

Physical Health Monitoring: Mental Health and Learning Disability Services Policy (N-018)

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Executive Lead (name & job title):	Hilary Gledhill, Director of Nursing, Allied Health and Social Care Professionals
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<i>Minor amendments made prior to full review date above (see appended document control sheet for details)</i>	
<i>Date approved by Lead Director:</i>	<i>09/01/23 – Hilary Gledhill</i>
<i>Date EMT as approving body notified for information:</i>	<i>January 2023</i>

Policies should be accessed via the Trust intranet to ensure the current version is used

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1. INTRODUCTION

Good physical health is a fundamental part of our health and wellbeing for all. NHS providers of services need to be cognisant of the leading global risk factors for morbidity; high blood pressure, tobacco use, high blood glucose, high cholesterol, physical inactivity, low fruit and vegetable intake and obesity. These risks are responsible for raising the risk of chronic diseases such as heart disease, diabetes and cancers and it is known that 30% of people with a long-term condition suffer with a mental health problem. It is important therefore that physical health is considered as part of the initial assessment and subsequent reviews of people using services within Humber Teaching NHS Foundation Trust.

“The health inequalities faced by people living with severe mental illnesses (SMI) and people with a learning disability are stark. The life expectancy gap for people with SMI continues to deteriorate, with recent data from 2018-20 highlighting that people with SMI are five-and-a-half times more likely to die prematurely than those without an SMI, due to preventable physical health conditions. Likewise, people with a learning disability are three times more likely to die from an avoidable medical cause of death than the general population.” (NHS/E, 2022).

People with mental health problems and people with learning disabilities are more likely to experience major illnesses, to develop them younger and die of them sooner than other citizens.

This policy and the related procedures describe the minimum standard of physical assessment that a patient can expect to receive.

All Our Health (2019) is a resource that helps front line health and care professionals develop the role they can play, providing the information you need to make an impact.

All patients admitted into services will receive a full physical examination and review of their physical health needs. All people who are in receipt of services within the community will receive a review of their physical health in consultation with primary care where appropriate.

All patients resident in an inpatient facility for more than 12 months will have a documented review of their physical health every six months, and a full physical examination every year; more frequently if clinically indicated.

This review will include a documented medication review.

All assessments and interventions must be considered on a case-by-case basis and should be clinically appropriate.

For full details see the associated protocols as noted in section 4

2. SCOPE

This policy applies to all Trust clinical and medical staff and includes; contract, locum, agency staff and all clinical staff working in partnership arrangements.

3. DUTIES AND RESPONSIBILITIES

3.1. Chief Executive

- Ensure that all medical and nursing staff are aware of this and other policies and guidance which relate to this policy.

- Assure the Board that the policy is acted upon through delegation to the appropriate directorates and committees.

3.2. Medical Director, Director of Nursing, Allied Health and Social Care Professionals

- The director of nursing and medical director are the executive leads for this policy who are responsible for overseeing the implementation of the policy into practice
- Ensure that all medical and nursing staff are aware of this and other policies and guidance which relate to this policy.
- Ensure that adequate training is given to allow medical and nursing staff to safely implement the policy.

3.3. Medical staff

- Ensure that they are aware of the contents of this policy and supporting protocols.
- Ensure that their physical examination skills are maintained in accordance with General Medical Council (GMC) requirements.
- Ensure and where clinically appropriate perform physical examinations, investigations and health screening as outlined in this policy and supporting protocols.
- Ensure and where appropriate complete all relevant documentation in relation to physical examination, investigations and health screening.
- Ensure that they proactively follow up the receipt of results via the electronic systems to ensure that any abnormal or out of range results are acted upon in a timely manner, with a clear documented plan for escalation within an acute hospital setting where needed.
- Ensure that relevant physical health issues are communicated to other healthcare professionals, as appropriate.
- Ensure the safe transfer of patients to and from Acute Hospitals where required.

3.4. Matron/Ward/Team Manager

- Ensure that all staff are aware of this and other policies and guidance which relates to this policy.
- Ensure that recommended equipment is available and fully functional at all times.
- Ensure that adequate training is provided to allow staff to safely implement this policy and its related protocols.
- Ensure that all staff have the relevant skills and competencies with regards to undertake physical health checks.
- Audit the use of this policy and its related protocols.
- Inform the divisional managers if the policy is not being implemented appropriately.
- Escalate the deterioration of a patient to the medical staff and or take action as soon as practicable as per the Deteriorating Patient Policy

3.5. Registered Nursing Staff

- Be fully aware of the contents of this policy and supporting protocols.
- Ensure that their physical examination skills are maintained in accordance with the Nursing and Midwifery Council (NMC) requirements.
- Where clinically appropriate perform and support medical staff in physical examinations, investigations and health screening as outlined in this policy and supporting protocols.
- Ensure and when appropriate complete all relevant documentation in relation to physical examination, investigations and health screening.
- Escalate the deterioration of a patient to the nurse in charge as soon as practicable as per the Deteriorating Patient Policy
- Triage all blood results received via a paper copy and escalate (if the results are abnormal or out of range and are a concern for the health of the person) to the medical staff within 24 hours of receipt or earlier via the on call doctor if required.

3.6. Care Coordinators (Mental Health and Learning Disability Services)

- Complete all relevant documentation in relation to physical examination, investigations and health screening for patients in the community, working in partnership with primary care and specialist secondary services where needed.

3.7. Non- registered Staff

- Be fully aware of the contents of this policy and supporting protocols.
- Support registered nursing staff and medical staff to implement the policy.
- Escalate the deterioration of a patient to the nurse in charge as soon as practicable.

4. PROCEDURES

Staff will monitor a patient's physical health as outlined in the following protocol:

- [Protocol for Physical Health Monitoring: Mental Health and Learning Disability Inpatient Services](#)

5. CONSULTATION

This policy and its related protocols have been developed in consultation with:

Physical Health and Medical Devices Group
Infection Prevention and Control Team
Matrons Forum
Training Department
Clinical Network Groups

6. IMPLEMENTATION AND MONITORING

This policy will be implemented as per the Document Control Policy.

Compliance and effectiveness will be monitored through monthly compliance audits via MyAssurance, and patient safety incidents. Training will be recorded via ESR and/or local training records.

7. TRAINING, SUPERVISION AND COMPETENCY ASSESSMENT

All registered and unregistered health care professionals undertaking vital signs and physical health monitoring and assessment of patients must demonstrate competence, skills and knowledge in relation to the specific task to be undertaken as outlined in the clinical skills competency framework.

The Nursing and Midwifery Code (2015) places specific responsibilities on nurses to maintain professional knowledge and competence. Appropriately trained healthcare professionals are asked to recognise and work within the limits of their competence and professional registration this includes, but is not limited to, doctors, nurses, advanced nurse practitioners, associate practitioners, occupational therapists, physiotherapists and speech and language therapists. Registered practitioners have a duty of care and a legal liability to their patients.

When delegating an activity, for example to an RN, HCA or AP, the registered practitioner must ensure that it has been appropriately delegated.

8. REFERENCES/SUPPORTING GUIDANCE

[Ensuring the delivery of annual health checks for people with severe mental illnesses and people with a learning disability \(england.nhs.uk\)](https://www.gov.uk/government/publications/all-our-health-about-the-framework/all-our-health-about-the-framework) NHSE/I (2022)

<https://www.gov.uk/government/publications/all-our-health-about-the-framework/all-our-health-about-the-framework>

9. RELEVANT POLICIES/PROCEDURES AND GUIDANCE

Protocol for Physical Health Monitoring: Mental Health and Learning Disabilities Inpatient Services Prot529

Deteriorating Patient Policy N-062

Deteriorating Patient Procedure Prot527

Consent to assessment, examination, and treatment Policy N-052

Chaperone Policy N-059

Consent for treatment for patient detained under MCA SOP21-05

Appendix 1 – Document Control Sheet

This document control sheet, when presented to an approving committee must be completed in full to provide assurance to the approving committee.

Document Type	Physical Health and Care of the Deteriorating Patient Policy (N-018)		
Document Purpose	Good physical health is a fundamental part of our health and wellbeing for all. NHS providers of services need to be cognisant of the leading global risk factors for morbidity; high blood pressure, tobacco use, high blood glucose, high cholesterol, physical inactivity, low fruit and vegetable intake and obesity. It is important therefore that physical health is considered as part of the initial assessment and subsequent reviews of people using services within Humber Teaching NHS Foundation Trust. People with mental health problems and people with learning disabilities are more likely to experience major illnesses, to develop them younger and die of them sooner than other citizens.		
Consultation/Peer Review:	Date:	Group / Individual	
<i>list in right hand columns consultation groups and dates</i>	August 2022	Physical Health and Medical Devices Group	
	August 2022	Quality and Patient Safety Group	
Approving Committee:	Quality committee	Date of Approval:	4 October 2017
Ratified at:	Trust Board	Date of Ratification:	November 2017
Training Needs Analysis: <i>(please indicate training required and the timescale for providing assurance to the approving committee that this has been delivered)</i>	The Trust's expectation is that healthcare staff will receive training on recording of physiological observations and be able to record these on the NEWS2 chart in line with the guidance from the Royal College of Physicians. All clinical staff will keep their physical health examination skills up to date in accordance with their respective codes of conduct. Staff will have an understanding of the links between serious mental illness/learning disability and physical health.	Financial Resource Impact	No additional financial resources are required as a result of this review.
Equality Impact Assessment undertaken?	Yes [<input checked="" type="checkbox"/>]	No [<input type="checkbox"/>]	N/A [<input type="checkbox"/>] Rationale:
Publication and Dissemination	Intranet [<input checked="" type="checkbox"/>]	Internet [<input type="checkbox"/>]	Staff Email [<input checked="" type="checkbox"/>]
Master version held by:	Author [<input type="checkbox"/>]	HealthAssure [<input checked="" type="checkbox"/>]	
Implementation:	<i>Describe implementation plans below - to be delivered by the Author:</i>		
	This policy will be disseminated by the method described in the Policy for the Development and Management of Procedural Documents. The implementation of this policy requires further additional financial resource. Implementation of this policy will be immediate. It will be monitored by the Physical Health Group which is a sub group of Trust's Quality and Patient Safety Group.		
Monitoring and Compliance:	This policy will be audited through a programme of clinical audit of health records, carried out at least annually within every care group and is applicable to the electronic and integrated records used by all disciplines and be organised through the Physical Health and Medical Devices Group.		

Document Change History:			
Version Number	Type of Change i.e. Review / Legislation	Date	Details of Change and approving group or Executive Lead (if done outside of the formal revision process)
1.0	New policy	22 September 2017	New policy to include the Physical Assessment policy

			<i>(P028) and align with CQC KLOE, organisational learning and a strengthened approach to physical healthcare assessment, monitoring and escalation Approved at QPaS 20-Sept-22 Approved Quality Committee 4-Oct-17</i>
1.1	<i>Review</i>	<i>May 2018</i>	<i>Minor amendments on first yearly review Signed off by director (QPaS) 31 May 2018</i>
1.2	<i>Review</i>	<i>Aug-2019</i>	<i>Reviewed with minor updates Director sign off</i>
1.3	<i>Review</i>	<i>Aug-22</i>	<i>Main review – minor amendments</i> <ul style="list-style-type: none"> • <i>Rewording of policy to bring up to date</i> • <i>Update Training and compliances section</i> • <i>Removed out of date appendices</i> <i>Approved at PHMD Group 10-Aug-22 Approved at QPaS – 18th August 2022</i>
1.4	<i>Minor amends (not a full review)</i>	<i>January 2023</i>	<i>Following consultation with MH and LD divisions the Protocol for physical health monitoring: Mental Health and LD community services has been archived as this is picked up via the SMI annual reviews. All reference to this protocol removed from this policy. Approved by Director sign-off (Hilary Gledhill – 09/01/23).</i>

Appendix 2 – Equality Impact Assessment (EIA)

For strategies, policies, procedures, processes, guidelines, protocols, tenders, services

1. Document or Process or Service Name: **Physical Health and Care of the Deteriorating Patient Policy (N-018)**
2. EIA Reviewer (name, job title): **Sadie Milner, Quality Standards Practice development Nurse**
3. Is it a Policy, Strategy, Procedure, Process, Tender, Service or Other? **Policy**

Main Aims of the Document, Process or Service			
<p>Good physical health is a fundamental part of our health and wellbeing for all. NHS providers of services need to be cognisant of the leading global risk factors for morbidity; high blood pressure, tobacco use, high blood glucose, high cholesterol, physical inactivity, low fruit and vegetable intake and obesity. It is important therefore that physical health is considered as part of the initial assessment and subsequent reviews of people using services within Humber Teaching NHS Foundation Trust. People with mental health problems and people with learning disabilities are more likely to experience major illnesses, to develop them younger and die of them sooner than other citizens.</p>			
<p><i>Please indicate in the table that follows whether the document or process has the potential to impact adversely, intentionally or unwittingly on the equality target groups contained in the pro forma.</i></p>			
<p>Equality Target Group</p> <ol style="list-style-type: none"> 1. Age 2. Disability 3. Sex 4. Marriage/Civil Partnership 5. Pregnancy/Maternity 6. Race 7. Religion/Belief 8. Sexual Orientation 9. Gender re-assignment 	<p>Is the document or process likely to have a potential or actual differential impact with regards to the equality target groups listed?</p> <p>Equality Impact Score Low = Little or No evidence or concern (Green) Medium = some evidence or concern (Amber) High = significant evidence or concern (Red)</p>	<p>How have you arrived at the equality impact score?</p> <ol style="list-style-type: none"> a) who have you consulted with b) what have they said c) what information or data have you used d) where are the gaps in your analysis e) how will your document/process or service promote equality and diversity good practice 	
Equality Target Group	Definitions	Equality Impact Score	Evidence to support Equality Impact Score
Age	Including specific ages and age groups: Older people Young people Children Early years	Low	
Disability	Where the impairment has a substantial and long term adverse effect on the ability of the person to carry out their day to day activities: Sensory Physical Learning Mental Health (and including cancer, HIV, multiple sclerosis)	Low	
Sex	Men/Male Women/Female	Low	
Marriage/Civil Partnership		Low	
Pregnancy/Maternity		Low	
Race	Colour Nationality Ethnic/national origins	Low	
Religion or Belief	All Religions Including lack of religion or belief and where belief includes any religious or philosophical belief	Low	
Sexual Orientation	Lesbian Gay Men Bisexual	Low	

Gender re-assignment	Where people are proposing to undergo, or have undergone a process (or part of a process) for the purpose of reassigning the person's sex by changing physiological or other attribute of sex	Low	
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Summary

<i>Please describe the main points/actions arising from your assessment that supports your decision.</i>	
None.	
EIA Reviewer: Sadie Milner, Quality Standards Practice Development Nurse	
Date completed: 10 August 2022	Signature: Sadie Milner