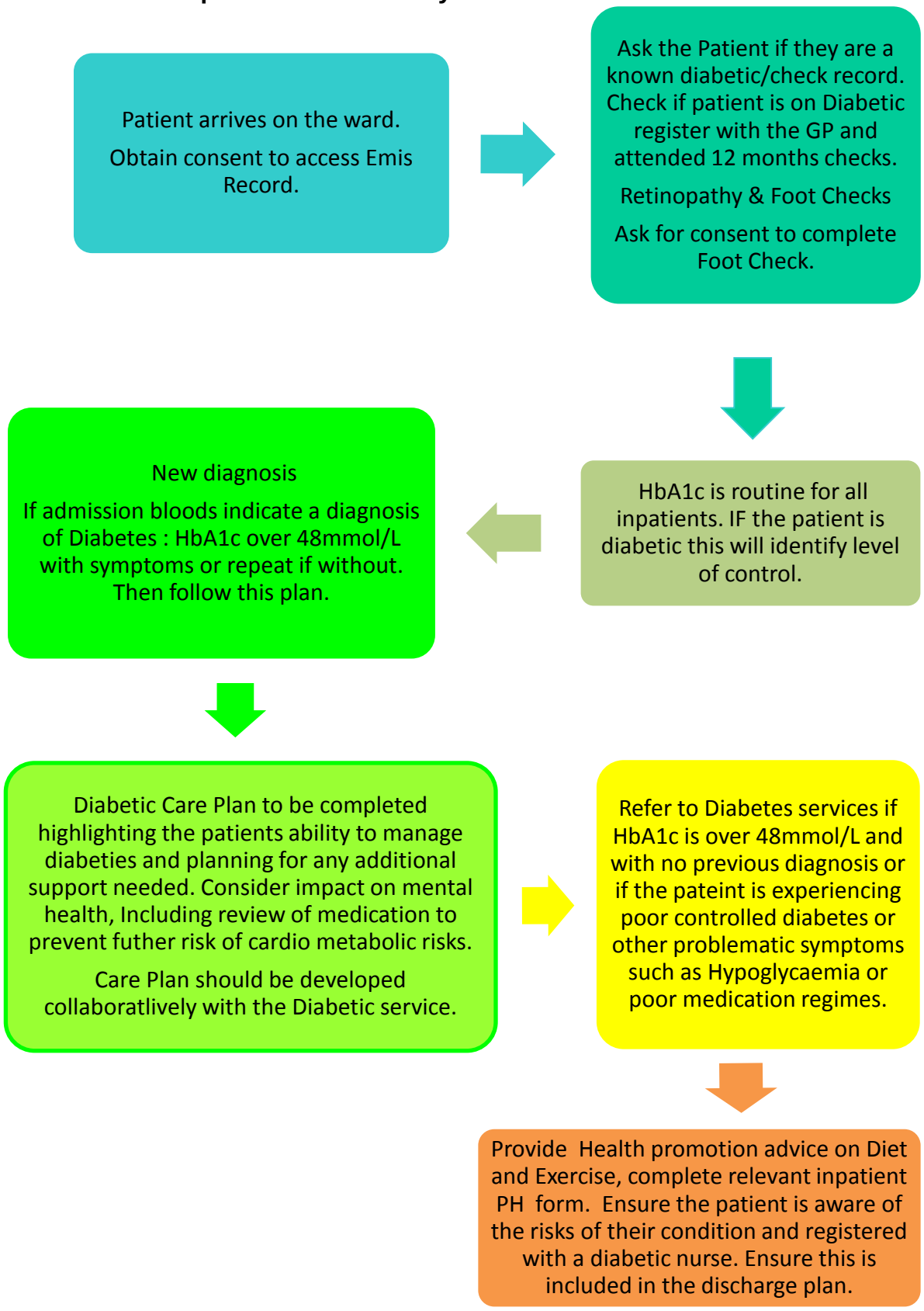
OR

Does client have critical physical or mental illness with no nutritional intake for 5 days or more?



Appendix C

Diabetes Joint Inpatient Care Pathway



Appendix D

Chest Pain : Protocol

Mersey Care NHS Foundation Trust
Community and Mental Health Services

Acute Chest Pain Symptoms:

- **Acute Sudden Onset of pain in the central chest area : More than 10 -15mins**
- Squeezing, tightness in chest
- Radiating pain to arm, jaw or back
- Pale : Clammy, Nausea, Vomiting
- Breathlessness, marked sweating or combination
- Gripping/clutching to chest area
- Increased pulse & respirations
- Lower Blood Pressure
- Known angina patient with no relief from GTN within 15 mins (do not rule out MI even if there is some relief)
- High risk patient due to medication, obesity or other physical health risks
- Irregular pulse Known History of Heart Conditions

Call 999

- Follow DR ABC
- Monitor SATS – Oxygen can be given if SATS are less than 94%
- If patient is known COPD maintain SATS at 88-92%
- Aspirin 300mg can be given (Located in Emergency Drugs Bag in RED BAG). Do not give if allergy known *Inform the paramedic on the scene this has been given*
- 12 Lead ECG can be completed whilst awaiting paramedic – if patient is able to tolerate. This is not mandatory

Non Acute Chest Pain:
Patient complaining of chest pain or pain within last 12 hrs – unspecified, no history of cardiac problems or Angina
Physical OBS normal
Walking, talking, eating, drinking?
Patients with diabetes may not usual signs of MI – call for medical review if not sure

Record NEWS2 & Call for medical assessment
Repeat Review in 24 hrs with ECG

Appendix 2

SECURE DIVISION STANDARD OPERATING PROCEDURE

1. Overview :

1.1 This policy applies to all inpatients in High, Medium and Low Secure Services and the Forensic Intermediate Rehabilitation Team. Physical health checks required to be completed within 14 days.

2. SECURE DIVISION AIMS AND OBJECTIVES

2.1 All patients on admission should be offered a comprehensive assessment. The standard is the use of a recognised early warning signs tool in recognising early deterioration in a patient and use of the appropriate documentation. The physical examination minimum criteria are as follows:

a) all admissions must have a full early warning score (NEWS2) assessment completed within six hours by admitting ward staff and charted in clinical notes;

b) a full physical assessment by medical staff/duty doctor needs to be completed within 24 hours from admission;

c) within 14 days of admission, additional comprehensive health checks will be completed by appropriately trained physical health staff;

d) if examination is not possible, the reason must be clearly stated in the healthcare record and relevant observations documented;

e) all clinical findings should be documented on standard observation chart Appendix ?).

2.2 A full physical health check must be offered annually.

2.3 A physical health check must be offered monthly.

2.4 Results of physical health investigations must be checked by a member of medical/appropriately trained health care professionals at the earliest opportunity and action taken when necessary.

2.5 All long term physical conditions and disorders must be reviewed according to individual need, the results documented in the healthcare records and a care plan agreed to address any concerns identified during the assessment process.

2.6 All information should be fed into and reviewed at CPA meetings.

2.7 All information must be recorded electronically and within the patient's healthcare records.

2.8 Compliance with these aims and objectives will be subject to annual audit using a random sample of patient records.

2.9 Admission physicals, annual health checks and monthly well man checks will gather information taking the elements of the LESTER Tool into account to enable individual plans of care to be devised.

3. METHOD :

3.1 Admission and Baseline

3.1.1 Admitting ward staff will undertake baseline observations on all patients that are admitted. All admissions must have a full early warning score (NEWS2) assessment completed within six hours by admitting ward staff and charted in clinical notes. Please refer to SD51 – NEWS2 Management and Recognition of the Deteriorating Patient (National Early Warning Scores) and Recognition of Sepsis and escalated accordingly.

3.2 A full physical assessment by medical staff/duty doctor needs to be completed within 24 hours from admission. Nursing staff would complete MUST and Slips, Trips and Falls Assessment. As a minimum this must include:

a) physical observations (Blood Pressure, Pulse, Respirations, Oxygen saturations, Temperature and ACPVU);

b) family history;

c) long term conditions;

d) medications;

e) allergies (commence alert card);

f) physical examination;

g) social history;

h) alcohol, drug use and smoking status (drug screen if required. Offer NRT – Nicotine Replacement Therapy if required);

i) body mass index (BMI);

j) full baseline bloods (full blood count, liver function tests, thyroid function tests, urea and electrolytes HbA1c Lipid profile as a minimum);

k) ECG;

l) VTE assessment;

m) Slips, trips and falls assessment (nursing staff);

n) MUST (Malnutrition Universal Screening Tool – nursing staff).

3.3 Within 14 days of admission the healthcare staff will complete additional physical health checks. These comprise of:

a) review of the bloods from admission;

b) family history;

c) urinalysis;

d) review of all physical health medication;

e) therapeutic monitoring regime;

f) smoking history and NRT;

g) alcohol and drug history;

h) diet and exercise;

i) bowels;

j) waterlow score;

k) MUST review;

l) Falls assessment;

m) QRISK2 score;

n) national screening;

o) MRSA screen review;

p) Any additional referrals (dietitian, optician, dentist, podiatry, long term conditions, clinic lists).

3.4 If examination is not possible, for example if a patient refuses or is too disturbed, the reason must be clearly stated in the healthcare record and relevant observations documented. These could include nutritional status, gait, abnormal movements or other observations. The situation should then be reviewed at regular intervals.

3.5 All clinical findings should be documented on standard observation chart.

3.6 The standard is the use of a recognised early warning signs tool in recognising early deterioration in a patient and use of the appropriate documentation.

4. MONITORING AND REVIEWS

4.1 Results of physical health investigations must be reviewed by a member of medical/ appropriately trained health care professional at the earliest opportunity and action taken when necessary. Results will be filed in the healthcare clinical records and communicated to the appropriate MDT members as necessary.

4.2 In most situations it is unnecessary for investigation results to be checked immediately by a doctor. If the findings require urgent action, the results should be communicated as soon as possible to a member of medical staff to take immediate action.

4.3 In an acute episode, all practitioners will initiate NEWS2 as outlined in SD51.

5. LONG TERM CONDITIONS

5.1 All long term physical conditions and disorders must be reviewed according to individual need, the results documented in the healthcare records and a care plan agreed to address any concerns identified during the assessment process.

5.2 For patients with long term conditions, staff must ensure effective liaison and partnership working with the appropriate specialist services (eg diabetes clinics/respiratory clinics) who may also be providing care and treatment to the patient to ensure that this is being co-ordinated and documented within the care planning process, reviewed and agreed, with the outcomes of the reviews communicated as necessary to all teams involved in the patient's care.

5.3 Standard of care for each specific disease will be in line with NICE guidelines and Quality Outcome Frameworks (QoF) targets.

6. ANNUAL HEALTH CHECKS

6.1 A full physical annual health check must be completed, addressing the following issues:

a) ECG (or check that ECG monitoring is up-to-date and any issues actioned);

b) review of bloods;

c) medication review;

d) NEWS2;

e) Weight;

f) BMI;

g) smoking status;

h) allergies;

i) immunisation and vaccination status;

j) past/current medical history;

k) STI screening/sexual health;

l) flu/pneumovax;

m) national screening programme review (bowel/breast/cervical/AAA);

n) dietary advice;

o) health promotion advice;

p) exercise review (LESTER TOOL);

q) dental check;

r) chiropody check including diabetic foot check;

s) optician check including retinopathy;

t) VTE;

u) Q risk QD score;

v) drug history IVDU;

w) appropriate chronic disease register (in line with QoF);

x) spirometery;

y) micro albumin;

z) egfr (estimated glomerular filtration rate);

aa) slips trips falls;

bb) appropriate care plans;

cc) correct therapeutic monitoring.

6.2 All information should be fed in and reviewed at CPA meetings.

6.3 All information must be recorded electronically and within the patient's healthcare records.

6.4 If a patient refuses the offer on an annual health check, the offer will be repeated and recorded in patient's notes. If a patient persistently refuses, a note view by Health Centre Practitioner will be undertaken and recorded in the health record.

6.5 Patients in seclusion and long term segregation will be assessed and reviewed on an individual basis in line with policy standards.

7. MONTHLY CHECKS

7.1 These are to include a minimum of:

a) NEWS2;

b) MUST (would be more frequent if required and documented in care plan);

c) weight/BMI;

d) waist circumference;

e) health promotion advice.

7.2 These checks will be recorded on health record and reviewed by a Nurse Practitioner or suitably qualified clinician on a monthly basis and appropriate referral/action taken as required.

8. PATIENTS TRANSFERRED TO OTHER SERVICES

8.1 On transfer/discharge from inpatient care, the Responsible Clinician must ensure that the receiving care provider receives a full physical health discharge summary.

9. MONITORING COMPLIANCE

9.1 Annual audit of policy compliance will be undertaken.