

Physical assessment and examination of service users admitted to Mental Health Unit and Community Hospitals

This policy sets a minimum standard for physical examination and assessment for service users admitted to mental health and learning disabilities unit and community hospitals.

Key Words:	Physical assessment, Consent	
Version:	October 2015	
Adopted by:	Quality Assurance Committee	
Date adopted:	21/6/16	
Name of originator/author:	Girish Kunigiri & Harsh Jhingan	
Name of Responsible Committee:	Clinical Effectiveness Group	
Date issued for publication:	21/6/16	
Review date:	June 2021	
Expiry date:	1 January 2022	
Target audience:	LPT Staff	
Type of Policy (tick appropriate box)	<input checked="" type="checkbox"/> Clinical	<input type="checkbox"/> Non Clinical
Standards if applicable:	6.4	
State Relevant CQC Standards:	Outcome 4	

Contents

	Page
Contents.....	2
Version Control	3
Equality Statement.....	3
Due Regard.....	3
Definitions that apply to this Policy	4
1.0 Purpose of the Policy	4
2.0 Summary and Key Points	4
3.0 Introduction	5
4.0 Standards for the physical assessment of service users on admission.....	5
4.1 Chaperone	6
4.2 Follow-up of physical symptoms	6
4.3 On-going assessment of physical needs.....	7
4.4 Consent.....	7
5.0 Flow chart/process chart.....	8
6.0 Duties within the Organisation.....	9
7. Training implications	9
8. Monitoring and Compliance.....	10
Appendix 1 Due Regard Equality Analysis	12
Appendix 2 Training Requirements.....	15
Appendix 3 - Physical Examination Template.....	16
Appendix 4 - List of Investigations	18
Appendix 5 - The NHS Constitution	19
Appendix 6 - Stakeholder and consultation	20
Key individuals involved in developing the document	20

Version Control and Summary of Changes

Version number	Date	Comments (description change and amendments)
1	July 2015	Harmonised policy, updated Self assessment
2	October 2015	Policy to include community hospitals

All LPT Policies can be provided in large print or Braille formats, if requested, and an interpreting service is available to individuals of different nationalities who require them.

Did you print this document yourself?

Please be advised that the Trust discourages the retention of hard copies of policies and can only guarantee that the policy on the Trust website is the most up-to-date version.

For further information contact:

Medical Director
Leicestershire Partnership NHS Trust

Equality Statement

Leicestershire Partnership NHS Trust (LPT) aims to design and implement policy documents that meet the diverse needs of our service, population and workforce, ensuring that none are placed at a disadvantage over others.

It takes into account the provisions of the Equality Act 2010 and promotes equal opportunities for all.

This document has been assessed to ensure that no one receives less favourable treatment on the protected characteristics of their age, disability, sex (gender), gender reassignment, sexual orientation, marriage and civil partnership, race, religion or belief, pregnancy and maternity.

In carrying out its functions, LPT must have due regard to the different needs of different protected equality groups in their area.

This applies to all the activities for which LPT is responsible, including policy development and review.

Due Regard Due regard

LPT must have **due regard** to the aims of eliminating discrimination and promoting equality when policies are being developed. Information about due regard can be found on the Equality page on e-source and/or by contacting the LPT Equalities Team. **Please see Appendix 1 for Due Regard Assessment**

Definitions that apply to this Policy

Physical assessment	The detailed examination of the body from head to toe using the techniques of observation/inspection, palpation, percussion, and auscultation.
Consent	To give approval, assent, or permission. A person must be of sufficient mental capacity and of the age at which he or she is legally recognized as competent to give consent (age of consent).
Due Regard	Having due regard for advancing equality involves: <ul style="list-style-type: none">• Removing or minimising disadvantages suffered by people due to their protected characteristics.• Taking steps to meet the needs of people from protected groups where these are different from the needs of other people.• Encouraging people from protected groups to participate in public life or in other activities where their participation is disproportionately low.

1.0 Purpose of the Policy

The purpose of this policy is to

- Provide direction and guidance for the planning and implementation of a high quality and robust care to the service users of this Trust.
- Take opportunities to detect the physical health morbidity of the service users of this Trust at an early stage as a result of implementation of this policy and then remedial measures would be taken promptly.
- Improve the physical health and well-being of mental health and learning disability patients and reduce health inequalities wherever possible through a consistent approach to physical assessment and examination
- Provide a holistic approach and providing care to service users will be adopted to help ensure that the care delivered covers both mental and physical well-being.

2.0 Summary and Key Points

This policy sets a minimum standard for physical examination and assessment for service users of mental health and learning disabilities services. The clinicians, of course, can assess the service users in more detail if required based on the service user's needs. Various sub specialities may have needs for more detailed evaluation in specific areas and can have their own formats for examination but that format should include the minimum standards set in this policy. The policy also sets standards to patients who are admitted to community hospitals.

3.0 Introduction

Physical health problems are more common amongst service users of mental health and learning disabilities services than in general population; that leads to not only a poorer quality of life but also a higher mortality in some groups of mentally ill people (particularly Schizophrenia and Bipolar Disorder). Hence it is important that we recognise the need to assess the physical health of all service users. It is equally important that all the patients admitted to community hospitals receive high standards of care for their physical condition.

This policy should be read in conjunction with:

- Policy for Consent to Examination or Treatment
- Guidance on the monitoring of physical health parameters in patients with serious mental illness prescribed regular antipsychotics.
- Equality Diversity and Human Rights Policy (EDHR policy)
- Medical Appraisal and Revalidation Policy and Procedure
- Chaperone Policy

4.0 Standards for the physical assessment of service users on admission

All patients admitted into a mental health and learning disability inpatient facility or into community hospitals within the Leicestershire Partnership Trust should receive a full physical examination (appendix 1) within 24 hours of admission. If physical examination is not performed within 24 hours the reasons for this should be clearly documented.

The reasons may include an uncooperative patient or physical aggression to medical or nursing staff. If physical examination is not possible, the clinician must discuss this with their consultant and the reasoning documented.

When determining uncooperative or other refusal situations considerations should be given to relevant protected characteristics issues such as cultural sensitivity , LGBT service users, carer support needs religious belief factors (refer to EDHR policy or Equality Diversity and Human Rights Team).

The discussion should include the risk of not performing the examination immediately and this must be documented in the case notes.

If physical examination has not been possible during the initial assessment it should be attempted at least every 24 hours till it is possible and it should be documented every time.

The Trusts Interpretation and Translation Services will be used to ensure all communications with service users are effective and reduce any potential barriers. Service user's carers should be considered as an appropriate support mechanism subject to respecting patient confidentiality.

Whenever possible, information should be obtained from the referrer and the medical notes before seeing the service user. This helps in checking the level of risk that the service user presents.

Investigations should be advised based on the service user's needs. Their GP should be contacted if possible to get information about any recent investigations conducted on the service user and about any physical assessments and examination that may have been conducted recently. In addition information should be obtained from through the Emergency Department (ED) in University Hospitals of Leicester (UHL) if the patient has been admitted through ED. Duplication of investigations should be avoided. The list of investigations that can be considered are listed in appendix 4. This list is not comprehensive and other investigations can be considered for the patients based on their needs.

The consultant psychiatrist should be appraised of the findings of physical examination and investigations and the action taken as a result of those findings at the time of ward round.

4.1 Chaperone

Anything more than an examination of appearance, pulse or blood pressure should be conducted with a chaperone subject to the service user's consent. The patient should be given the opportunity to state their preferences in relation to the sex of the chaperone. This must be documented in their health records in accordance with the Chaperone policy.

If either the staff member or the patient does not wish the examination to proceed without the presence of a chaperone it can be delayed to a later date when one (or an alternative chaperone) will be available. Any discussions about chaperones (including if one is present) should be documented, including the identity of one is present. If the patient declines the offer of a chaperone this should be documented too.

4.2 Follow-up of physical symptoms

If any physical health problems are found on examination further investigation should be undertaken. The clinician should bring to the notice of the consultant Psychiatrist at the earliest/ during the ward round any findings on physical examination or investigations and any action that has been taken as a result of that. This should be duly recorded in the case notes of the service user. It is the responsibility of the Consultant to ensure that the treatment for physical problems is followed up during the stay in the hospital. The Consultant is also responsible for carrying out any further appropriate investigations that are part of follow up of patients physical examination as long as the patient is under his/her care in an inpatient setting. He/she should also ensure that management plan advised by the specialist too is carried out both in terms of prescribing appropriate medications, interventions such as physiotherapy, doing further investigations or even referral to other appropriate specialists. When patients with physical health problems are

discharged into the community clear advice is given to GP regarding physical health problems and necessary follow up. Similarly, adequate information and plan on physical health status is handed over if service user is transferred to another inpatient setting.

4.3 On-going assessment of physical needs

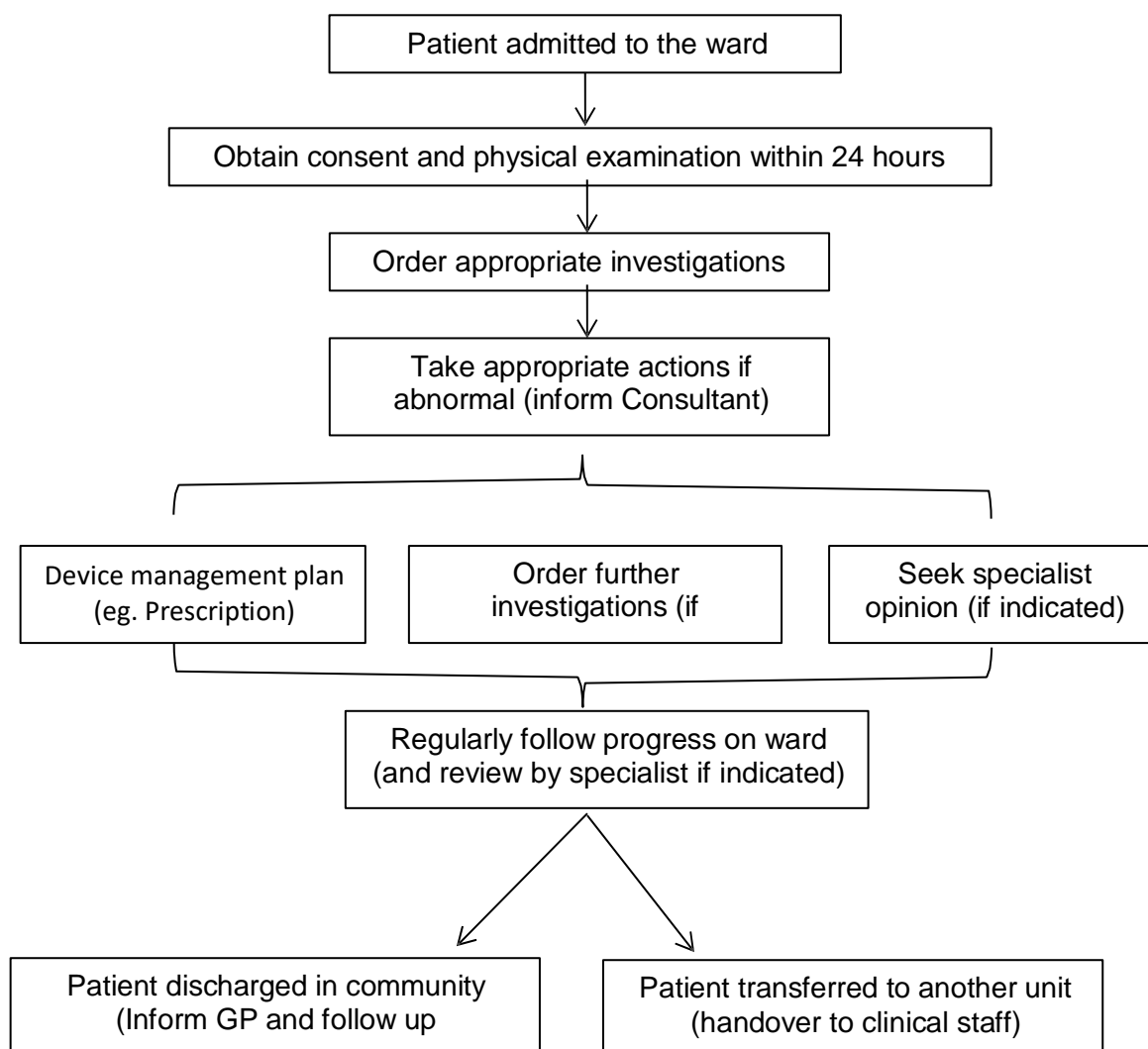
The clinician should check results of any pending investigations every morning and take necessary action at the earliest. Out of hours nursing staff are responsible for informing the duty doctor about any abnormal investigation reports.

If a service user stays in the hospital for longer than a year the physical examination and assessment should be repeated at least annually, however, service users should be examined physically whenever clinically indicated. Some patients with long terms physical health conditions such as diabetes, COPD, etc may need more regular monitoring and intervention that should be clinically based and whenever necessary specialist opinion is sought.

4.4 Consent

Consent should always be obtained for a physical examination. It is important that patients have a clear understanding of the importance and purpose of the physical assessment and examination and are kept informed of the outcomes. If the patient does not give consent the clinician need to revisit explaining the patient the importance of examination. He needs to make reasonable attempt to persuade the patient and examine at a later date. This should be clearly documented in the medical records. In patients who are unable to provide consent the clinician should still examine the patient unless he or she is not cooperative. In the latter case reasonable attempt should be made to examine at a later stage. If it is deemed clinically appropriate to examine such patient in their best interest it should be attempted with the help of nursing staff and should be clearly recorded. For further details related to consent please refer to Trust policy on Consent for Examination.

5.0 Flow chart/process chart



*If patient is not consenting please follow Consent Policy on Examination

6.0 Duties within the Organisation

- 6.1 The Trust Board has a legal responsibility for Trust policies and for ensuring that they are carried out effectively.
- 6.2 Trust Board Sub-committees have the responsibility for ratifying policies and protocols.
- 6.3 Medical Director has overall responsibility for ensuring that:
 - Staff are aware of this policy and adhere to its requirements.
 - Appropriate resources exist to meet the requirements of the policy
- 6.4 Consultants are responsible for ensuring all medical staff carry out the physical examination of the patients in accordance with this policy.

7. Training implications

There is a need for training identified within this policy. In accordance with the classification of training outlined in the Trust Learning and Development Strategy this training has been identified as role development training.

The course directory e-source link below will identify who the training applies to, delivery method, the update frequency, learning outcomes and a list of available dates to access the training. **See Appendix 2 for the Training needs Analysis**

- A record of the event will be recorded on Personal Development Plans

The governance group responsible for monitoring the training is the Clinical Effectiveness Group (CEG)

How the Trust assesses the competency of all staff involved in the physical assessment and examination of patients

The competency of staff involved in the physical assessment and examination of patients is assessed as follows on an on-going basis:

Through the monitoring of staff attendance on training, including any update training, such as Resuscitation training.

- Through supervision and appraisal processes
- Clinical records audit
- Through the monitoring of any complaints which relate to the physical health care of a patient.
- Discussion / review of patients care in clinical supervision
- Personal Development Reviews

Training needs consideration should also include cultural awareness and sensitivity training in addition to specific needs of service users with learning disabilities.

8. Monitoring and Compliance

Patient metrics to be measured are identified in appendix 3 and this is monitored and evaluated within the Trust's audit programme.

(There is an exception to the physical assessment process in low weight patients in the Eating Disorder Service. To have their waist circumference measured as the patient group would find the experience inherently distressing – it is therefore omitted from the process and therefore the audit).

This policy will be monitored on a regular basis to ensure it meets the requirements of Care Quality Commission CQC (outcome 4) Details of how each criterion will be assessed are given below:

Reference	Minimum Requirements	Self assessment evidence	Process for Monitoring	Responsible Individual / Group	Frequency of monitoring
6.4 (b)	physical assessment of patients when they are admitted to a service, including timeframes	Section 4, page 5	On the Clinical Audit Programme – “Physical assessment and investigation of patients on admission re-audit”	CEG	Annual
6.4 (c)	how appropriate follow-up of physical symptoms takes place	Section 4.2, page 6	On the Clinical Audit Programme – “Physical assessment and investigation of patients on admission re-audit”	CEG	Annual
6.4 (d)	On-going assessment of physical needs for all patients, including timeframes	Section 4.3, page 7	On the Clinical Audit Programme – “Physical assessment and investigation of patients on admission re-audit”	CEG	Annual
6.4 (e)	how the organisation assesses the competency of all staff involved in the physical assessment and examination of patients	Section 7, page 9 Career Grade doctors – Local Appraisal and Revalidation Policy Clinical Supervision	Revalidation process of medical staff Clinical Supervision audit on Trust audit programme	Medical Staffing CEG	As required Annual

Where monitoring identifies any shortfall in compliance the group responsible for the Policy (as identified on the policy cover) shall be responsible for developing and monitoring any action plans to ensure future compliance.

Appendix 1 Due Regard Equality Analysis

Initial Screening Template

Introduction

This document forms part of the Trusts Due Regard (Equality Analysis) toolkit which can be accessed [here](#).

Leicestershire Partnership NHS Trust has a legal requirement under the Equality Act 2010 to have “due regard” to eliminate discrimination. It is necessary to analysis the consequences of a policy, strategy, function, service or project (referred to as activity) on equality groups in respect of service users, patients and staff.

The analysis has to consider people’s ‘protected characteristics ‘age, disability, gender reassignment, marriage / civil partnership, pregnancy and maternity, race, religion / belief, sex, sexual orientation. We also include other vulnerable groups who may not be protected under the Equality Act but their needs should be considered.

There are several tangible benefits in conducting equality analysis prior to making policy decisions, including:

- Higher quality decisions as a result of more complete management information
- Reduced cost as a result of not having to revisit policy that is not fit for purpose
- Enhanced reputation as an organisation that is seen to understand and respond positively to diversity.

Most importantly, through equality analysis we are able to take into account the needs of our different equality groups of staff and patients. Changes being proposed through policy, strategy, transformational programmes or other methods need to be analysed from an equality perspective and the results considered before decisions are made. Where negative impacts are identified, ways to mitigate or minimise them must be put in place.

Before starting if you are unfamiliar with doing an Equality Analysis contact the Equality and Human Rights Team for guidance or visit the Due Regard section on the Trust Intranet [here](#).

Below is the Due Regard Screening Template which aims to assess the likelihood of a negative impact on an equality group/s. For example, a policy change in financial management systems may be considered major but has no negative impact.

The initial screening form needs to be completed to decide if a full Due Regard (Equality Analysis) * should be undertaken. An overview of the various options available are highlighted in a Due Regard fact sheet which includes top tips and a flow chart which can be accessed [here](#).

*A full Due Regard (Equality Analysis) makes sure that any negative impacts have been considered and ways to minimize the impact are specified.

Due Regard Screening Template

Section 1		
Name of activity/proposal	Physical assessment and examination of service users admitted to Mental Health Unit and Community Hospitals	
Date Screening commenced	01/04/2015	
Directorate / Service carrying out the Assessment	Adult and Learning Disability Mental Health Service Mental Health Services for the Elderly (Community Services) Family and Young Peoples Services	
Name and role of person undertaking this Due Regard (Equality Analysis)	Dr G Kunigiri	
Give an overview of the aims, objectives and purpose of the proposal:		
AIMS: This policy sets a minimum standard for physical examination and assessment for service users of mental health and learning disabilities services.		
OBJECTIVES: Improve the physical health and well-being of mental health and learning disability patients and reduce health inequalities wherever possible through a consistent approach to physical assessment and examination.		
PURPOSE:		
<ul style="list-style-type: none"> • Provide direction and guidance for the planning and implementation of a high quality and robust care to the service users of this Trust. • Take opportunities to detect the physical health morbidity of the service users of this Trust at an early stage as a result of implementation of this policy and then remedial measures would be taken promptly. • Provide a holistic approach and providing care to service users will be adopted to help ensure that the care delivered covers both mental and physical well-being. 		
Section 2		
Protected Characteristic	Could the proposal have a positive impact Yes or No (give details)	Could the proposal have a negative impact Yes or No (give details)
Age		No
Disability		No
Gender reassignment		No
Marriage & Civil Partnership		No
Pregnancy & Maternity	. There is no bias within the policy	No

Race	. An interpreting and translating service is available if the patients first language is not English	No
Religion and Belief	There is no bias within the policy	No
Sex	The policy is equally applicable to all sexes	No
Sexual Orientation	There is no bias within the policy	No
Other equality groups?	There is no bias within the policy	No

Section 3

Does this activity propose major changes in terms of scale or significance for LPT? For example, is there a clear indication that, although the proposal is minor it is likely to have a major affect for people from an equality group/s? Please tick appropriate box below.

Yes		No	
High risk: Complete a full EIA starting click here to proceed to Part B		Low risk: Go to Section 4.	X

Section 4

If this proposal is low risk please give evidence or justification for how you reached this decision:

Physical health examination is part of routine assessment and clinicians are trained during their medical training course. This is in place for many years.

Signed by reviewer/assessor	Dr G Kunigiri	Date	31/05/16
<i>Sign off that this proposal is low risk and does not require a full Equality Analysis</i>			
Head of Service Signed	Dr S Kumar	Date	31/05/16

Appendix 2 Training Requirements

Training Needs Analysis

Training Required		NO
Training topic:		
Type of training: (see study leave policy)	<input type="checkbox"/> Mandatory (must be on mandatory training register) <input type="checkbox"/> Role specific <input type="checkbox"/> Personal development	
Division(s) to which the training is applicable:	<input type="checkbox"/> Adult Mental Health & Learning Disability Services <input type="checkbox"/> Community Health Services <input type="checkbox"/> Enabling Services <input type="checkbox"/> Families Young People Children <input type="checkbox"/> Hosted Services	
Staff groups who require the training:	<i>Please specify...</i>	
Regularity of Update requirement:		
Who is responsible for delivery of this training?		
Have resources been identified?		
Has a training plan been agreed?		
Where will completion of this training be recorded?	<input type="checkbox"/> ULearn <input type="checkbox"/> Other (please specify)	
How is this training going to be monitored?		

Appendix 3 - Physical Examination Template

Pulse: Blood Pressure: Respiratory
Rate: Temperature (if required):
Hydration: Waste circumference (cms.):
Pallor/ Jaundice/ Cyanosis/ Clubbing/ Oedema/ Injury marks.....

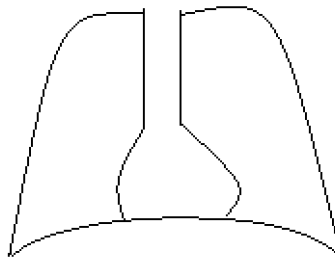
CVS

Pulse/ Rhythm:
HS: I II I Bruits:
Peripheral Pulses:

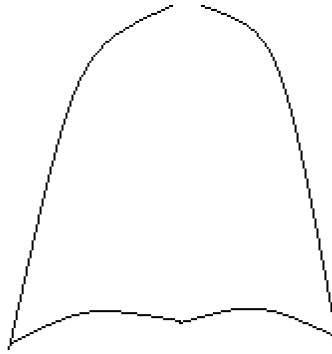
Respiratory System

Trachea:
Percussion:
Auscultation:

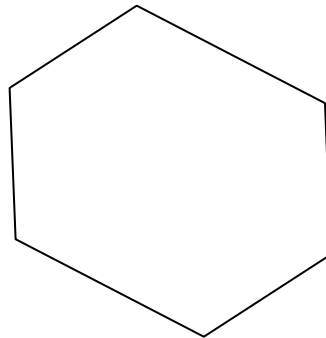
Anterior



Posterior



Abdomen



CNS

Right

Left

Right

Left

Pupils:

Arms
Tone:

Visual Fields:

Power:

Fundoscopy:

Legs
Tone:

Power:

Cranial Nerves:

Reflexes
Triceps:
Biceps:
Supinator:
Knee:
Ankle:
Plantars:

Sensation & Proprioception:

Co-ordination:

Gait:

Appendix 4 - List of Investigations

FBC

C-reactive protein

U&E

Random/ Fasting Glucose

LFT

TFT

Fasting Lipid Profile (Total cholesterol, HDL, LDL, Triglycerides)

Gamma GT

Calcium

B 12/ Folate

ECG CXR

Urinalysis

Urine Drug Screen

Pregnancy test

Note: This is not a comprehensive list. The investigations should be conducted based on the needs of the patients.

Relevant findings on examination & investigations:

Appendix 5 - The NHS Constitution

The NHS will provide a universal service for all based on clinical need, not ability to pay. The NHS will provide a comprehensive range of services

Shape its services around the needs and preferences of individual patients, their families and their carers	<input checked="" type="checkbox"/> x
Respond to different needs of different sectors of the population	<input type="checkbox"/> x
Work continuously to improve quality services and to minimise errors	<input checked="" type="checkbox"/> x
Support and value its staff	<input type="checkbox"/>
Work together with others to ensure a seamless service for patients	<input checked="" type="checkbox"/> x
Help keep people healthy and work to reduce health inequalities	<input checked="" type="checkbox"/> x
Respect the confidentiality of individual patients and provide open access to information about services, treatment and performance	<input checked="" type="checkbox"/> x

Appendix 6 - Stakeholder and consultation

Key individuals involved in developing the document

Name	Designation
Girish Kunigiri	Consultant Psychiatrist
Harsh Jhingan	Consultant Psychiatrist

Circulated to all the following individuals for comment

Name	Designation
Jacquie Burden	Clinical Governance Lead Division of AMH & LD
Heather Darlow	Divisional Governance Lead – CHS
Nikki Crust	Clinical Governance & Quality Lead - FYPC
Dr Sudip Ghosh	Clinical Director for Specialist Services and Research
Joan Hawkins	Senior Manager, Performance Director
Kate Sothcott-Gilson	Physical Health Nurse
Jane Martin	Interim Service Manager Learning Disabilities
Jenny Dolphin	Clinical Governance Manager, AMHLD
Jane Ward	Senior Matron, Stewart House
Dr Avinash Hiremath	Specialist Clinical Director, AMHLD
Dr Devapriam	Specialist Clinical Director, AMHLD
Saquib Muhammad	Consultant Psychiatrist
Lynne Ward	Modern Matron
Richard Apps	Head of Assurance
Fern Barrell	Risk Manager, Risk Assurance