Physical health Assessment

Birmingham and Solihull Mental Health NHS Foundation Trust

Policy number and category	**C 38**	**Clinical**
Version number and date	**3**	**December 2020**
Ratifying committee or executive director	**Physical Health Committee**	
Date ratified	**February 2021**	
Next anticipated review	**February 2024**	
Executive director	**Exec Director of Nursing/Medical Director**	
Policy lead	**Dr Rowe DMD Quality and Safety; L Wiltshire Lead Nurse for Physical Health**	
Policy author *(if different from above)*	**As above**	
Exec Sign off Signature (electronic)		
Disclosable under Freedom of Information Act 2000	**Yes**	

Policy context

This policy is designed to give clear guidance about how we deliver physical health care within BSMHFT, the processes that should be followed and also how to access further information, for example specific clinical guidelines.

It also provides clarity about roles and responsibilities of different staff groups. The policy links to a number of other BSMHFT policies and also to the BSMHFT physical health strategy. NICE guidelines, recommendations from internal reviews, and national learning, have also been used

Policy requirement (see Section 2)

Inpatients: During the period of inpatient admission, the clinical team is responsible for the assessment and management of the physical health care of the individual. This includes a physical health assessment on admission, carrying out and reviewing relevant investigations, arranging referrals as required and overseeing the management whilst in hospital, as part of the wider treatment plan.

Community patients: the clinical team must be aware of relevant physical health issues of each service user and is responsible for liaison with primary care regarding relevant physical health care, arranging physical health investigations when required and checking, acting upon and communicating results of investigations in a timely manner.

Prison Healthcare Services: clinical staff are responsible for the oversight of relevant physical health issues of individuals and liaising with primary care colleagues within the prison.

Contents

1: **Introduction** consisting of:

1.1 Rationale

Physical health care of service users under the care of mental health services is a vital part of their care and treatment. There is an increasing body of research which indicates that individuals with severe mental illness have poorer physical health outcomes than people who do not suffer with such as illness. There is significant evidence that there is up to a 15-20-year gap in life expectancy between people with and without mental disorder

Learning from internal reviews, the Learning from Deaths Process, national reviews and research all indicate that ensuring that there are robust processes in place for physical health assessment and management within mental health care settings can improve outcomes and patient experience.

The Academy of Royal Medical Colleges (AoRMC) compiled a report in 2016 (Working Group for Improving the Physical Health of People with SMI (2016), listing recommendations for mental health services in this area (Improving the physical health of adults with severe mental illness: essential actions (OP100). The BSMHFT physical health strategy is based upon these recommendations. Several NICE guidelines also highlight the importance of physical health care within mental health settings

1.2 Scope

The policy is relevant for all service users under the care of BSMHFT, including those under the care of Prison healthcare services

1.3 Principles

- BSMHFT positively supports individuals with learning disabilities and ensures that no-one is prevented from accessing the full range of mental health services available. Staff will work collaboratively with colleagues from learning disabilities services and other organisations, to ensure that service users and carers have a positive episode of care whilst in our services. Information is shared appropriately to support this.'
- The principle of parity of esteem for individuals suffering from mental illness has been discussed for many years. This policy adheres to the principles in the AoRMC document outlined above and the principles are also supported by the BSMHFT Physical Health Strategy (2018-2021).

2: **The policy**

- Inpatients: all inpatients must have a physical health assessment on admission, including a physical examination, relevant investigations and lifestyle screening. Interventions required will be discussed and monitored by the clinical Multidisciplinary Team (MDT team) to ensure that any physical health needs are met.
- Community patients: all service users will have access to services to provide physical health care. Trust teams will ensure their physical health needs are considered, in relation to their

medication, mental illness and cardio metabolic risk factors. Special consideration will be provided in the individual has no access to primary care services.

- Individuals under the care of Prison Healthcare services

This policy should be read and considered in conjunction with the following Trust policies and clinical guidelines:

Policies:

C48	**Bariatric Policy**
C40	**ECG policy**
C18	**Falls Prevention and Management Policy**
C21	**Food Refusal Policy**
C03	**Rapid Tranquilisation policy**
C04	**Management of the Deteriorating Patient Policy**
C15	**Managing Risk in Physical Activity and Exercise Policy**
C06a	**Medicines Reconciliation Policy**
C23	**Nutrition and Hydration Policy**
C24	**Oxygen Policy**
C36	**Prevention and Management of Pressure Ulcers**
C54	**The Identification and Management of Dysphagia Policy**
C33	**Transportation of Specimens**

COVID policies - **http://connect/corporate/governance/Policies/Forms/COVID-19%20Policy%20Updates.aspx**

Guidelines:

Enteral Feeding Guideline

Alcohol Use Disorder Prescribing Guidelines

BSMHFT Guidance for End of Life Care During COVID 19 Pandemic V5

Guidelines for Glycaemic (blood glucose) Management in Diabetes

IP Alcohol Guidelines

Management of an inpatient death incl. infection control measures V3

Management of the Deteriorating Patient and Resuscitation COVID-19 Update V7a

Management of Medication during Tobacco Smoking

NEWS and SBAR clinical guidelines

Prescribing, dispensing and administration of insulin

Clozapine guidelines

3: The procedure

3.1 Physical Health Assessments:

3.1.1 Inpatients

All service users should be offered a prompt physical health assessment to review any physical health needs which may impact on their mental well-being and speed of mental health recovery. **Appendix 2** provides a checklist for all health professionals for admission and discharge of a service user within any inpatient area of BSMHFT

It is recognised this should involve the full multidisciplinary team. Historically each discipline has their own role; however this should not be seen as exclusive role as it should be seen as a collaborative assessment for the best outcome.

Medical Review

When a service user is admitted to any inpatient ward within BSMHFT, a doctor or Physician's Associate must review the person, in terms of their physical health as well as mental health needs.

If the service user is not able to provide a full and accurate history (whether physically too unwell, unwilling to engage or lacking capacity) the doctor can review other clinical areas for information, these include:

Previous physical health assessments on RiO

Discussion with the community Community Mental Health Team /Assertive Outreach Team/ Home Treatment Team

Your Care Connected YCC (link to the GP system via Rio Electronic Record)

MERIT shared records

Acute hospital (A&E) discharge letters

EPMA (electronic prescribing system within BSMHFT)

As part of the admission process for every service user, the following must be completed :

- Systemic Enquiry form on RiO electronic records system (inlcuding a full physical examination)
- Physical Health Assessment form on RiO electronic records system
- * Review latest pathology results (order or complete investigations if clincially indicated) (See Section 3.2 below)
- * Review of latest ECG trace (order/complete if needed, ideally within 24 hours of admission and prior to any haloperidol being given as Rapid Tranquilisation)

**Investigations carried out within the last three months may be adequate for routine physical health checks, but additional tests should be arranged if clincially indicated (such as new/change to medication, change in physical health etc)*

Any review of results must be recorded in the progress notes, or on the physical health forms

- Consider evidence of current or past substance misuse – see the clinical guidelines relating to detoxification processes below - ensure that any required medication is prescribed, including methadone if necessary: **http://connect/corporate/governance/Clinical-governance/Trust%20Guidelines/Forms/Addictions.aspx**
- Consider a drug test if clinically indicated
- The risk of or evidence of a Venous Thrombo-Embolism (VTE) eg immobility, dehydration
- **Ensure a pregnancy test is completed in all females of child bearng age and that the results are documented on the Physical Health Assessment form and reviewed/acted upon**
- Ensure that appropriate tests are aranged for medication, for example clozapine or lithium levels, if clincially indicated, that the results are reviewed as soon as possible, and a management plan recorded in the RiO system (progress note or MDT record)
- If there is evidence of infection, also consider checking serum medication levels as these can be affected by infection or inflammation
- Any evidence of current or past infection with Covid 19 and any ongoing symptoms (fatigue, respiratory problems)

When the service user is admitted from the the Emergency Department (or any acute care setting) a copy of the discharge letter should be available for review by the admitting doctor and uploaded to RiO by administration staff

If it is not possible to complete a physical health assessment at the time of admission, the reason must be clearly documented in the RiO progress note, the phsyical health form and communicated to the nursing staff. This must be esclated to the nurse in charge of the ward so that a doctor is contacted the following morning to complete. Any ongoing declining to complete this by the service user must be documented and followed up until it has been completed. If this is not completed during the admission, this should be communicated in the electronic discharge letter to the GP and to any mental health team involved in the service user's care post-discharge

The first multi-disciplinary meeting following admission must include reference to physical health checks on admission and again any gaps must be reviewed and addressed as soon as possible

Relevant investigations (see Section 3.2 below) should be arranged at the time of admission and clearly documented in the Rio progress notes. The plan for investigations should also be communciated to ward nursing staff to ensure that the investigations are carried out.

Following physical health assessment and examination, a management plan must be documented on RIO (progress note) including any relevant observations, investigations and/or any referrals that need to be made (see below).

Nursing Review

Following admission of the service user, there is an expectation that the nursing team will ensure that all of the required phyiscal health care highlighted is delivered and documented in a timely manner. There is no expectation that the nurse completes all the checks (see the medical roles above), but they must co-ordinate care so that the apporpriate practitioners (if this is not them) to complete a full and holistic assessment and a care plan produced.

On admission, the following assessements are required in the ward environment in a timely manner (Appendix 2)

- Basic physical observation, NEWS and a digital ward prescription entry
- MRSA swab (admission from acute hospitals) and COVID swabs (all patients)
- Allergies reviewed
- Pressure ulcer tool - Purpose T (and body map) - digital ward prescription entry
- aSSKINg assessment and digitial ward record (if necessary)
- Falls prevention risk assessment
- Malnutrition tool – MUST
- Weight/BMI
- Digital ward entry for food and hydration (if necessary)
- Pregnancy status (see above in medical role)
- Dysphagia screening tool

During the admission, the MDT should also consider where needed

- Contience assessments
- Physical activity readiness
- Immunisation
- Referrals to specialist practitioners (internal or external) at the appropriate time
- Results of investigations and documentation of relevant management plans based upon the results of these

The physical health of each service user must be discussed at least once each week (as a minimum) at the MDT/Touchpoint meetings, this includes reviewing information from the Digital Ward platform, the RiO care records and updating the digital ward prescription for requested observation.

There must be a daily handover by ward staff to include physical health information and relevant handover of actions, including recommendations from specialist and allied health professionals.

All staff must ensure good communication – to ensure that any assessment or intervention for a physical health problem is communicated in the care record but also verbally to ward staff and the clinical team. Out of normal working hours, significant physical health information (including for new problems) must be shared immediately with all relevant health professionals, including on call doctors, managers and other professionals as appropriate

Care plans should include relevant and up to date information relating to physical health care.

For service users in hospital for longer periods, the inpatient clinical team may need to consider health screening or liaison with primary care regarding accessing national screening programmes

If the service user requires care and treatment in an acute hospital during their admission , there must be clear communication between service providers at points of transition and acted upon as soon as possible. The acute hospital must provide a discharge summary or a written handover before the service user is accepted back into a mental health setting. Any situation of concern must be escalated to the consultant psychiatrist or manager.

Any service user returning from an acute hospital must be reviewed by the ward doctor or on call doctor on their return.

For outpatient appointments in acute hospital settings for service users during an inpatient stay, there must be a written (or email) handover from the outpatient clinic returned back to the ward staff. In addition, the service user should usually be escorted by a member of staff , if this is not possible or appropriate, the rationale should be recorded in the case notes.

When a service user is discharged from a BSMHFT ward, the doctor involved in their care must complete the electronic discharge summary on RiO within 24 hours of discharge and this must be sent electroncially to the GP. The discharging doctor must also communicate any relevant information regarding medication, phsical health and monitoring to the receiving community team, for example when blood tests are due, any ongoing physical illness, outstanding physical health appointments, Clozapine monitoring and so on. For signficant clinical information, efforts must be made to ensure that the receiving clinical team have confirmed that they are aware of this information. If the service user is not registered with a GP, the new mental health team must be made aware of any onging physical health risks or actions, until the service user is registered with a GP.

3.1.2 Community Care

Each service area will have good communication with primary care collegues, to ensure service users have access to the general physical health care they need and where possible these assessments should be completed by the GP practice. However in the event of difficulties for the service user attending this should be completed by the mental health team overseeing the care of the service user. There may also be specific physical health checks required, associated with psychotropic medication and whilst these may be carried out by primary care if there is an 'Effective Shared Care Agreement' (ESCA) , the mental health team may need to arrange if no ESCA is in place.

For community patients (including CMHT, AOT, EI, FIRST, and specialist outpatient services), there are four main streams of physical health assessment:

- New referrals – (physical health investigations required prior to starting medication or for diagnostic purposes)
- Monitoring investigations and management of mental health medication or cardiometabolic risk factors
- Annual SMI health check (if not completed by the primary care team)
- Link with ESCA as above and care support plans

Resource requirement

Each BSMHFT community hub should have:-

- Access to phlebotomy (locally trained staff or via an external provider)
- Access to the BSMHFT ECG service or locally trained staff to ensure appropirate management prior to starting medication if indicated (eg clozapine, haloperidol)
- Appropriate communication within the team to ensure investigations are reviewed by the requesting clinician in a timely manner and/or the service user's GP – local guidance applies

Home visits for physical health needs

Due to the nature of some of the service users we care for, home visits may be necessary. This may be due to

Being housebound due to frailty

Physical health conditions (long term or acute)

Mental health condition (long term or acute crisis)

It needs to be recognised this requires greater time and resource, so the team will assess each of these cases individually and work with the service user and carers to support appropriate interventions.

Physical health care requirements

- Appropriate investigations for new patients as above, as part of diagnosis or pre-medication
- Annual health check, to be recorded on the Physical Health Assessment on RiO- any idenfiited care needs should be recorded, with appropriate actions, in the care plan
- Monitoring of cardio-metabolic indicators as required by clinical need, and medication (See Appendix 4)
- Whether the annual health check, and other physical health monitoring, is completed by the mental health team or primary care, there should be good communcation of actions and investigation results, which should be recorded in the clinical notes
- Personal Health Budgets (PHB) may be useful to assist patients with physical health needs in the community, for example assisting with healthy eating, access to a gym etc
- If a patient is admitted to another mental health inpatient service, but is still on the caseload for the community team (eg AOT, FIRST), there is not a requirement to complete physical health checks while the patient is admitted elsewhere and the caseload management should reflect this

Effective Shared Care Agreements (ESCA)

Shared care arrangements are standardised according to the 'Effective Shared Care Agreements' held within the RiO electronic records- this identifies which health professionals are responsible for completing and checking relevant investigations in relation to the medication. Clinical teams must ensure that they are aware of arrangements for service users under their care, and for service users prescribed medications such as clozapine and lithium, where therapeutic monitoring is important to avoid toxicity**.**

Any medication blood level tests arranged must be reviewed as soon as possible by the requesting professional, and the outcome of the review including any management plan and be recorded as a progress note in the RiO electronic records.

3.1.3 Prison healthcare services (HMP Birmingham)

Within HMP Birmingham, staff from BSMHFT provide mental health services, and work in partnership with other service providers who oversee physical health care. The protocols currently in place in relation to physical health monitoring by BSMHFT can be found in Appendix 7

The national guidance on which practice is based is the NICE Guidance 66 (Mental Health of Adults in Contact with the Criminal Justice System) and 57 (Physical health of People in Prison:

https://www.nice.org.uk/guidance/ng66

https://www.nice.org.uk/guidance/ng57/resources/physical-health-of-people-in-prison-pdf-1837518334405

3.2 Investigations and interventions on admission to hospital or new any trust services

Once the processes set out in section 3.1.1 have been completed, relevant investigations should be arranged as appropriate*. These may include:

- Full Blood Count (FBC), Urea and Electrolytes (U&E), Liver Function Tests (LFTs), Thyroid Function Tests (TFTs), HbA1c, Prolactin, Lipids (fasting), B12, Folate and Bone Profile
- Specific blood tests such as Blood Borne Virus testing (BBV), autoimmune screen for first episode psychosis
- INR if service user is prescribed warfarin
- Vitamin D levels if suspicion of severe deficiency
- Specific bloods relevant to diagnosis eg in eating disorders will need phosphate and magnesium
- Therapeutic drug levels
- Urine drug of abuse screening
- Pregnancy test
- ECG

**investigations carried out within the last three months will be adequate for routine physical health checks, but additional tests should be arranged if clincially indicated (such as new medication, change in physical health etc) – any review of reuslts must be recorded in the progress notes, or on the physical health forms*

3.3 Referral to Allied Health Professionals (AHP) within BSMHFT

For assessment and intervention planning, there are a range of specialist services available to inpatient areas within BSMHFT

Some services can also offer a limited community service, depending the area and speciality. In all cases the specialist teams can offer advice and support for onward referral and support. Staff training is also provided by all teams either as advertised, or on request.
All referrals are made via RiO providing as much clinical information as possible is useful and can speed up the response time. (Appendix 6 provides guidance on the referral process on RiO)

Service	Common Indications for referral
Diabetes Specialist Nurse	New/potential diagnosis, poorly controlled diabetes, medication review, education and resources
Dietetics	Malnutrition, diabetes, restrictive eating and eating disorders, hyperlipidaemia, gut and bowel disorders, frailty
Health Instructors	Physical activity, healthy lifestyle brief advice

Physiotherapist	Falls prevention, mobility support, neurological conditions, fractures and injury, respiratory conditions, pain management, acute respiratory problems
Speech & Language Therapy	Swallowing disorders and choking. SLTS can also support with accessible information for discussing physical health issues or mental capacity assessment
Tissue Viability and Continence	Wound care management (including dressing and medication) prevention of pressure ulcers, continence advice.

3.4 Physical health care providers

Advice and information can be sort from our local providers and can be found on the following links

Birmingham City Hospital	**https://www.swbh.nhs.uk/contact-locations/find-us/birmingham-city-hospital/**
Birmingham Community Healthcare	**https://www.bhamcommunity.nhs.uk/patients-public/adults/** **https://www.bhamcommunity.nhs.uk/patients-public/children-and-young-people/**
Birmingham Dental Hospital	**https://www.bhamcommunity.nhs.uk/patients-public/birmingham-dental-hospital/**
Birmingham Eye Centre	**https://www.swbh.nhs.uk/contact-locations/find-us/birmingham-and-midland-eye-centre/**
Birmingham Public Health	**https://www.birmingham.gov.uk/info/50120/public_health/1332/local_area_health_profiles**
Learning Disability Services	**https://www.bhamcommunity.nhs.uk/patients-public/learning-disability-service/**
University Hospitals Birmingham	**https://nww.ebs.ncrs.nhs.uk**
The waiting room – health and wellbeing services	**https://the-waitingroom.org/**

4 Training and resources

To ensure that we provide high quality physical health care to service users within BSMHFT, staff must ensure that they are up do date with the relevant policies and clinical guidelines outlined in Section 2 above.

Appendix 4 provides links to relevant NICE clincial guidelines and easy to read brief practice guidelines for a wide range of physical health conditions.

To support our staff with training and development in physical health, there is a suite of training which can be located on the learning and development pages

Staff are able to review the latest prospectus for development learning types, dates and clinical leads for the particular areas

http://connect/corporate/learning-and-development/Pages/default.aspx

5: Responsibilities

This should summarise defined responsibilities relevant to the policy.

Post(s)	Responsibilities	Ref
All Staff	Awareness of information in this policy and associated policies and clinical guidelines listed above	
Service, Clinical and Corporate Directors	Awareness of requirements of monitoring and assurance, and oversight of these processes in Clinical Governance meetings	
Policy Lead	Dr N Rowe, Deputy Medical Director Quality and Safety; Lyndi Wiltshire, Lead Nurse for Physical Health	
Executive Director	Dr H Grant Medical Director	

6: Development and Consultation process:

Prior to this policy being shared for the consultation process within BSMHFT, the following groups have contributed to its development:

- Working groups including trainees, inpatient nursing staff, community teams, consultant psychiatrists, pharmacy team, AHPs, service users.
- Physical health committee
- Primary care liaison working group

Consultation summary		
Date policy issued for consultation	January 2021	
Number of versions produced for consultation	1	
Committees / meetings where policy formally discussed	**Date(s)**	
Physical health committee	November 2020	
PDMG	January 2021	
Policy multi-disciplinary task and finish group	23.6.20,24.7.20,4.8.20,10.9.20,1.10.20.5.11.20	
Where received	**Summary of feedback**	**Actions / Response**

7: Reference documents

- Royal College of General Practitioners – Improving the physical health of people with severe mental illness- a practical toolkit (2016) **https://www.rcgp.org.uk/clinical-and-research/resources/toolkits/~/media/F251FBFB6BA8476385710AED4B519792.ashx**
- The Academy of Royal Medical Colleges (AoRMC) compiled a report in 2016 (Working Group for Improving the Physical Health of People with SMI (2016)

8: Bibliography

- **CQC brief guide for physical health care in mental health settings (2017) https://www.rcpsych.ac.uk/docs/default-source/improving-care/ccqi/quality-networks/htas/guidephysicalhealthcaremh.pdf?sfvrsn=abf1e410_2**
- **Five Year Forward View for Mental Health; Independent Mental Health Taskforce for the NHS, 2016 (https://www.england.nhs.uk/wp-content/uploads/2016/02/Mental-Health-Taskforce-FYFV-final.pdf)**
- **NICE guidelines for Bipolar Disorder; Assessment and Management https://www.nice.org.uk/guidance/cg185**
- **NICE Guidelines for Psychosis and Schizophrenia in Adults CG178 https://www.nice.org.uk/guidance/cg178**
- **NICE Guidelines for Psychosis and Schizophrenia in Young People: Recognition and Management https://www.nice.org.uk/guidance/cg155**

9: Glossary

- There is no specific terminology to explain in this document.

10: Audit and assurance

Element to be monitored	Lead	Tool	Frequency	Reporting Committee
Quarterly report of completion of two physical health Rio forms (Systemic Enquiry and Physical Health Assessment)	Physical health committee	Rio report	Quarterly	Physical health committee
Quarterly report of how quickly physical observations are entered after admission	Physical health committee	Report from Digital Wards Inpatient Portal;	Bi-annually	Physical health committee

		Matrons reports		
Quarterly report of completion of e-discharge summaries for inpatients	Physical health committee	Rio report	Quarterly	Physical health committee
Monthly report of cardio-metabolic indicators	Physical health committee	Report from Information team	Monthly	Physical health committee

11. Appendices

Additional material that is necessary to the delivery of the policy or procedure, e.g., flowcharts

- **Appendix 1 Equality Analysis Screening Form**
- **Appendix 2 Admission Guidance (Physical health section only)**
- **Appendix 3 Pathology process**
- **Appendix 4 Recommended physical health monitoring**
- **Appendix 5 NICE guidance that is applicable to BSMHFT**
- **Appendix 6 AHP referral – quick guide**

Appendix 1 Equality Analysis Screening Form

A word version of this document can be found on the HR support pages on Connect
http://connect/corporate/humanresources/managementsupport/Pages/default.aspx

Title of Proposal	Physical health assessment		
Person Completing this proposal	Lyndi Wiltshire	**Role or title**	Lead Nurse for Physical Health
Division	Corporate	**Service Area**	Corporate
Date Started	9th November 2020	**Date completed**	7th December 2020.

Main purpose and aims of the proposal and how it fits in with the wider strategic aims and objectives of the organisation.

To enable all staff to have a clear understanding of physical health assessment and management processes for service users within BSMHFT, in order to minimise patient harm in relation to physical ill-health. Physical health care for service users within BSMHFT are key quality goals of the BSMHFT Quality Strategy

Who will benefit from the proposal?

Service users – ensuring appropriate physical health assessments are completed, that appropriate results are reviewed at the point of need and that other physical health needs during their care episode with BSMHFT are met, or that they are signposted to appropriate services.

Impacts on different Personal Protected Characteristics – *Helpful Questions:*

Does this proposal promote equality of opportunity? *Eliminate discrimination?* *Eliminate harassment?* *Eliminate victimisation?*	*Promote good community relations?* *Promote positive attitudes towards disabled people?* *Consider more favourable treatment of disabled people?* *Promote involvement and consultation?* *Protect and promote human rights?*

Please click in the relevant impact box or leave blank if you feel there is no particular impact.

Personal Protected Characteristic	**No/Minimum Impact**	**Negative Impact**	**Positive Impact**	**Please list details or evidence of why there might be a positive, negative or no impact on protected characteristics.**

Age			x	The policy applies to all service users without discrimination and processes have been introduced where possible to allow diversity and inclusion (for example, gender neutral questions within the physical health assessment form, and questions specific to children and young people)
Including children and people over 65 Is it easy for someone of any age to find out about your service or access your proposal? Are you able to justify the legal or lawful reasons when your service excludes certain age groups?				
Disability			x	No service users are excluded from this policy
Including those with physical or sensory impairments, those with learning disabilities and those with mental health issues Do you currently monitor who has a disability so that you know how well your service is being used by people with a disability? Are you making reasonable adjustment to meet the needs of the staff, service users, carers and families?				
Gender			x	No service users are excluded from this policy
This can include male and female or someone who has completed the gender reassignment process from one sex to another Do you have flexible working arrangements for either sex? Is it easier for either men or women to access your proposal?				
Marriage or Civil Partnerships	x			No service users are excluded from this policy
People who are in a Civil Partnerships must be treated equally to married couples on a wide range of legal matters Are the documents and information provided for your service reflecting the appropriate terminology for marriage and civil partnerships?				
Pregnancy or Maternity			x	No service users are excluded from this policy
This includes women having a baby and women just after they have had a baby Does your service accommodate the needs of expectant and post-natal mothers both as staff and service users? Can your service treat staff and patients with dignity and respect relation in to pregnancy and maternity?				
Race or Ethnicity	x			No service users are excluded from this policy
Including Gypsy or Roma people, Irish people, those of mixed heritage, asylum seekers and refugees What training does staff have to respond to the cultural needs of different ethnic groups? What arrangements are in place to communicate with people who do not have English as a first language?				
Religion or Belief	x			No service users are excluded from this policy

Including humanists and non-believers Is there easy access to a prayer or quiet room to your service delivery area? When organising events – Do you take necessary steps to make sure that spiritual requirements are met?				
Sexual Orientation	x			No service users are excluded from this policy
Including gay men, lesbians, and bisexual people Does your service use visual images that could be people from any background or are the images mainly heterosexual couples? Does staff in your workplace feel comfortable about being 'out' or would office culture make them feel this might not be a good idea?				
Transgender or Gender Reassignment			x	No service users are excluded from this policy
This will include people who are in the process of or in a care pathway changing from one gender to another Have you considered the possible needs of transgender staff and service users in the development of your proposal or service?				
Human Rights	x			No service users are excluded from this policy
Affecting someone's right to Life, Dignity and Respect? Caring for other people or protecting them from danger? The detention of an individual inadvertently or placing someone in a humiliating situation or position?				
If a negative or disproportionate impact has been identified in any of the key areas would this difference be illegal / unlawful? I.e. Would it be discriminatory under anti-discrimination legislation. (The Equality Act 2010, Human Rights Act 1998)				

	Yes	**No X**		
What do you consider the level of negative impact to be?	**High Impact**	**Medium Impact**	**Low Impact**	**No Impact**
				x

If the impact could be discriminatory in law, please contact the **Equality and Diversity Lead** immediately to determine the next course of action. If the negative impact is high a Full Equality Analysis will be required.

If you are unsure how to answer the above questions, or if you have assessed the impact as medium, please seek further guidance from the **Equality and Diversity Lead** before proceeding.

If the proposal does not have a negative impact or the impact is considered low, reasonable, or justifiable, then please complete the rest of the form below with any required redial actions, and forward to the **Equality and Diversity Lead.**
Action Planning:
How could you minimise or remove any negative impact identified even if this is of low significance?
NA
How will any impact or planned actions be monitored and reviewed?
NA
How will you promote equal opportunity and advance equality by sharing good practice to have a positive impact other people as a result of their personal protected characteristic.
Please save and keep one copy and then send a copy with a copy of the proposal to the Senior Equality and Diversity Lead at **bsmhft.hr@nhs.net** . The results will then be published on the Trust's website. Please ensure that any resulting actions are incorporated into Divisional or Service planning and monitored on a regular basis.

Please save and keep one copy and then send a copy with a copy of the proposal to the Senior Equality and Diversity Lead at **bsmhft.hr@nhs.net** . The results will then be published on the Trust's website. Please ensure that any resulting actions are incorporated into Divisional or Service planning and monitored on a regular basis.

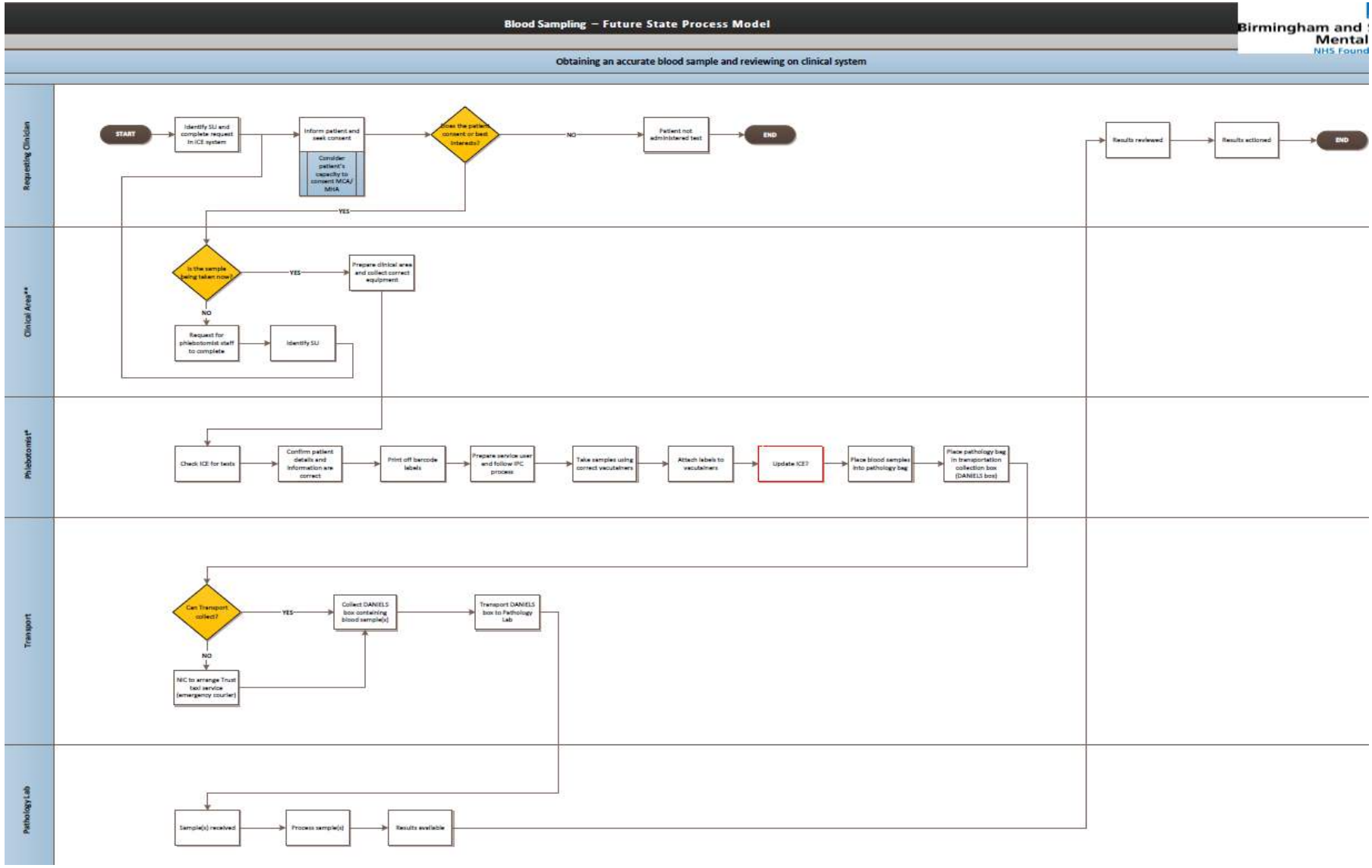
Appendix 2 Admission Guidance (physical health section only)

Prior to admission	Timescale	Who by	Where to document
Medic or duty doctor advised of admission and timeframes	Pre admission	Admitting nurse	NA
Ensure risk assessment and assessment summary are updated from admitting team	Pre admission		NA
If being transferred from general acute hospital complete infection control screening/ put plans in place for any infection control issues	Pre admission		NA
On arrival to ward			
Receive handover from admitting team	Immediately		NA
Ascertain if patient is a smoker, give Trust leaflet and verbally explain Smoke-free policy. Consider smoking cessation prescription and NRT supplies	Immediately	Admitting nurse/ doctor (to include NRT prescription	Physical health form
Joint admission assessment with doctor within 4 hours of admission			
Clerk in by ward medic/duty doctor and collaborative reassessment of mental state, risk management plan and therapeutic and physical observation levels, involving service user to obtain their views	4 hours	Admitting nurse & admitting doctor	Progress notes
Baseline BP/Pulse/ Temperature/ oxygen sats/ Respirations/alertness NEWS – Digital ward prescription	4 hours	Admitting nurse & admitting doctor	Physical health prescription (inpatients)
COVID swab – all admissions MRSA swabs (if admitted from another hospital or nursing home/ residential or prison settings)	4 hours	Admitting nurse	IPC screening
-Systemic enquiry and physical examination -Physical health examination -Review the ECG on record for last 3/6 months (refer/complete ECG if none available) -Review the Blood results for last 3/6 months (refer/complete bloods if none available) -Med reconciliation from service user/ YCC/ MERIC -Prescribe medication including prn meds on EPMA -Review allergies/ precautions i.e. BBV/risk to self/others -pregnancy status	4 hours	Admitting doctor	Systemic enquiry form Clinical documents Pathology system YCC EPMA Alerts

Rio Activity	Timescale	Who by	
Baseline physical observations and frequency documented on Digital ward	4 hours	Admitting doctor & nurse	RiO & Digital ward
Complete 72 hour care plan	4 hours	Admitting nurse	Care plan
Complete Falls Prevention Screen tool, (if ALL over the age of 65 or under 65 but is considered at risk)	6 hours	Admitting nurse	Falls prevention tool
Purpose T - Review risk of pressure ulcers (consider prescription on digital ward)	6 hours	Admitting nurse	Purpose T form (digital ward)
Skin inspection and Body Map – (see prescription on digital ward)	6 hours	Admitting nurse	Body map form & aSSKINg form (digital ward)
Physical Activities readiness questionnaire (PARQ)	7 days	Named nurse	PARQ form
Continence assessment	7 days	Names nurse	Continence form
Complete physical assessment form – Weight/Height/Urine test/ Pregnancy test results	12 hours	Admitting nurse	Physical health form
Nutritional assessment tool (MUST) - consider food and fluid prescription on digital portal	72 hours	Named nurse	MUST form (food & drink digital ward)
Dysphagia screening tool	72 hours	Named nurse	Dysphagia form
Following assessments consider referral to specialist support Diabetes, dietician, ECG, health instructors, SLT, TV nurse, physiotherapist	72 hours	Admitting nurse	Referral management section (RiO)
Follow up assessments and action plan	Every MDT or ward round	MDT	informatics tab
Review the observations schedule on the Digital ward	Every MDT or ward round	MDT	Digital ward platform
Discharge			
Medication /TTOs ordered and available	Pre discharge	Doctor & nurse in charge	EPMA
Community follow up Care Co/ HTT/ CERTS/ Care Home Liaison (include physical health needs)	Pre discharge	Nurse in Charge	

3 day follow up explained / allocated	Pre discharge	Nurse in Charge	
Discuss any other clinical appointments with service user	Pre discharge	Discharging nurse	NA
Discharge paper work and eDischarge paperwork completed	Pre discharge	Doctor	
Care plans given and information given re who to contact in a crisis	Pre discharge	Nurse in Charge	Care plans
GP informed and district nurse/practice nurse appointments made	Pre discharge	Discharging Admin & Nurse	
Communicate ongoing physical health needs to mental health team taking over care (CMHT, AOT, HTT, FIRST etc.)	On discharge	Discharging doctor & nurse	
Discharge letter to be sent via hybrid mail	**Within 24 hours of discharge**	Discharging doctor & secretary	Discharge
Any specialist teams (dietitian, TV Nurse, Diabetes Nurse) informed	On discharge	Ward Admin	

Appendix 3 – Pathology sampling process



Appendix 4

Monitoring guidelines

Parameter	Baseline	During initiation	2 months	3 months	6 months	Annually
Weight	√	√	√	√	√	√
BMI	√	√	√	√	√	√
Blood Pressure	√					√
ECG	√					√
Smoking status	√					√
Alcohol status	√					√

Reference

NICE Guidance Psychosis and schizophrenia in adults: prevention and management [CG 178] (2014)

Recommended blood tests for a patient taking antipsychotic medication

Monitoring stage	**Baseline**	**During initiation**	**3 months**	**Annually**
Monitoring setting	**Secondary care**	**Secondary care**	**GP/ outpatients clinic**	**GP/ outpatient clinic**
Who undertakes the monitoring				
Weight/BMI				
Pulse				
Blood Pressure				
Blood Glucose/ HbA1c				
Blood lipids				
U&Es				
Renal Function				
Full Blood Count				
Liver function Test				
Prolactin				
ECG				

Reference

http://connect/corporate/governance/Clinical-governance/Trust%20Guidelines/Prescribing%20Guidance%20for%20the%20Treatment%20of%20Schizophrenia%20in%20Adults.pdf

Appendix 5

NICE guidance that is applicable to BSMHFT

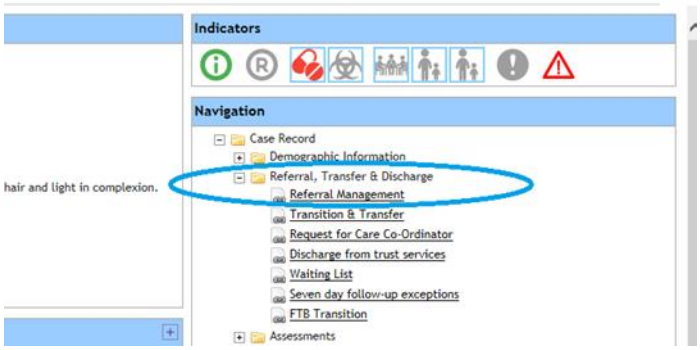
https://pathways.nice.org.uk/

Top NICE clinical guidelines

- Alcohol-use disorder
- Allergy (drug, food, anaphylaxis)
- Antimicrobials for bites and stings
- Cardiovascular disease prevention
- Chest Pain
- Constipation
- Diabetes
- Diabetes (type 2) prevention
- Drug misuse prevention
- Ear, nose and throat conditions
- Eczema
- Head injury
- Hypertension
- Kidney conditions
- Pressure Ulcers
- Preventing falls in older people
- Respiratory conditions (including Asthma and Chronic Obstructive Pulmonary disease)
- Sepsis
- Stroke
- Urinary tract infections
- Venous thromboembolism
- Vitamin D: supplement use in specific population groups

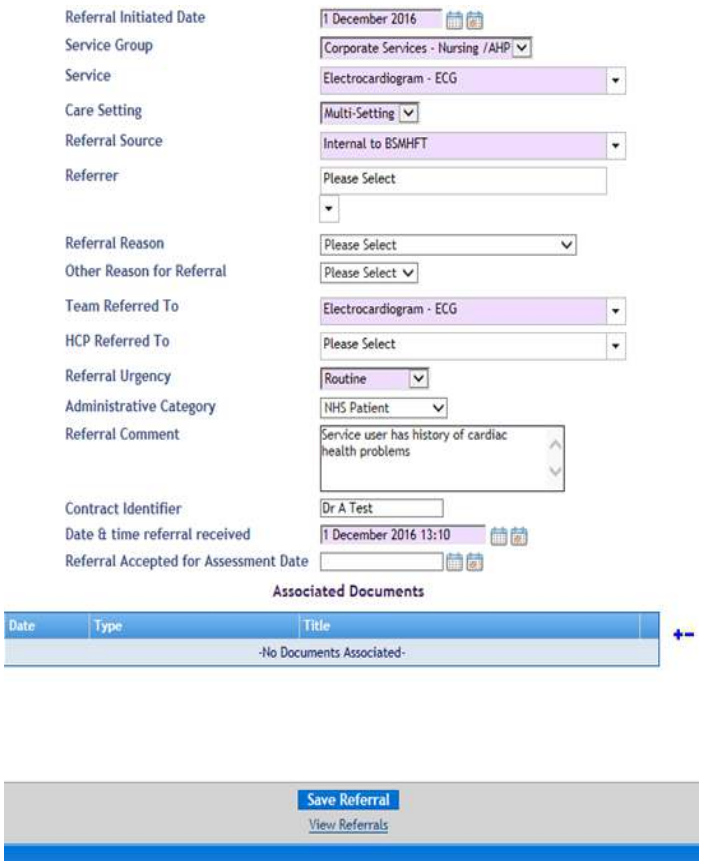
Appendix 6

AHP referral – quick guide



Identify patient on caseload to be referred
Click 'Referral management'

1 **Click 'Create New Referral'**



Click - **Date**
Service Group - **Corporate nursing services /ANP**
Service - **Choose service**
Care setting - **Multi-setting**
Referral source - **Internal to BSMHFT**
Referrer - **your service**
Referral Reason - **complete**
Team Referred - **choose service**
HCP referred to - ***Leave blank***
Referral Urgency – **Routine or Urgent**
Administrative Category -**NHS**
Comment - *Brief instructions*
Date and time referral received - **Click date**
Referral Accepted for assessment dat - ***Leave blank***
'Click save referral'

Appendix 7- protocols for physical health monitoring in HMP Birmingham

System 1 physical health monitoring template:

SEAT Reception Screening v1.0.pdf

Physical health screening protocol:

Cardiovascular.

Care plan on admission.

Urine test: protein, albumin, creatinine and haematuria.

Phlebotomy: plasma glucose, elctrolytes, creatinine, eGFR, serum total cholesterol and HDL cholesterol LFTs U&Es FBC.

Optician: examination of fundi for the presence of hypertensive retinopathy.

ECG: 12 lead ECG.

Blood pressure: further action dependant on results.

Diabetes

Care plan on admission.

Urine test: microalbuminuria, proteinuria.

Phlebotomy: Hba1c, cholesterol, U&Es, Triglycerides, FBC, LFTs eGFR

Optician: examination annually.

Chiropody: annual foot examination.

Respiratory

Care plan on admission.

Phlebotomy: FBC, ESR, U&Es, Hba1c and cholesterol

Spirometry: lung function monitoring

Inhaler technique

Stop smoking: referral as necessary.

ECG: annually

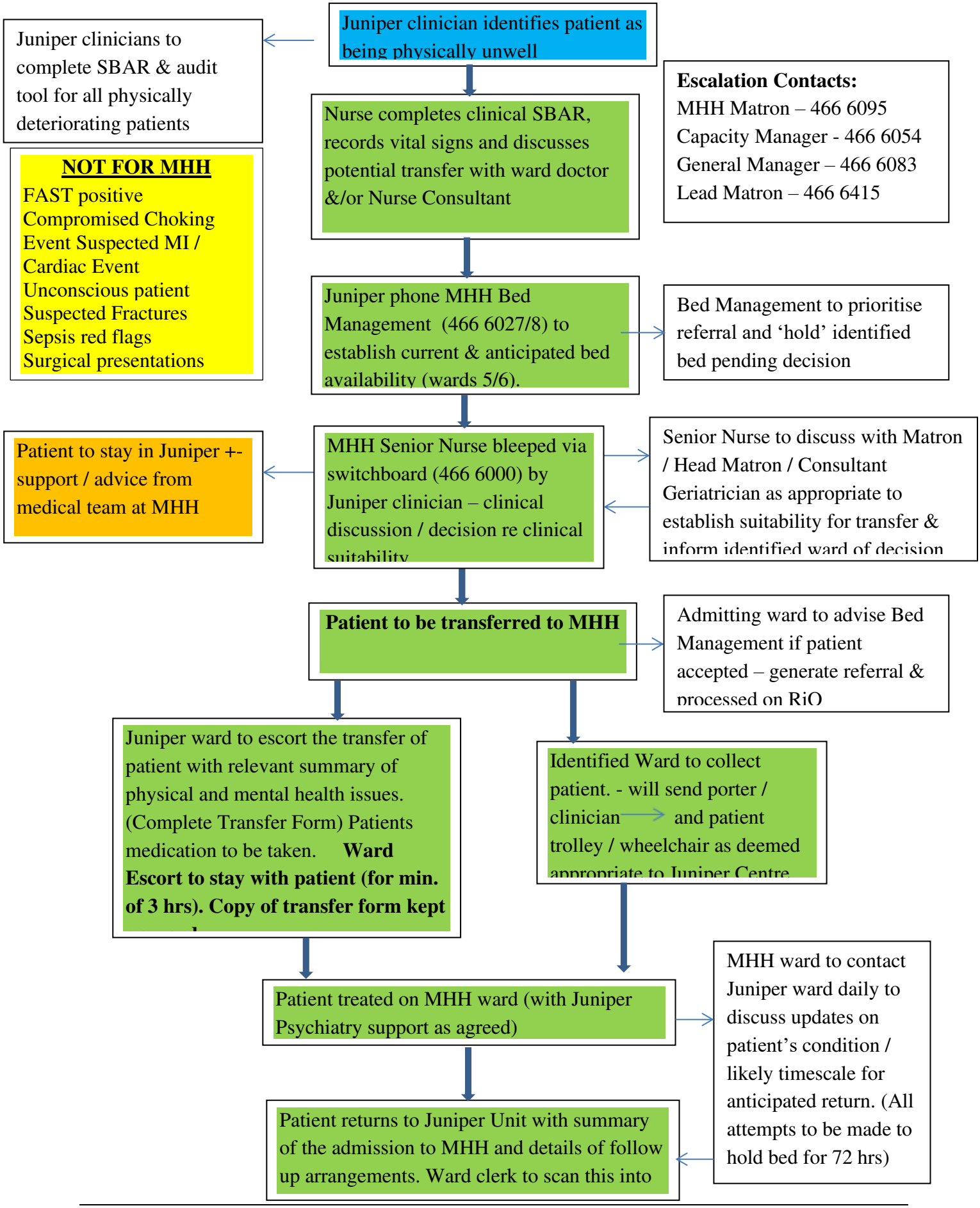
Chest x-ray: within last 5 years.

In addition:

- Mental health Annual health check is completed for all patient on CPA and care support
- complete QOF within prison healthcare processes
- there is a defined chronic disease pathway with clinical guidelines and templates built into System 1 that covers:

Chest pain
COPD
Diabetes
Asthma
Palliative care
Hypertension
BBV screening
Hep C screening and treatment
TB

Appendix 8 - Transfer Pathway



Appendix 9

VACUETTE® SELECTION CHART

Birmingham and Solihull Mental Health NHS Trust

Item Number	Volume	Cap Colour	Cap Ring Colour	Tube Contents	Tests
456018	5ml	Ochre	Ochre	Clotting Accelerator and Separation Gel	UE, Creatinine, Liver Function, Hepatitis B/C, Bone Profile, CRP, GGT, Thyroid, Syphillis, Lipids, HDL, Prolactin, HIV, Pregnancy Test, Lithium, Therapeutic drugs (valproate, phenytoin, phenobarbitone, carbamazepine, digoxin), PSA, Haematinics (B12, Folate, Ferritin)
454322	2ml	Blue	White	Trisodium Citrate	PT, INR, PTT, APTT, Fibrinogen, D Dimers, Protein C, Free Protein S, ATIII, Lupus Anticoagulant, Thrombophilia Screen
454327	3.5ml		Black		
456084	6ml	Green	Black	Li Heparin	IGRA (TB)
454209	4ml	Lavender	Black	EDTA	FBC, Sickle Screen, Retic, ESR, FBC ZTAS, Caffeine, Clozapine, Olanzapine, Bacterial / viral PCR Haemoglobinopathy Screen (Hb electrophoresis, Thalassaemia Screen)
454022	3ml	Red	Black	EDTA K3	HbA1c
454238	2ml	Grey	Black	NaF/EDTA	Glucose
456080	6ml	Royal Blue	Black	Sodium Heparin	Trace elements

Contact Telephone Numbers	
Biochemistry	0121 507 5162
Haematology	0121 507 5162
Immunology	0121 507 4258
Microbiology	0121 507 4261/2
Toxicology	0121 507 4134/5

IMPORTANT
Hold tube in place with the thumb until filled to the required level.

Version 2: Issue date - June 2014: Review date - June 2016