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**M&M Mortality Review Proforma (for non-ME/ non-SII/ non-PSIRF/ non-LeDeR cases)**

Please complete the patient’s details below using your clinical judgement

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| --- | --- | --- |
| **Case-notes reviewed:** | | |
| Patient initials: Gender: | Hospital No: Date of Birth/Age: | |
| Date of Death: Date of review:  Date of admission:  Admission diagnosis: | Please print your name:  Job title: Contact number:  Admitting consultant initials:  Subsequent main consultant (if relevant): | |
| **Brief Case Summary/Synopsis** | | |
| MCCD 1a Cause of death:  Coroner’s case: Y/N  Delayed discharge: Y/N | | |
| Elective Admission 🞏 | | Emergency Admission 🞏 |

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| --- | --- |
| **Was this death:** | |
| Raised by ME, or otherwise formally triggered:  Yes 🞏 No 🞏 | Unexpected or >50% avoidable:  Yes 🞏 No 🞏 |
| If Yes please use **SJR** proforma If No please complete following Sections | If Yes please use **SJR** proforma If No please complete following Sections |

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| **After Admission, did any of the following occur?** | | | |
| Sepsis | Yes 🞏 & contributed to death 🞏 | No 🞏 | Unable to tell 🞏 |
| AKI | Yes 🞏 & contributed to death 🞏 | No 🞏 | Unable to tell 🞏 |
| Hospital Acquired Infection (Pneumonia, Covid, C-Diff, etc) | Yes 🞏 & contributed to death 🞏 | No 🞏 | Unable to tell 🞏 |
| In-patient Fall | Yes 🞏 & contributed to death 🞏 | No 🞏 | Unable to tell 🞏 |
| Inappropriate ward transfers | Yes 🞏 & contributed to death 🞏 | No 🞏 | Unable to tell 🞏 |
| Unexpected return to Theatre | Yes 🞏 & contributed to death 🞏 | No 🞏 | Unable to tell 🞏 |
| Signs of deterioration that were not acted upon | Yes 🞏 & contributed to death 🞏 | No 🞏 | Unable to tell 🞏 |

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| **During End of Life, was there -** | | | |
| Regular Consultant Review | Yes 🞏 | No 🞏 | Unable to tell 🞏 |
| A Personalised Care Plan to support the patient’s death | Yes 🞏 | No 🞏 | Unable to tell 🞏 |
| RESPECT form completed | Yes 🞏 | No 🞏 | Unable to tell 🞏 |
| Discussions with family/carers regarding deterioration | Yes 🞏 | No 🞏 | Unable to tell 🞏 |
| Evidence that Patient’s End of Life wishes were followed | Yes 🞏 | No 🞏 | Unable to tell 🞏 |

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| **Assessment of Problems in Care** | | |
| Were there any Problems with the Care of the patient? | **Yes** 🞏 | Please continue below: **Problem type(s), tick only for any that occurred,** then go to Care sections |
| **No** 🞏 | Please **omit** section below and proceed to the following Care sections |

|  |  |  |  |
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| **Problem type(s)** *tick/select an answer* **only** for those that occurred **If this problem occurred did it lead to harm?** | | | |
| 1. Assessment, investigation or diagnosis | Yes 🞏 | Probably 🞏 | **No harm** 🞏 |
| 1. Medication/IV fluids/electrolytes/oxygen/VTE prophylaxis omission | Yes 🞏 | Probably 🞏 | **No harm** 🞏 |
| 1. Treatment and management plan | Yes 🞏 | Probably 🞏 | **No harm** 🞏 |
| 1. Infection control management | Yes 🞏 | Probably 🞏 | **No harm** 🞏 |
| 1. Operation/invasive procedure | Yes 🞏 | Probably 🞏 | **No harm** 🞏 |
| 1. Clinical monitoring | Yes 🞏 | Probably 🞏 | **No harm** 🞏 |
| 1. Resuscitation following a cardiac or respiratory arrest | Yes 🞏 | Probably 🞏 | **No harm** 🞏 |
| 1. Other problem not fitting in the category above | Yes 🞏 | Probably 🞏 | **No harm** 🞏 |

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| **Care during a procedure *tick here* 🞏 *if no procedure was undertaken*** |
| Care was: Less than adequate -1, 2 Adequate-3 Good-4 Excellent-5    If < 3 please give details**:** |

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| --- |
| **Peri-Operative Care *tick here* 🞏 *if no procedure was undertaken*** |
| Care overall was: Less than adequate -1, 2 Adequate-3 Good-4 Excellent-5    If 1 or 2 please give details**:** |

|  |
| --- |
| **Overall Assessment of Care (OAoC)** |
| Care overall was: Less than adequate -1, 2 Adequate-3 Good-4 Excellent-5    If 1 or 2 please give details**:** |

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| --- | --- |
| Please list learning points / changes in practice/ good practice for sharing / any other actions resulting from M&M discussion: | |
| Above includes learning relevant to other specialties: Y / N |  |

|  |  |
| --- | --- |
| **Outcome from Review** | |
| **No further action required** (Overall score (OAoC) is 3 or above and no problems identified in care which probably or actually led to harm) | 🞏 |
| **Escalation to Higher Level Review** (Overall score (OAoC) is less than 3 or problems identified in care which probably or actually led to harm ) \*\* | 🞏 |

\*\* Notify Clinical Audit Facilitator: [d.decastro@nhs.net](mailto:d.decastro@nhs.net)

Sign-off by CG/M&M lead:

Name:

Title:

Date:

|  |  |  |
| --- | --- | --- |
| **Outcome from Higher Level Review** | | |
| 1. No further action required | | 🞏 |
| 1. Case to be discussed/presented at Trust Mortality Surveillance Group for shared Learning | | 🞏 |
| 1. Escalation to Incident/Investigation | | 🞏 |
| 1. Other outcome (as specified above) | | 🞏 |
| Higher Level Review Completed by: | Date of Review: | |

Shared mortality email inbox for advice: sft.mortality@nhs.net

Risk Team for advice: [shc-tr.Riskmanagement@nhs.net](mailto:shc-tr.Riskmanagement@nhs.net) Safeguarding team for advice: shc-tr.Safeguardingsft@nhs.net

Link to RCP Structured Judgement Review (SJR) guidance:

<https://www.rcplondon.ac.uk/sites/default/files/media/Documents/NMCRR%20guide%20England_0.pdf>