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CLINICAL AUDIT REPORT

2024-25 Clinical Audit Programme

PHYSICAL HEALTH EXAMINATIONS FOR INPATIENTS ON ADMISSION

DATE OF REPORT: 03/02/2025

AUDIT LEAD: Dr Ganga KC

PHYSICAL HEALTH EXAMINATIONS FOR INPATIENTS ON ADMISSION

Clinical Audit Number:	24-013
Audit Programme Cycle:	2024-25

Clinical Audit Lead:	Dr Ganga KC, Specialty Doctor, Kingsholm Ward/ CRHTT Glos and FOD
Clinical Audit Officer:	Sarah Townsend, Clinical Audit Officer
Others involved:	Usama Saeed, Specialty Doctor, Dean Ward/ CRHTT Stroud Chijioke Ani, Specialty Doctor, Priory Ward/ Greyfriars Unit

Directorate:	Community PH, MH & LD	☐	Countywide Services	☐
	Children and Young People Services	☐	MH & LD Urgent Care and Inpatients	☒
	PH Urgent Care and Inpatients	☐	Trustwide	☐

Data Period:	2 September 2024
Date of Report:	03/02/2025
Date Report Signed off:	13/03/2025

Date Re-audit Due:	01/02/2026		
Overall compliance:	85%	Previous compliance:	88%

SECTION 1: Introduction

Background/ rationale:

It has been well established that patients with mental health problems often have multiple medical co-morbidities and are at an increased risk of physical illness, morbidity and mortality compared to the general population.

There is a need for good quality general physical healthcare for these patients and an admission to hospital often provides an opportunity to review a patient's general physical health status.

Guidelines, produced by NICE and the Royal College of Psychiatrists, recommend an assessment of physical health on admission to hospital. NICE guidelines stipulate that those suffering from bipolar affective disorder or psychosis should have an ECG performed, as antipsychotic medications have been associated with cardiovascular side effects. It is therefore useful to have an ECG performed on admission as a baseline investigation.

In view of the physical health policy's revision in 2016, a decision was made to re-audit ECG compliance as part of a broader audit also examining the physical assessment of inpatients by doctors at the point of admission. This was to include, specifically, physical examination of the patient and venipuncture.

Aims/ Objectives:

- To identify the percentage of patients who have had a physical examination by the admitting doctor within the specified time frame for the inpatient setting (24 hours on acute wards or 7 days in Recovery settings)
- To identify the percentage of patients who are having an ECG within 72 hours of admission (or 1 week for Recovery settings)
- To investigate whether admitting doctors are requesting ECGs at the point of admission and reasons for omission
- To identify the percentage of patients who are having the recommended blood tests performed within the suitable time frame for the inpatient setting (24 hours on acute wards or 7 days in Recovery settings)
- To investigate whether there are certain blood tests that are missed/not performed and the reasons for this
- To explore reasons why physical examination on admission is not being completed to trust standard.

Methodology:

The audit included a sample of inpatients within the trust's mental health services on 2nd September 2024. A sample of 256 patients was selected to include patients from all in-patient wards and units. All inpatients had their notes reviewed to establish whether physical health examinations complied with the trust standards.

Patients who had been admitted for less than 72hrs (or 1 week in Recovery settings) were excluded given that they were still within the trusts recommended time frames for completion of ECG/bloods/examination as stipulated in the trusts physical health policy. Sample size and selection criterion replicated the audit completed in 2020 to enable direct comparison.

The data was collected by Ganga KC, Specialty Doctor, Kingsholm Ward/ CRHTT Glos and FOD, Usama Saeed, Specialty Doctor, Dean Ward/ CRHTT Stroud and Chijioke Ani, Specialty Doctor, Priory Ward/ Greyfriars Unit. The data was analyzed by Sarah Townsend, Clinical Audit Officer.

The report was written by Dr Ganga KC, Specialty Doctor, Kingsholm Ward/ CRHTT Glos and FOD with support from Sarah Townsend, Clinical Audit Officer.

SECTION 2: Results

Scoring System (RAG rating):

Inadequate 0-79%	Requires Improvement 80-89%	Good 90-100%

No.	Standard	Compliance 2024	Compliance 2022	⇧⇩
1	ECG performed, interpreted and documented on RIO within 72 hours of admission?	52% (107/205)	73%	⇩
2	ECG in medical plan?	99% (223/226)	95%	⇧
3	Evidence of ECG done (but may not be documented)?	70% (130/185)	83%	⇩
4	ECG done at any point during admission?	91% (206/227)	83%	⇧
5	Physical examination performed and documented by a doctor on RIO?	85% (200/235)	96%	⇩
6	Physical exam done at any point during admission?	88% (172/195)	89%	⇩
7	Minimum routine bloods (as stipulated by policy) sent?	94% (216/231)	96%	⇩
8	Bloods done at any point during admission?	98% (195/200)	89%	⇧

*Appendix 1 shows a breakdown by Unit/ Ward.

SECTION 3: Discussion of Results

Overall compliance was recorded at 84.625% which represents a slight lower percentage around 4% on the last audit (2022), still on amber rating as of previous result.

Completion of ECG within the expected time frame was recorded at 52% compliant which is way lower compared to previous audit result of 73%. Hence this goes to the red rag rating.

Completion of the physical examination (performed and documented by a doctor on RIO) was recorded at 85% compliant. This represents an 1% decline on the previous audit and represents an amber rag rating.

Minimum routine bloods (as stipulated by policy) were recorded as 94%. This represents a 2% lower compared to the previous audit still green rag rating.

Compliance by services are as follows:

- Working Age Adults, 87% compliance in 2022, decreased to 84% in 2024
- Older Adults, 86% compliance in 2022, increased to 89% in 2024
- Recovery units, 96% compliant in 2022, decreased to 77.5% in 2024

Note: We included LD unit to our audit this time and the compliance is 46%.

Recovery services were best performing in 2022 however compliances reduced by 18.5% as reflected in 2024.

Compliance with the trust time frame for completion of an ECG remains challenging of the physical health assessments. Priory, Abbey, Greyfriars and Laurel (recovery unit) being the lowest performing here. The audit result would indicate the reason for the delay with physical assessment being challenges with acutely unwell and not being able to gain the consent.

SECTION 4: Recommendations

- Re-audit in February 2026 and measure improvement against current outcomes.
- Results to be shared with all units.
- Discussion with junior doctors and ACP`s (who undertake clerking responsibility) emphasising the importance of physical assessment as part of clerking process pr clear documentation as why this has not occurred.
- This time we have included LD services, hence could be an opportunity in next audit to evaluate the outcome.

SECTION 5: References

- *NICE (March 2014). Clinical Guideline: Psychosis and schizophrenia in adults: prevention and management*
- *Monitoring / Prescribing information / Psychosis and Schizophrenia / CKS - NICE*

SECTION 6: Clinical Audit Quality Impact Assessment

Clinical Audit Title:	Physical Health Examinations for Inpatients on Admission
Audit Lead:	Dr Ganga KC, Specialty Doctor Kingsholm ward/CRHTT Glos and FOD

	Description of risk:	Outline of mitigations:	Impact Rating: *(Low, Moderate, High)*
Patient Safety Risk Outline any aspects of the audit that relates to or would impact patient safety where the outcome is less than expected.	- Delayed or missing ECG would risk missing the physical health problems e.g. cardiovascular risk before or after the start of psychotropic medications. - Challenges to monitor the blood result indicates risk of not knowing the adverse physical health concerns, for example missing the prolactin level due to patient refusing blood would indicate not being able to monitor the physical impact on psychotropic medication on patient`s physical health. - Similarly, physical health examination is vital for all inpatients as we would not expect to know the ongoing physical concerns without the checks done during admission.	- ECG needs to be completed on time, documented and clearly documenting why this was not done. - Any physical health assessment or bloods that are not completed needs to be highlighted.	High
Clinical Effectiveness Risk	- Difficult to titrate the dose of certain psychotropic if regular monitoring of blood is not in place.	- Encourage blood, ECG and physical checks are completed for more effective monitoring.	Moderate

Outline any aspects of the audit that would impact of the effectiveness of the interventions, assessment or pathway.	- ECG can delay commencement of psychotropics.	- Ensure ECG is done so as not to delay the treatment.	
Patient Experience Risk Outline any aspect that would impact the patient experience of the intervention, assessment or pathway.	- Blood can be invasive procedure for the patient hence unpleasant experience sometimes as someone of clozapine needs frequent blood monitoring. - Patient can get easily agitated with procedure; like, blood, ECG, even physical examination.	- Good communication with patient discussing steps involved for blood and ECG	Low

SECTION 7: Action Plan

Clinical Audit Title:	Physical Health Examinations for Inpatients on Admission
Audit Lead:	Dr Ganga KC, Specialty Doctor Kingsholm ward/CRHTT Glos and FOD

No.	Recommendations	Actions required	Action due date	Person responsible (name and job title)	Comments/ action status
1	Part of clerking process to ensure Blood, ECG and physical assessment is completed as soon as the patient is assessed.	Ensuring Blood, ECG and physical assessment are in clerking documentation.	Feb 2026	- All the doctors/medical team who complete the clerking process. - Nursing team. - Dr Ganga KC.	
2	If the physical assessment, including blood and ECG, are pending or not completed, the following assessment needs to be handed over and documented.	Proper documentation if ECG is done or not.	Feb 2026	- Nursing team. - Medical team. - Dr Ganga KC.	
3	Nursing team to clearly document in progress notes if patient had ECG or declined the ECG.	Proper documentation if ECG is done or not.	Feb 2026	- Nursing team. - Medical team. - Dr Ganga KC.	
4	Ensure the pending blood, ECG. Physical is added to job-sheet of each ward.	Update the job-sheet regularly.	Feb 2026	- Medical team. - Nursing team. - Dr Ganga KC.	
5	Re-audit in 1 year	To assess compliance	Feb 2026	- Medical team. - Dr Ganga KC.	

Appendix 1: Breakdown by Unit/ Ward:

Wotton Lawn Hospital:

Overall WLH Compliance (n=158):

No.	Standard	Compliance 2024	Compliance 2022	⇧⇩
	Overall compliance:	**84%**	**87%**	⇩
1	ECG performed, interpreted and documented on RIO within 72 hours of admission?	42% (56/133)	73%	⇩
2	ECG in medical plan?	99% (142/143)	94%	⇧
3	Evidence of ECG done (but may not be documented)?	69% (84/121)	89%	⇩
4	ECG done at any point during admission?	92% (131/143)	89%	⇧
5	Physical examination performed and documented by a doctor on RIO?	86% (131/152)	93%	⇩
6	Physical exam done at any point during admission?	90% (133/125)	80%	⇧
7	Minimum routine bloods (as stipulated by policy) sent?	93% (142/152)	96%	⇩
8	Bloods done at any point during admission?	97% (125/129)	83%	⇧

Abbey Ward Compliance (n=36):

No.	Standard	Compliance 2024	Compliance 2022	⇧⇩
	Overall compliance:	**74%**	**85%**	⇩
1	ECG performed, interpreted and documented on RIO within 72 hours of admission?	32% (10/31)	60%	⇩
2	ECG in medical plan?	100% (36/36)	100%	⇔
3	Evidence of ECG done (but may not be documented)?	28% (10/36)	100%	⇩
4	ECG done at any point during admission?	92% (33/36)	100%	⇩
5	Physical examination performed and documented by a doctor on RIO?	71% (25/35)	100%	⇩
6	Physical exam done at any point during admission?	86% (31/36)	71%	⇧
7	Minimum routine bloods (as stipulated by policy) sent?	86% (30/35)	88%	⇩
8	Bloods done at any point during admission?	94% (35/36)	71%	⇧

Dean Ward Compliance (n=20):

No.	Standard	Compliance 2024	Compliance 2022	⇧⇩
	Overall compliance:	**78%**	**97%**	⇩
1	ECG performed, interpreted and documented on RIO within 72 hours of admission?	78% (7/9)	75%	⇧
2	ECG in medical plan?	100% (14/14)	100%	⇩
3	Evidence of ECG done (but may not be documented)?	0% (0/1)	100%	⇩
4	ECG done at any point during admission?	92% (12/13)	100%	⇩
5	Physical examination performed and documented by a doctor on RIO?	100% (18/18)	100%	⇔
6	Physical exam done at any point during admission?	50% (1/2)	100%	⇩
7	Minimum routine bloods (as stipulated by policy) sent?	100% (19/19)	100%	⇔
8	Bloods done at any point during admission?	100% (1/1)	100%	⇔

Greyfriars Ward Compliance (n=27):

No.	Standard	Compliance 2024	Compliance 2022	⇧⇩
	Overall compliance:	**85%**	**77%**	⇧
1	ECG performed, interpreted and documented on RIO within 72 hours of admission?	35% (9/26)	67%	⇩
2	ECG in medical plan?	100% (27/27)	75%	⇧
3	Evidence of ECG done (but may not be documented)?	93% (25/27)	75%	⇧
4	ECG done at any point during admission?	93% (25/27)	75%	⇧
5	Physical examination performed and documented by a doctor on RIO?	78% (21/27)	100%	⇩
6	Physical exam done at any point during admission?	88% (23/26)	75%	⇧
7	Minimum routine bloods (as stipulated by policy) sent?	93% (25/27)	100%	⇩
8	Bloods done at any point during admission?	100% (27/27)	50%	⇧

Kingsholm Ward Compliance (n=33):

No.	Standard	Compliance 2024	Compliance 2022	⇧⇩
	Overall compliance:	**87%**	**76%**	⇧
1	ECG performed, interpreted and documented on RIO within 72 hours of admission?	48% (15/31)	67%	⇩
2	ECG in medical plan?	100% (32/32)	83%	⇧
3	Evidence of ECG done (but may not be documented)?	79% (23/29)	67%	⇧
4	ECG done at any point during admission?	94% (31/33)	67%	⇧
5	Physical examination performed and documented by a doctor on RIO?	91% (29/32)	75%	⇧
6	Physical exam done at any point during admission?	94% (31/33)	50%	⇧
7	Minimum routine bloods (as stipulated by policy) sent?	91% (30/33)	100%	⇩
8	Bloods done at any point during admission?	97% (32/33)	100%	⇩

Montpellier Ward Compliance (n=14):

No.	Standard	Compliance 2024	Compliance 2022	⇧⇩
	Overall compliance:	**82%**	**93%**	⇩
1	ECG performed, interpreted and documented on RIO within 72 hours of admission?	100% (8/8)	80%	⇧
2	ECG in medical plan?	100% (6/6)	100%	⇔
3	Evidence of ECG done (but may not be documented)?	0% (0/1)	100%	⇩
4	ECG done at any point during admission?	83% (5/6)	100%	⇩
5	Physical examination performed and documented by a doctor on RIO?	100% (12/12)	80%	⇧
6	Physical exam done at any point during admission?	100% (2/2)	100%	⇔
7	Minimum routine bloods (as stipulated by policy) sent?	100% (10/10)	100%	⇔
8	Bloods done at any point during admission?	75% (3/4)	80%	⇩

Priory Ward Compliance (n=28):

No.	Standard	Compliance 2024	Compliance 2022	⇧⇩
	Overall compliance:	**87%**	**91%**	⇩
1	ECG performed, interpreted and documented on RIO within 72 hours of admission?	25% (7/28)	83%	⇩
2	ECG in medical plan?	96% (27/28)	100%	⇩
3	Evidence of ECG done (but may not be documented)?	96% (26/27)	86%	⇧
4	ECG done at any point during admission?	89% (25/28)	86%	⇧
5	Physical examination performed and documented by a doctor on RIO?	93% (26/28)	100%	⇩
6	Physical exam done at any point during admission?	96% (25/26)	86%	⇧
7	Minimum routine bloods (as stipulated by policy) sent?	100% (28/28)	100%	⇔
8	Bloods done at any point during admission?	100% (28/28)	86%	⇧

Charlton Lane Hospital:

Overall CLH Compliance (n=75):

No.	Standard	Compliance 2024	Compliance 2022	⇧⇩
	Overall compliance:	**89%**	**86%**	⇧
1	ECG performed, interpreted and documented on RIO within 72 hours of admission?	75% (48/64)	69%	⇧
2	ECG in medical plan?	98% (62/63)	95%	⇧
3	Evidence of ECG done (but may not be documented)?	78% (43/55)	63%	⇧
4	ECG done at any point during admission?	87% (55/63)	63%	⇧
5	Physical examination performed and documented by a doctor on RIO?	85% (58/68)	100%	⇩
6	Physical exam done at any point during admission?	93% (51/55)	100%	⇩
7	Minimum routine bloods (as stipulated by policy) sent?	96% (65/58)	94%	⇧
8	Bloods done at any point during admission?	100% (54/54)	100%	⇔

Chestnut Ward Compliance (n=25):

No.	Standard	Compliance 2024	Compliance 2022	⇧⇩
	Overall compliance:	**86%**	**90%**	⇩
1	ECG performed, interpreted and documented on RIO within 72 hours of admission?	75% (18/24)	100%	⇩
2	ECG in medical plan?	100% (25/25)	100%	⇔
3	Evidence of ECG done (but may not be documented)?	80% (20/25)	60%	⇧
4	ECG done at any point during admission?	92% (23/25)	60%	⇧
5	Physical examination performed and documented by a doctor on RIO?	65% (15/23)	100%	⇩
6	Physical exam done at any point during admission?	92% (23/25)	100%	⇩
7	Minimum routine bloods (as stipulated by policy) sent?	86% (19/22)	100%	⇩
8	Bloods done at any point during admission?	100% (25/25)	100%	⇔

Mulberry Ward Compliance (n=25):

No.	Standard	Compliance 2024	Compliance 2022	⇧⇩
	Overall compliance:	**92%**	**93%**	⇩
1	ECG performed, interpreted and documented on RIO within 72 hours of admission?	72% (18/25)	86%	⇩
2	ECG in medical plan?	96% (24/25)	100%	⇩
3	Evidence of ECG done (but may not be documented)?	88% (22/25)	86%	⇧
4	ECG done at any point during admission?	92% (23/25)	86%	⇧
5	Physical examination performed and documented by a doctor on RIO?	92% (23/25)	100%	⇩
6	Physical exam done at any point during admission?	96% (24/25)	100%	⇩
7	Minimum routine bloods (as stipulated by policy) sent?	100% (25/25)	86%	⇧
8	Bloods done at any point during admission?	100% (25/25)	100%	⇔

Willow Ward Compliance (n=25):

No.	Standard	Compliance 2024	Compliance 2022	⇧⇩
	Overall compliance:	**81%**	**77%**	⇧
1	ECG performed, interpreted and documented on RIO within 72 hours of admission?	80% (12/15)	43%	⇧
2	ECG in medical plan?	100% (13/13)	86%	⇧
3	Evidence of ECG done (but may not be documented)?	20% (1/5)	43%	⇩
4	ECG done at any point during admission?	69% (9/13)	43%	⇧
5	Physical examination performed and documented by a doctor on RIO?	100% (20/20)	100%	⇔
6	Physical exam done at any point during admission?	80% (4/5)	100%	⇩
7	Minimum routine bloods (as stipulated by policy) sent?	100% (21/21)	100%	⇔
8	Bloods done at any point during admission?	100% (4/4)	100%	⇔

LD/ Recovery Units:

Berkeley House Compliance (n=5):

No.	Standard	Compliance 2024	Compliance 2022	⇧⇩
	Overall compliance:	**46%**	**N/A**	**-**
1	ECG performed, interpreted and documented on RIO within 72 hours of admission?	0% (0/1)	N/A	-
2	ECG in medical plan?	80% (4/5)	N/A	-
3	Evidence of ECG done (but may not be documented)?	0% (0/5)	N/A	-
4	ECG done at any point during admission?	100% (5/5)	N/A	-
5	Physical examination performed and documented by a doctor on RIO?	50% (1/2)	N/A	-
6	Physical exam done at any point during admission?	40% (2/5)	N/A	-
7	Minimum routine bloods (as stipulated by policy) sent?	0% (0/1)	N/A	-
8	Bloods done at any point during admission?	100% (5/5)	N/A	-

Honeybourne Unit Compliance (n=15):

No.	Standard	Compliance 2024	Compliance 2022	⇧⇩
	Overall compliance:	**67%**	**94%**	⇩
1	ECG performed, interpreted and documented on RIO within 72 hours of admission?	50% (2/4)	50%	⇔
2	ECG in medical plan?	100% (12/12)	100%	⇔
3	Evidence of ECG done (but may not be documented)?	0% (0/1)	100%	⇩
4	ECG done at any point during admission?	92% (12/13)	100%	⇩
5	Physical examination performed and documented by a doctor on RIO?	80% (8/10)	100%	⇩
6	Physical exam done at any point during admission?	43% (3/7)	100%	⇩
7	Minimum routine bloods (as stipulated by policy) sent?	96% (6/7)	100%	⇩
8	Bloods done at any point during admission?	89% (8/9)	100%	⇩

Laurel House Compliance (n=3):

No.	Standard	Compliance 2024	Compliance 2022	⇧⇩
	Overall compliance:	**88%**	**98%**	⇩
1	ECG performed, interpreted and documented on RIO within 72 hours of admission?	33% (1/3)	100%	⇩
2	ECG in medical plan?	100% (3/3)	100%	⇔
3	Evidence of ECG done (but may not be documented)?	100% (3/3)	100%	⇔
4	ECG done at any point during admission?	100% (3/3)	100%	⇔
5	Physical examination performed and documented by a doctor on RIO?	67% (2/3)	100%	⇩
6	Physical exam done at any point during admission?	100% (3/3)	100%	⇔
7	Minimum routine bloods (as stipulated by policy) sent?	100% (3/3)	100%	⇔
8	Bloods done at any point during admission?	100% (3/3)	83%	⇧