

**MORTALITY AND MORBIDITY MEETING REPORT**

Department/Specialty:

Date: Time:

Venue:

Attendees (name and title):

**Actions from previous meeting:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Action** | **Outcome to date** | **Person responsible** | **Date due for completion** | **Keep on agenda?** |
| 1. |  |  |  |  |
| 2. |  |  |  |  |
| 3. |  |  |  |  |

1. **Case reviews**

(List by NHS number or case notes number. Provide a brief summary of each case and the actions that must be taken as a result of the review and discussions. If there are no recommendations record it.)

1. **Recommendations and actions from this month’s case reviews**

|  |  |  |  |
| --- | --- | --- | --- |
| **Recommendation** | **Action required** | **Person responsible** | **Date due for completion** |
| 1. |  |  |  |
| 2. |  |  |  |
| 3. |  |  |  |

1. **Review of other quality and patient safety matters**

(List any serious incident inquiries, clinical incidents, cases involving Duty of Candour, complaints, patient feedback and key quality/performance indicators, litigation cases learning and improvement discussed and the actions that must be taken. If there are no recommendations for action record it.)

1. **Recommendations and actions from this month’s review of other quality and patient safety matters**

|  |  |  |  |
| --- | --- | --- | --- |
| **Recommendation** | **Action required** | **Person responsible** | **Date due for completion** |
| 1. |  |  |  |
| 2. |  |  |  |
| 3. |  |  |  |

1. **Additions/review of the risk register**
2. **Attachments**

(Attach any Powerpoint presentations or reports presented/reviewed at the meeting.

1. **Distribution of M&M meeting report**
* Copy to attendees and the whole department
* Copy to the Directorate Management Team
* Copy to the Clinical Governance Department