

## Mortality Review

|  |                                    |
|--|------------------------------------|
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| Version                                    | 1.1                                |
| Ratified by:                               | LCHS Trust Board                   |
| Date ratified:                             | 12th September 2017                |
| Name of originator / author:               | Kim Todd                           |
| Name of responsible committee / Individual | Effective Practice Assurance Group |
| Date issued:                               | October 2017                       |
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| Target audience:                           | LCHS staff                         |
| Distributed via                            | Website                            |

**Mortality Review  
Version Control Sheet**

| Version | Section / Para / Appendix | Version / Description of Amendments | Date         | Author / Amended by |
|---------|---------------------------|-------------------------------------|--------------|---------------------|
| 1       |                           | New Policy                          | August 2017  | Kim Todd            |
| 1.1     |                           | Minor Update                        | October 2017 | Kim Todd            |
| 2       |                           |                                     |              |                     |
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## Mortality Review

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## Mortality Review

### Procedural Document Statement

|                             |  |
|-----------------------------|--|
| <b>Background Statement</b> | This policy confirms the process for reviewing deaths within Lincolnshire Community Health Services (LCHS) to provide assurance that deaths are reviewed effectively, systematically and with candour and transparency and that both lessons are learnt and improvements are made and areas of good practice are highlighted |
| <b>Responsibilities</b>     | All LCHS staff involved with deceased patients are required to adhere to this policy   |
| <b>Training</b>             | Stage 1 review process will be cascaded within service areas.<br>Stage 2 review process will be cascaded via Mortality Review Panel  |
| <b>Dissemination</b>        | Website/Intranet   |
| <b>Resource implication</b> | This policy was developed in line with the CQC Learning, candour and accountability (2016) recommendations and the National Guidance on Learning from Deaths Quality Board Framework (March 2017)  |
| <b>Consultation</b>         | This policy has been developed in consultation with LCHS staff members.  |

## 1. Purpose

This policy confirms the process for reviewing deaths within Lincolnshire Community Health Services (LCHS) to ensure a consistent approach is followed in order to identify if the patient's needs were met during the end of life phase and that relatives and carers were supported appropriately.

The aim of the mortality review process is to identify any areas of practice that require improvement and to identify areas of good practice. This process ensures that mortality within LCHS is managed and reviewed in a systematic way.

Deaths of patients under the age of 19 are subject to review within the Child Death Overview Panel (CEDOP) process.

A death of a patient (over the age of 4) with learning difficulties, whilst subject to the CEDOP/ LCHS mortality review process, these cases are also reportable for inclusion in the NHSE Learning Disabilities Mortality Review programme (LeDeR) (Appendix 3).

In a death where a safeguarding concern is raised, this case may then be subject to a serious case review in line with the Lincolnshire Safeguarding Adults Board (LSAB) process.

## 2. Definitions of death - definitions taken from the LCHS Verification of Death Policy

**Expected Death** This is defined as death following on from a period of illness that has been identified as terminal, and where no active intervention to prolong life is ongoing. The patient will have been seen by a GP or hospital doctor in the 14 days prior to death and will have been receiving regular medical management of their condition (industrial related disease is classes as an un-natural death and practitioners must follow the unexpected death process).

**Unexpected Death** This is any death that does not fit the definition of an expected death, where there is clearly no chance of survival and or where resuscitation would be both futile and distressing.

**Suspicious Death** A suspicious or unexplained death may include unnatural causes such as manslaughter, signs of violence, poisoning, suicide or safeguarding concerns such as neglect or abuse

## 3. Scope All deaths from the following areas will be subject to mortality review:

- The four community hospital ward areas
- The Butterfly Hospice
- Transitional Care Beds
- Any Urgent Care area

In addition the mortality review group will also review:

- Any death reported as a Serious Untoward Incident
- Any death subject to a Coroners Enquiry regardless of the timeframe

#### **4. Duties**

##### **4.1 Trust Board**

It is the responsibility of the board to have oversight of all aspects of the mortality review process. They need to ensure that there is a systematic approach for identifying the deaths for review and further investigation and be assured that these are carried out to a high quality. This will be through the provision of a quarterly mortality review report to the board that provides information on reviews, investigations and learning.

Reporting of mortality review data is a statutory requirement and the board also need to ensure that the mortality review data is reported in line with these. This information will then be reported in the annual Quality Accounts.

##### **4.2 Non Executive Director**

Has a key role in ensuring that the mortality review processes that are in place are robust, focus on learning and quality improvement and can withstand external scrutiny, by providing challenge and support via the LCHS Quality and Risk Committee. There is also a requirement to ensure that from April 2017, that mortality data is collected via a recommended dashboard and published on a quarterly basis in relation to specified information on deaths. Learning points must also be published and a recommended dashboard used and the data presented to the board, after review at the Quality and Risk Committee.

##### **4.3 Director**

The Medical Director has overall Trust responsibility for ensuring that mortalities within LCHS are monitored, reviewed and any actions required identified and acted upon. The Medical Director will act as Chair of the Mortality Review Panel.

##### **4.4 Mortality Review Panel**

The aim of the panel is to provide assurance that the Trust has a robust internal quality assurance process that ensures patient safety, clinical effectiveness and user experience form the core practice and principles of services by monitoring and reviewing mortality related issues. The group will undertake reviews of all deaths within scope and report findings and recommendations to the Effective Practice Assurance Group.

Findings and recommendations will then be reported to the Quality and Risk Committee and the Trust Board as part of the assurance process. Additionally, findings will be disseminated to the service areas via the Heads of Clinical Services and Clinical Team Leads.

##### **4.5 Clinical Areas**

Are responsible for the completion of a Stage 1 review form to be completed for deaths that occur within the 4 community hospital ward areas and Butterfly Hospice (Appendix 1a) and Transitional care beds ( Appendix 1b). These will then be submitted to the mortality review panel. If a coroner's referral is required this will also be undertaken by these areas

at the time of patient death and this will be recorded on the Stage 1 form.

Urgent Care areas will inform the mortality panel via the practitioner performance manager of any deaths that occur within this area and submit an investigation to identify root causes to the panel for discussion.

#### **4.6 Practitioner Performance Manager**

Is responsible to ensure the production of the monthly agenda, monthly meeting minutes and a quarterly report. The practitioner performance manager is also a key contact for coroners enquiries.

#### **4.7 Clinical Governance Managers**

Will liaise with the practitioner performance manager to ensure that all reports into deaths that are investigated as serious untoward incidents are submitted to the mortality review panel. Where case record review identifies a problem in care that meets the definition of a patient safety incident (any unintended or unexpected incident which could have or did lead to harm to one or more patients receiving NHS care) then this should be reported via local risk management systems to the National Reporting and Learning System (NRLS).

### **5. Process for Stage 1 and 2 review**

**5.1 Stage 1** Form completed within service area for each death and submitted to the practitioner performance manager for inclusion in the mortality review panel agenda

**5.2 Stage 2** Conducted by the mortality review panel at which the stage 1 form is discussed and a grade awarded to indicate if the case demonstrated:

- Unavoidable death, no suboptimal care (Grade 0)
- Unavoidable death, suboptimal care but different management would NOT have affected the outcome (Grade 1)
- Suboptimal care, but different management **MIGHT** have affected the outcome (possibly avoidable death) (Grade 2)
- Suboptimal care, different care **WOULD REASONABLY BE EXPECTED** to have affected the outcome (probable avoidable death) (Grade 3)

If a case is awarded a Grade 2 or Grade 3, a further in depth review is held attended by members of the mortality review panel and staff from the service area concerned.

If multiple agencies were involved in the patients care, where safeguarding concerns are identified, the case should be considered for referral for a serious case review.

#### **5.3 Serious Untoward Incident Investigations**

The investigation report is submitted to the panel to ensure that all questions in respect of the

death are answered and that the action plan is robust and evidence is available to provide assurance of actions completed. If the case is subject to a coroners enquiry, once signed off by the Quality and Risk Committee, a copy of the investigation report and action plan is sent to the coroner with any supporting evidence to assure actions identified are complete.

#### **5.4 Open and Honest/ Duty of Candour**

LCHS recognise that any death, expected or unexpected is a difficult time for all involved and are committed to embedding a culture of early engagement with those affected, particularly where the death is unexpected. When there is a requirement to hold an investigation to identify root cause (s) into a death, the service area will inform the relatives/carer's of the deceased of the impending investigation and enquire if they wish to attend the investigation meeting. It is recognised that this needs to be handled sensitively and in a timely manner. Where the relatives/carers do not wish to attend the investigation in person, they should be offered the opportunity to receive the investigation findings.

#### **6. Collaborative Working**

It is acknowledged that the LCHS mortality review process only allows for a review of the patients care delivery whilst in LCHS services. It is recognized however, that prior to their immediate end of life phase, care delivery may have been provided by secondary care, nursing/residential homes, hospice services, Marie Curie, EMAS and GP's. A joint mortality collaborative has therefore been set up to allow for a full review of a patients pathway, if it is indicated that this is required and LCHS is a member of this joint mortality collaborative group.

#### **7. Associated Policies** this policy should be read in conjunction with the following policies:

LCHS Verification of Death by an Emergency Care Practitioner, Autonomous Practitioner or Registered Nurse

LCHS Open and Honest Care (including Duty of Candour) Policy

LCHS Incident Reporting Policy

LCHS Serious Untoward Incident Policy

LCHS Procedure for the Investigation of Incidents, Complaints and Claims

LCHS Unified Do Not Attempt Cardiopulmonary Resuscitation (DNARCPR) Policy

LCHS Resuscitation Policy

LCHS Mental Capacity Act ( including Deprivation of Liberty Safeguards)

LCHS Adult Safeguarding Policy

LCHS Child Safeguarding Policy

LCHS Supporting staff involved in a traumatic incident, complaint or claim

#### **8 . References**

- Learning, Candour and Accountability: A review of the way NHS Trusts Review and Investigate the deaths of patients in England, December 2016, Care Quality Commission
- National Guidance on Learning from Deaths- A Framework for NHS Trusts and Foundation Trusts on Identifying, Reporting, Investigating and Learning from Deaths in

Care (March 2017).National Quality Board

- Care of dying adults in the last days of life, December 2015, NICE/ng31
- The Learning Disabilities Mortality Review Programme (LeDeR), 2015, NHS England

## MORTALITY REVIEW REPORTING TEMPLATE Updated July 2017

*All fields are **mandatory** if not known at time of completion then state not known*

*Please do not use abbreviations*

|   |                      |                   |              |
|---|----------------------|-------------------|--------------|
| Patient NHS / Hospital Number   |                      | Patient Age       |              |
| GP Practice   |                      |                   |              |
| Was the GP clinical system accessible?  | <b>Please delete</b> | <b>Yes / No</b>   |              |
| Current diagnosis   |                      |                   |              |
| Medical Background<br>(Significant conditions only)   | <b>1</b>             | <b>2</b>          | <b>3</b>     |
|   | <b>4</b>             | <b>5</b>          | <b>6</b>     |
| Admitted from   |                      |                   |              |
| Date of Admission   |                      | Time of Admission |              |
| Date of Death   |                      | Time of Death     |              |
| Time & date last seen by medical practitioner   | Time                 | Date              |              |
| Name of Unit(s)<br>(e.g. LCHS unit /hospital / care home)<br>(Date order most recent first)<br>(LOS = Length of stay in previous units)<br><b>WITHIN THE LAST 6/52 ONLY</b> | <b>1</b>             | <b>2</b>          | <b>3</b>     |
|   |                      | <b>LOS:</b>       | <b>LOS:</b>  |
|   | <b>4</b>             | <b>5</b>          | <b>6</b>     |
|   | <b>LOS:</b>          | <b>LOS:</b>       | <b>LOS:</b>  |
| Main diagnosis on admission   |                      |                   |              |
| Main reason for admission   |                      |                   |              |
| <b>Submitted to:<br/>(Matron)</b>   | <b>Name:</b>         |                   | <b>Date:</b> |

| Stage Two Review<br>(Completed by PP)  | Mortality Review Committee   |           |  | Date:              |  |
|--|--|-----------|--|--------------------|--|
| The Patient  | Yes/No/Not known/Not applicable  | Comments  |  |                    |  |
| Confirmed main diagnosis<br>(following tests etc.)   |  |           |  |                    |  |
| Cause of death<br>(taking all information into account including Post Mortem if known)<br><br>If unobtainable "same as admission diagnosis" is acceptable  |  | 1a        |  |                    |  |
|  |  | 1b        |  |                    |  |
|  |  | 1c        |  |                    |  |
|  |  | II        |  |                    |  |
| Was the Coroner informed / consulted?  |  |           |  |                    |  |
| The Start of the Admission   |  | Comments  |  |                    |  |
| Time patient 1 <sup>st</sup> arrived to 1 <sup>st</sup> doctor review?   | Time period:   |           |  | Grade of Doctor:   |  |
| Was the patient identified as being in the last year of their life? i.e. did they have an advance care plan, were they on a GSF /EoL register? Did they have a specialist nurse involved in their care | <b>Please put Y or N</b><br><br>Advance care plan<br><br>On GSF/EoL register<br><br>Specialist Nurse involvement | Comment : |  |                    |  |
| Was the patient commenced on a personalised EOL plan within 6 hours of admission?  |  |           |  |                    |  |
| Was a VTE assessment completed? Were the necessary actions initiated?  |  |           |  |                    |  |
| Was a memory test completed?   |  |           |  |                    |  |
| Were concerns raised at admission about the patients' capacity?  |  |           |  |                    |  |
| Were any other tests completed?<br><i>Please tick all that apply</i>   |  | ECG       |  | Radiology          |  |
|  |  | FBC       |  | Scans              |  |
|  |  | U&E       |  | Coagulation screen |  |
|  |  | LFT       |  | Bone profile       |  |

|  |               |                                    |          |                      |  |  |
|--|---------------|------------------------------------|----------|----------------------|--|--|
|  |               | CRP                                |          | Arterial blood gases |  |  |
|  |               | MRSA Screen                        |          | Other microbiology   |  |  |
|  |               | Other                              | Specify: |                      |  |  |
| <b>In the first 24 hours:</b>  | <b>Yes/No</b> | <b>Comments</b>                    |          |                      |  |  |
| Was there evidence of a clear management plan?   |               |                                    |          |                      |  |  |
| Medical plan   |               |                                    |          |                      |  |  |
| Nursing plan   |               |                                    |          |                      |  |  |
| Were there any delays in obtaining essential investigations?   |               |                                    |          |                      |  |  |
| Were results of investigations actioned?   |               |                                    |          |                      |  |  |
| Were the initial management steps appropriate?   |               |                                    |          |                      |  |  |
| Were there any omissions in the initial management plan?   |               |                                    |          |                      |  |  |
| <b>During the Admission:</b>   | <b>Yes/No</b> | <b>Comments</b>                    |          |                      |  |  |
| Was there evidence of a daily review of the patients' management?  |               | By an Advanced Nurse Practitioner? | Yes      | No                   |  |  |
|  |               | How frequently                     |          |                      |  |  |
|  |               | By a doctor?                       | Yes      | No                   |  |  |
|  |               | How frequently                     |          |                      |  |  |
| Were there any periods of time when the patient was not medically reviewed by a clinician in excess of 72 hours? |               |                                    |          |                      |  |  |
| Was the patient reviewed in MDT and if so how frequently?  |               |                                    |          |                      |  |  |
| <b>General Care</b>  | <b>Yes/No</b> | <b>Comments</b>                    |          |                      |  |  |
| Did the patient fall? If so what harm was sustained?   |               |                                    |          |                      |  |  |
| Develop pressure damage post-admission?  |               | Grade                              |          |                      |  |  |
| DVT / PE post-admission?   |               |                                    |          |                      |  |  |
| Was fluid balance recorded and were appropriate actions taken?   |               |                                    |          |                      |  |  |
| NEWS >5 or 3 in one parameter within the past 4 weeks?   |               |                                    |          |                      |  |  |

|   |               |  |            |  |           |          |        |          |       |            |     |  |                                    |  |             |  |                         |  |
|---|---------------|--|------------|--|-----------|----------|--------|----------|-------|------------|-----|--|------------------------------------|--|-------------|--|-------------------------|--|
| If NEWS >5 or 3 in one parameter was appropriate action taken?  |               |  |            |  |           |          |        |          |       |            |     |  |                                    |  |             |  |                         |  |
| Were the parameters adjusted, if so which ones and by whom?   |               |  |            |  |           |          |        |          |       |            |     |  |                                    |  |             |  |                         |  |
| Any documented hypothermic episode?   |               |  |            |  |           |          |        |          |       |            |     |  |                                    |  |             |  |                         |  |
| Was a MUST completed within 6 hours of admission?   |               |  |            |  |           |          |        |          |       |            |     |  |                                    |  |             |  |                         |  |
| Were the nutritional needs addressed appropriately?   |               |  |            |  |           |          |        |          |       |            |     |  |                                    |  |             |  |                         |  |
| Has a comprehensive medication review been undertaken including the appropriate pre-emptive prescribing?                                    |               |  |            |  |           |          |        |          |       |            |     |  |                                    |  |             |  |                         |  |
| Has an assessment of continence been undertaken and appropriate actions taken?  |               | Is there a catheter insitu?  |            |  |           |          |        |          |       |            |     |  |                                    |  |             |  |                         |  |
| <b>Escalation of care:<br/>Did the following take place?</b>  | <b>Yes/No</b> | <b>Comments</b>  |            |  |           |          |        |          |       |            |     |  |                                    |  |             |  |                         |  |
| Was it recognised that escalation was required?   |               |  |            |  |           |          |        |          |       |            |     |  |                                    |  |             |  |                         |  |
| Did escalating action take place?<br>If so, what?   |               |  |            |  |           |          |        |          |       |            |     |  |                                    |  |             |  |                         |  |
| Additional interventions:   |               | <table border="1"> <tr> <td>Medication</td> <td></td> <td>Radiology</td> <td></td> </tr> <tr> <td>Oxygen</td> <td></td> <td>Scans</td> <td></td> </tr> <tr> <td>ECG</td> <td></td> <td>Blood test<br/><i>Specify which</i></td> <td></td> </tr> <tr> <td>Cannulation</td> <td></td> <td>Other<br/><i>Specify</i></td> <td></td> </tr> </table> | Medication |  | Radiology |          | Oxygen |          | Scans |            | ECG |  | Blood test<br><i>Specify which</i> |  | Cannulation |  | Other<br><i>Specify</i> |  |
| Medication  |               | Radiology  |            |  |           |          |        |          |       |            |     |  |                                    |  |             |  |                         |  |
| Oxygen  |               | Scans  |            |  |           |          |        |          |       |            |     |  |                                    |  |             |  |                         |  |
| ECG   |               | Blood test<br><i>Specify which</i>   |            |  |           |          |        |          |       |            |     |  |                                    |  |             |  |                         |  |
| Cannulation   |               | Other<br><i>Specify</i>  |            |  |           |          |        |          |       |            |     |  |                                    |  |             |  |                         |  |
| At any point > 6 hours into the admission was the patient prescribed: Vitamin K, Glucagon, Naloxone, Flumazenil<br><b>Indicate with a X</b> |               | <table border="1"> <tr> <td>Vitamin K</td> <td></td> <td rowspan="4">Comment:</td> </tr> <tr> <td>Glucagon</td> <td></td> </tr> <tr> <td>Naloxone</td> <td></td> </tr> <tr> <td>Flumazenil</td> <td></td> </tr> </table>   | Vitamin K  |  | Comment:  | Glucagon |        | Naloxone |       | Flumazenil |     |  |                                    |  |             |  |                         |  |
| Vitamin K   |               | Comment:   |            |  |           |          |        |          |       |            |     |  |                                    |  |             |  |                         |  |
| Glucagon  |               |  |            |  |           |          |        |          |       |            |     |  |                                    |  |             |  |                         |  |
| Naloxone  |               |  |            |  |           |          |        |          |       |            |     |  |                                    |  |             |  |                         |  |
| Flumazenil  |               |  |            |  |           |          |        |          |       |            |     |  |                                    |  |             |  |                         |  |
| Was the patient transferred to a secondary care facility?   |               | Where to?  |            |  |           |          |        |          |       |            |     |  |                                    |  |             |  |                         |  |
| Did this go smoothly i.e. without delay? If not, specify (e.g. appropriate crew & timely)   |               |  |            |  |           |          |        |          |       |            |     |  |                                    |  |             |  |                         |  |
| <b>Investigation Results:</b>   | <b>Yes/No</b> | <b>Comments</b>  |            |  |           |          |        |          |       |            |     |  |                                    |  |             |  |                         |  |

|   |               |                                      |                 |    |               |
|---|---------------|--------------------------------------|-----------------|----|---------------|
| <b>In the past 4/52 prior to death was there any evidence of?</b> |               |                                      |                 |    |               |
| Electrolyte Abnormality   |               | Action taken?                        |                 |    |               |
| Sodium  |               |                                      |                 |    |               |
| Potassium   |               |                                      |                 |    |               |
| Calcium   |               |                                      |                 |    |               |
| Raised troponin   |               | Action taken?                        |                 |    |               |
| Acute Kidney Injury (Urea or Creatinine 2x >baseline)             |               | Action taken?                        |                 |    |               |
| Hypoglycaemia (<3mmol/l)  |               |                                      | Known Diabetic? |    |               |
| Abrupt drop in Hb (>25%)  |               |                                      |                 |    |               |
| High INR >5   |               |                                      |                 |    |               |
| <b>Healthcare Associated Infection</b>                            | <b>Yes/No</b> | <b>Comments</b>                      |                 |    |               |
| Evidence of Hospital Acquired Pneumonia (HAP)                     |               | <i>Specify:</i>                      |                 |    |               |
| Urinary catheter?   |               | In situ O/A                          |                 | NO |               |
|   |               | Inserted during stay?                | REASON:         |    |               |
| <b>Medication</b>   | <b>Yes/No</b> | <b>Comments</b>                      |                 |    |               |
| Were there any identified medication errors?                      |               | Error                                | YES             | NO | DETAIL IF YES |
|   |               | Missed dose(s)                       |                 |    |               |
|   |               | Prescribed against contraindications |                 |    |               |
|   |               | Dosage error(s)                      |                 |    |               |
|   |               | Given despite known allergy          |                 |    |               |
|   |               | Other – <i>Specify</i>               |                 |    |               |
| <b>Never events</b>   | <b>Yes/No</b> | <b>Comments</b>                      |                 |    |               |
| During admission, did any of                                      |               |                                      |                 |    |               |

|  |               |                 |
|--|---------------|-----------------|
| the following Never Events occur:<br><i>Misplaced naso or orogastric tube; Inpatient Suicide; Absconding</i> |               |                 |
| <b>PLEASE COMPLETE SECTION A, B OR C ONLY</b>  |               |                 |
| <b>Section A<br/>For patients admitted for EOL care</b>  | <b>Yes/No</b> | <b>Comments</b> |
| Was a DNAR CPR in place and was it valid?  |               |                 |
| Was this the patients preferred place of care?   |               |                 |
| Was the palliative care template completed?  |               |                 |
| <b>Section B<br/>For patients receiving unplanned EOL care</b>   | <b>Yes/No</b> | <b>Comments</b> |
| If the patient was admitted for active treatment when was the decision made to limit treatment?              |               | Date :          |
| Was a DNAR CPR completed and if so who was involved in this decision?  |               |                 |
| Were there any concerns raised with regards to the patients' mental capacity?                                |               |                 |
| Was there evidence that the GSF Prognostic Indicator Guidance was considered?                                |               |                 |
| Was the palliative care template completed?  |               |                 |
| Was this the patients preferred place of care?   |               |                 |
| <b>Section C<br/>Unexpected death</b>  | <b>Yes/No</b> |                 |
| Was a DATIX completed and the death escalated as a STEISS?   |               | DATIX Number :  |
| <b>On reviewing the whole case, in your opinion was there evidence of?</b>                                   | <b>Yes/No</b> | <b>Comments</b> |
| Delay in diagnosis   |               |                 |
| Delay in delivering care   |               |                 |
| Poor communication   |               |                 |
| Systems and Process failure  |               |                 |

|   |                                |  |
|---|--------------------------------|--|
| Suboptimal care identified?   |                                | Escalation to:   |
|   |                                | RCA Completion Date :<br><i>(where appropriate)</i>        |
|   |                                | Lessons learned :  |
| Highlight any aspects of notable 'good quality' care                      |                                | Specify:   |
| Standard of documentation was:  | 1 Acceptable<br>2 Sub standard | <i>Please provide an explanation if deemed substandard</i> |
| In your opinion was there anything that could have been done differently? |                                | <i>Specify:</i>  |
| Are you aware of any complaints in relation to this case?                 | 1 No<br>2 Yes                  | <i>If yes please specify</i>                               |
| Was the deceased taken to a funeral director of choice?                   | 1 Yes<br>2 No                  | <i>If no please explain why</i>                            |
| Any other comments?   |                                |  |
| <b>Template Completed and Case Reviewed by:</b>                           | <b>Name:</b>                   |  |
|   | <b>Designation:</b>            |  |
|   | <b>Date Completed:</b>         |  |
|   | <b>Time To Complete:</b>       |  |

**COMMUNITY MORTALITY REVIEW REPORTING TEMPLATE V2** Updated Sept 16

*All fields are **mandatory** if not known at time of completion then state not known*

*Please do not use abbreviations*

|  |  |                 |          |
|--|--|-----------------|----------|
| Patient NHS Number   |  | Patient Age     |          |
| Known to team since  | <b>Month</b>   | <b>Year</b>     |          |
| Current diagnosis  |  |                 |          |
| Medical Background<br><i>(Significant conditions only)</i>                         | <b>1</b>   | <b>2</b>        | <b>3</b> |
|  | <b>4</b>   | <b>5</b>        | <b>6</b> |
| Date of Death  |  | Time of Death   |          |
| Place of Death   |  | Admitted from:  |          |
| Name of GP or Practice   |  |                 |          |
| Was the GP clinical system accessible?   | Please delete  | <b>Yes / No</b> |          |
| Has the patient been discharged from hospital in the last 30 days and if so which? | Include any Urgent Care Services consultations e.g. A&E, OOH |                 |          |
| Time & date last seen by medical practitioner                                      | Time   | Date            |          |

|   |   |  |
|---|---|--|
| Was this an expected death?   | Yes / No  | <b>Please delete</b>                             |
| If yes did the patient wish to die at home?   | Yes / No  | <b>Please delete</b>                             |
| What care is currently being delivered ?  |   |  |
| Certified cause of death<br>( if available)   |   |  |
| Are you aware if the coroner has been informed?   | Yes / No  | <b>Please delete</b>                             |
| Was the patient identified as being in the last year of their life? i.e. did they have an advance care plan, were they on a GSF /EoL register? Did they have a specialist nurse involved in their care? | <b>Please indicate Yes or No</b><br><br>Advance care plan<br><br>Pre- emptive prescribing completed and by whom?<br>e.g. doctor/nurse/OOH /other<br><br>On GSF/EoL register<br><br>Specialist Nurse involvement - specify |  |
| Comments :  |   |  |
| Was there evidence of a clear medical/nursing plan?   | Yes / No  | Comment:   |
| Were concerns raised about the patients' mental capacity?   | Yes / No  | <b>If yes please provide further information</b> |
| Was a DNAR CPR in place was it valid and who was involved in discussion?  | Yes / No  | Comment:   |

|  |  |   |
|--|--|---|
| Did the patient develop pressure damage during their care  | Yes / No   | If yes please provide further information           |
| Does the patient have a history of falls?  | If yes provide frequency and detail of last fall |   |
| If this was an unexpected death was a DATIX completed and the death escalated as a SI?                                       | Yes /No  | Comment:<br>DATIX No.<br>STEISS No.                 |
| Standard of documentation was:   | 1 Acceptable<br>2 Sub standard                   | Please provide an explanation if deemed substandard |
| In your opinion was there anything that could have been done differently?  | Yes / No   | <i>Comment:</i>                                     |
| Were any complaints received with regards to this patients care?<br>Were these formally escalated?<br>What action was taken? | Yes /No  | <i>Comment:</i>                                     |
| Any other comments?  |  |   |
| <b>Template Completed and Case Reviewed by:</b>  | <b>Name:</b>                                     |   |
|  | <b>Designation:</b>                              |   |
|  | <b>Date Completed:</b>                           |   |
|  | <b>Time To Complete:</b>                         |   |
| <b>Submitted to :<br/>Matron</b>   | <b>Name :</b>                                    |   |
| <b>Stage 2 review</b>  | <b>Mortality Review Panel</b>                    | <b>Date :</b><br><br><b>Comment:</b>                |

Stage 2 **MORTALITY REVIEW MEETING**

|                               |              |                          |  |
|-------------------------------|--------------|--------------------------|--|
| <b>Review Meeting led by:</b> | <b>Name:</b> | <b>Panel Attendees :</b> |  |
|                               |              | <b>Date:</b>             |  |

| <b>Overall Grading:</b>   |                |  |
|---|----------------|--|
| Unavoidable death, no suboptimal care   | <b>Grade 0</b> |  |
| Unavoidable death, suboptimal care but different management would NOT have affected the outcome                             | <b>Grade 1</b> |  |
| Suboptimal care, but different management <b>MIGHT</b> have affected the outcome ( possibly avoidable death)                | <b>Grade 2</b> |  |
| Suboptimal care, different <b>care WOULD REASONABLY BE EXPECTED</b> to have affected the outcome (probable avoidable death) | <b>Grade 3</b> |  |
| <b>GRADE AWARDED</b>  |                |  |
| <b>Actions Required:</b>  |                |  |
|   |                |  |
| <b>Sent to:</b>   | <b>Date :</b>  |  |



Learning Disabilities Mortality Review  
(LeDeR) Programme

## Process and Core Data Collection

### Death notification information

Case ID: [Click here to enter text.](#)

Region of England: [Click here to enter text.](#)

---

1. Date on which you are notifying the death

Date: [Click here to enter a date.](#)

---

2. Name of the person notifying the death

Name: [Click and type your name here.](#)

---

3. Role and agency of person notifying the death

Details: [Click here to enter text.](#)

---

4. If/how the reporter knew the person who has died

Relationship: [Click here to enter text](#)

Reporter's contact details

- 
- 5. Telephone number: Click here to enter text.
  - 6. Email address: Click here to enter text.
  - 7. Postal address: Click here to enter text.
  - 7a. Postcode: Click here to enter text.
  - 8. Best way to contact them: Click here to enter text.

---

9. Reporter comments about death

Comment: Click here to enter text

---

10. In which area of England was the person registered with a GP?

- North: Yorkshire & the Humber
- North: Lancashire & Greater Manchester
- North: Cumbria & the North East
- North: Cheshire & Merseyside
- Midlands & East: North Midlands
- Midlands & East: Central Midlands
- Midlands & East: West Midlands
- Midlands & East: East Midlands
- South: South West
- South: South East
- South: Wessex
- South: South Central
- London Region
- Unknown

**Please note that from this point forwards, answers shown in red indicate that the case will require a full multi agency review.**

---

11. Who else has been notified about the death? (Tick any that apply)

- No one else has been notified
- Coroner
- Safeguarding Board**
- Child Death Review

Police

CQC

I don't know

Other: [Click here to enter text.](#)

If anyone else has been notified about the death, please give their contact details if you have them.

Contact details: [Click here to enter text.](#)

### Details about the person who died

12. FIRSTNAME of the person who has died

Name: [Click here to enter text.](#)

13. SURNAME of the person who has died

Name: [Click here to enter text.](#)

14. Was the person known by any other name? If so, what was it?

Name: [Click here to enter text.](#)

15. Date of Birth

Date: [Click here to enter a date.](#)

16. Date of Death

Date: [Click here to enter a date.](#)

17. Age at Death

Age: [Click or tap here to enter text.](#)

18. Gender (Tick One)

Male

Female

Other

19. Ethnic Group (Tick One)

White

Mixed / Multiple ethnic groups

Asian / Asian British       Black / African / Caribbean / Black British

Other: [Click here to enter text.](#)

---

#### 20. Marital Status (Tick One)

Single                                       Married / Partner

Divorced / Separated                       Widowed

Other: [Click here to enter text.](#)

---

#### 21. NHS Number

NHS number: [Click here to enter text.](#)

---

#### 22. Did they have any known conditions or health problems?

Details: [Click here to enter text.](#)

---

#### 23. Usual address and postcode of the person who died

Address: [Click here to enter text.](#)

Postcode: [Click here to enter text.](#)

---

#### 24. Did the person who died usually live alone?

Yes               No

---

#### 25. Was the person who died in an out-of-area placement?

Yes               No

If yes, please state which area was their 'home' area: [Click here to enter text.](#)

---

#### 26. Was the person subject to any restrictive legislation?

DOLS                       Section of the Mental Health Act

Detention in police custody/imprisonment

Other: [Click here to enter text.](#)

If the person was subject to any restrictive legislation, please describe more fully: [Click here to enter text.](#)

### Those who knew the person who died

27. Please can you provide the contact details of someone who knew the person well (e.g. postal address, email, telephone number)

Name: [Click here to enter text.](#)

Telephone number: [Click here to enter text.](#)

Email address: [Click here to enter text.](#)

Address: [Click here to enter text.](#)

Postcode: [Click here to enter text.](#)

---

28. Name and contact details of GP and surgery

GP name: [Click here to enter text.](#)

Surgery address and postcode: [Click here to enter text.](#)

### Details of the Death

---

29. Place of Death

Hospital unit                       Usual place of residence                       Hospice / palliative care unit  
 Home of friend or relative

Residential / nursing home that was not usual address

Other: [Click here to enter text.](#)

Please give the name and contact details of the place the person died if it was not their usual place of residence: [Click here to enter text.](#)

---

30. Cause of death from Cause of Death Certificate 1a/1b/1c/2

Cause: [Click here to enter text.](#)

---

31. What did reporter think the cause of death was?

Perceived cause: [Click here to enter text.](#)

---

32. Will there be a Post Mortem?

Yes       No       I don't know

---

33. Will there be a Coroner's inquest?

Yes       No       I don't know

---

34. Will there be any other investigation into the death?

Yes       No       I don't know

If YES please describe: [Click here to enter text.](#)

---

35. Was the reporter surprised that this person died from this cause at this time?

Yes       No

If YES, why were they surprised: [Click here to enter text.](#)

Once complete, the form should be sent securely to:

[LeDeR@lincolnshire.gcsx.gov.uk](mailto:LeDeR@lincolnshire.gcsx.gov.uk)

**Monitoring Template**

| <b>Minimum requirement to be monitored</b> | <b>Process for monitoring e.g. audit</b> | <b>Responsible individuals/ group/ committee</b> | <b>Frequency of monitoring/audit</b> | <b>Responsible individuals/ group/ committee (multidisciplinary) for review of results</b> | <b>Responsible individuals/ group/ committee for development of action plan</b> | <b>Responsible individuals/ group/ committee for monitoring of action plan</b> |
|--|--|--|--------------------------------------|--|---|--|
| Quarterly                                  | Quarterly report                         | Effective Practice Assurance Group               | Quarterly report                     | Effective Practice Assurance Group   | Service areas   | Effective Practice Assurance Group   |

**Equality Analysis**

**Name of Policy/Procedure/Function\***

Mortality Review

**Equality Analysis Carried out by:** Kim Todd

**Date:** 09/08/17

**Equality & Human rights Lead:**

Rachael Higgins

**Director:**

Lisa Green

**\*In this template the term policy\service is used as shorthand for what needs to be analysed. Policy\Service needs to be understood broadly to embrace the full range of policies, practices, activities and decisions: essentially everything we do, whether it is formally written down or whether it is informal custom and practice. This includes existing policies and any new policies under development.**

**Section 1 – to be completed for all policies**

|  |   |   |    |  |
|--|---|---|----|--|
| A.   | Briefly give an outline of the key objectives of the policy; what it's intended outcome is and who the intended beneficiaries are expected to be  | To ensure a consistent approach of reviewing deaths within LCHS   |    |  |
| B.   | Does the policy have an impact on patients, carers or staff, or the wider community that we have links with?<br><b>Please give details</b>  | Yes to ensure quality service delivery within LCHS and working with external partners to highlight concerns |    |  |
| C.   | Is there is any evidence that the policy\service relates to an area with known inequalities? <b>Please give details</b>   | No  |    |  |
| D.   | Will/Does the implementation of the policy\service result in different impacts for protected characteristics?   | No  |    |  |
|  |   | Yes   | No |  |
|  | Disability  |   | √  |  |
|  | Sexual Orientation  |   | √  |  |
|  | Sex   |   | √  |  |
|  | Gender Reassignment   |   | √  |  |
|  | Race  |   | √  |  |
|  | Marriage/Civil Partnership  |   | √  |  |
|  | Maternity/Pregnancy   |   | √  |  |
|  | Age   |   | √  |  |
|  | Religion or Belief  |   | √  |  |
|  | Carers  |   | √  |  |
|  | <b>If you have answered 'Yes' to any of the questions then you are required to carry out a full Equality Analysis which should be approved by the Equality and Human Rights Lead – please go to section 2</b> |   |    |  |
| The above named policy has been considered and does not require a full equality analysis |   |   |    |  |
| <b>Equality Analysis Carried out by:</b>   |   | Kim Todd  |    |  |
| <b>Date:</b>   |   | 09/07/17  |    |  |