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NHS
Gloucestershire Health and Care
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CLINICAL AUDIT REPORT

2025-26 Clinical Audit Programme

Audit of the Annual Physical Health Checks for patients admitted to the Recovery Units

DATE OF REPORT: 20/02/2026

AUDIT LEAD: Dr Thomas Coope, Specialty Doctor in Psychiatry

Audit of the Annual Physical Health Checks for patients admitted to the Recovery Units

Clinical Audit Number:	25-162
Audit Programme Cycle:	2025-26

Clinical Audit Lead:	Dr Thomas Coope, Specialty Doctor in Psychiatry
Clinical Audit Officer:	Hanna Tunbridge, Clinical Audit Manager
Others involved:	Dr Dimitra Kleftogianni, Consultant Psychiatrist Dr Subitsaa Saravana, Foundation Doctor

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:	Laurel House - 25th November 2025 Honeybourne - 5th December 2025
Date of Report:	10/12/2025
Date Report Signed off:	20/03/2026

Date Re-audit Due:	01/06/2026		
Overall compliance:	78%	Previous compliance:	N/A

SECTION 1: Introduction

Background / rationale:

People living with severe mental illness (SMI) face significant health inequality and a life expectancy 15–20 years shorter than the rest of the population. This disparity is largely due to preventable physical illness such as respiratory disease, cardiovascular disease, liver disease, diabetes, and cancer.

Factors contributing to the burden of poor physical health include individual lifestyle choices, side effects of antipsychotic medication and disparities in accessing appropriate healthcare. This has been identified as a key area in NHS England's work to reduce health inequalities as part of the Core20PLUS5 approach.

NICE guidance (CG185, CG178 and NG181) recommends that primary care services should maintain a register of people living with SMI who require regular monitoring of their physical health. It is important that physical health checks start at the point of initial diagnosis and are repeated on at least an annual basis.

Secondary care teams also hold responsibility for conducting physical health assessments and follow-up care in certain circumstances, including for mental health inpatients.

All new patients at the Recovery Units should receive a physical health check within a week of their admission, including a physical examination, blood tests and electrocardiogram (ECG). A Health and Lifestyle Form should also be completed, which incorporates the core components of the annual physical health check.

The core components of an annual physical health check

- Alcohol consumption
- HbA1c or blood glucose
- Blood pressure
- Body mass index and waist circumference
- Lipid profile
- Smoking status

Aims/ Objectives:

The aim of the audit is to assess the Recovery Inpatient Units' compliance with the Trust's policy on Physical Examinations within Mental Health (MH) and Learning Disabilities (LD) Services (GHC, 2021) with a focus on the completion of the Health and Lifestyle Form and the core investigations needed to populate this.

Methodology:

An online audit tool was developed by Dr Thomas Coope, Specialty Doctor in Psychiatry, and Hanna Tunbridge, Clinical Audit Manager.

The sample size for the audit was agreed as all inpatients admitted to the Recovery Inpatient Units, Honeybourne and Laurel House, at the time of the audit. The final sample size was 23 patients; 10 patients from Honeybourne and 13 patients from Laurel House.

Dr Coope reviewed all patients' RiO records and entered the audit data onto the online audit tool. Once all data had been entered, it was downloaded and analysed by Hanna Tunbridge. The report was written by Dr Coope and Dr Saravana, with support from Dr Dimitra Kleftogianni and Hanna Tunbridge.

SECTION 2: Results

Scoring System (RAG rating):

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

No.	Standard	Overall Compliance	Honeybourne Compliance	Laurel House Compliance
	Overall Compliance	**78%**	**81%**	**76%**
1	Has the patient had a Health and Lifestyle Assessment Form completed within the last 12 months?	96% (22/23)	100% (10/10)	92% (12/13)
2	Has a Physical Examination been completed within one week of admission, if not completed prior to admission?	88% (7/8)	80% (4/5)	100% (3/3)
3	Have routine bloods been taken within one week of admission?	86% (6/7)	100% (3/3)	75% (3/4)
4	Has an ECG been completed within one week of admission?	89% (8/9)	83% (5/6)	100% (3/3)
5	If physical health issues have been identified, have appropriate interventions been offered?	44% (8/18)	43% (3/7)	45% (5/11)

Further comments:

Health & lifestyle form partially completed

Health & lifestyle form missing data

Letter sent to GP re blood results

Elevated cholesterol not actioned

Blood results not entered onto H&L form

Abnormal blood results not actioned

Missing blood results

High cholesterol not actioned

SECTION 3: Discussion of Results

The results of this audit indicate some areas of good practice alongside areas of practice that require improvement. Whilst Health & Lifestyle forms are being completed during the hospital stay, they are not reliably populated with relevant clinical information. In addition, on some occasions, investigation results such as ECGs and blood tests have not been available to review within required timeframes.

Most concerning is that where physical health issues have been identified on the Health & Lifestyle forms, there is no documentation to confirm that appropriate interventions have been offered in the majority of cases (56%).

Overall compliance for this audit is 78% (red RAG-rated). Of the 5 audit criteria:

- 1 criterion achieved a good compliance of 96% (green RAG-rated)
- 3 criteria achieved an amber RAG-rated compliance between 80% and 89%
- 1 criterion achieved an inadequate compliance of 44% (red RAG-rated)

There are four areas requiring improvement:

- Physical Examinations were completed within one week of admission for 88% of patients (7 out of 8 patients). A physical examination was not indicated on admission for 13 of the patients in the audit sample as this had already been completed prior to admission. Two further patients in the audit sample declined a physical examination.
- 7 patients required routine blood tests, 6 of these patients (86%) had routine bloods taken within one week of admission. 13 patients did not require routing blood tests as they had already been taken within the 3 months prior to admission. Three patients declined the blood tests.
- An electrocardiogram (ECG) was completed within one week of admission for 8 out of 9 patients (89%). An ECG was not indicated on admission for 13 patients and one patient declined an ECG.
- Physical health issues were identified in 18 of the patients in the audit sample. There was no documentation to confirm that appropriate interventions had been offered to 10 of these patients (56%). This included two patients who had high cholesterol and one patient who had other abnormal blood results.

The audit results suggest there is a need to improve local procedures around physical health monitoring and the accurate completion of Health & Lifestyle forms as part of the annual physical health check.

It may be that conversations around healthy lifestyle and physical health interventions are taking place but are being documented elsewhere on the patient's clinical record. However, a copy of the Health & Lifestyle form is sent to patient's GP on discharge, as part of the nursing discharge summary and so it is imperative that it is populated with the necessary clinical information.

Improvement will require collaboration between the medical and nursing teams to ensure that physical health issues such as diabetes, hypertension, and high cholesterol are reliably detected and that appropriate interventions are offered to patients as part of a “screen and intervene” approach. When such discussions have taken place, this information needs to be clearly recorded as part of the Health & Lifestyle assessment.

SECTION 4: Recommendations

1. On admission to the Recovery Units, screening investigations should be completed within appropriate timescales. If the patient has been transferred from elsewhere in the trust, the medical team should check that these investigations have already been completed and arrange repeat tests where indicated.

2. When completing Health & Lifestyle forms, the nursing team should ensure that all relevant fields are populated with up-to-date information to cover the core components of the annual physical health check. If these data are unavailable, this needs to be clearly acknowledged and shared with the wider team, to ensure that any outstanding investigations are completed to allow the form to be updated.

3. Where physical health issues have been identified, including raised BMI, cholesterol, blood pressure or HbA1c, appropriate investigations should be offered and recorded on the Health & Lifestyle forms. This may include healthy lifestyle guidance, smoking cessation advice or medical intervention. It may involve liaising with other services within the trust or colleagues in General Practice.

4. The audit will be repeated in 3 months’ time to re-assess compliance with the criteria examined.

SECTION 5: References

Gloucestershire Health and Care NHS Foundation Trust (2021) *CLP245 Policy on Physical Examinations within MH and LD Services*

NICE (2014) *Clinical Guideline CG185 Bipolar disorder: assessment and management*

NICE (2014) *Clinical Guideline CG178 Psychosis and schizophrenia in adults: prevention and management*

NICE (2020) *NICE Guideline NG181 Rehabilitation for adults with complex psychosis*

Standards for Inpatient Mental Health Rehabilitation Services (2020). 4th Edition. Aims Rehab Quality Network for Mental Health Rehab Services. Royal College of Psychiatrists.

SECTION 6: Clinical Audit Quality Impact Assessment

Clinical Audit Title:	25-162 Audit of the Annual Physical Health Checks for patients admitted to the Recovery Units
Audit Lead:	Dr Thomas Coope, Specialty Doctor in Psychiatry

	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.	There are no immediate risks to patient safety, however timely identification of physical health issues is important for long-term health outcomes, particularly in a patient group that can struggle to access healthcare.	Improving compliance with physical health monitoring requirements and implementing a “screen and intervene” approach.	Low
Clinical Effectiveness Risk Outline any aspects of the audit that would impact of the effectiveness of the interventions, assessment or pathway.	N/A	N/A	N/A
Patient Experience Risk Outline any aspect that would impact the patient experience of the intervention, assessment or pathway.	Missed opportunities for physical healthcare can undermine patient trust in the health system and impact engagement with services.	Keeping patients informed of investigation results and actively involving them in decisions relating to their health and wellbeing.	Low

SECTION 7: Action Plan

Clinical Audit Title:	25-162 Audit of the Annual Physical Health Checks for patients admitted to the Recovery Units
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No.	Recommendations	Actions required	Action due date	Person responsible (name and job title)	Comments/ action status
1	Feedback and education	Feedback to be provided to medical and nursing teams regarding physical health monitoring requirements and the importance of a "screen and intervene" approach.	March 2026	Dr Coope & Dr Saravana	
2	Clinician awareness	Timely completion of physical health checks with clear documentation if patients decline the investigations offered. H&L forms to be completed in full and contain up to date information. If such information is not available, efforts should be sought to obtain it.	April 2026	Ward doctors Nursing team	
3	Early identification and intervention	Where physical health concerns are identified, either during clinical reviews or when completing H&L forms, appropriate interventions	April 2026	Ward doctors	

		should be offered, which may include offering lifestyle advice or signposting to appropriate services.			
4	Documentation	Physical health monitoring requirements to be integrated within the weekly MDT proforma, including date of when next APHC is due.	March 2026	Administrative staff	
5	Dissemination	Audit results to be shared and discussed at the next Physical Health Group (PHG) meeting.	June 2026	Dr Coope	