



**Royal College
of Physicians**

National Review of Asthma Deaths (NRAD)

Panel assessment form

V17 15-04-13

Case number:

Meeting date:

Panel assessor 1 (case lead) -

Panel assessor 2 -

INTRODUCTION AND GUIDANCE

The panel assessment form is designed to help assessors work through the relevant issues in a structured and reproducible fashion, and to prompt them to make judgements about the importance of any factors that they discover. Assessment will be made using the information available in the relevant data collection forms and information obtained from the GP and the hospital, care home and ambulance service as applicable.

The panel chair will be on hand to help answer any queries you may have about the assessment tool. Please note, however, that during the panel meetings the panel chair's role is expected to be neutral in terms of the discussion. The chair is not expected to put forward his/her own views, but rather to guide panel assessors through the panel assessment tool, highlight emerging issues for further discussion, seek consensus and ensure that all assessors contribute equally.

Key:

Issues related to **primary care****

Issues related to **secondary care**

Issues related to **primary** or secondary care**

**Please note that Emergency Services such as 'out of hours' and ambulance services are considered part of primary care.

THE STANDARDS FOR THIS CONFIDENTIAL ENQUIRY ARE THE SIGN/BTS GUIDELINES AND THE NRAD STANDARDS DOCUMENT. PLEASE BASE YOUR ASSESSMENTS AND CONCLUSIONS ON THESE DOCUMENTS AND REFER TO APPROPRIATE SECTIONS IN YOUR SUMMARY.

Section 1: Assessment summary

- This section asks the assessor to summarise the assessment, highlight critical factors, and identify learning points and recommendations:
 - *Items 1–19 are your overall conclusions.* This can be completed in draft format while you are reviewing the information prior to the meeting to help aid your discussion. *The lead assessor for this case is responsible for completing a final version at the end of the panel meeting and returning to a member of the NRAD team.*
 - *Items 20.1 A–D is a brief summary tool for use after you have familiarised yourself with the case, and for identifying where more detailed assessment is required.*

Section 2: Panel assessment *(on cases where asthma was considered a definite/probable or possible cause of, or contributing to the cause of, death)*

This is for extracting and summarising the information identified in Section 1 Item 20:

- There are checkboxes for selecting the most likely relevant factors related to each piece of information.
- Only those relevant sections need to be completed. If there is no factor in any section, please select 'no' and move on to the next section.
- Where an item is chosen as a relevant factor, please indicate the source of the evidence for making these judgements in the sections in the columns provided on each page:
 - PART A** Asks the assessor to consider the patient and their family and to consider any intrinsic and extrinsic factors that could be relevant to the outcome (eg premorbid illness).
 - PART B** Asks the assessor to consider any avoidable factors related to healthcare professionals.
 - PART C** Asks the assessor to consider any relevant and/or avoidable factors related to systems (eg communication or policies and procedures).
 - PART D (For children <19 only)** Asks the assessor to assess relevant child protection issues.

Section 3: Documentation *(on all cases)*

This section asks the assessor to assess the impact of any important omissions in the documentation. This should be completed on ALL cases, regardless of whether asthma possibly contributed to the cause of death or not.

SECTION 1: SUMMARY OF ASSESSMENT (Questions 1–20)

Please complete this section in draft format using the information available to you in the questionnaires and case notes provided to you at the panel meeting – this will help aid the discussion with your peers and guide you to other areas of the form that should be completed.

PLEASE COMPLETE ONE FINAL VERSION OF THIS FORM AT THE MEETING & RETURN TO THE NRAD TEAM.

1. **Did the patient have asthma?**
 Definitely/probably yes Possibly yes Unlikely No *Insufficient info*

- 1.1 **Does this patient have chronic asthma with fixed airflow obstruction?**
 Yes No *Insufficient info*

2. **Do you agree that the death was due to asthma?**
 Definitely/probably yes Possibly yes Unlikely No *Insufficient info*

3. **Do you agree that asthma was a significant contributory factor to the cause of death?**
 Definitely/probably yes Possibly yes Unlikely No *Insufficient info*

4. **Can death be attributed to adverse effects of asthma medication? (eg adrenal suppression/immune suppression)**
 Definitely/probably yes Possibly yes Unlikely No *Insufficient info*

5. **The Office for National Statistics coded this death as having ‘asthma’ as the underlying cause of death. Do you agree that this underlying cause code matches the clinical findings?**
 Definitely/probably yes Possibly yes Unlikely No *Insufficient info* *N/A*

- 6.1 **If you think asthma definitely/probably or possibly caused or contributed to the cause of death, how many factors in section 2 have you defined as being ‘major’?** *N/A*

- 6.2 **If the patient did not have asthma or the patient had asthma but it did not cause or contribute to death, to what alternative cause can death be attributed?**

7. **Was a local review conducted?** Yes No *Insufficient info*
(eg SUI/SEA)

- 7.1 **Do you think the local review was adequate or inadequate?**
 Adequate Inadequate *Insufficient info*

8. **Do you think the overall care of the patient at the following stages was adequate* or inadequate?**
(*Adequate is defined as what you would accept as care for yourself or a family member*)
- a. Routine/chronic management Adequate Inadequate *Insufficient info* *N/A*
- b. Management of attacks Adequate Inadequate *Insufficient info* *N/A*
- c. Management of the final attack Adequate Inadequate *Insufficient info* *N/A*

9. **Overall assessment (please select one category only):**
- Good practice – a standard of care that you would expect from yourself/trainees/organisation
- Room for improvement – aspects of CLINICAL care could have been better
- Room for improvement – aspects of ORGANISATIONAL CARE could have been better
- Room for improvement – aspects of CLINICAL and ORGANISATIONAL care could have been better
- Less than satisfactory – several aspects of clinical and/or organisational care were well below a standard you would expect from yourself/trainees/organisation
- Insufficient information available

10. **Could this case be used for a vignette or learning case for a workshop?** Yes No

11. With reference to the BTS/SIGN Asthma Guidelines and NRAD Quality Indicators, do you think overall care of the patient in PRIMARY CARE was: Adequate Inadequate *Insufficient info* *N/A*

12. With reference to the BTS/SIGN Asthma Guidelines and NRAD Quality Indicators, do you think overall care of the patient in SECONDARY CARE was: Adequate Inadequate *Insufficient info* *N/A*

13. Was a post-mortem done? Yes No *Insufficient info*
13.1 If yes, was a report available? Yes No
If yes:
13.1.1 Was this useful? Yes No
13.1.1 Quality parameters: Detailed Not detailed

14. Please summarise the case in two or three sentences.

15. Please identify any factors that require discussion with your paired assessor/group:

16. Please summarise your opinion of the critical stages in the management of this case. Please consider any missed opportunities and potential factors that might have been associated with poor outcome (*eg previous attacks, multiple prescriptions for bronchodilators, lack of prescribed inhaled steroids, poor adherence*)

17. Please summarise recommendations and learning points identified in this case:

18. Please highlight areas of good practice relating to this case			
		Form:	Ref:
18.1			
18.2			
18.3			
18.4			

19. Are there any particular issues you feel should be highlighted in the final report? Yes No

If yes, please specify:

20. Occasionally, the NRAD team will refer cases where it is felt that further feedback to the Trust/Practice concerned is warranted. This is usually owing to an area of concern, particular to the hospital/practice/clinician involved, and not for issues being highlighted across the body of case notes. In cases that are referred, the assessors have concerns that the pattern of practice fell below a standard, which indicates that the practitioner or team is likely to put future patients at risk, if not addressed. The Medical Director of the Trust or lead GP will be written to by the Clinical Director of the CEEU explaining the concerns. This process has been in operation in other confidential enquiries (eg NCEPOD, CMACE) and the responses received have always been positive in that they feel the concerns are being dealt with in the most appropriate manner. Please see page 40 for further information on our 'Cause for concern' policy.

Do you feel that this case should be considered for such an action? Yes No

21. Have you completed Section 3 on page 38? Yes No

22. BEFORE COMPLETING THIS SECTION, PLEASE SELECT ONE OF THE FOLLOWING OPTIONS TO HELP GUIDE THE REMAINDER OF YOUR ASSESSMENT

PATIENT DID NOT HAVE ASTHMA → *Skip to Section 3, page 38*

PATIENT HAD ASTHMA AND: *(select one of the following)*

- asthma probably caused or contributed to the cause of death → *Continue*
- asthma was unlikely to be a cause or a significant contributory factor → *Skip to Section 3, page 38*
- no issues in management/avoidable factors were present in this case → *Skip to Section 3, page 38*

IMPOSSIBLE TO ASCERTAIN AS INSUFFICIENT INFO/DOCUMENTATION AVAILABLE → *Assessment closed – please inform the NRAD team*

PLEASE ENSURE YOU COMPLETE SECTION 3 (page 38) ON ALL CASES

SECTION 2 CATEGORIES: (ONLY for cases where asthma probably caused or contributed to cause of death)

PART A		COMPLETE PAGE:
Avoidable or remediable factors related to the PATIENT AND/OR FAMILY AND THEIR ENVIRONMENT		
A1	<input type="checkbox"/> During the month before death	8
A2	<input type="checkbox"/> During the preceding 12 months	9
PART B		
Substandard care and avoidable or remediable factors related to <u>HEALTHCARE PROFESSIONALS</u> with regards to:		
<input type="checkbox"/> Routine medical care and ongoing supervision/monitoring of patient's asthma:		
B1	<input type="checkbox"/> In primary care (community/GP practice/emergency services)	10
B2	<input type="checkbox"/> In secondary care	12
<input type="checkbox"/> Assessment of the final attack:		
B3	<input type="checkbox"/> In primary care (community/GP practice/emergency services)	14
B4	<input type="checkbox"/> In secondary care	16
<input type="checkbox"/> Diagnosis or in recognising high-risk status:		
B5	<input type="checkbox"/> In primary care (community/GP practice/emergency services)	18
B6	<input type="checkbox"/> In secondary care	20
<input type="checkbox"/> Referral to a specialist:		
B7	<input type="checkbox"/> In primary care (community/GP practice/emergency services)	22
B8	<input type="checkbox"/> In secondary care	23
<input type="checkbox"/> Management/treatment of the final attack:		
B9	<input type="checkbox"/> In primary care (community/GP practice/emergency services)	24
B10	<input type="checkbox"/> In secondary care	25
B11	<input type="checkbox"/> Discharge <i>(for those patients who died within 1 month of discharge from hospital after treatment for an acute asthma attack)</i>	26
B12	<input type="checkbox"/> Clinical supervision or delegation of care	28
B13	<input type="checkbox"/> Guidelines	30
B14	<input type="checkbox"/> Documentation	31
PART C		
Substandard care and avoidable or remediable factors related to <u>SYSTEMS</u>		
C1	<input type="checkbox"/> Communication (eg doctor was uncontactable, despite trying)	32
C2	<input type="checkbox"/> Policies or procedures	33
C3	<input type="checkbox"/> Resources	34
C4	<input type="checkbox"/> Other component of system error <i>(eg delays that weren't the fault of a provider)</i>	35
C5	<input type="checkbox"/> Adverse event that affected care <i>(eg drug error, equipment failure)</i>	36
PART D		
Child protection (for <19 year olds)		
C1	<input type="checkbox"/> Failings in child protection	37

SECTION 2: PANEL ASSESSMENT (ON CASES WHERE ASTHMA CONSIDERED DEFINITE/PROBABLE OR POSSIBLE CAUSE OF OR CONTRIBUTING TO THE CAUSE OF DEATH)

Part A FACTORS RELATED TO THE PATIENT AND/OR FAMILY AND THEIR ENVIRONMENT

A 1. Was there an avoidable factor related to the PATIENT OR FAMILY AND THEIR ENVIRONMENT during the month before death?

- Yes → *Continue to A1a*
- No → *Skip to A2*
- Impossible to ascertain as insufficient information/documentation available → *Skip to A2*

A 1a If yes, then please tick each relevant factor:

*If ticking more than one factor, please indicate the one that had the most significant impact on the death in the first column (red). *For each factor selected, please indicate the source of data used for making this judgement.*

		*Form	Ref
<input type="checkbox"/>	<input type="checkbox"/> Comorbid illness that predisposed asthma attack		
<input type="checkbox"/>	<input type="checkbox"/> Did not adhere to medical advice		
<input type="checkbox"/>	<input type="checkbox"/> Did not attend asthma review/s		
<input type="checkbox"/>	<input type="checkbox"/> Delay/failure in seeking medical advice		
<input type="checkbox"/>	<input type="checkbox"/> Delay/failure in responding to worsening symptoms		
<input type="checkbox"/>	<input type="checkbox"/> Failure to take appropriate medication		
<input type="checkbox"/>	<input type="checkbox"/> Substance misuse* <i>specify</i>		
<input type="checkbox"/>	<input type="checkbox"/> Child abuse/neglect*		
<input type="checkbox"/>	<input type="checkbox"/> Social factors, <i>specify</i>		
<input type="checkbox"/>	<input type="checkbox"/> Smoker		
<input type="checkbox"/>	<input type="checkbox"/> Passive smoker/exposure to smoke in the home		
<input type="checkbox"/>	<input type="checkbox"/> Psychological factors (specify)		
<input type="checkbox"/>	<input type="checkbox"/> Allergy to household pets/animals		
<input type="checkbox"/>	<input type="checkbox"/> Food allergy, <i>specify</i>		
<input type="checkbox"/>	<input type="checkbox"/> Seasonal allergy, eg hay fever, changes in weather, thunderstorms etc		
<input type="checkbox"/>	<input type="checkbox"/> Drug induced (eg beta blockers or NSAIDS)		
<input type="checkbox"/>	<input type="checkbox"/> Other, <i>specify</i>		

A 1b Please note the overall significance of this factor (If multiple factors are ticked in part A 1a, then the overall significance should be that of the one deemed most significant. If you consider there to be more than one major factor, please elaborate in the free-text comment box below)

- Major** Factor contributed significantly to the death. Different management would reasonably be expected to alter outcome. Includes causal (part of a chain of causation) and compounding (made the situation worse).
- Minor** Likely to be a relevant contributory factor (in addition to the chain of causation). Different management/behaviour might have made a difference, but survival was unlikely in any case.
- Irrelevant** Although lessons can be learned, altering this factor cannot be reasonably asserted to affect outcome. Non-contributory.

A 1c Explanatory comments/justification of response:

Part B **AVOIDABLE FACTORS RELATED TO PROFESSIONALS**

B1 **Was there a significant avoidable factor during *ROUTINE MEDICAL CARE AND THE ONGOING SUPERVISION AND MONITORING OF THE PATIENT'S ASTHMA BY PROFESSIONALS IN PRIMARY CARE?***
 Yes → *Continue to B1a*
 No → *Skip to B2*
 Insufficient information/documentation available → *Skip to B2*

B 1a **If yes, then specify:**
*If ticking more than one factor, please indicate the one that had the most significant impact on the death in the first column (red). *For each factor selected, please indicate the source of data used for making this judgement.*

	Form	Ref
<i>Primary care professional(s) did not:</i>		
<input type="checkbox"/> <input type="checkbox"/> Prescribe appropriate drug therapy – specify:		
<input type="checkbox"/> <input type="checkbox"/> Did not prescribe in accordance with guidelines		
<input type="checkbox"/> <input type="checkbox"/> Overprescribed short-acting beta agonist bronchodilator		
<input type="checkbox"/> <input type="checkbox"/> Prescribed long-acting beta agonist bronchodilator as monotherapy		
<input type="checkbox"/> <input type="checkbox"/> Prescribed inappropriate dose of oral/inhaled steroids		
<input type="checkbox"/> <input type="checkbox"/> Prescribed inappropriate dose of other medicines		
<input type="checkbox"/> <input type="checkbox"/> Offer preventative treatment		
<input type="checkbox"/> <input type="checkbox"/> Check inhaler technique		
<input type="checkbox"/> <input type="checkbox"/> Review the patient according to guidelines		
<input type="checkbox"/> <input type="checkbox"/> Identify triggers for asthma eg allergic, NSAIDS etc		
<input type="checkbox"/> <input type="checkbox"/> Perform an adequate asthma review		
<input type="checkbox"/> <input type="checkbox"/> Give personal asthma action plan		
<input type="checkbox"/> <input type="checkbox"/> Other routine medical care factor, <i>specify</i>		

B 1b **Please note the overall significance of this factor:**
(If multiple factors are ticked in part B 1a, then the overall significance should be that of the one deemed most significant. If you consider there to be more than one major factor, please elaborate in the free-text comment box below)

Major Factor contributed significantly to the death. Different management would reasonably be expected to alter outcome. Includes causal (part of a chain of causation) and compounding (made the situation worse).

Minor Likely to be a relevant contributory factor (in addition to the chain of causation). Different management/behaviour might have made a difference, but survival was unlikely in any case.

Irrelevant Although lessons can be learned, altering this factor cannot be reasonably asserted to affect outcome. Non-contributory.

B 1c **Please note the main clinician or healthcare professional responsible for this factor:**
(This refers to the designation of the post. It is accepted that the panel will not know the training history of the individual)

<input type="checkbox"/> <input type="checkbox"/> Paramedic	<input type="checkbox"/> <input type="checkbox"/> Nurse
<input type="checkbox"/> <input type="checkbox"/> Doctor – out of hours	<input type="checkbox"/> <input type="checkbox"/> Practice nurse
<input type="checkbox"/> <input type="checkbox"/> Doctor – GP	<input type="checkbox"/> <input type="checkbox"/> Respiratory nurse specialist (PC)
<input type="checkbox"/> <input type="checkbox"/> Doctor – other, <i>specify</i>	<input type="checkbox"/> <input type="checkbox"/> Other professional, <i>specify</i>
<input type="checkbox"/> <input type="checkbox"/> Unknown/unreadable	

B 1d **Please designate the status or grade of the main clinician or healthcare professional responsible for this factor (eg trainee):** _____ Not known

B 1e

Explanatory comments/justification of response:

Part B **AVOIDABLE FACTORS RELATED TO PROFESSIONALS**

B2 **Was there a significant avoidable factor during *ROUTINE MEDICAL CARE AND THE ONGOING SUPERVISION AND MONITORING OF THE PATIENT'S ASTHMA BY PROFESSIONALS IN SECONDARY CARE?***
 Yes → *Continue to B2a*
 No → *Skip to B3*
 Insufficient information/documentation available → *Skip to B3*

B 2a **If yes, then specify:**
*If ticking more than one factor, please indicate the one that had the most significant impact on the death in the first column (red). *For each factor selected, please indicate the source of data used for making this judgement.*

	Form	Ref
<i>Secondary care professional(s) did not:</i>		
<input type="checkbox"/> <input type="checkbox"/> Prescribe appropriate drug therapy – specify:		
<input type="checkbox"/> <input type="checkbox"/> Did not prescribe in accordance with guidelines		
<input type="checkbox"/> <input type="checkbox"/> Overprescribed short-acting beta agonist bronchodilator		
<input type="checkbox"/> <input type="checkbox"/> Prescribed long-acting beta agonist bronchodilator as monotherapy		
<input type="checkbox"/> <input type="checkbox"/> Prescribed inappropriate dose of oral/inhaled steroids		
<input type="checkbox"/> <input type="checkbox"/> Prescribed inappropriate dose of other medicines		
<input type="checkbox"/> <input type="checkbox"/> Offer preventative treatment		
<input type="checkbox"/> <input type="checkbox"/> Check inhaler technique		
<input type="checkbox"/> <input type="checkbox"/> Review the patient according to guidelines		
<input type="checkbox"/> <input type="checkbox"/> Identify triggers for asthma eg allergic, NSAIDS etc		
<input type="checkbox"/> <input type="checkbox"/> Perform an adequate asthma review		
<input type="checkbox"/> <input type="checkbox"/> Give personal asthma action plan		
<input type="checkbox"/> <input type="checkbox"/> Other routine medical care factor, <i>specify</i>		

B 2b **Please note the overall significance of this factor:**
(If multiple factors are ticked in part B 2a, then the overall significance should be that of the one deemed most significant. If you consider there to be more than one major factor, please elaborate in the free-text comment box below)

Major Factor contributed significantly to the death. Different management would reasonably be expected to alter outcome. Includes causal (part of a chain of causation) and compounding (made the situation worse).

Minor Likely to be a relevant contributory factor (in addition to the chain of causation). Different management/behaviour might have made a difference, but survival was unlikely in any case.

Irrelevant Although lessons can be learned, altering this factor cannot be reasonably asserted to affect outcome. Non-contributory.

B 2c **Please note the main clinician or healthcare professional responsible for this factor:**
(This refers to the designation of the post. It is accepted that the panel will not know the training history of the individual)

<input type="checkbox"/> <input type="checkbox"/> Doctor – paediatrician	<input type="checkbox"/> <input type="checkbox"/> Doctor – elderly care
<input type="checkbox"/> <input type="checkbox"/> Doctor – emergency medicine	<input type="checkbox"/> <input type="checkbox"/> Doctor – other, <i>specify</i>
<input type="checkbox"/> <input type="checkbox"/> Doctor – paediatric emergency med	<input type="checkbox"/> <input type="checkbox"/> Nurse (adult or other)
<input type="checkbox"/> <input type="checkbox"/> Doctor – intensive care	<input type="checkbox"/> <input type="checkbox"/> Nurse (RSCN)
<input type="checkbox"/> <input type="checkbox"/> Doctor – paediatric intensive care	<input type="checkbox"/> <input type="checkbox"/> Respiratory nurse specialist (SC)
<input type="checkbox"/> <input type="checkbox"/> Doctor – respiratory medicine	<input type="checkbox"/> <input type="checkbox"/> Other professional, <i>specify</i>
<input type="checkbox"/> <input type="checkbox"/> Unknown/unreadable	

B 2d **Please designate the status or grade of the main clinician or healthcare professional responsible for this factor (eg trainee):** _____ Not known

B 2e

Explanatory comments/justification of response:

Part B AVOIDABLE FACTORS RELATED TO PROFESSIONALS CONT.

B3 Was there a significant avoidable factor during ASSESSMENT OF THE FINAL ATTACK*/ACCESS TO CARE BY PROFESSIONALS IN PRIMARY CARE?
**NB: this attack may have been going on for days or weeks*
 Yes → *Continue to B3a*
 No → *Skip to B4*
 Insufficient information/documentation available → *Skip to B4*

B 3a If yes, then specify:
*If ticking more than one factor, please indicate the one that had the most significant impact on the death in the first column (red). *For each factor selected, please indicate the source of data used for making this judgement.*

	Form	Ref
<input type="checkbox"/> <input type="checkbox"/> Access to appropriate care was delayed/not possible		
<i>Primary care professional(s) delayed</i>		
<input type="checkbox"/> <input type="checkbox"/> In getting adequate medical history		
<input type="checkbox"/> <input type="checkbox"/> In assessment or evaluation of patient		
<input type="checkbox"/> <input type="checkbox"/> In taking appropriate physiological measurements during the final attack		
<input type="checkbox"/> <input type="checkbox"/> In recognising abnormal vital signs		
<i>Primary care professional(s) did not</i>		
<input type="checkbox"/> <input type="checkbox"/> Get an adequate medical history		
<input type="checkbox"/> <input type="checkbox"/> Assessment or evaluate the patient appropriately		
<input type="checkbox"/> <input type="checkbox"/> Take appropriate physiological measurements during the final attack		
<input type="checkbox"/> <input type="checkbox"/> Recognise abnormal signs		
<input type="checkbox"/> <input type="checkbox"/> Other assessment issue, <i>specify</i>		

B 3b Please note the overall significance of this factor
(If multiple factors are ticked in part B 3a, then the overall significance should be that of the one deemed most significant. If you consider there to be more than one major factor, please elaborate in the free-text comment box below)

Major Factor contributed significantly to the death. Different management would reasonably be expected to alter outcome. Includes causal (part of a chain of causation) and compounding (made the situation worse).

Minor Likely to be a relevant contributory factor (in addition to the chain of causation). Different management/behaviour might have made a difference, but survival was unlikely in any case.

Irrelevant Although lessons can be learned, altering this factor cannot be reasonably asserted to affect outcome. Non-contributory.

B 3c Please note the main clinician or healthcare professional responsible for this factor:
(This refers to the designation of the post. It is accepted that the panel will not know the training history of the individual)

<input type="checkbox"/> <input type="checkbox"/> Paramedic	<input type="checkbox"/> <input type="checkbox"/> Nurse (adult or other)
<input type="checkbox"/> <input type="checkbox"/> Doctor – out of hours	<input type="checkbox"/> <input type="checkbox"/> Practice nurse
<input type="checkbox"/> <input type="checkbox"/> Doctor – GP	<input type="checkbox"/> <input type="checkbox"/> Respiratory nurse specialist (PC)
<input type="checkbox"/> <input type="checkbox"/> Doctor – other, <i>specify</i>	<input type="checkbox"/> <input type="checkbox"/> Other professional, <i>specify</i>
<input type="checkbox"/> <input type="checkbox"/> Unknown/unreadable	

B 3d Please designate the status or grade of the main clinician or healthcare professional responsible for this factor (eg trainee): _____ Not known

B 3e

Explanatory comments/justification of response:

Part B AVOIDABLE FACTORS RELATED TO PROFESSIONALS CONT.

B4. Was there a significant avoidable factor during ASSESSMENT OF THE FINAL ATTACK*/ACCESS TO CARE BY PROFESSIONALS IN SECONDARY CARE?
**NB: this attack may have been going on for days or weeks*
 Yes → Continue to B4a
 No → Skip to B5
 Insufficient information/documentation available → Skip to B5

B 4a If yes, then specify:
*If ticking more than one factor, please indicate the one that had the most significant impact on the death in the first column (red). *For each factor selected, please indicate the source of data used for making this judgement.*

	Form	Ref
<input type="checkbox"/> <input type="checkbox"/> Access to appropriate care was delayed/not possible		
<i>Secondary care professional(s) delayed:</i>		
<input type="checkbox"/> <input type="checkbox"/> In getting adequate medical history		
<input type="checkbox"/> <input type="checkbox"/> In assessment or evaluation of patient		
<input type="checkbox"/> <input type="checkbox"/> In taking appropriate physiological measurements during the final attack		
<input type="checkbox"/> <input type="checkbox"/> In recognising abnormal vital signs		
<i>Secondary care professional(s) did not</i>		
<input type="checkbox"/> <input type="checkbox"/> Get adequate medical history		
<input type="checkbox"/> <input type="checkbox"/> Assess or evaluate the patient appropriately		
<input type="checkbox"/> <input type="checkbox"/> Take appropriate physiological measurements during the final attack		
<input type="checkbox"/> <input type="checkbox"/> Recognise abnormal signs		
<input type="checkbox"/> <input type="checkbox"/> Other assessment issue, <i>specify</i>		

B 4b Please note the overall significance of this factor
(If multiple factors are ticked in part B 4a, then the overall significance should be that of the one deemed most significant. If you consider there to be more than one major factor, please elaborate in the free-text comment box below)

Major Factor contributed significantly to the death. Different management would reasonably be expected to alter outcome. Includes causal (part of a chain of causation) and compounding (made the situation worse).

Minor Likely to be a relevant contributory factor (in addition to the chain of causation). Different management/behaviour might have made a difference, but survival was unlikely in any case.

Irrelevant Although lessons can be learned, altering this factor cannot be reasonably asserted to affect outcome. Non-contributory.

B 4c Please note the main clinician or healthcare professional responsible for this factor:
(This refers to the designation of the post. It is accepted that the panel will not know the training history of the individual)

<input type="checkbox"/> <input type="checkbox"/> Doctor – paediatrician	<input type="checkbox"/> <input type="checkbox"/> Doctor – elderly care
<input type="checkbox"/> <input type="checkbox"/> Doctor – emergency medicine	<input type="checkbox"/> <input type="checkbox"/> Doctor – other, <i>specify</i>
<input type="checkbox"/> <input type="checkbox"/> Doctor – paediatric emergency med	<input type="checkbox"/> <input type="checkbox"/> Nurse (adult or other)
<input type="checkbox"/> <input type="checkbox"/> Doctor – intensive care	<input type="checkbox"/> <input type="checkbox"/> Nurse (RSCN)
<input type="checkbox"/> <input type="checkbox"/> Doctor – paediatric intensive care	<input type="checkbox"/> <input type="checkbox"/> Respiratory nurse specialist (SC)
<input type="checkbox"/> <input type="checkbox"/> Doctor – respiratory medicine	<input type="checkbox"/> <input type="checkbox"/> Other professional, <i>specify</i>
<input type="checkbox"/> <input type="checkbox"/> Unknown/unreadable	

B 4d Please designate the status or grade of the main clinician or healthcare professional responsible for this factor (eg trainee): _____ Not known

B 4e

Explanatory comments/justification of response:

Part B AVOIDABLE FACTORS RELATED TO PROFESSIONALS CONT.

B5. Was there a significant avoidable factor related to the DIAGNOSIS OR RECOGNITION OF RISK STATUS BY PROFESSIONALS IN PRIMARY CARE?

Yes → Continue to B5a
 No → Skip to B6
 Insufficient information/documentation available → Skip to B6

B 5a If yes, then specify:

*If ticking more than one factor, please indicate the one that had the most significant impact on the death in the first column (red). *For each factor selected, please indicate the source of data used for making this judgement.*

	Form	Ref
<input type="checkbox"/> <input type="checkbox"/> Incorrect diagnosis		
<i>Primary care professional(s) delayed:</i>		
<input type="checkbox"/> <input type="checkbox"/> In assessment or evaluation of patient		
<input type="checkbox"/> <input type="checkbox"/> In recognition of abnormal signs		
<input type="checkbox"/> <input type="checkbox"/> In recognition of the problem or its severity		
<input type="checkbox"/> <input type="checkbox"/> In diagnosing or recognising high-risk status (eg past admission)		
<input type="checkbox"/> <input type="checkbox"/> Other delay, <i>Specify</i>		
<i>Primary care professional(s) did not:</i>		
<input type="checkbox"/> <input type="checkbox"/> Assess or evaluate the patient appropriately		
<input type="checkbox"/> <input type="checkbox"/> Record clinical signs		
<input type="checkbox"/> <input type="checkbox"/> Recognise abnormal clinical signs		
<input type="checkbox"/> <input type="checkbox"/> Recognise the problem or its severity		
<input type="checkbox"/> <input type="checkbox"/> Diagnose or recognise high-risk status		
<input type="checkbox"/> <input type="checkbox"/> Other failure, <i>Specify</i>		

B 5b Please note the overall significance of this factor

(If multiple factors are ticked in part B 5a, then the overall significance should be that of the one deemed most significant. If you consider there to be more than one major factor, please elaborate in the free-text comment box below)

Major Factor contributed significantly to the death. Different management would reasonably be expected to alter outcome. Includes causal (part of a chain of causation) and compounding (made the situation worse).
 Minor Likely to be a relevant contributory factor (in addition to the chain of causation). Different management/behaviour might have made a difference, but survival was unlikely in any case.
 Irrelevant Although lessons can be learned, altering this factor cannot be reasonably asserted to affect outcome. Non-contributory.

B 5c Please note the main clinician or healthcare professional responsible for this factor:

(This refers to the designation of the post. It is accepted that the panel will not know the training history of the individual)

<input type="checkbox"/> <input type="checkbox"/> Paramedic	<input type="checkbox"/> <input type="checkbox"/> Nurse (adult or other)
<input type="checkbox"/> <input type="checkbox"/> Doctor – out of hours	<input type="checkbox"/> <input type="checkbox"/> Practice nurse
<input type="checkbox"/> <input type="checkbox"/> Doctor – GP	<input type="checkbox"/> <input type="checkbox"/> Respiratory nurse specialist (PC)
<input type="checkbox"/> <input type="checkbox"/> Doctor – other, <i>specify</i>	<input type="checkbox"/> <input type="checkbox"/> Other professional, <i>specify</i>
<input type="checkbox"/> <input type="checkbox"/> Unknown/unreadable	

B 5d Please designate the status or grade of the main clinician or healthcare professional responsible for this factor (eg trainee): _____ Not known

B 5e

Explanatory comments/justification of response:

Part B AVOIDABLE FACTORS RELATED TO PROFESSIONALS CONT.

B6. Was there a significant avoidable factor related to the DIAGNOSIS OR IN THE RECOGNITION OF RISK STATUS BY PROFESSIONALS IN SECONDARY CARE?

- Yes → *Continue to B6a*
- No → *Skip to B7*
- Insufficient information/documentation available → *Skip to B7*

B 6a If yes, then specify:

*If ticking more than one factor, please indicate the one that had the most significant impact on the death in the first column (red). *For each factor selected, please indicate the source of data used for making this judgement.*

	Form	Ref
<input type="checkbox"/> <input type="checkbox"/> Incorrect diagnosis		
<i>Secondary care professional(s) delayed:</i>		
<input type="checkbox"/> <input type="checkbox"/> In assessment or evaluation of patient		
<input type="checkbox"/> <input type="checkbox"/> In recognition of abnormal signs		
<input type="checkbox"/> <input type="checkbox"/> In recognition of the problem or its severity		
<input type="checkbox"/> <input type="checkbox"/> In diagnosing or recognising high-risk status (eg past admission)		
<input type="checkbox"/> <input type="checkbox"/> Other delay, <i>specify</i>		
<i>Secondary care professional(s) did not:</i>		
<input type="checkbox"/> <input type="checkbox"/> Assess or evaluate the patient appropriately		
<input type="checkbox"/> <input type="checkbox"/> Record clinical signs		
<input type="checkbox"/> <input type="checkbox"/> Recognise abnormal clinical signs		
<input type="checkbox"/> <input type="checkbox"/> Recognise the problem or its severity		
<input type="checkbox"/> <input type="checkbox"/> Diagnose or recognise high-risk status		
<input type="checkbox"/> <input type="checkbox"/> Other failure, <i>specify</i>		

B 6b Please note the overall significance of this factor

(If multiple factors are ticked in part B 6a, then the overall significance should be that of the one deemed most significant. If you consider there to be more than one major factor, please elaborate in the free-text comment box below)

- Major** Factor contributed significantly to the death. Different management would reasonably be expected to alter outcome. Includes causal (part of a chain of causation) and compounding (made the situation worse).
- Minor** Likely to be a relevant contributory factor (in addition to the chain of causation). Different management/behaviour might have made a difference, but survival was unlikely in any case.
- Irrelevant** Although lessons can be learned, altering this factor cannot be reasonably asserted to affect outcome. Non-contributory.

B 6c Please note the main clinician or healthcare professional responsible for this factor:

(This refers to the designation of the post. It is accepted that the panel will not know the training history of the individual)

- | | |
|--|--|
| <input type="checkbox"/> <input type="checkbox"/> Doctor – paediatrician | <input type="checkbox"/> <input type="checkbox"/> Doctor – elderly care |
| <input type="checkbox"/> <input type="checkbox"/> Doctor – emergency medicine | <input type="checkbox"/> <input type="checkbox"/> Doctor – other, <i>specify</i> |
| <input type="checkbox"/> <input type="checkbox"/> Doctor – paediatric emergency med | <input type="checkbox"/> <input type="checkbox"/> Nurse (adult or other) |
| <input type="checkbox"/> <input type="checkbox"/> Doctor – intensive care | <input type="checkbox"/> <input type="checkbox"/> Nurse (RSCN) |
| <input type="checkbox"/> <input type="checkbox"/> Doctor – paediatric intensive care | <input type="checkbox"/> <input type="checkbox"/> Respiratory nurse specialist (SC) |
| <input type="checkbox"/> <input type="checkbox"/> Doctor – respiratory medicine | <input type="checkbox"/> <input type="checkbox"/> Other professional, <i>specify</i> |
| <input type="checkbox"/> <input type="checkbox"/> Unknown/unreadable | |

B 6d Please designate the status or grade of the main clinician or healthcare professional responsible for this factor (eg trainee): _____ Not known

B 6e **Explanatory comments/justification of response:**

Part B AVOIDABLE FACTORS RELATED TO PROFESSIONALS CONT.

B7 Was there a significant avoidable factor related to the REFERRAL TO A SPECIALIST BY A PROFESSIONAL IN PRIMARY CARE?

Yes → Continue to B7a
 No → Skip to B8
 Insufficient information/documentation available → Skip to B8

B 7a If yes, then specify:

*If ticking more than one factor, please indicate the one that had the most significant impact on the death in the first column (red). *For each factor selected, please indicate the source of data used for making this judgement.*

	Form	Ref
<i>Primary care professional(s) delayed:</i>		
<input type="checkbox"/> <input type="checkbox"/> In consulting another appropriate team		
<input type="checkbox"/> <input type="checkbox"/> In referring to another appropriate team in primary care		
<input type="checkbox"/> <input type="checkbox"/> In referring to secondary care		
<i>Primary care professional(s) did not:</i>		
<input type="checkbox"/> <input type="checkbox"/> Consult another appropriate team		
<input type="checkbox"/> <input type="checkbox"/> Refer to another appropriate team in primary care		
<input type="checkbox"/> <input type="checkbox"/> Refer to secondary care		
Other, specify _____		

B 7b Please note the overall significance of this factor

(If multiple factors are ticked in part B 7a, then the overall significance should be that of the one deemed most significant. If you consider there to be more than one major factor, please elaborate in the free-text comment box below)

Major Factor contributed significantly to the death. Different management would reasonably be expected to alter outcome. Includes causal (part of a chain of causation) and compounding (made the situation worse).

Minor Likely to be a relevant contributory factor (in addition to the chain of causation). Different management/behaviour might have made a difference, but survival was unlikely in any case.

Irrelevant Although lessons can be learned, altering this factor cannot be reasonably asserted to affect outcome. Non-contributory.

B 7c Please note the main clinician or healthcare professional responsible for this factor:

(This refers to the designation of the post. It is accepted that the panel will not know the training history of the individual)

<input type="checkbox"/> <input type="checkbox"/> Paramedic	<input type="checkbox"/> <input type="checkbox"/> Nurse (adult or other)
<input type="checkbox"/> <input type="checkbox"/> Doctor – out of hours	<input type="checkbox"/> <input type="checkbox"/> Practice nurse
<input type="checkbox"/> <input type="checkbox"/> Doctor – GP	<input type="checkbox"/> <input type="checkbox"/> Respiratory nurse specialist (PC)
<input type="checkbox"/> <input type="checkbox"/> Doctor – other, <i>specify</i>	<input type="checkbox"/> <input type="checkbox"/> Other professional, <i>specify</i>
<input type="checkbox"/> <input type="checkbox"/> Unknown/unreadable	

B 7d Please designate the status or grade of the main clinician or healthcare professional responsible for this factor (eg trainee): _____ Not known

B 7e Explanatory comments/justification of response:

Part B AVOIDABLE FACTORS RELATED TO PROFESSIONALS CONT.

B8 Was there a significant avoidable factor related to the **REFERRAL TO A SPECIALIST BY A PROFESSIONAL IN SECONDARY CARE?** (eg ED to respiratory specialist)

- Yes → Continue to B8a
- No → Skip to B9
- Insufficient information/documentation available → Skip to B9

B 8a If yes, then specify:

If ticking more than one factor, please indicate the one that had the most significant impact on the death in the first column (red). *For each factor selected, please indicate the source of data used for making this judgement.

		Form	Ref
<i>Secondary care professional(s) delayed:</i>			
<input type="checkbox"/>	<input type="checkbox"/>	In consulting another appropriate team	
<input type="checkbox"/>	<input type="checkbox"/>	In referring to another appropriate team in secondary care	
<input type="checkbox"/>	<input type="checkbox"/>	Other, specify	
<i>Primary care professional(s) did not:</i>			
<input type="checkbox"/>	<input type="checkbox"/>	Consult another appropriate team	
<input type="checkbox"/>	<input type="checkbox"/>	Refer to another appropriate team in secondary care	
<input type="checkbox"/>	<input type="checkbox"/>	Other, specify	

B 8b Please note the overall significance of this factor

(If multiple factors are ticked in part B 8a, then the overall significance should be that of the one deemed most significant. If you consider there to be more than one major factor, please elaborate in the free-text comment box below)

- Major** Factor contributed significantly to the death. Different management would reasonably be expected to alter outcome. Includes causal (part of a chain of causation) and compounding (made the situation worse).
- Minor** Likely to be a relevant contributory factor (in addition to the chain of causation). Different management/behaviour might have made a difference, but survival was unlikely in any case.
- Irrelevant** Although lessons can be learned, altering this factor cannot be reasonably asserted to affect outcome. Non-contributory.

B 8c Please note the main clinician or healthcare professional responsible for this factor:

(This refers to the designation of the post. It is accepted that the panel will not know the training history of the individual)

- | | | | | | |
|--------------------------|--------------------------|------------------------------------|--------------------------|--------------------------|-----------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | Doctor – paediatrician | <input type="checkbox"/> | <input type="checkbox"/> | Doctor – elderly care |
| <input type="checkbox"/> | <input type="checkbox"/> | Doctor – emergency medicine | <input type="checkbox"/> | <input type="checkbox"/> | Doctor – other, specify |
| <input type="checkbox"/> | <input type="checkbox"/> | Doctor – paediatric emergency med | <input type="checkbox"/> | <input type="checkbox"/> | Nurse (adult or other) |
| <input type="checkbox"/> | <input type="checkbox"/> | Doctor – intensive care | <input type="checkbox"/> | <input type="checkbox"/> | Nurse (RSCN) |
| <input type="checkbox"/> | <input type="checkbox"/> | Doctor – paediatric intensive care | <input type="checkbox"/> | <input type="checkbox"/> | Respiratory nurse specialist (SC) |
| <input type="checkbox"/> | <input type="checkbox"/> | Doctor – respiratory medicine | <input type="checkbox"/> | <input type="checkbox"/> | Other professional, specify |
| <input type="checkbox"/> | <input type="checkbox"/> | Unknown/unreadable | | | |

B 8d Please designate the status or grade of the main clinician or healthcare professional responsible for this factor (eg trainee): _____ Not known

B 8e Explanatory comments/justification of response:

Part B AVOIDABLE FACTORS RELATED TO PROFESSIONALS CONT.

B9 Was there a significant avoidable factor related to the MANAGEMENT/TREATMENT OF THE FINAL ATTACK BY PROFESSIONALS IN PRIMARY CARE?

- Yes → *Continue to B9a*
- No → *Skip to B10*
- Insufficient information/documentation available → *Skip to B10*

B 9a If yes, then specify:

*If ticking more than one factor, please indicate the one that had the most significant impact on the death in the first column (red). *For each factor selected, please indicate the source of data used for making this judgement.*

		Form	Ref
<i>Primary care professional(s) delayed:</i>			
<input type="checkbox"/>	<input type="checkbox"/>	In implementing appropriate monitoring	
<input type="checkbox"/>	<input type="checkbox"/>	In initiating treatment	
<input type="checkbox"/>	<input type="checkbox"/>	In following guidelines	
<input type="checkbox"/>	<input type="checkbox"/>	Other delay, <i>specify</i>	
<i>Primary care professional(s) did not:</i>			
<input type="checkbox"/>	<input type="checkbox"/>	Implement appropriate monitoring	
<input type="checkbox"/>	<input type="checkbox"/>	Initiate treatment	
<input type="checkbox"/>	<input type="checkbox"/>	Follow guidelines	
<input type="checkbox"/>	<input type="checkbox"/>	Other failure, <i>specify</i>	

B 9a Please note the overall significance of this factor

(If multiple factors are ticked in part B 9a, then the overall significance should be that of the one deemed most significant. If you consider there to be more than one major factor, please elaborate in the free-text comment box below)

- Major** Factor contributed significantly to the death. Different management would reasonably be expected to alter outcome. Includes causal (part of a chain of causation) and compounding (made the situation worse).
- Minor** Likely to be a relevant contributory factor (in addition to the chain of causation). Different management/behaviour might have made a difference, but survival was unlikely in any case.
- Irrelevant** Although lessons can be learned, altering this factor cannot be reasonably asserted to affect outcome. Non-contributory.

B 9a Please note the main clinician or healthcare professional responsible for this factor:

(This refers to the designation of the post. It is accepted that the panel will not know the training history of the individual)

- | | | | | | |
|--------------------------|--------------------------|--------------------------------|--------------------------|--------------------------|------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | Paramedic | <input type="checkbox"/> | <input type="checkbox"/> | Nurse (adult or other) |
| <input type="checkbox"/> | <input type="checkbox"/> | Doctor – out of hours | <input type="checkbox"/> | <input type="checkbox"/> | Practice nurse |
| <input type="checkbox"/> | <input type="checkbox"/> | Doctor – GP | <input type="checkbox"/> | <input type="checkbox"/> | Respiratory nurse specialist (PC) |
| <input type="checkbox"/> | <input type="checkbox"/> | Doctor – other, <i>specify</i> | <input type="checkbox"/> | <input type="checkbox"/> | Other professional, <i>specify</i> |
| <input type="checkbox"/> | <input type="checkbox"/> | Unknown/unreadable | | | |

B 9a Please designate the status or grade of the main clinician or healthcare professional responsible for this factor (eg trainee): _____ Not known

B 9a Explanatory comments/justification of response:

Part B AVOIDABLE FACTORS RELATED TO PROFESSIONALS CONT.

B10 Was there a significant avoidable factor related to the **MANAGEMENT/TREATMENT OF THE FINAL ATTACK BY PROFESSIONALS IN SECONDARY CARE?**

- Yes → *Continue to B10a*
- No → *Skip to B11*
- Insufficient information/documentation available → *Skip to B11*

B 10a If yes, then specify:

*If ticking more than one factor, please indicate the one that had the most significant impact on the death in the first column (red). *For each factor selected, please indicate the source of data used for making this judgement.*

		Form	Ref
<i>Secondary care professional(s) delayed:</i>			
<input type="checkbox"/>	<input type="checkbox"/>	In implementing appropriate monitoring	
<input type="checkbox"/>	<input type="checkbox"/>	In initiating treatment	
<input type="checkbox"/>	<input type="checkbox"/>	In following guidelines	
<input type="checkbox"/>	<input type="checkbox"/>	Other delay, <i>specify</i>	
<i>Secondary care professional(s) did not:</i>			
<input type="checkbox"/>	<input type="checkbox"/>	Implement appropriate monitoring	
<input type="checkbox"/>	<input type="checkbox"/>	Initiate treatment	
<input type="checkbox"/>	<input type="checkbox"/>	Follow guidelines	
<input type="checkbox"/>	<input type="checkbox"/>	Other failure, <i>specify</i>	

B 10b Please note the overall significance of this factor

(If multiple factors are ticked in part B 10a, then the overall significance should be that of the one deemed most significant. If you consider there to be more than one major factor, please elaborate in the free-text comment box below)

- Major** Factor contributed significantly to the death. Different management would reasonably be expected to alter outcome. Includes causal (part of a chain of causation) and compounding (made the situation worse).
- Minor** Likely to be a relevant contributory factor (in addition to the chain of causation). Different management/behaviour might have made a difference, but survival was unlikely in any case.
- Irrelevant** Although lessons can be learned, altering this factor cannot be reasonably asserted to affect outcome. Non-contributory.

B 10c Please note the main clinician or healthcare professional responsible for this factor:

(This refers to the designation of the post. It is accepted that the panel will not know the training history of the individual)

- | | | | | | |
|--------------------------|--------------------------|------------------------------------|--------------------------|--------------------------|------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | Doctor – paediatrician | <input type="checkbox"/> | <input type="checkbox"/> | Doctor – elderly care |
| <input type="checkbox"/> | <input type="checkbox"/> | Doctor – emergency medicine | <input type="checkbox"/> | <input type="checkbox"/> | Doctor – other, <i>specify</i> |
| <input type="checkbox"/> | <input type="checkbox"/> | Doctor – paediatric emergency med | <input type="checkbox"/> | <input type="checkbox"/> | Nurse (adult or other) |
| <input type="checkbox"/> | <input type="checkbox"/> | Doctor – intensive care | <input type="checkbox"/> | <input type="checkbox"/> | Nurse (RSCN) |
| <input type="checkbox"/> | <input type="checkbox"/> | Doctor – paediatric intensive care | <input type="checkbox"/> | <input type="checkbox"/> | Respiratory nurse specialist (SC) |
| <input type="checkbox"/> | <input type="checkbox"/> | Doctor – respiratory medicine | <input type="checkbox"/> | <input type="checkbox"/> | Other professional, <i>specify</i> |
| <input type="checkbox"/> | <input type="checkbox"/> | Unknown/unreadable | | | |

B 10d Please designate the status or grade of the main clinician or healthcare professional responsible for this factor (eg trainee): _____ Not known

B 10e Explanatory comments/justification of response:

Part B AVOIDABLE FACTORS RELATED TO PROFESSIONALS CONT.

B11i Did the patient die within 1 month of discharge from hospital after treatment for an acute asthma attack or other condition?

Yes → Continue to B11ii
 No → Skip to B12

B11ii Was there a significant avoidable factor related to the DISCHARGE FROM HOSPITAL?

Yes → Continue to B11a
 No → Skip to B12
 Not applicable
 Insufficient information/documentation available → Skip to B12

B 11a If yes, then specify:
*If ticking more than one factor, please indicate the one that had the most significant impact on the death in the first column (red). *For each factor selected, please indicate the source of data used for making this judgement.*

		Form	Ref
<input type="checkbox"/>	<input type="checkbox"/>	Insufficient discharge planning	
<input type="checkbox"/>	<input type="checkbox"/>	No discharge planning	
<input type="checkbox"/>	<input type="checkbox"/>	Inappropriate discharge	
<input type="checkbox"/>	<input type="checkbox"/>	Self-discharged against medical advice	
<input type="checkbox"/>	<input type="checkbox"/>	Parents/carers self-discharged against medical advice	
<input type="checkbox"/>	<input type="checkbox"/>	Professional did not follow up after discharge	
<input type="checkbox"/>	<input type="checkbox"/>	Other, specify	

B 11b Please note the overall significance of this factor
(If multiple factors are ticked in part B 11a, then the overall significance should be that of the one deemed most significant. If you consider there to be more than one major factor, please elaborate in the free-text comment box below)

Major Factor contributed significantly to the death. Different management would reasonably be expected to alter outcome. Includes causal (part of a chain of causation) and compounding (made the situation worse).

Minor Likely to be a relevant contributory factor (in addition to the chain of causation). Different management/behaviour might have made a difference, but survival was unlikely in any case.

Irrelevant Although lessons can be learned, altering this factor cannot be reasonably asserted to affect outcome. Non-contributory.

B 11c Please note the main clinician or healthcare professional responsible for this factor:
(This refers to the designation of the post. It is accepted that the panel will not know the training history of the individual)

<input type="checkbox"/> <input type="checkbox"/> Paramedic	<input type="checkbox"/> <input type="checkbox"/> Doctor – elderly care
<input type="checkbox"/> <input type="checkbox"/> Doctor – out of hours	<input type="checkbox"/> <input type="checkbox"/> Doctor – other, specify
<input type="checkbox"/> <input type="checkbox"/> Doctor – GP	<input type="checkbox"/> <input type="checkbox"/> Nurse (RSCN)
<input type="checkbox"/> <input type="checkbox"/> Doctor – paediatrician	<input type="checkbox"/> <input type="checkbox"/> Nurse (adult or other)
<input type="checkbox"/> <input type="checkbox"/> Doctor – emergency medicine	<input type="checkbox"/> <input type="checkbox"/> Practice nurse
<input type="checkbox"/> <input type="checkbox"/> Doctor – paediatric emergency med	<input type="checkbox"/> <input type="checkbox"/> Respiratory nurse specialist (PC)
<input type="checkbox"/> <input type="checkbox"/> Doctor – intensive care	<input type="checkbox"/> <input type="checkbox"/> Respiratory nurse specialist (SC)
<input type="checkbox"/> <input type="checkbox"/> Doctor – paediatric intensivist	<input type="checkbox"/> <input type="checkbox"/> Other professional, specify
<input type="checkbox"/> <input type="checkbox"/> Doctor – respiratory	
<input type="checkbox"/> <input type="checkbox"/> Unknown/unreadable	

B 11d Please designate the status or grade of the main clinician or healthcare professional responsible for this factor (eg trainee): _____ Not known

B 11e Explanatory comments/justification of response:

Part B AVOIDABLE FACTORS RELATED TO PROFESSIONALS CONT.

B12 Was there a significant avoidable factor related to the CLINICAL SUPERVISION OR DELEGATION OF CARE?

- Yes → Continue to B12a
- No → Skip to B13
- Insufficient information/documentation available → Skip to B13

B 12a If yes, then specify:

*If ticking more than one factor, please indicate the one that had the most significant impact on the death in the first column (red). *For each factor selected, please indicate the source of data used for making this judgement.*

		Form	Ref
<i>Professional delayed:</i>			
<input type="checkbox"/>	<input type="checkbox"/>	In clinical supervision (eg to check on junior's work/attend when it would have been appropriate to do so)	
<input type="checkbox"/>	<input type="checkbox"/>	To consult senior colleague	
<input type="checkbox"/>	<input type="checkbox"/>	In delegation of care	
<input type="checkbox"/>	<input type="checkbox"/>	Other delay, specify	
<i>Professional did not:</i>			
<input type="checkbox"/>	<input type="checkbox"/>	Provide adequate clinical supervision (eg to check on junior's work/attend when it would have been appropriate to do so)	
<input type="checkbox"/>	<input type="checkbox"/>	To consult with a senior colleague	
<input type="checkbox"/>	<input type="checkbox"/>	Delegate appropriately	
<input type="checkbox"/>	<input type="checkbox"/>	Other failure, specify	

B 12b Please note the overall significance of this factor

(If multiple factors are ticked in part B 12a, then the overall significance should be that of the one deemed most significant. If you consider there to be more than one major factor, please elaborate in the free-text comment box below)

- Major** Factor contributed significantly to the death. Different management would reasonably be expected to alter outcome. Includes causal (part of a chain of causation) and compounding (made the situation worse).
- Minor** Likely to be a relevant contributory factor (in addition to the chain of causation). Different management/behaviour might have made a difference, but survival was unlikely in any case.
- Irrelevant** Although lessons can be learned, altering this factor cannot be reasonably asserted to affect outcome. Non-contributory.

B 12c Please note the main clinician or healthcare professional responsible for this factor:

(This refers to the designation of the post. It is accepted that the panel will not know the training history of the individual)

- | | | | | | |
|--------------------------|--------------------------|-----------------------------------|--------------------------|--------------------------|-----------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | Paramedic | <input type="checkbox"/> | <input type="checkbox"/> | Doctor – elderly care |
| <input type="checkbox"/> | <input type="checkbox"/> | Doctor – out of hours | <input type="checkbox"/> | <input type="checkbox"/> | Doctor – other, specify |
| <input type="checkbox"/> | <input type="checkbox"/> | Doctor – GP | <input type="checkbox"/> | <input type="checkbox"/> | Nurse (RSCN) |
| <input type="checkbox"/> | <input type="checkbox"/> | Doctor – paediatrician | <input type="checkbox"/> | <input type="checkbox"/> | Nurse (adult or other) |
| <input type="checkbox"/> | <input type="checkbox"/> | Doctor – emergency medicine | <input type="checkbox"/> | <input type="checkbox"/> | Practice nurse |
| <input type="checkbox"/> | <input type="checkbox"/> | Doctor – paediatric emergency med | <input type="checkbox"/> | <input type="checkbox"/> | Respiratory nurse specialist (PC) |
| <input type="checkbox"/> | <input type="checkbox"/> | Doctor – intensive care | <input type="checkbox"/> | <input type="checkbox"/> | Respiratory nurse specialist (SC) |
| <input type="checkbox"/> | <input type="checkbox"/> | Doctor – paediatric intensivist | <input type="checkbox"/> | <input type="checkbox"/> | Other professional, specify |
| <input type="checkbox"/> | <input type="checkbox"/> | Doctor – respiratory | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | Unknown/unreadable | | | |

B 12d Please designate the status or grade of the main clinician or healthcare professional responsible for this factor (eg trainee):

Not known

B 12e **Explanatory comments/justification of response:**

Part B AVOIDABLE FACTORS RELATED TO PROFESSIONALS CONT.

B13 Was there a significant avoidable factor related to LACK OF IMPLEMENTATION OF ASTHMA GUIDELINES?

- Yes → Continue to B13a
- No → Skip to B14
- Insufficient information/documentation available → Skip to B14

B 13a If yes, then specify:

*If ticking more than one factor, please indicate the one that had the most significant impact on the death in the first column (red). *For each factor selected, please indicate the source of data used for making this judgement.*

		Form	Ref
<input type="checkbox"/>	<input type="checkbox"/> Lack of specific asthma expertise		
<input type="checkbox"/>	<input type="checkbox"/> Lack of knowledge of guidelines		
<input type="checkbox"/>	<input type="checkbox"/> Other, specify		

B 13b Please note the overall significance of this factor

(If multiple factors are ticked in part B 13a, then the overall significance should be that of the one deemed most significant. If you consider there to be more than one major factor, please elaborate in the free-text comment box below)

- Major** Factor contributed significantly to the death. Different management would reasonably be expected to alter outcome. Includes causal (part of a chain of causation) and compounding (made the situation worse).
- Minor** Likely to be a relevant contributory factor (in addition to the chain of causation). Different management/behaviour might have made a difference, but survival was unlikely in any case.
- Irrelevant** Although lessons can be learned, altering this factor cannot be reasonably asserted to affect outcome. Non-contributory.

B 13c Please note the main clinician or healthcare professional responsible for this factor:

(This refers to the designation of the post. It is accepted that the panel will not know the training history of the individual)

- | | | | |
|--------------------------|--|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> Paramedic | <input type="checkbox"/> | <input type="checkbox"/> Doctor – elderly care |
| <input type="checkbox"/> | <input type="checkbox"/> Doctor – out of hours | <input type="checkbox"/> | <input type="checkbox"/> Doctor – other, specify |
| <input type="checkbox"/> | <input type="checkbox"/> Doctor – GP | <input type="checkbox"/> | <input type="checkbox"/> Nurse (RSCN) |
| <input type="checkbox"/> | <input type="checkbox"/> Doctor – paediatrician | <input type="checkbox"/> | <input type="checkbox"/> Nurse (adult or other) |
| <input type="checkbox"/> | <input type="checkbox"/> Doctor – emergency medicine | <input type="checkbox"/> | <input type="checkbox"/> Practice nurse |
| <input type="checkbox"/> | <input type="checkbox"/> Doctor – paediatric emergency med | <input type="checkbox"/> | <input type="checkbox"/> Respiratory nurse specialist (PC) |
| <input type="checkbox"/> | <input type="checkbox"/> Doctor – intensive care | <input type="checkbox"/> | <input type="checkbox"/> Respiratory nurse specialist (SC) |
| <input type="checkbox"/> | <input type="checkbox"/> Doctor – paediatric intensivist | <input type="checkbox"/> | <input type="checkbox"/> Other professional, specify |
| <input type="checkbox"/> | <input type="checkbox"/> Doctor – respiratory | | |
| <input type="checkbox"/> | <input type="checkbox"/> Unknown/unreadable | | |

B 13d Please designate the status or grade of the main clinician or healthcare professional responsible for this factor (eg trainee): _____ Not known

B 13e Explanatory comments/justification of response:

Part B AVOIDABLE FACTORS RELATED TO PROFESSIONALS CONT.

B14 Was there a significant avoidable factor related to DOCUMENTATION?

- Yes → Continue to B14a
- No → Skip to C1
- Insufficient information/documentation available → Skip to C1

B 14a If yes, then specify:

If ticking more than one factor, please indicate the one that had the most significant impact on the death in the first column (red). *For each factor selected, please indicate the source of data used for making this judgement.

		Form	Ref
<input type="checkbox"/>	<input type="checkbox"/>	Poor records (eg insufficient frequency of observations)	
<input type="checkbox"/>	<input type="checkbox"/>	Failure to document positive or negative clinical findings	
<input type="checkbox"/>	<input type="checkbox"/>	Poor quality of written communication (eg written correspondence)	
<input type="checkbox"/>	<input type="checkbox"/>	Other, specify	

B 14b Please note the overall significance of this factor

(If multiple factors are ticked in part B 14a, then the overall significance should be that of the one deemed most significant. If you consider there to be more than one major factor, please elaborate in the free-text comment box below)

- Major** Factor contributed significantly to the death. Different management would reasonably be expected to alter outcome. Includes causal (part of a chain of causation) and compounding (made the situation worse).
- Minor** Likely to be a relevant contributory factor (in addition to the chain of causation). Different management/behaviour might have made a difference, but survival was unlikely in any case.
- Irrelevant** Although lessons can be learned, altering this factor cannot be reasonably asserted to affect outcome. Non-contributory.

B 14c Please note the main clinician or healthcare professional responsible for this factor:

(This refers to the designation of the post. It is accepted that the panel will not know the training history of the individual)

- | | | | | | |
|--------------------------|--------------------------|-----------------------------------|--------------------------|--------------------------|-----------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | Paramedic | <input type="checkbox"/> | <input type="checkbox"/> | Doctor – elderly care |
| <input type="checkbox"/> | <input type="checkbox"/> | Doctor – out of hours | <input type="checkbox"/> | <input type="checkbox"/> | Doctor – other, specify |
| <input type="checkbox"/> | <input type="checkbox"/> | Doctor – GP | <input type="checkbox"/> | <input type="checkbox"/> | Nurse (RSCN) |
| <input type="checkbox"/> | <input type="checkbox"/> | Doctor – paediatrician | <input type="checkbox"/> | <input type="checkbox"/> | Nurse (adult or other) |
| <input type="checkbox"/> | <input type="checkbox"/> | Doctor – emergency medicine | <input type="checkbox"/> | <input type="checkbox"/> | Practice nurse |
| <input type="checkbox"/> | <input type="checkbox"/> | Doctor – paediatric emergency med | <input type="checkbox"/> | <input type="checkbox"/> | Respiratory nurse specialist (PC) |
| <input type="checkbox"/> | <input type="checkbox"/> | Doctor – intensive care | <input type="checkbox"/> | <input type="checkbox"/> | Respiratory nurse specialist (SC) |
| <input type="checkbox"/> | <input type="checkbox"/> | Doctor – paediatric intensivist | <input type="checkbox"/> | <input type="checkbox"/> | Other professional, specify |
| <input type="checkbox"/> | <input type="checkbox"/> | Doctor – respiratory | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | Unknown/unreadable | | | |

B 14d Please designate the status or grade of the main clinician or healthcare professional responsible for this factor (eg trainee):

Not known

B 14e Explanatory comments/justification of response:

Part C SUBSTANDARD CARE AND AVOIDABLE FACTORS RELATED TO SYSTEMS

C1 Was there a significant avoidable factor due to COMMUNICATION PROBLEMS?

Yes → *Continue to C1a*

No → *Skip to C2*

Insufficient information/documentation available → *Skip to C2*

C 1a If yes, then specify:

*If ticking more than one factor, please indicate the one that had the most significant impact on the death in the first column (red). *For each factor selected, please indicate the source of data used for making this judgement.*

<input checked="" type="checkbox"/>	<input type="checkbox"/>	Between GPs	<input type="checkbox"/>	<input type="checkbox"/>	Between nursing and doctors
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Between GP and hospital doctors	<input type="checkbox"/>	<input type="checkbox"/>	Between departments/teams
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Between GP and community nurses	<input type="checkbox"/>	<input type="checkbox"/>	Between hospitals
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Between GP and care home	<input type="checkbox"/>	<input type="checkbox"/>	Between hospital doctor/nurse and patient or family
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Between GP/community nurse and the patient or family	<input type="checkbox"/>	<input type="checkbox"/>	Between hospital nurses and patient or family
<input type="checkbox"/>	<input type="checkbox"/>	Between doctors in same hospital	<input type="checkbox"/>	<input type="checkbox"/>	Between hospital and care home
<input type="checkbox"/>	<input type="checkbox"/>	Between doctors in different hospitals	<input type="checkbox"/>	<input type="checkbox"/>	Other, <i>specify</i>

C 1b Please note the overall significance of this factor

(If multiple factors are ticked in part C 1a, then the overall significance should be that of the one deemed most significant. If you consider there to be more than one major factor, please elaborate in the free-text comment box below)

Major Factor contributed significantly to the death. Different management would reasonably be expected to alter outcome. Includes causal (part of a chain of causation) and compounding (made the situation worse).

Minor Likely to be a relevant contributory factor (in addition to the chain of causation). Different management/behaviour might have made a difference, but survival was unlikely in any case.

Irrelevant Although lessons can be learned, altering this factor cannot be reasonably asserted to affect outcome. Non-contributory.

C 1c Explanatory comments/justification of response:

C2 Was there a significant avoidable factor due to **POLICIES OR PROCEDURES?** (this may be due to a lack of policies or procedures, or lack of implementation of policies or procedures)

Yes → Continue to C2a

No → Skip to C3

Insufficient information/documentation available → Skip to C3

C 2a If yes, then specify:

If ticking more than one factor, please indicate the one that had the most significant impact on the death in the first column (red). *For each factor selected, please indicate the source of data used for making this judgement.

		Form	Ref
<input type="checkbox"/>	<input type="checkbox"/>	Poor or inadequate implementation of policy/pathway/protocol	
<input type="checkbox"/>	<input type="checkbox"/>	Regarding clinical supervision	
<input type="checkbox"/>	<input type="checkbox"/>	Regarding scheduling and assessment	
<input type="checkbox"/>	<input type="checkbox"/>	Regarding oversight of others (eg no senior on call, drugs out of date)	
<input type="checkbox"/>	<input type="checkbox"/>	Regarding emergency preparedness (eg availability or location of oxygen)	
<input type="checkbox"/>	<input type="checkbox"/>	Regarding patient education	
<input type="checkbox"/>	<input type="checkbox"/>	Other, specify	

C 2b Please note the overall significance of this factor

(If multiple factors are ticked in part C 2a, then the overall significance should be that of the one deemed most significant. If you consider there to be more than one major factor, please elaborate in the free-text comment box below)

Major Factor contributed significantly to the death. Different management would reasonably be expected to alter outcome. Includes causal (part of a chain of causation) and compounding (made the situation worse).

Minor Likely to be a relevant contributory factor (in addition to the chain of causation). Different management/behaviour might have made a difference, but survival was unlikely in any case.

Irrelevant Although lessons can be learned, altering this factor cannot be reasonably asserted to affect outcome. Non-contributory.

C 2c Explanatory comments/justification of response:

C3	Was there any issue of <u>RESOURCES</u>?
	<input type="checkbox"/> Yes → <i>Continue to C3a</i> <input type="checkbox"/> No → <i>Skip to C4</i> <input type="checkbox"/> Insufficient information/documentation available → <i>Skip to C4</i>

C 3a	<p>If yes, then specify:</p> <p><i>If ticking more than one factor, please indicate the one that had the most significant impact on the death in the first column (red). *For each factor selected, please indicate the source of data used for making this judgement.</i></p>																								
	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;"></th> <th style="width: 10%; text-align: center;">Form</th> <th style="width: 10%; text-align: center;">Ref</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> <input type="checkbox"/> Appropriate grade of medical staff unavailable</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> <input type="checkbox"/> Appropriate grade of nursing staff unavailable</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> <input type="checkbox"/> Appropriate other member of staff unavailable, specify</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> <input type="checkbox"/> Appropriate piece of equipment unavailable, specify</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> <input type="checkbox"/> Appropriate drugs unavailable, specify</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> <input type="checkbox"/> Bed unavailable in appropriate area/hospital/ICU</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> <input type="checkbox"/> Other, specify</td> <td></td> <td></td> </tr> </tbody> </table>		Form	Ref	<input type="checkbox"/> <input type="checkbox"/> Appropriate grade of medical staff unavailable			<input type="checkbox"/> <input type="checkbox"/> Appropriate grade of nursing staff unavailable			<input type="checkbox"/> <input type="checkbox"/> Appropriate other member of staff unavailable, specify			<input type="checkbox"/> <input type="checkbox"/> Appropriate piece of equipment unavailable, specify			<input type="checkbox"/> <input type="checkbox"/> Appropriate drugs unavailable, specify			<input type="checkbox"/> <input type="checkbox"/> Bed unavailable in appropriate area/hospital/ICU			<input type="checkbox"/> <input type="checkbox"/> Other, specify		
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<input type="checkbox"/> <input type="checkbox"/> Other, specify																									

C 3b	<p>Please note the overall significance of this factor</p> <p><i>(If multiple factors are ticked in part C 3a, then the overall significance should be that of the one deemed most significant. If you consider there to be more than one major factor, please elaborate in the free-text comment box below)</i></p>
	<p><input type="checkbox"/> Major Factor contributed significantly to the death. Different management would reasonably be expected to alter outcome. Includes causal (part of a chain of causation) and compounding (made the situation worse).</p> <p><input type="checkbox"/> Minor Likely to be a relevant contributory factor (in addition to the chain of causation). Different management/behaviour might have made a difference, but survival was unlikely in any case.</p> <p><input type="checkbox"/> Irrelevant Although lessons can be learned, altering this factor cannot be reasonably asserted to affect outcome. Non-contributory.</p>

C 3c	Explanatory comments/justification of response:

C4 Was there a significant avoidable factor due to any other *COMPONENT OF SYSTEM ERROR?*

Yes → *Continue to C4a*

No → *Skip to C5*

Insufficient information/documentation available → *Skip to C5*

C 4a If yes, then specify:

*If ticking more than one factor, please indicate the one that had the most significant impact on the death in the first column (red). *For each factor selected, please indicate the source of data used for making this judgement.*

Please specify component. -

		Form	Ref
<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>		

C 4b Please note the overall significance of this factor
(If multiple factors are ticked in part C 4a, then the overall significance should be that of the most significant factor)

Major Factor contributed significantly to the death. Different management would reasonably be expected to alter outcome. Includes causal (part of a chain of causation) and compounding (made the situation worse).

Minor Likely to be a relevant contributory factor (in addition to the chain of causation).
 Different management/behaviour might have made a difference, but survival was unlikely in any case.

Irrelevant Although lessons can be learned, altering this factor cannot be reasonably asserted to affect outcome. Non-contributory.

C 4c Explanatory comments/justification of response:

C5 Was there any evidence of an ADVERSE EVENT THAT AFFECTED CARE?
(eg delays that weren't the fault of a provider but of a system)

Yes → *Continue to C5a*
 No → *Skip to C6*
 Insufficient information/documentation available → *Skip to C6*

C5a If yes, then specify:
*If ticking more than one factor, please indicate the one that had the most significant impact on the death in the first column (red). *For each factor selected, please indicate the source of data used for making this judgement.*

		Form	Ref
<input type="checkbox"/>	<input type="checkbox"/>	Drug error	
<input type="checkbox"/>	<input type="checkbox"/>	Unexpected collapse	
<input type="checkbox"/>	<input type="checkbox"/>	Equipment failure	
<input type="checkbox"/>	<input type="checkbox"/>	Iatrogenic injury	
<input type="checkbox"/>	<input type="checkbox"/>	Nosocomial infection (eg ventilator-associated pneumonia (VAP), CDI, MRSA)	
<input type="checkbox"/>	<input type="checkbox"/>	Other, specify	

C 5b Please note the overall significance of this factor
(If multiple factors are ticked in part C 5a, then the overall significance should be that of the one deemed most significant. If you consider there to be more than one major factor, please elaborate in the free-text comment box below)

Major Factor contributed significantly to the death. Different management would reasonably be expected to alter outcome. Includes causal (part of a chain of causation) and compounding (made the situation worse).

Minor Likely to be a relevant contributory factor (in addition to the chain of causation). Different management/behaviour might have made a difference, but survival was unlikely in any case.

Irrelevant Although lessons can be learned, altering this factor cannot be reasonably asserted to affect outcome. Non-contributory.

C 5c Explanatory comments/justification of response:

Part D CHILD PROTECTION (for children <19 years)

D1 Were there any failings in CHILD PROTECTION?

Yes → *Continue to D1a*

No → *Skip to 3.1*

Insufficient information/documentation available → *Skip to 3.1*

D 1a If yes, then specify:

*If ticking more than one factor, please indicate the one that had the most significant impact on the death in the first column (red). *For each factor selected, please indicate the source of data used for making this judgement.*

		Form	Ref
<input type="checkbox"/>	<input type="checkbox"/>	Inadequate or unsubstantiated history	
<input type="checkbox"/>	<input type="checkbox"/>	Failure to detect or interpret clinical signs properly	
<input type="checkbox"/>	<input type="checkbox"/>	Failure to detect or identify child protection concerns	
<input type="checkbox"/>	<input type="checkbox"/>	Failure to initiate child protection assessment	
<input type="checkbox"/>	<input type="checkbox"/>	Failure to initiate child protection referral to other services (<i>eg police, social services</i>)	
<input type="checkbox"/>	<input type="checkbox"/>	Inadequate level of clinical investigation	
<input type="checkbox"/>	<input type="checkbox"/>	Inadequate involvement of senior staff	
<input type="checkbox"/>	<input type="checkbox"/>	Inadequate involvement of other services (<i>eg police, social services</i>)	
<input type="checkbox"/>	<input type="checkbox"/>	Other, <i>specify</i>	

D 1b Please note the overall significance of this factor

(If multiple factors are ticked in part D 1a, then the overall significance should be that of the one deemed most significant. If you consider there to be more than one major factor, please elaborate in the free-text comment box below)

Major Factor contributed significantly to the death. Different management would reasonably be expected to alter outcome. Includes causal (part of a chain of causation) and compounding (made the situation worse).

Minor Likely to be a relevant contributory factor (in addition to the chain of causation). Different management/behaviour might have made a difference, but survival was unlikely in any case.

Irrelevant Although lessons can be learned, altering this factor cannot be reasonably asserted to affect outcome. Non-contributory.

D 1c Explanatory comments/justification of response:

SECTION 3: DOCUMENTATION

3.1 Please check the details that the treating clinicians had available (eg previous admission, baseline peak flow, current treatment etc).
Assuming that this information was not available to clinicians at the time, please note the overall significance of not having the missing info:

Major (MA)	Contributed significantly to the death. Different management would reasonably be expected to alter outcome. Includes causal (part of a chain of causation) and compounding (made the situation worse).
Minor (MI)	Likely to be a relevant contributory factor (in addition to the chain of causation). Different management/behaviour might have made a difference, but survival was unlikely in any case.
Irrelevant (I)	Although lessons can be learned, altering this factor cannot be reasonably asserted to affect outcome. Non-contributory.

Nature of missing information or record:	Score (MA, MI or I)

3.2 In relation to the documents available to the panel, were there any significant omissions of detail or of whole records that members would have valued in coming to their conclusions?

Yes → *Please specify below*

No

Nature of missing information or record:	Score (MA, MI or I)

NOTES

The NRAD 'Cause for concern' reporting policy

It is recognised that it is possible that examples of questionable practice may come to light and occasionally the project team may wish to refer cases that have had care identified as 'less than satisfactory' when it is felt that further feedback to the GP practice or NHS trust concerned is warranted. This is usually due to an area of concern particular to the hospital or clinician involved, and not for issues being highlighted across the body of case notes. In cases that are referred, the assessors have concerns that the pattern of practice fell below a standard, which indicates that the practitioner or team or Trust is likely to put future patients at risk, if not addressed. Any such concerns identified, will be discussed with the Clinical Director of the CEEU at the RCP and a decision will be taken on any further action.

The NRAD's purpose is to learn and disseminate lessons for national learning from reviewing individual cases. The RCP safeguards the confidentiality both of patients and clinicians and provider trusts in its enquiry work. This confidentiality is seen as an important component of the work, ensuring the continued support of individuals and institutions.

It is the responsibility of local management to ensure that lessons are learned locally from the local investigation of adverse outcomes. Nonetheless, the NRAD will provide sufficient local feedback to alert the local provider that a cause for concern exists if:

- a criminal act is suspected and there is no indication that a local response has been made
or
- a major adverse outcome for the patient has arisen through the apparent deficiency of care (as judged by a multidisciplinary panel) or an assessment of 'major substandard care' has been made with evidence suggesting that no local investigation of events has occurred.

Absence of evidence of a local investigation will be treated as evidence of absence of an investigation unless or until further enquiries are reassuring. When notified by a panel chair that a 'Cause for Concern' may be apparent, the associate director for the project will:

- confirm that the records imply ongoing risk of harm to other patients in the event of major substandard care by carrying out a secondary review of the case records
and
- seek evidence that a local investigation did in fact occur (including evidence of a coroner's inquest where appropriate) and assess whether the local review considered the issues that gave rise to the 'major substandard' assessment.

Where it is warranted, the medical director of the trust is written to by the clinical director of the CEEU, in consultation with the clinical lead of NRAD, explaining the concerns. This process has been in operation at other confidential enquiry organisations (such as NCEPOD and CMACE) and the responses received have always been positive in that they feel we are dealing with concerns in the most appropriate manner.