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CLINICAL AUDIT REPORT

2025-26 Clinical Audit Programme

PHYSICAL HEALTH EXAMINATIONS FOR INPATIENTS ON ADMISSION

DATE OF REPORT: 15/06/2026

AUDIT LEAD: Dr Peter Dutton

PHYSICAL HEALTH EXAMINATIONS FOR INPATIENTS ON ADMISSION

Clinical Audit Number:	25-094
Audit Programme Cycle:	2025-26

Clinical Audit Lead:	Dr Peter Dutton, Consultant Psychiatrist Stroud/Cirencester CRHTT
Clinical Audit Officer:	Marcin Chmielewski, Clinical Audit Officer
Others involved:	

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:	April, May 2026
Date of Report:	15/06/2026
Date Report Signed off:	03/07/2026

Date Re-audit Due:	February 2027		
Overall compliance:	88%	Previous compliance:	85%

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 in April, May 2026. All 143 patients selected had their notes reviewed to establish

whether physical health examinations complied with the trust standards. It is prudent to note that in 2024/25 re-audit the sample was significantly larger (256 patients), therefore drawing direct comparison on a ward level would not be advisable.

Patients who had been admitted for less than 72hrs (or 1 week in Recovery settings) were excluded given that they were still within the trust's recommended time frames for completion of ECG, bloods and examination, as stipulated in the trust's physical health policy.

The data was collected by the Consultants, SAS and Resident doctors for each ward and by the Advanced Clinical Practitioner for PICU. The data was analyzed by Marcin Chmielewski, Clinical Audit Officer.

The report was written by the audit lead Dr Peter Dutton, Consultant Psychiatrist Stroud/Cirencester CRHTT and supported by Marcin Chmielewski, Clinical Audit Officer.

SECTION 2: Results

Scoring System (RAG rating):

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

No.	Standard	Compliance 2025	Compliance 2024	⇧⇩
1	ECG performed, interpreted and documented on RIO within 72 hours of admission?	77% (67/87)	52%	⇧
2	ECG in medical plan?	94% (132/140)	99%	⇩
3	Evidence of ECG done (but may not be documented)?	76% (94/123)	70%	⇧
4	ECG done at any point during admission?	84% (113/135)	91%	⇩
5	Physical examination performed and documented by a doctor on RIO?	89% (98/110)	85%	⇧
6	Physical exam done at any point during admission?	88% (113/129)	88%	-
7	Minimum routine bloods (as stipulated by policy) sent?	98% (112/114)	94%	⇧
8	Bloods done at any point during admission?	93% (124/134)	98%	⇩

*Appendix 1 shows a further data breakdown.

SECTION 3: Discussion of Results

Overall, there is a slight improvement, with an increase in ECGs being done within 72 hours, but this remains below the standard we have set. Compliance with standards on blood testing remains strong.

There are significant differences between WLH and CLH, which may reflect either more established working practices, a more stable medical workforce, or patient factors e.g. refusal/declining investigations, which the audit in current form doesn't capture well.

Where patients were admitted from Emergency Department or Acute Hospital, bloods and ECG may have been done and would not need repeating without new clinical indication, to avoid unnecessary duplication.

For the Recovery Units, the 'admission' may be a transfer from an acute inpatient unit, and 'admission' physical health examination and investigation may not be required routinely if this has been done at WLH or CLH – more clarity in these standards is needed.

SECTION 4: Recommendations

Some changes to the audit standards are needed to better capture where teams have offered physical health assessments and the patient has refused as the standards focus on completion rather than the interventions being offered. Where patients initially refuse, it is important to evidence that we are revisiting these later.

Q1 should be amended to add in "or refusal by patient documented"

An additional question should be added "if patient refused, is there evidence they were asked again within 7 days"

It is important that these standards receive prominence at Resident Doctor inductions and when locum/agency doctors are used, that these standards are shared by their supervising Consultant.

Audit to be repeated in 12 months' time.

SECTION 5: References

- *NICE (March 2014). Clinical Guideline: Psychosis and schizophrenia in adults: prevention and management*
- *Monitoring / Prescribing information / Psychosis and Schizophrenia / CKS - NICE*
- *Physical Examinations for MH and LD Inpatient and community services - CLP254 (Previously CLP245) - Interact*

SECTION 6: Clinical Audit Quality Impact Assessment

Clinical Audit Title:	Physical Health Examinations for Inpatients on Admission
Audit Lead:	Dr Peter Dutton, Consultant Psychiatrist Stroud/Cirencester CRHTT

	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.	Current ECG recording levels risk missing pre-existing ECG abnormalities or having baseline for comparison post-treatment. Many common psychotropic medications can alter normal heart conduction and increase risk of arrythmias.	Clear documentation where patient refuses ECG and associated recording of risk/benefit of treating without current ECG. Sharing audit and raising awareness Completing action on RD induction Completing Action on patient information	Moderate
Clinical Effectiveness Risk Outline any aspects of the audit that would impact of the effectiveness of the interventions, assessment or pathway.	Lack of current ECG may delay treatment decisions and extend length of stay. Incomplete physical examinations may mean existing co-morbidities are missed which may need treatment, or may be causing or worsening psychiatric presentation	Clear documentation where patient refuses ECG and associated recording of risk/benefit of treating without current ECG. Sharing audit and raising awareness Completing action on RD induction Completing action on patient information	Moderate

Patient Experience Risk Outline any aspect that would impact the patient experience of the intervention, assessment or pathway.	Physical examination and investigations are potentially invasive procedures and may impact on dignity, respect and trauma response. Patient autonomy to refuse interventions and make what may be perceived as 'unwise' decisions.	Completing action on patient information Culture of care programme MCA training compliance Following policy for Recovery Units which states exam and investigation not required routinely if admission is a transfer from acute setting where PH assessment already completed	Moderate

SECTION 7: Action Plan

Clinical Audit Title:	Physical Health Examinations for Inpatients on Admission
Audit Lead:	Dr Peter Dutton, Clinical Director

No.	Recommendations	Actions required	Action due date	Person responsible (name and job title)	Comments/ action status
1	Modify audit questions so evidence of intervention offered but declined is captured	Update audit tool	31/12/26	Clinical Audit Dept	
2	Add additional audit question to capture if a patient declining investigation/exam has been re-offered within 7 days	Update audit tool	31/12/26	Clinical Audit Dept.	

3	Update written patient information on admission to include written explanations of need for physical exam and investigations, including in easy-read formats	Review written information provided to patients on admission	30/09/26	Dr Ross Runciman, Inpatient Medical Lead and Matrons. Involve experts by experience.	
4	Review content of Resident Doctor induction Programme to ensure Physical Health requirements on admission are explicit.	Review of the content of RD induction Programme	01/08/26	Dr Ross Runciman, Inpatient Medical Lead and Dr Joe Stratford, Director of Medical Education	
5	Repeat the audit as a part of annual cycle	Re-audit	01/02/2027		

Appendix 1

Wotton Lawn Hospital Overall (n=73):

No.	Standard	Compliance 2025	Compliance 2024	⇧⇩
	Overall compliance:	**86%**	**84%**	⇧
1	ECG performed, interpreted and documented on RIO within 72 hours of admission?	65% (28/43)	42%	⇧
2	ECG in medical plan?	97% (69/71)	99%	⇩
3	Evidence of ECG done (but may not be documented)?	77% (43/56)	69%	⇧
4	ECG done at any point during admission?	83% (55/66)	92%	⇩
5	Physical examination performed and documented by a doctor on RIO?	85% (52/61)	86%	⇩
6	Physical exam done at any point during admission?	88% (53/60)	90%	⇩
7	Minimum routine bloods (as stipulated by policy) sent?	96% (55/57)	93%	⇧
8	Bloods done at any point during admission?	88% (56/64)	97%	⇩

Charlton Lane Hospital Compliance (n=49):

No.	Standard	Compliance 2025	Compliance 2024	⇧⇩
	Overall compliance:	**94%**	**89%**	
1	ECG performed, interpreted and documented on RIO within 72 hours of admission?	92% (35/38)	75%	⇧
2	ECG in medical plan?	96% (47/49)	98%	⇩
3	Evidence of ECG done (but may not be documented)?	83% (39/47)	78%	⇧
4	ECG done at any point during admission?	88% (42/48)	87%	⇧
5	Physical examination performed and documented by a doctor on RIO?	98% (40/41)	85%	⇧
6	Physical exam done at any point during admission?	98% (47/48)	93%	⇧
7	Minimum routine bloods (as stipulated by policy) sent?	100% (48/48)	96%	⇧
8	Bloods done at any point during admission?	100% (49/49)	100%	-

Honeybourne Unit Compliance (n=9):

No.	Standard	Compliance 2025	Compliance 2024	⇧⇩
	Overall compliance:	**75%**	**67%**	⇧
1	ECG performed, interpreted and documented on RIO within 72 hours of admission?	0% (0/02)	50%	⇩
2	ECG in medical plan?	100% (09/09)	100%	-
3	Evidence of ECG done (but may not be documented)?	67% (06/09)	0%	⇧
4	ECG done at any point during admission?	67% (06/09)	92%	-
5	Physical examination performed and documented by a doctor on RIO?	75% (03/04)	80%	⇩
6	Physical exam done at any point during admission?	44% (04/09)	43%	⇧
7	Minimum routine bloods (as stipulated by policy) sent?	100% (04/04)	96%	⇧
8	Bloods done at any point during admission?	100% (09/09)	89%	⇧

Laurel House Compliance (n=12):

No.	Standard	Compliance 2025	Compliance 2024	⇧⇩
	Overall compliance:	**76%**	**88%**	
1	ECG performed, interpreted and documented on RIO within 72 hours of admission?	100% (04/04)	33%	⇧
2	ECG in medical plan?	64% (07/11)	100%	⇩
3	Evidence of ECG done (but may not be documented)?	55% (06/11)	100%	⇩
4	ECG done at any point during admission?	83% (10/12)	100%	⇩
5	Physical examination performed and documented by a doctor on RIO?	75% (03/04)	67%	⇧
6	Physical exam done at any point during admission?	75% (09/12)	100%	⇩
7	Minimum routine bloods (as stipulated by policy) sent?	100% (05/05)	100%	-
8	Bloods done at any point during admission?	83% (10/12)	100%	⇩