

# Physical Health in Mental Health Hospitals Organisational Questionnaire - Trust Level

## A. INTRODUCTION

### **What is this study about**

The aim of this study is to identify and explore remediable factors in the physical healthcare of adult patients admitted to an inpatient mental health facility

#### Organisational Study Objectives

To review the provision of services, organisational structures and the policies in place to facilitate the delivery of care to meet the physical health needs of this group of patients.

Focus will be placed on the systems, processes and facilities in place for the:

1. Identification, assessment and monitoring of patients with physical health conditions
2. Treatment of physical health conditions
3. Support for patient and carer involvement
4. Safe and continuous care including follow-up of identified physical health needs, including:
  - Timely escalation
  - Access to appropriate expertise and services
  - Discharge-planning and follow up arrangements
  - Mechanisms to support continuity of care
5. Communication and sharing of relevant information, including physical health history, care plans and medication records
6. Safe prescribing and monitoring of medication including reconciliation
7. Training, competences and the confidence of mental health care professionals in the delivery of physical healthcare
8. Application of the Mental Capacity Act

### **Who should complete this questionnaire**

This questionnaire has been designed to capture information on the organisational structures in place to deliver physical healthcare to mental health inpatients being cared for within the Trust/ Health board.

The NCEPOD Local Reporter has been assigned the questionnaire and should either collate the information with the help of relevant persons within the Trust/ Health board, which may include the Lead for Physical Health, the Medical Director or divisional leads. The Local Reporter has control / responsibility of submitting the form to NCEPOD.

In Trusts/ Health Boards where the role of Physical Health Lead has not been formally established, we recommend discussion with Head of Nursing and Medical Director to identify the individual with responsibility and oversight for physical health standards and improvements within the organisation.

### **Questions or help**

A list of definitions can be found here: <https://www.ncepod.org.uk/PHMH.html>

If you have any queries about this study or this questionnaire, please contact: PHMH@ncepod.org.uk or telephone 020 7251 9060.

This study was commissioned by The Healthcare Quality Improvement Partnership (HQIP) as part of the Clinical Outcome Review Programme into Medical & Surgical care.

**1a. Name of Trust/ Health board**

**1b. Name of the main hospital in the Trust/ Health board:**

*e.g. Where the Trust Headquarters are located*

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**2a. Please list the number of hospitals in the Trust/ Health board with inpatient wards for mental health patients:**

**2b. How many hospitals/ associated units in the Trust/ Health board are co are co-located in a Physical Health hospital setting**

hospitals / units

Not Applicable  Unknown

**1a. Does the Trust/ Health board use electronic patient records (EPR) for patient's clinical notes?**

- Yes  No  Unknown

**1b. If answered "Yes" to [1a] then:**

**If YES, what system does the Trust / Health board use?**

**1c. If answered "Yes" to [1a] then:**

**Is the EPR system in place at all mental health hospitals within the Trust/ Health board?**

- Yes  No  Unknown

**1d. If answered "Yes" to [1a] then:**

**Is each patient's mental health diagnosis/diagnoses recorded as ICD10 codes?**

- Yes- this information is recorded as standard across the Trust/ Health board  
 This information is recorded sometimes/ inconsistently  
 No- this information is not generally recorded at the Trust/ Health board  
 Unknown

**1e. If answered "Yes" to [1a] then:**

**Is each patient's physical health diagnosis/diagnoses recorded as ICD10 codes?**

- Yes- this information is recorded as standard across the Trust/ Health board  
 This information is recorded sometimes/ inconsistently  
 No- this information is not generally recorded at the Trust/ Health board

**2. If answered "Yes" to [1a] then:**

**Which sections of the clinical record are available electronically?**

- The entire clinical record (including all components listed here)  
 The clinical annotations/ care record/ clinical notes  
 Blood results  
 Prescriptions, medications  
 Other investigation/ test results  
 Case summary- discharge / admission summaries  
 Hospital transfer documentation  
 None of the case record is available electronically  
 Physical health observations/ Vital signs (HR, Sats, RR, Bp, Temp)  
 Early warning score

Please specify any additional options here...

**3. How are known co-morbid physical health diagnoses of mental health patients recorded at this Trust/ Health board?**

*Answers may be multiple*

- Standard paper proforma in paper case note record  
 Specific section in paper case note record  
 A specific physical health section on the EPR -free text  
 A specific physical health section on the EPR- which includes ICD10 coding  
 No specific physical health section nor ICD10 codes used - but documented in free text  
 Physical health diagnoses are not routinely recorded

Please specify any additional options here...

**4a. If physical health information is recorded on EPR, do the electronic records have a function whereby alerts for tasks relating to physical health can be used?**

- Yes
- No
- Not applicable - Physical health information is not recorded on the EPR at the Trust/ Health board
- Not applicable - There is no EPR at the Trust/ Health board

**4b. If answered "Yes" to [4a] then:**

**Does this include flags that support disease monitoring?**

- Yes
- No

**4c. If answered "Yes" to [4a] then:**

**Does this include flags that support safe medication monitoring?**

*e.g. reminders to carry out baseline cardiometabolic tests for antipsychotics*

- Yes
- No
- Unknown

**4d. If answered "Yes" to [4a] then:**

**Do the flags alert that an action must be taken?**

*e.g. In the event of an abnormal blood result*

- Yes
- No
- Unknown

**4e. If answered "Yes" to [4a] then:**

**Is the flag/ alert noted on the discharge letter?**

- Yes
- No
- Sometimes

**4f. If answered "Yes" to [4a] then:**

**Please indicate the monitoring that is flagged on the system:**

*please select all that apply. Other options may be entered in the text box*

- |  |  |
|--|--|
| <input type="checkbox"/> Anti-psychotic metabolic monitoring | <input type="checkbox"/> Lithium plasma levels             |
| <input type="checkbox"/> Thyroid function test               | <input type="checkbox"/> Clozapine levels                  |
| <input type="checkbox"/> White cell count (WCC)              | <input type="checkbox"/> Full Blood Count (FBC)            |
| <input type="checkbox"/> Fasting glucose                     | <input type="checkbox"/> Total lipids                      |
| <input type="checkbox"/> ECGs                                | <input type="checkbox"/> Anti-coagulant                    |
| <input type="checkbox"/> Cholesterol levels                  | <input type="checkbox"/> Blood-borne virus screening (BBV) |
| <input type="checkbox"/> Hb1Ac                               |  |

Please specify any additional options here...

**4g. If answered "Yes" to [4a] then:**

**If the EPR creates flags/ alerts for disease/ medication monitoring, is there a future reminder function available?**

*e.g. Reminder to repeat TFT's for Lithium monitoring or HbA1c at appropriate intervals*

- Yes
- No
- Unknown

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**5a. If answered "Yes" to [1a] then:**

**Can the electronic records be used to automate extraction of audit data on physical health?**

- Yes
- No
- Unknown

**5b. If answered "Yes" to [1a] and "Yes" to [5a] then:**

**If YES, please list the data that can be extracted?**

- |  |   |
|--|---|
| <input type="checkbox"/> Physical health diagnoses | <input type="checkbox"/> Cardiometabolic disease screening              |
| <input type="checkbox"/> Diabetes screening- Hb1Ac | <input type="checkbox"/> Vaccination status- completion of vaccinations |
| <input type="checkbox"/> Bowel cancer              | <input type="checkbox"/> Cervical cytology screening                    |
| <input type="checkbox"/> Mammography               | <input type="checkbox"/> Retinopathy screening                          |
| <input type="checkbox"/> Aortic aneurysm screening |   |

Please specify any additional options here...

**5c. If answered "Yes" to [1a] and "Yes" to [5a] and "Cardiometabolic disease screening" to [5b] then:**

**Please indicate which aspects of cardiometabolic disease screening can be extracted:**

*Answers may be multiple*

- BMI  Smoking Status  Blood pressure  
 Lipids/ Cholesterol  Blood glucose/ Hb1Ac

Please specify any additional options here...

**6a. Does the Trust/Health board have a standardised method of recording physical health care plans?**

- Yes  No  Unknown  Not applicable

**6b. If answered "Yes" to [6a] then:**

**If YES, how are they accessed in an emergency?**

*please select all that apply*

- In a separate tab on the EPR  No particular section of the EPR  
 In the front sheet of the paper notes  In a specific section of the paper notes  
 No particular place in the paper notes

Please specify any additional options here...

**6c. If answered "Yes" to [6a] then:**

**Are any physical health topics included in CPA (or equivalent mental health review) plans routinely?**

- Yes  No  Unknown

**6d. Does the Trust/ Health board have a policy specifying that that the care plan must be shared with the patient?**

- Yes  No  Unknown  Not applicable

**7. Does the Trust/ Health board have access to specialist cardiology for review of ECGs?**

- Yes  No  Unknown  
 N.A - no ECGs performed

**8a. How accessible are patient's primary care health records from other providers/ services?**

- Complete electronic access (if patient opted for this)  
 Paper records on request- case by case basis  
 Electronic records on request- case by case basis

Please specify any additional options here...

**8b. If answered "Complete electronic access (if patient opted for this)" to [8a] then:**

**Does this apply to every inpatient mental health hospital in the Trust/ Health board?**

- Yes  No  Unknown

**9a. How accessible are patient health records (including results of investigations etc.) from secondary/ acute physical healthcare providers/ services?**

*(please tick the response that best describes the situation at your Trust/ Health board)*

- Complete electronic access by authorized clinical staff
- Partial electronic access to clinical authorized clinical staff
- Electronic records on request
- Paper records on request
- Telephone access for results only

Please specify any additional options here...

**9b. If answered "Complete electronic access by authorized clinical staff" to [9a] then: If selected 'complete electronic access', does this apply to every inpatient mental health hospital in the Trust/ Health board?**

- Yes                       No                       Unknown

**9c. How accessible are patient records from mental health hospitals within this mental health Trust/ Health board to clinicians in local physical health providers?**

- Complete electronic access to authorized clinical staff
- Partial electronic access to authorized clinical staff
- Paper records are made available on request
- Electronic records on request
- Telephone access only

Please specify any additional options here...

**9d. If answered "Complete electronic access to authorized clinical staff" to [9c] then: Does this apply to every inpatient mental health hospital in the Trust/ Health board?**

- Yes                       No                       Unknown

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**10a. How accessible are patient's blood results from other (physical health) providers?**

*Please select the option that fits best*

- Automatically uploaded to Trust / Health board EPR
- Automatically uploaded to a dedicated third party app/ website
- Routinely sent via email from physical health hospital to named consultant
- Available on request from the physical health hospital
- Automatically sent via post

If not listed above, please specify here...

**10b. If answered "Automatically uploaded to Trust / Health board EPR" to [10a] then: If blood results are uploaded to the EPR, can blood trend views be seen within the EPR?**

- Yes                       No                       Unknown

**10c. If answered "Automatically uploaded to Trust / Health board EPR" to [10a] then: If blood results are uploaded to the EPR, is this available 24/7?**

- Yes                       No                       Unknown

**10d. If answered "Automatically uploaded to Trust / Health board EPR" to [10a] then: If blood results are uploaded to the EPR, is this available in every inpatient mental health hospital across the Trust/ Health board?**

- Yes                       No                       Unknown

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**11a. Does the Trust/ Health board use electronic prescribing and medicines administration?**

- Yes                       No                       Unknown

**11b.If answered "Yes" to [11a] then:**

**Is electronic prescribing and administration available at ALL hospitals across the Trust/ Health board?**

- Yes                       No                       Unknown

If not listed above, please specify here...

**11c.If answered "Yes" to [11a] then:**

**Can the electronic system used for prescribing medications carry out the following functions?**

- Record medicines reconciliation
- Record patient's known allergies
- Record patients VTE status
- Record patient's other physical health flags
- Record side effects/ contraindications
- Record time critical medications (ie those to be administered within 2 hours)
- Warn the prescriber of contraindications/ drug interactions

Please specify any additional options here...

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**12a.If an inpatient is transferred from an mental health ward in the Trust/ Health board to a physical health hospital for treatment of a physical health problem, what is the arrangement for the transfer of case notes with the physical health secondary acute Trust/ hospital?**

*Please select all options that apply*

- Notes are printed out / copied and physically transferred with the patient
- Transfer letter including clinical summary is transferred with the patient
- Patient is accompanied by mental health staff member who brings written clinical summary (only if patient is accompanied)
- Patient is accompanied by mental health staff member who brings written clinical summary (even if patient is not accompanied)
- Mental Health notes (relevant sections) are available for the physical health hospital on request
- There is the possibility of shared electronic access of notes between the physical and mental health hospitals
- Partial electronic access (if patient opted for this)

Please specify any additional options here...

**12b.If answered "There is the possibility of shared electronic access of notes between the physical and mental health hospitals" to [12a] then:**

**Does this apply to every inpatient mental health hospital in the Trust/ Health board?**

- Yes                       No                       Unknown

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**13. Does the Trust/ Health board have a central record of mental health inpatients who are transferred to a secondary acute ward for physical health care?**

- Yes                       No                       Unknown

**1a. Does Trust/ Health board policy require that ALL patients (regardless of MH diagnosis) undergo a thorough physical health examination on admission to hospital?**

- Yes                       No                       Unknown                       Other

**1b. If answered "Yes" to [1a] then:**

**Does the Trust/ Health board policy state a timeframe for the initial physical health assessment?**

- Yes                       No                       Unknown

**1c. If answered "Yes" to [1a] and "Yes" to [1b] then:**

**Please state the timeframe (from arrival in hospital) for commencing the initial physical health assessment::**

- ≤ 4 hours                       ≤ 6 hours                       ≤ 12 hours                       ≤ 24 hours  
 ≤ 48 hours                       > 48 hours

If not listed above, please specify here...

**1d. If answered "Yes" to [1a] and "Yes" to [1b] then:**

**Please state the timeframe (from arrival in hospital) for completing the initial physical health assessment**

- ≤ 4 hours                       ≤ 6 hours                       ≤ 12 hours                       ≤ 24 hours  
 ≤ 48 hours                       ≤ 72 hours                       > 72 hours

If not listed above, please specify here...

**2a. Is it Trust/ Health board policy that ALL inpatients' physical health is subsequently reviewed on each clinical review?**

- Yes                       No                       Unknown

**2b. Does the Trust/ Health board have a specific policy for the physical care / monitoring of patients who have received rapid tranquilisation?**

- Yes                       No                       Unknown

**2c. If answered "Yes" to [2b] then:**

**If YES, is it audited?**

- Yes                       No                       Unknown

**3a. Does the Trust/ Health board have a written policy requiring documentation and alerts for patients with physical health conditions that could increase risk of collapse/ complications during restraint?**

- Yes                       No                       Unknown

**3b. If answered "Yes" to [3a] then:**

**Is there a dedicated place in the notes/EPR to document these risks?**

- Yes                       No                       Unknown

**3c. If answered "Yes" to [3a] then:**

**Is there a system whereby these risks are communicated to all relevant MDT members (e.g.in daily handover documents)?**

- Yes                       No                       Unknown

**4a. Does Trust/ Health board policy require that ALL patients are screened for substance use (UDS) on admission to the ward?**

- Yes                       No                       Unknown



**4b. If answered "Yes" to [4a] then:  
If YES, is this audited?**

- Yes  No  Unknown

**4c. If answered "Yes" to [4a] then:  
Does this policy cover all hospitals within the Trust/ Health board?**

- Yes  No  Unknown

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**5. Does the Trust/ Health board have a specific policy requiring monitoring for all patients at risk of alcohol/ other substance withdrawal on admission?**

- Yes  No  Unknown

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**6. Is it Trust/ Health board policy that ALL patients receive full medicines reconciliation within 24 hours of being admitted into the hospital?**

- Yes, if the patient is admitted Monday - Friday (not on weekends)  
 Yes, if the patient is admitted at any time (including weekends)  
 No, the policy regarding medicines reconciliation states a different timeframe  
 No, the policy regarding medicines reconciliation does not state a timeframe  
 No, there is no policy covering this  
 Unknown

If not listed above, please specify here...

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**7a. Is it Trust/ Health board policy that a cardiometabolic risk assessment and comprehensive physical health examination is performed on all patients during their inpatient stay?**

- Yes  No  Unknown

**7b. If answered "Yes" to [7a] then:  
What is the recommended/ required timeframe (from arrival in hospital) for the completion of cardiometabolic risk assessment / comprehensive physical health review?**

- ≤ 12 hours  ≤ 24 hours  
 ≤ 36 hours  ≤ 48 hours  
 ≤ 72 hours  ≤ 96 hours  
 ≤ 1 week  Not applicable - no timeframe specified

If not listed above, please specify here...

**7c. If answered "Yes" to [7a] then:  
Please select from the following aspects of physical health history, specified in the policy to be assessed (as clinically indicated) on all inpatients:**

*Answers may be multiple*

- |  |   |
|--|---|
| <input type="checkbox"/> Physical health / medical history | <input type="checkbox"/> Oral Health history                        |
| <input type="checkbox"/> Diet                              | <input type="checkbox"/> Level of physical activity                 |
| <input type="checkbox"/> Sexual health history             | <input type="checkbox"/> Routine NHS screening for diseases history |
| <input type="checkbox"/> Smoking status                    | <input type="checkbox"/> Substance misuse                           |
| <input type="checkbox"/> Blood glucose                     | <input type="checkbox"/> Immunisation status                        |

Please specify any additional options here...

**7d. If answered "Yes" to [7a] then:**

**Please select from the following aspects of physical health examination, specified in the policy to be completed (as clinically indicated) on all inpatients:**

- Vital signs (heart-rate, blood pressure, respiratory rate, saturations)
- Early Warning Score (EWS) calculation (e.g. NEWS)
- Full systems examination
- Nutritional status
- Hydration status/ fluid balance
- Falls risk assessment
- Tissue viability assessment

Please specify any additional options here...

**7e. If answered "Yes" to [7a] then:**

**Please select from the following aspects of physical health investigations, specified in the policy to be completed (as clinically indicated) on all inpatients:**

- ECG
- Blood test for Blood Borne Viruses (BBVs)
- Urine drug screen
- Hb1Ac / blood glucose
- Blood test for infection

Please specify any additional options here...

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**8a. Does the Trust/ Health board offer any opportunities for inpatients to engage in structured physical exercise (eg yoga, aerobics, football, gym)?**

- Yes                       No                       Unknown

**8b. If answered "Yes" to [8a] then:**

**If YES, please give details:**

**8c. If answered "Yes" to [8a] then:**

**Please select the option that best describes the availability for this at the Trust/ Health board:**

- Excellent provision for exercise at ALL hospitals in the Trust/ Healthboard with mental health inpatient
- Some provision for exercise at ALL hospitals in the Trust/ Healthboard with mental health inpatients
- Certain hospitals in the Trust/ Healthboard have excellent provision for exercise others do not
- There is very limited provision for exercise at this Trust/ Healthboard

If not listed above, please specify here...

**8d. Is it Trust/ Health board policy that patients have access to daily physical exercise?**

- Yes                       No                       Unknown
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**9. Does the Trust/ Health board have a policy to provide inpatients with specific dietary requirements e.g. low fat, low salt, diabetes, intolerances, access to appropriate and varied meals?**

- Yes  No  Unknown

**10. Is it policy that long stay inpatients (> 1 year) have an annual comprehensive physical health review (as standard for all relevant patients):**

- Yes  No  Unknown

**11a. Please select the description that best fits the smoking policy at the Trust/ Health board:**

- This Trust/ Health board (all hospitals and grounds) is totally smoke-free (including no escorted cigaret  
 This Trust/ Health board (all hospitals and grounds) is totally smoke-free but use of e cigarettes / vapi  
 This Trust/ Health board is smoke-free but certain exceptions exist (escorted cigarette breaks off-site)  
 Smoking is confined to specific smoking areas in some hospital grounds  
 The smoking policy varies within the Trust depending on the hospital

If not listed above, please specify here...

**11b. Is the patient's smoking status routinely assessed on admission to the ward?**

- Yes, this is Trust/ Health board policy and is generally implemented across the Trust/ Health board  
 This is Trust / Health board policy but may not be implemented universally  
 This is not Trust/ Health board policy  
 Unknown

If not listed above, please specify here...

**12. Is Nicotine Replacement Therapy (NRT) available 24/7 for ALL patients at point of admission at the Trust/ Health board?**

- Yes  No  Unknown

**13. Please select the option that best describes the Trust/ Health board's access to dedicated smoking cessation workers?**

- Employed at each hospital in the Trust/ Health board  
 Employed by the Trust/ Health board - circulate between different hospitals as required  
 Some hospitals in the Trust/ Health board do not have access to dedicated smoking cessation workers  
 None of the hospitals in the Trust/ health board have access to dedicated smoking cessation workers  
 Unknown

If not listed above, please specify here...

**14a. Does the Trust/ Health board have a policy that ALL patients are assessed on admission for their capacity to consent to physical examination and physical health care?**

- Yes  No  Unknown

**14b. If answered "Yes" to [14a] then: Is this routinely audited?**

- Yes  No  Unknown

**14c. If answered "Yes" to [14a] then: Is capacity to consent to physical health care routinely assessed at all ward round reviews?**

- Yes  No  Unknown

15a. Does the Trust/ Health board have a specific protocol on responding to patients who refuse physical health observations?

- Yes  No  Unknown

15b. Does the Trust/ Health board use a specific template / care plan approach to manage patients refusing physical observations?

- Yes  No  Unknown

16a. How is primary care informed if a new condition/ deterioration in an existing condition is identified during admission?

*Please select all that apply*

- No process in place  
 Copy of discharge summary disseminated to GP etc.  
 Care plan disseminated to those involved in patient's care  
 Follow-up appointment booked at point of discharge  
 Specific request made to community mental health provider to ensure attendance at primary

Please specify any additional options here...

16b. Does the discharge summary routinely include details of a new physical health condition/ deterioration in an existing physical health condition identified during admission?

- Yes  No  Unknown

16c. If answered "Yes" to [16b] then:

Does this include a request for follow up in primary care and time frame specified in which it should occur?

- Yes  No  Unknown

17a. Does the Trust/ Health board have a policy covering handover of care regarding a patient's physical health needs if they are transferred to another ward/ setting?

- Yes - the policy covers all hospitals within the Trust/ Health board  
 There is no one Trust/ Health board policy - each hospital has a local policy for this  
 No such policy exists  
 Unknown

If not listed above, please specify here...

17b. If answered "Yes - the policy covers all hospitals within the Trust/ Health board" to [17a] then:

Does the policy require the following regarding patients transferred to another ward/ setting?

- Verbal handover between the 2 teams  Written handover  
 Structured proforma  Tailored discharge summary

Please specify any additional options here...

17c. If answered "Yes - the policy covers all hospitals within the Trust/ Health board" to [17a] then:

Does the policy require the following regarding patients transferred back from another ward/ setting?

- Verbal handover between the 2 teams  Written handover  
 Structured proforma

Please specify any additional options here...

**17d.If answered "Structured proforma" to [17c] then:**

**If answered 'structured proforma', please indicate what information is included:**

- |   |  |
|---|--|
| <input type="checkbox"/> Mental Health Act (1983) status information  | <input type="checkbox"/> Physical health diagnoses             |
| <input type="checkbox"/> Mental health diagnoses                      | <input type="checkbox"/> Level of physical health observations |
| <input type="checkbox"/> Follow-up plan                               | <input type="checkbox"/> Risk assessment summary               |
| <input type="checkbox"/> Current prescribed medications               |  |
| <input type="checkbox"/> Changes made to medications during admission |  |
| <input type="checkbox"/> Investigations conducted and results         |  |

Please specify any additional options here...

**18. Within the Trust/ Health board, do ward handover sheets (for psychiatric wards) include current physical health conditions and required monitoring?**

- Yes - this is the case universally at all hospitals within the Trust/ Health board  
 There is a Trust / Health board policy regarding this but it varies between hospitals  
 This is not Trust/ Health board policy  
 Unknown

If not listed above, please specify here...

**19. Does the Trust/ Health board have any care pathways for the physical health needs of their patients?**

*For Trusts/ Health boards that cover both mental and physical health hospitals, is there a defined relationship between the mental health and physical health hospitals in the Trust/ health board, where they exist at separate hospital sites*

- Yes                       No                       Unknown

**20a.Is there a specific pathway/protocol in the Trust/ Health board for inpatients in a mental health hospital with specific physical health conditions?**

*E.g. diabetes*

- Yes                       No                       Unknown

**20b.If answered "Yes" to [20a] then:**

**Please select the specialties/ departments/ providers involved in the pathway:**

*Please select all options that apply*

- Emergency Department  
 Urgent Care- primary care led  
 Acute medical specialties  
 Acute surgical specialties  
 Specific specialties (e.g.renal, diabetes, gastroenterology, etc.)

Please specify any additional options here...

**20c.If answered "Yes" to [20a] then:**

**Does the pathway/ protocol include:**

*Please select all that apply*

- Dedicated phone number for advice  
 In reach visits from physicians and or surgical teams  
 Fast track pathway e.g. the acute medical/ surgical  
 Named contact in each department

Please specify any additional options here...

**20d.If answered "Yes" to [20a] then:**

**How are the pathway/s sustained or formalized between different providers?**

*Please select all options that apply*

- A formal contractual agreement
- An informal agreement e.g. MOU
- An ad hoc arrangement based on individual clinical relationships

Please specify any additional options here...

**20e.If answered "Yes" to [20a] then:**

**Please give details of this pathway(s) outlining the process when an inpatient in a mental health ward becomes acutely unwell:**

**20f. Are there protocols and policies used by the Trust/ Health Board on standards of management of common long-term health conditions in the hospital setting?**

*e.g. diabetes, COPD or cardiovascular disease*

- Yes                       No                       Unknown

**20g.If answered "Yes" to [20f] then:**

**Please list physical health conditions covered by these protocols/ policies:**

**20h.If answered "Yes" to [20f] then:**

**What areas of care delivery do they cover:**

- Frequency/ type of monitoring    Prescribing medications    Escalation plan

Please specify any additional options here...

E. STAFFING & TRAINING

**1a. Is there an arrangement whereby physical health professionals provide services within mental health inpatient wards of hospitals in the Trust/ Health board?**

- Yes  No  Unknown

**1b. If answered "Yes" to [1a] then:  
Which services are provided?**

*Please select all options that apply*

- Primary care (GP)
- Gerontology
- General physician
- Diabetes
- Specific medical speciality e.g. cardiology, respiratory, gastroenterology, neurology
- Tissue viability nurse
- Physiotherapy
- Chiropody / podiatry
- Dental
- Optometry
- Occupational Therapy
- Smoking cessation
- Speech & Language therapy
- Dietetics

Please specify any additional options here...

**1c. If answered "Yes" to [1a] then:**

**Are the physical health services detailed, universally available in ALL hospitals with mental health inpatient wards across the Trust/ Health board?**

- Yes  No  Unknown

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**2a. On each inpatient ward in mental health hospitals within this Trust/ Health board, is there access to a named pharmacist for the ward?**

- Yes  No  Unknown

**2b. Does the Trust/ Health board have access to on-call pharmacists 24/7 (out of hours)?**

- Yes, pharmacists are available on-call 24/7 across ALL hospitals within the Trust/ health board
- Pharmacists are available on-call 24/7 at some but not all hospitals within the Trust/ Health board
- No, there is not 24/7 access to pharmacists in the Trust/ Health board

If not listed above, please specify here...

**2c. Do pharmacists employed at the Trust/ Health board have extended duties beyond dispensing medications eg. Medication reconciliation, advising, prescribing?**

- Yes  No  Unknown

If not listed above, please specify here...

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**3a. Does the Trust/ Health board have staff in additional roles supporting physical health care, covering inpatient mental health wards?**

- Yes  No  Unknown

**3b. If answered "Yes" to [3a] then:**

**Please give details of these staff members at the Trust/ Health board:**

- Physiotherapists
- Occupational therapists
- Speech & Language therapists
- Dietetics
- Tissue viability nurse
- Fitness instructors
- Smoking cessation specialist
- Physical health nurses
- Continence advisors (bladder and/or bowel care)
- Podiatrist/chiropractors
- Diabetes specialist nurses
- Specialist substance misuse
- Alcohol care team/ advisors
- Peer support worker with training in supporting physical health care

Please specify any additional options here...

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**4a. Is there a medically trained doctor on site 24/7 in ALL hospitals with acute Mental Health (inpatient) wards?**

*CCQI*

- Yes                       No                       Other                       Unknown

**4b. Is there a duty / on-call doctor available within 30 mins of an emergency across ALL mental health hospitals within the Trust/ Health board?**

- Yes                       No                       Unknown

**4c. What is the minimum grade of doctor on-site, out-of-hours?**

- Foundation level (FY1, FY2)
- Core Trainee, junior specialist trainee (CT1-3, ST1-3)
- Senior specialist trainee (ST4-7)
- Associate specialist
- Staff grade
- Consultant

If not listed above, please specify here...

**4d. Is there a requirement that all duty/ on-call doctors must have in date Intermediate Life Support certification?**

- Yes                       No                       Unknown

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**5. Is there any physical health CPD for clinicians provided at this Trust / Health board?**

- Yes                       No                       Unknown
-



**6a. Please give details of any training provided in the Trust/ Health board for psychiatrists regarding the care of physical health conditions :**

*Please select all options that apply*

- Basic life support
- Intermediate life support
- Advanced life support
- Identification of the deteriorating patient and use of NEWS
- Identification and management of acute physical health emergencies e.g. DKA, Acute coronary syndro
- Communication in a physical health emergency and use of SBAR
- Common long term physical health conditions eg. diabetes
- Safe monitoring and management of common long-term conditions including NEWS
- Cardiometabolic risks, cardiometabolic health including diet, physical activity, etc
- Other health promotion and disease prevention: physical activity, diet, oral health, sexual
- Smoking cessation
- Safe use of medical devices for physical health care e.g catheters, NGS
- Prevention of falls
- Immunisation
- COVID19 specific training e.g. identification of symptoms, swabbing, COVID 19 safe prescribing
- Infection control- use of PPE, donning/ doffing
- None of the above

Please specify any additional options here...

**6b. If answered "Yes" to [5] then:**

**Please list the long term health conditions covered by the training:**

- Diabetes mellitus (type 1/ 2)
- Respiratory disease: COPD including use of inhalers, nebulizers and oxygen
- Cardiovascular disease
- Hypertension
- Other

Please specify any additional options here...

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**7a. Please give details of any training provided for RMNs regarding the care of physical health conditions in the Trust/ Health board:**

- Basic life support
- Intermediate life support
- Advanced life support
- Identification of the deteriorating patient and use of NEWS
- Identification and management of acute physical health emergencies e.g. DKA, Acute coronary syndro
- Communication in a physical health emergency and use of SBAR
- Understanding common long term physical health conditions eg. Diabetes
- Safe monitoring and management of common long-term conditions including NEWS
- Cardiometabolic risks, cardiometabolic health including diet, physical activity, etc
- Other Health promotion and disease prevention: physical activity, diet, oral health, sexual
- Smoking cessation
- Safe use of medical devices for physical health care e.g catheters, NGS
- Prevention of falls
- Immunisation
- COVID19 specific training e.g. identification of symptoms, swabbing, COVID 19 safe prescribing
- Infection control- use of PPE, donning/ doffing
- None of the above

Please specify any additional options here...

**7b. Please list the long term conditions covered by the training:**

- Diabetes mellitus (type 1 / 2)                       Respiratory disease (COPD)  
 Cardiovascular disease                               Hypertension

Please specify any additional options here...

**8a. Please give details of any training provided for support staff/ HCAs regarding the care of physical health conditions in the Trust/ Health board:**

- Basic life support  
 Intermediate life support  
 Advanced life support  
 Identification of the deteriorating patient and use of NEWS  
 Identification and management of acute physical health emergencies e.g. DKA, Acute coronary syndrome  
 Communication in a physical health emergency and use of SBAR  
 Understanding long term health conditions eg. Diabetes  
 Monitoring physical health conditions  
 Safe monitoring and management of common long-term conditions including NEWS  
 Cardiometabolic risks, cardiometabolic health including diet, physical activity etc.  
 Smoking cessation  
 Other health promotion and disease prevention: physical activity, diet, oral health, sexual health  
 Taking baseline physical health observations: BP, HR, RR etc  
 Safe use of medical devices for physical health care e.g catheters, NGS  
 COVID19 specific training e.g. identification of symptoms, swabbing, COVID 19 safe prescribing  
 Prevention of falls  
 Immunisation  
 Infection control - use of PPE, donning/ doffing  
 None of the above

Please specify any additional options here...

**8b. Please list the long term conditions covered by the training:**

- Diabetes Mellitus (Type 1/ 2)    Respiratory disease (COPD)    Cardiovascular disease  
 Hypertension

Please specify any additional options here...

**9. Which of the following staff are able to access free physical health training at this Trust/ Health board?**

- Doctors (Psychiatrists)                               RMNs  
 Support staff -HCAs                                       Social workers  
 Psychologists     Occupational Therapists  
 Physiotherapists     Speech & Language therapist  
 Employment and benefits advisors                   Chaplains  
 Peer workers

Please specify any additional options here...

**10a. Approximately how many nursing staff at this Trust / Health board have dual training as a registered mental health nurse (RMN) and a registered general nurse (RGN) ?**

Not Applicable    Unknown

**10b.How many WTEs is this?**

Not Applicable  Unknown

**1a. Do you have an active Trust/ Health board-wide Physical Health Strategy?**

*For Trusts/ Health boards where both physical and mental healthcare is provided, this refers to the physical health of mental health patients*

- Yes
  No
  Unknown
  Not applicable

**1b. If answered "No" to [1a] then:  
If NO, do you have a divisional one?**

- Yes
  No
  Unknown
  Not applicable

**2. If answered "Yes" to [1a] then:  
Is someone accountable for the Trust/ Health board's Physical Health strategy at Board Level?**

*For Trusts/ Health boards where both physical and mental healthcare is provided, this refers to the physical health of mental health patients*

- Yes
  No
  Unknown
  Not applicable

**3. Do you have a Trust/ Health board-wide Physical Health Committee?**

- Yes
  No
  Unknown
  Not applicable

**4. If answered "Yes" to [1a] then:  
Please describe the physical health leadership structure to deliver the strategy within the Trust**

*Please select all that apply*

- Trust Lead
  Hospital Leads
  Ward Leads
  Other Leads

Please specify any additional options here...

**5. If answered "Yes" to [1a] then:  
What dedicated post-holders if any are in place to deliver and be held accountable for delivery of the physical health strategy**

*Please select all that apply*

- Medical lead  
 Nursing lead  
 Practice development nurses  
 Physical health specialists (e.g liaison physicians, inpatient primary care practitioners)

Please specify any additional options here...

**6. If answered "Yes" to [1a] then:  
What KPIs are currently monitored to oversee delivery of the strategy?**

7. If answered "Yes" to [1a] then:

**Which of the following policies or improvements are being implemented or monitored as part of the Physical health Strategy and feed into oversight of its implementation and evaluation:**

*For Trusts/ Health boards where both physical and mental healthcare is provided, this refers to the physical health of mental health patients*

- Physical health equipment (e.g availability and quality of ECG machines etc)
- Accessibility of medical investigations and diagnostics
- Policies on preventative screening and assessment - Physical Health CQUINs including screening and ir
- NEWS-Training coverage and use
- Use of SBAR technique: Situation, Background, Assessment, Recommendation; a technique that can be
- Identification of the deteriorating patient
- Nurse training and education
- Medical staff training and education
- All clinical staff-training and education
- Smoke-free policies- coverage and implementation
- Information technology and interoperable clinical recording systems
- Substance misuse identification and treatment
- Staffing policies e.g. Requirement of certain key staff and numbers required to support physical health
- Safe prescribing and side effect management
- Patient and carer involvement and education in physical health initiatives
- None of these
- Other

Please specify any additional options here...

8a. If answered "Yes" to [1a] then:

**Is the Trust / Health board physical health strategy focusing on digital innovation in physical health?**

- Yes                       No                       Unknown

8b. If answered "Yes" to [1a] and "Yes" to [8a] then:

**If Yes, please indicate the key areas that are being developed:**

- Improving patient engagement in physical health (e.g. access to Trust provided online health promotio
- Diagnostics
- Electronic observations (vital signs)
- Electronic prescribing
- Interoperability of electronic systems with physical health providers
- Remote physical health consultations
- None of these

Please specify any additional options here...

9a. If answered "Yes" to [1a] then:

**Does your Physical Health Strategy include a specific commitment and plan to improve communication about physical health with patients and carers?**

- Yes                       No                       Unknown                       Not applicable

**9b. If answered "Yes" to [9a] then:**

**Please could you briefly outline what initiatives are in place or planned:**

**10. Have any of the following been established at the Trust/ Health board in relation to the physical health of mental health patients?**

*please select all the options that apply*

- |  |  |
|--|--|
| <input type="checkbox"/> Carers' forum                       | <input type="checkbox"/> Patient information leaflet |
| <input type="checkbox"/> Patient information Webpage         | <input type="checkbox"/> Patient information app     |
| <input type="checkbox"/> Patient information online platform | <input type="checkbox"/> Patient forum               |
| <input type="checkbox"/> Patient focus group                 |  |

Please specify any additional options here...

**11a. Are mortality reviews conducted at the Trust/ Health board?**

- Yes                       No                       Unknown                       Not applicable

**11b. If answered "Yes" to [11a] then:**

**If Yes, what do these cover:**

- Deaths in inpatient setting
- Deaths following transfer to Acute (physical health) Trust settings
- Deaths within 30 days of discharge
- Learning Disabilities mortality review (LeDeR)

Please specify any additional options here...

**12. Is there a dedicated joint physical/mental health QI programme for the Trust/ Health board?**

- Yes, covering all mental health hospitals in the Trust/ Health board
- This exists in the Trust/ Health board but it is not universal across all mental health hospitals in the Tru
- No, this does not exist in this Trust/ Health board
- Unknown

If not listed above, please specify here...

**13a. We are interested in sharing good practice and innovation. Are there any physical/mental health quality improvement initiatives or innovation that have been particularly successful at the Trust/ Health board that you would like to share?**

- Yes                       No

**13b.If answered "Yes" to [13a] then:  
If YES, please give details:**

**COVID-19 placed (and continues to place) significant pressure on Mental Health inpatient settings.**

We would like to understand what the pressure caused by COVID-19 revealed to your organisation about the maturity and resilience of the structures and systems available to manage the physical health needs of mental health inpatients.

Please answer the following questions thinking not just about the management of COVID-19-positive mental health inpatients, but more widely about what you learnt as an organisation about the pathways, structures, processes, infrastructure, skills and roles that are in place across the Trust/ Health board to look after mental health inpatients who are unwell/ deteriorating OR at risk of becoming unwell (with any condition).

**1a. Are there any aspects of the physical healthcare of mental health inpatients that has changed since the outbreak of COVID-19?**

- Yes                       No                       Unknown

**1b. If answered "Yes" to [1a] then:  
Please give details:**

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**2a. Did the Trust/ Health Board develop or accelerate any positive innovations (e.g. new pathways, roles, processes, service innovations) for the physical health of mental health inpatients during and following COVID-19: wave 1**

- Yes                       No                       Unknown

If not listed above, please specify here...

**2b. If answered "Yes" to [2a] then:  
What key factors that helped facilitate these developments?**

- Leadership
- Relationships with local acute trusts
- Physical health quality and governance structures
- Physical health infrastructure e.g. equipment, facilities, diagnostics

Please specify any additional options here...



**3. What were the biggest barriers or challenges your Trust/ Health board faced in providing physical health care to mental health patients during COVID-19?**

- Staff skills and confidence in physical health care
- Relationship with acute trusts
- Lack of trust leadership structures to support development and implementation of new physical health
- Lack of policies and procedures for end of life care
- Staff confidence/ competence in delivering end of life care
- Challenges in ensuring equal prioritization of patients for hospital transfer by local ED/ acute trust staff
- Access to advice and input from physical health professionals
- Lack of physical health equipment
- Lack of access to diagnostics
- Challenges in Staff concordance with infection control protocols
- Patient concordance with infection control protocols and restrictions
- Carer understanding of infection control protocols and restrictions

Please specify any additional options here...

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**General comments on the provision of physical healthcare to inpatients in Mental Health hospitals**

**4a. In your opinion, are there any gaps in the physical healthcare provided to mental health inpatients at this Trust/ Health board that you are aware of (not otherwise covered by questions in this survey?)**

- Yes                       No

**4b. If answered "Yes" to [4a] then:  
If YES, Please give details:**

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**5a. Are there any other areas of good practice at your Trust/ Health board relating to the physical healthcare of mental health inpatients, not already covered by this questionnaire that you would like to highlight?**

- Yes                       No

**5b. If answered "Yes" to [5a] then:  
If YES, please give details:**

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**6. If there is anything else you want to tell us about the care of physical health for mental health inpatients within your hospital Trust/ Health Board, please comment below:**