

**OPERATIONAL PROCESSES FOR REVIEW OF INDIVIDUAL PATIENT DEATHS  
ANNEX E (UPDATED MARCH 2019)**

**Grade 2 Clinical Case Record Review - Mortality Review Form  
(MHS / LD Community Deaths)**

*To be completed in cases of the death of a MHS / LD community patient under the care of EPUT at the time of their death*

SECTION 1: PERSONAL INFORMATION						
Person Identifier						
Age		Sex <i>(please tick)</i>	Male		Female	
Legal Status (MHA)?						
Was the patient on a community treatment order (CTO)?					Yes	No
Date taken onto caseload						
Date discharged from caseload (if applicable)						
Current accommodation (Home/ Flat/ Residential care/Other – please specify)						
Under the care of <i>(Please specify service/s, team/s and locality below):</i>						
Length of current episode (days)						
Coroner's report / email available and included in review? <i>Please attach if available.</i>			Yes		No	
Cause of death (if known):						
Date of death:						
SECTION 2: DIAGNOSIS INFORMATION						
Principle ICD-10 code and/or diagnosis on admission <i>(based on admission information only)</i>						
Principle ICD-10 code and/or diagnosis on discharge (if applicable)						
Did the initial and last diagnosis match? (if applicable)			Yes		No	
SECTION 3: CLINICAL INFORMATION						
3.1 The person was:	• On CPA					
	• Not on CPA					

3.2 Was the care reviewed as per CPA Policy?	• No		
	• Yes in last month		
	• Yes in last 2-3 months		
	• Yes in last 4-6 months		
3.3 Was the risk assessment reviewed and updated regularly?	• Within last month		
	• Between 1-3 months		
	• Between 4-6 months		
	• Other – <i>specify</i>		
3.4 Was this review timely – if ‘no’, why not?	Yes		No
	Comments to support your answer:		
3.5 When required, did this result in the management plan changes?	Yes		No
	Comments to support your answer:		
3.6 Was there an escalation of treatment plan / service?	Yes		No
If so, please give details.			
3.7 Were the expectations of other providers who deliver parts of the care plan clearly defined in the care plan?	Yes		No
Comments to support your answers above:			
3.8 When was the person last seen by services?	• Last 24 hours		
	• Last 72 hours		
	• Last week		
	• Last month		
	• Last 3 months		
	• Last 6 months		
3.9 When was the person last seen by a consultant psychiatrist and or medic?	• Last 24 hours		
	• Last 72 hours		
	• Last week		
	• Last month		
	• Last 3 months		
	• Last 6 months		

<b>3.10 What medications was the patient / client on at the time of death? (please attach meds administration record)</b>				
<b>Please tick if the patient / client was on any of the high risk medications to the right:</b>	Insulin	Yes		No
	Low molecular weight heparin (LMWHs)	Yes		No
	Opioids	Yes		No
	Anticoagulants	Yes		No
	Antimicrobials	Yes		No
	Lithium	Yes		No
	Valproate	Yes		No
	Methotrexate	Yes		No
	Midazolam	Yes		No
	Paraffin-based skin products	Yes		No
	Phenytoin (injectable)	Yes		No
<b>3.11 When was the last medication review?</b>	<b>Date:</b>			
<b>3.12 Is there anything of concern identified in your review of the drug regime? (e.g. under / over doses, adverse reactions, contraindications etc.)</b>	<b>Yes</b>		<b>No</b>	
	<b>If yes, please give details:</b>			
<b>SECTION 4: PHYSICAL HEALTH</b>				
<b>4.1 Did the patient have any physical healthcare needs / issues identified?</b>	<b>Yes</b>		<b>No</b>	
<b>4.2 If yes, please give brief details.</b>				
<b>4.3 Was appropriate action taken by EPUT services in relation to any physical healthcare needs / issued identified?</b>	<b>Yes</b>		<b>No</b>	
<b>4.4 Please explain your answer.</b>				
<b>SECTION 5: REVIEW OF CLINICAL INFORMATION</b>				
<b>Patient Identifier</b>				
<b>In reviewing the clinical records please consider the following questions, taking account of any potential omissions in care ('acts of omission') or actions taken in the provision of care ('acts of commission'):</b>				
<b>5.1 Is there any evidence of a failure to plan (diagnosis/care planning/ treatment)?</b>	• Yes			
	• No			
	• Maybe			
<b>Comments to support your answer:</b>				

5.2 Is there any evidence of a failure to communicate (e.g. between doctors and nurses, team, no clear lead physician etc.)?	• Yes	
	• No	
	• Maybe	
Comments to support your answer:		
5.3 Is there any evidence of a failure to identify changes in the person's clinical condition (mental health or physical health)?	• Yes	
	• No	
Comments to support your answer:		
5.4 In the 6 months prior to death / discharge, was the person an inpatient at EPUT?		
Yes		No
If yes, please give details:		
5.5 Was there a specialist medical/psychological opinion sought?	Yes	No*
*If no, should the patient have received a specialist opinion?	Yes♦	No
♦If yes, which?	• Physical health	
	• Psychological	
	• Pharmaceutical	
	• AMHP	
	• Other – please specify:	
5.6 Was the person transferred to a place of safety?	• No	
	• Yes in the last week	
	• Yes in the last month	
	• Yes in the last 2-3 months	

<b>5.7 Was there a transfer to higher dependency care?</b>	<b>Yes</b>		<b>No</b>			
°If no, should the patient have received/been transferred for higher dependency care?	• No					
	• Yes, in the last week					
	• Yes, during the last month					
<b>5.8 When was the last MDT meeting and was there any evidence of an MDT meeting regarding any significant change in care?</b>	<b>Date:</b>					
	<b>Yes</b>		<b>No</b>			
<b>Comments to support your answer:</b>						
<b>5.9 Was there a recorded advanced directive?</b>	<b>Yes</b> <sup>~</sup>		<b>No</b>			
<sup>~</sup> If yes, was the advanced directive implemented?	<b>Yes</b> <sup>^</sup>		<b>No</b>			
<b>5.10 Is there any evidence of any adverse event that occurred leading to the person's death?</b> From the UK Trigger Tool adverse events of interest are: <ul style="list-style-type: none"> <li>• Use of illicit substances</li> <li>• Abrupt change in medication</li> <li>• Slips, trips or falls</li> <li>• Gone absent without leave</li> <li>• Not taking prescribed medication</li> <li>• Not attending appointments (25% DNA rate)</li> <li>• New behavioural change</li> </ul>	<b>Yes</b>		<b>No</b>		<b>Maybe</b>	
	<b>Comments to support your answer:</b>					
<b>5.11 Is there any evidence of actions taken in the provision of care that might have contributed to the death?</b>	<b>Yes</b>		<b>No</b>		<b>Maybe</b>	
	<b>Comments to support your answer:</b>					
<b>5.12 Is there any evidence of the following in the 24 hours prior to death?</b> <ul style="list-style-type: none"> <li>• Staff were worried</li> <li>• DNA on agreed appointment</li> <li>• Family expressed fears / concerns</li> <li>• Person using service expressed concerns</li> <li>• Episode of violence and aggression</li> <li>• Self-harming incident</li> <li>• Attendance at A&amp;E</li> <li>• Other – please specify</li> </ul>	<b>Yes</b>		<b>No</b>		<b>Maybe</b>	
	<b>Comments:</b>					
<b>5.13 Was the person concordant with their medication regime?</b>	<b>Yes</b>			<b>No</b>		
<b>Comments to support your answer:</b>						

SECTION 6: ADDITIONAL INFORMATION						
<b>Family and carer involvement:</b>						
<p>a) Please comment on the quality of family and carer involvement in the patient / client's care:</p> <p>b) If possible to ascertain from the records, please comment on the quality of family and carer involvement / support after the death:</p>						
<b>Any additional comments not covered by any of the above:</b>						
SECTION 7: OVERALL ASSESSMENT OF CARE						
<b>7.1 Phase of care: Allocation and initial assessment or review (where relevant)</b>		Please record your explicit judgements about the quality of care the patient received and whether it was in accordance with current good practice. Please also include any other information that you think is important or relevant.				
<b>Please rate the care received by the patient during this phase (please circle only one score)</b>		1 = very poor care	2 = poor care	3 = adequate care	4 = good care	5 = excellent care
<b>7.2 Phase of care: Ongoing care (where relevant)</b>		Please record your explicit judgements about the quality of care the patient received and whether it was in accordance with current good practice. Please also include any other information that you think is important or relevant.				
<ul style="list-style-type: none"> <li>• Was mental health monitored adequately?</li> <li>• Was physical health monitored adequately?</li> <li>• Please list medication if known and relevant and comment on medication monitoring where appropriate</li> </ul>						

Please rate the care received by the patient during this phase ( <i>please circle only one score</i> )	1 = very poor care	2 = poor care	3 = adequate care	4 = good care	5 = excellent care
<b>7.3 Psychiatric Inpatients – comment on care during admission (where relevant)</b>	Please record your explicit judgements about the quality of care the patient received and whether it was in accordance with current good practice. Please also include any other information that you think is important or relevant.				
Please rate the care received by the patient during this phase ( <i>please circle only one score</i> )	1 = very poor care	2 = poor care	3 = adequate care	4 = good care	5 = excellent care
Please tick here if section not applicable:					
<b>7.4 Phase of care: End of life care (where relevant)</b>	Please record your explicit judgements about the quality of care the patient received and whether it was in accordance with current good practice. Please also include any other information that you think is important or relevant.				
Please rate the care received by the patient during this phase ( <i>please circle only one score</i> )	1 = very poor care	2 = poor care	3 = adequate care	4 = good care	5 = excellent care
Please tick here if section not applicable:					
<b>7.5 Phase of care: Discharge plan of care (where relevant)</b>	Please record your explicit judgements about the quality of care the patient received and whether it was in accordance with current good practice. Please also include any other information that you think is important or relevant.				
Please rate the care received by the patient during this phase ( <i>please circle only one score</i> )	1 = very poor care	2 = poor care	3 = adequate care	4 = good care	5 = excellent care
Please tick here if section not applicable:					

<b>7.6 Other area of care (please specify)</b>	Please record your explicit judgements about the quality of care the patient received and whether it was in accordance with current good practice. Please also include any other information that you think is important or relevant.				
<b>Please rate the care received by the patient during this phase (please circle only one score)</b>	1 = very poor care	2 = poor care	3 = adequate care	4 = good care	5 = excellent care
Please tick here if section not applicable:					
<b>7.7 Overall care</b>	Please record your explicit judgements about the quality of care the patient received and whether it was in accordance with current good practice. Areas identified where learning could occur, including areas of good practice, should be included in addition to any potential areas of further investigation. Please also include any other information that you think is important or relevant.				
<b>Please rate the care received by the patient (please circle only one score)</b>	1 = very poor care	2 = poor care	3 = adequate care	4 = good care	5 = excellent care
<b>7.8 Please rate the quality of the patient record</b>	1 = very poor	2 = poor	3 = adequate	4 = good	5 = excellent
<b>7.9 Were the patient records adequate for the purpose of the review? (please tick as appropriate)</b>	Yes			No	
<b>7.10 Please outline any difficulties in accessing appropriate information:</b>					



**SECTION 8: CATEGORISING WHETHER THE DEATH WAS “DUE TO A PROBLEM IN CARE”**

National definition - “Death due to a problem in care: A death that has been clinically assessed using a recognised methodology of case record/note review and determined more likely than not to have resulted from problems in healthcare and therefore to have been potentially avoidable”.

<b>8.1 If care was below an acceptable standard, did it lead to harm? (please tick as appropriate)</b>	Yes	
	No	
	Requires further investigation to determine	

**If answered “yes” to the question above**, please provide details and state an action plan (consider whether a serious incident investigation or another Trust process is required) and complete the remainder of section 8.

**If answered “no” to the question above**, the death will be categorised as “6 - Death **definitely less likely than not** to be due to problems in care provided by EPUT” and you should move to question 8.4 of this form.

**If answered “requires further investigation to determine” to the question above**, please move to section 9 of this form and recommend to the Mortality Review Sub-Committee which level of further investigation is required under the Adverse Incident Policy.

<b>8.2 Was the patient’s death considered more likely than not to have resulted from problems in care delivery or service provision? (please tick as appropriate)</b>	<b>Yes</b>	<b>No</b>
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**If yes**, please provide details and state an action plan (consider whether a serious incident investigation is required).

**8.3 After consideration of the clinical details of the patient’s management, to what degree do you consider that healthcare management (acts or omissions) caused or contributed to the patient’s death? (please circle only one option below as appropriate)**

- 1 - Death **definitely more likely than not** to be due to problems in care provided by EPUT.
- 2 - **Strong evidence** – i.e. significantly more than 50:50 – that death more likely than not to be due to problems in care provided by EPUT.
- 3 - **Probably likely** – i.e. more than 50:50 – that death due to problems in care provided by EPUT.
- 4 - **Not very likely** – i.e. less than 50:50 – that death due to problems in care provided by EPUT.
- 5 - **Slight evidence** – i.e. significantly less than 50:50 – that death could be due to problems in care provided by EPUT.
- 6 - Death **definitely less likely than not** to be due to problems in care provided by EPUT.

**Please note, any deaths scored 1, 2 or 3 on the above scale should be referred for more detailed investigation under the Trust’s Adverse Incident Policy as a Critical or Serious Incident. Please recommend the level of investigation in Section 9 below (in accordance with the definitions contained in the Adverse Incident Policy).**

**8.4** If a family member, carer or staff raised concerns, please outline any feedback provided and state who was responsible for providing this feedback. Please state further action required. If no feedback was provided, please consider how the outcome of this review should be fed back to the relevant people, considering the duty of candour principle.

### SECTION 9: LESSONS LEARNT

**9.1** On the basis of your review, please detail any actions that could be taken to improve the current system / prevent or minimise a reoccurrence of this incident.

**9.2** Please detail any areas of good practice identified in your review, including any that could be shared across the Trust.

**9.3** Please detail any issues which you consider need further detailed investigation?

**SECTION 10: RECOMMENDATIONS**

In view of the entire findings of your review, what do you now recommend in respect of the above case? *Please tick as appropriate.*

Refer lessons learnt to MRSC and close record.		Refer death for a Grade 3 investigation (Critical Incident Review).		Refer death for a Grade 4 investigation (Full RCA and SI investigation).	
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Additional comments if appropriate:

Review completed by:

Name: ..... Job title: .....

Signature:

Date review completed: .....

Time taken to complete this form (minutes): .....

**Section for completion by Clinical Review Panel scrutinising review:**

**Patient identifier:**

**Date review scrutinised:** .....

**Are you satisfied that a robust Clinical Case Record Review has been undertaken? Y/N**

**Do you concur with the conclusions and recommendations detailed in sections 7 – 10 of the review? Y/N**

**Please give brief details of evidence to support your decisions:**

**Please detail action recommended:**

**Signed by Clinical Review Panel members:**

**Name:** ..... **Job title:** .....

**Signature:**

**Name:** ..... **Job title:** .....

**Signature:**

**Name:** ..... **Job title:** .....

**Signature:**