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.**

<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Did the patient have asthma?</td>
<td>Definitely/probably yes, Possibly yes, Unlikely, No, Insufficient info</td>
</tr>
<tr>
<td>1.1 Does this patient have chronic asthma with fixed airflow obstruction?</td>
<td>Yes, No, Insufficient info</td>
</tr>
<tr>
<td>2. Do you agree that the death was due to asthma?</td>
<td>Definitely/probably yes, Possibly yes, Unlikely, No, Insufficient info</td>
</tr>
<tr>
<td>3. Do you agree that asthma was a significant contributory factor to the cause of death?</td>
<td>Definitely/probably yes, Possibly yes, Unlikely, No, Insufficient info</td>
</tr>
<tr>
<td>4. Can death be attributed to adverse effects of asthma medication?</td>
<td>Definitely/probably yes, Possibly yes, Unlikely, No, Insufficient info</td>
</tr>
<tr>
<td>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?</td>
<td>Definitely/probably yes, Possibly yes, Unlikely, No, Insufficient info, N/A</td>
</tr>
<tr>
<td>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’?</td>
<td></td>
</tr>
<tr>
<td>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?</td>
<td></td>
</tr>
<tr>
<td>7. Was a local review conducted?</td>
<td>Yes, No, Insufficient info</td>
</tr>
<tr>
<td>7.1 Do you think the local review was adequate or inadequate?</td>
<td>Adequate, Inadequate, Insufficient info</td>
</tr>
<tr>
<td>8. Do you think the overall care of the patient at the following stages was adequate* or inadequate?</td>
<td>Adequate, Inadequate, Insufficient info, N/A</td>
</tr>
<tr>
<td>a. Routine/chronic management</td>
<td></td>
</tr>
<tr>
<td>b. Management of attacks</td>
<td></td>
</tr>
<tr>
<td>c. Management of the final attack</td>
<td></td>
</tr>
<tr>
<td>9. Overall assessment (please select one category only):</td>
<td>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</td>
</tr>
<tr>
<td>10. Could this case be used for a vignette or learning case for a workshop?</td>
<td>Yes, No</td>
</tr>
</tbody>
</table>
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

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 (e.g., 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

<table>
<thead>
<tr>
<th>Form:</th>
<th>Ref:</th>
</tr>
</thead>
<tbody>
<tr>
<td>18.1</td>
<td></td>
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<tr>
<td>18.2</td>
<td></td>
</tr>
<tr>
<td>18.3</td>
<td></td>
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<tr>
<td>18.4</td>
<td></td>
</tr>
</tbody>
</table>

19. Are there any particular issues you feel should be highlighted in the final report?  

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

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.

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

21. Have you completed Section 3 on page 38?  

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>
### 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

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**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*

<table>
<thead>
<tr>
<th>PART A</th>
<th>Avoidable or remediable factors related to the PATIENT AND/OR FAMILY AND THEIR ENVIRONMENT</th>
<th>COMPLETE PAGE:</th>
</tr>
</thead>
<tbody>
<tr>
<td>A1</td>
<td>During the month before death</td>
<td>8</td>
</tr>
<tr>
<td>A2</td>
<td>During the preceding 12 months</td>
<td>9</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>PART B</th>
<th>Substandard care and avoidable or remediable factors related to HEALTHCARE PROFESSIONALS with regards to:</th>
</tr>
</thead>
<tbody>
<tr>
<td>B1</td>
<td>Routine medical care and ongoing supervision/monitoring of patient’s asthma:</td>
</tr>
<tr>
<td>B2</td>
<td></td>
</tr>
<tr>
<td>B3</td>
<td>Assessment of the final attack:</td>
</tr>
<tr>
<td>B4</td>
<td></td>
</tr>
<tr>
<td>B5</td>
<td>Diagnosis or in recognising high-risk status:</td>
</tr>
<tr>
<td>B6</td>
<td></td>
</tr>
<tr>
<td>B7</td>
<td>Referral to a specialist:</td>
</tr>
<tr>
<td>B8</td>
<td></td>
</tr>
<tr>
<td>B9</td>
<td>Management/treatment of the final attack:</td>
</tr>
<tr>
<td>B10</td>
<td></td>
</tr>
<tr>
<td>B11</td>
<td>Discharge <em>(for those patients who died within 1 month of discharge from hospital after treatment for an acute asthma attack)</em></td>
</tr>
<tr>
<td>B12</td>
<td>Clinical supervision or delegation of care</td>
</tr>
<tr>
<td>B13</td>
<td>Guidelines</td>
</tr>
<tr>
<td>B14</td>
<td>Documentation</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>PART C</th>
<th>Substandard care and avoidable or remediable factors related to SYSTEMS</th>
</tr>
</thead>
<tbody>
<tr>
<td>C1</td>
<td>Communication <em>(eg doctor was uncontactable, despite trying)</em></td>
</tr>
<tr>
<td>C2</td>
<td>Policies or procedures</td>
</tr>
<tr>
<td>C3</td>
<td>Resources</td>
</tr>
<tr>
<td>C4</td>
<td>Other component of system error <em>(eg delays that weren’t the fault of a provider)</em></td>
</tr>
<tr>
<td>C5</td>
<td>Adverse event that affected care <em>(eg drug error, equipment failure)</em></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>PART D</th>
<th>Child protection <em>(for &lt;19 year olds)</em></th>
</tr>
</thead>
<tbody>
<tr>
<td>C1</td>
<td>Failings in child protection</td>
</tr>
</tbody>
</table>
### 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.*

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

**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:
A2. Was there an avoidable factor related to the PATIENT OR FAMILY AND THEIR ENVIRONMENT during the 12 months before their death?

- Yes → Continue to A2a
- No → Skip to Part B
- Impossible to ascertain as insufficient information/documentation available → Skip to Part B

A2a 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.*

<table>
<thead>
<tr>
<th>Factor</th>
<th>Form</th>
<th>Ref</th>
</tr>
</thead>
<tbody>
<tr>
<td>Comorbid illness that predisposed asthma attack</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Did not adhere to medical advice</td>
<td></td>
<td></td>
</tr>
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<td>Did not attend asthma review/s</td>
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<td>Failure to take appropriate medication</td>
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<td></td>
</tr>
<tr>
<td>Substance misuse* specify</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child abuse/neglect*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Social factors, specify</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Smoker</td>
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<tr>
<td>Passive smoker/exposure to smoke in the home</td>
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<td></td>
</tr>
<tr>
<td>Psychological factors (specify)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Allergy to household pets/animals</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Food allergy, specify</td>
<td></td>
<td></td>
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<tr>
<td>Seasonal allergy, eg hay fever, changes in weather, thunderstorms etc</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Drug induced (eg beta blockers or NSAIDs)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other, specify</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

A2b Please note the overall significance of this factor: *(If multiple factors are ticked in part A2a, 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.

A2c 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.*

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

#### 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)*

<table>
<thead>
<tr>
<th>Professional</th>
<th>Form</th>
<th>Ref</th>
</tr>
</thead>
<tbody>
<tr>
<td>Paramedic</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Doctor – out of hours</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Doctor – GP</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Doctor – other, specify</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unknown/unreadable</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nurse</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Practice nurse</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Respiratory nurse specialist (PC)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other professional, specify</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### 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.*

**Secondary care professional(s) did not:**

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

**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*

- Doctor – paediatrician
- Doctor – emergency medicine
- Doctor – paediatric emergency med
- Doctor – intensive care
- Doctor – paediatric intensive care
- Doctor – respiratory medicine
- Unknown/unreadable
- Doctor – elderly care
- Doctor – other, specify
- Nurse (adult or other)
- Nurse (RSCN)
- Respiratory nurse specialist (SC)
- Other professional, specify

**B 2d** Please designate the status or grade of the main clinician or healthcare professional responsible for this factor (eg trainee):

- Not known

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### 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*

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<tbody>
<tr>
<td>Yes</td>
<td>Continue to B3a</td>
</tr>
<tr>
<td>No</td>
<td>Skip to B4</td>
</tr>
</tbody>
</table>

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.*

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<th>Form</th>
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</table>

- Access to appropriate care was delayed/not possible
  - *Primary care professional(s) delayed*
  - In getting adequate medical history
  - In assessment or evaluation of patient
  - In taking appropriate physiological measurements during the final attack
  - In recognising abnormal vital signs

- *Primary care professional(s) did not*
  - Get an adequate medical history
  - Assessment or evaluate the patient appropriately
  - Take appropriate physiological measurements during the final attack
  - Recognise abnormal signs

- Other assessment issue, specify

---

**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)*

<p>| | |</p>
<table>
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<tbody>
<tr>
<td>Major</td>
<td>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).</td>
</tr>
<tr>
<td>Minor</td>
<td>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.</td>
</tr>
<tr>
<td>Irrelevant</td>
<td>Although lessons can be learned, altering this factor cannot be reasonably asserted to affect outcome. Non-contributory.</td>
</tr>
</tbody>
</table>

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**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)*

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<thead>
<tr>
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</thead>
<tbody>
<tr>
<td>Paramedic</td>
<td>Nurse (adult or other)</td>
</tr>
<tr>
<td>Doctor – out of hours</td>
<td>Practice nurse</td>
</tr>
<tr>
<td>Doctor – GP</td>
<td>Respiratory nurse specialist (PC)</td>
</tr>
<tr>
<td>Doctor – other, specify</td>
<td>Other professional, specify</td>
</tr>
<tr>
<td>Unknown/unreadable</td>
<td></td>
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</table>

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**B 3d** Please designate the status or grade of the main clinician or healthcare professional responsible for this factor (eg trainee):

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<tbody>
<tr>
<td></td>
<td>Not known</td>
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</table>

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### 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*

<table>
<thead>
<tr>
<th>Yes</th>
<th>Continue to B4a</th>
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</thead>
<tbody>
<tr>
<td>No</td>
<td>Skip to B5</td>
</tr>
<tr>
<td>Insufficient information/documentation available</td>
<td>Skip to B5</td>
</tr>
</tbody>
</table>

#### 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.*

<table>
<thead>
<tr>
<th>Form</th>
<th>Ref</th>
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</table>

- **Access to appropriate care was delayed/not possible**
  - **Secondary care professional(s) delayed:**
    - In getting adequate medical history
    - In assessment or evaluation of patient
    - In taking appropriate physiological measurements during the final attack
    - In recognising abnormal vital signs
  - **Secondary care professional(s) did not**
    - Get adequate medical history
    - Assess or evaluate the patient appropriately
    - Take appropriate physiological measurements during the final attack
    - Recognise abnormal signs

- **Other assessment issue, specify**

#### 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)

- **Doctor – paediatrician**
- **Doctor – emergency medicine**
- **Doctor – paediatric emergency med**
- **Doctor – intensive care**
- **Doctor – paediatric intensive care**
- **Doctor – respiratory medicine**
- **Doctor – elderly care**
- **Doctor – other, specify**
- **Nurse (adult or other)**
- **Nurse (RSCN)**
- **Respiratory nurse specialist (SC)**
- **Other professional, specify**
- **Unknown/unreadable**

#### B 4d  Please designate the status or grade of the main clinician or healthcare professional responsible for this factor (eg trainee):

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<td>Not known</td>
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</table>
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.*

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

**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)*

- Paramedic
- Doctor – out of hours
- Doctor – GP
- Doctor – other, specify
- Unknown/unreadable
- Nurse (adult or other)
- Practice nurse
- Respiratory nurse specialist (PC)
- Other professional, specify

**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.*

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- [ ] Incorrect diagnosis

- **Secondary care professional(s) delayed:**
  - [ ] In assessment or evaluation of patient
  - [ ] In recognition of abnormal signs
  - [ ] In recognition of the problem or its severity
  - [ ] In diagnosing or recognising high-risk status (eg past admission)
  - [ ] Other delay, specify

- **Secondary care professional(s) did not:**
  - [ ] Assess or evaluate the patient appropriately
  - [ ] Record clinical signs
  - [ ] Recognise abnormal clinical signs
  - [ ] Recognise the problem or its severity
  - [ ] Diagnose or recognise high-risk status
  - [ ] Other failure, specify

#### 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)

- [ ] Doctor – paediatrician
- [ ] Doctor – emergency medicine
- [ ] Doctor – paediatric emergency med
- [ ] Doctor – intensive care
- [ ] Doctor – paediatric intensive care
- [ ] Doctor – respiratory medicine
- [ ] Other professional, specify
- [ ] Unknown/unreadable

- [ ] Doctor – elderly care
- [ ] Doctor – other, specify
- [ ] Nurse (adult or other)
- [ ] Nurse (RSCN)
- [ ] Respiratory nurse specialist (SC)

#### B 6d  Please designate the status or grade of the main clinician or healthcare professional responsible for this factor (eg trainee):

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8 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.*

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<tbody>
<tr>
<td>Primary care professional(s) delayed:</td>
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</table>
- | In consulting another appropriate team |
- | In referring to another appropriate team in primary care |
- | In referring to secondary care |
| Primary care professional(s) did not: | |
- | Consult another appropriate team |
- | Refer to another appropriate team in primary care |
- | 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)

- Paramedic
- Doctor – out of hours
- Doctor – GP
- Doctor – other, specify
- Nurse (adult or other)
- Practice nurse
- Respiratory nurse specialist (PC)
- Other professional, specify
- 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.*

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*Secondary care professional(s) delayed:*

- [ ] In consulting another appropriate team
- [ ] In referring to another appropriate team in secondary care
- [ ] Other, specify

*Primary care professional(s) did not:*

- [ ] Consult another appropriate team
- [ ] Refer to another appropriate team in secondary care
- [ ] 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)*

- [ ] Doctor – paediatrician
- [ ] Doctor – emergency medicine
- [ ] Doctor – paediatric emergency med
- [ ] Doctor – intensive care
- [ ] Doctor – paediatric intensive care
- [ ] Doctor – respiratory medicine
- [ ] Unknown/unreadable
- [ ] Doctor – elderly care
- [ ] Doctor – other, specify
- [ ] Nurse (adult or other)
- [ ] Nurse (RSCN)
- [ ] Respiratory nurse specialist (SC)
- [ ] Other professional, specify

#### 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

#### B9a

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.*

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*Primary care professional(s) delayed:*
- [ ] In implementing appropriate monitoring
- [ ] In initiating treatment
- [ ] In following guidelines
- [ ] Other delay, specify

*Primary care professional(s) did not:*
- [ ] Implement appropriate monitoring
- [ ] Initiate treatment
- [ ] Follow guidelines
- [ ] Other failure, specify

#### B9a Please note the overall significance of this factor
*(If multiple factors are ticked in part B9a, 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.

#### B9a 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)*

- [ ] Paramedic
- [ ] Doctor – out of hours
- [ ] Doctor – GP
- [ ] Doctor – other, specify
- [ ] Unknown/unreadable
- [ ] Nurse (adult or other)
- [ ] Practice nurse
- [ ] Respiratory nurse specialist (PC)
- [ ] Other professional, specify

#### B9a Please designate the status or grade of the main clinician or healthcare professional responsible for this factor (eg trainee):

- [ ] Not known

#### B9a 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

Secondary care professional(s) delayed:
☐ ☐ In implementing appropriate monitoring
☐ ☐ In initiating treatment
☐ ☐ In following guidelines
☐ ☐ Other delay, specify

Secondary care professional(s) did not:
☐ ☐ Implement appropriate monitoring
☐ ☐ Initiate treatment
☐ ☐ Follow guidelines
☐ ☐ Other failure, specify

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)

☐ ☐ Doctor – paediatrician
☐ ☐ Doctor – emergency medicine
☐ ☐ Doctor – paediatric emergency med
☐ ☐ Doctor – intensive care
☐ ☐ Doctor – paediatric intensive care
☐ ☐ Doctor – respiratory medicine
☐ ☐ Unknown/unreadable
☐ ☐ Doctor – elderly care
☐ ☐ Doctor – other, specify
☐ ☐ Nurse (adult or other)
☐ ☐ Nurse (RSCN)
☐ ☐ Respiratory nurse specialist (SC)
☐ ☐ Other professional, specify

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

#### B11a 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.*

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- [ ] Insufficient discharge planning
- [ ] No discharge planning
- [ ] Inappropriate discharge
- [ ] Self-discharged against medical advice
- [ ] Parents/carers self-discharged against medical advice
- [ ] Professional did not follow up after discharge
- [ ] Other, specify

#### B11b 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.

#### B11c 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)*

- [ ] Paramedic
- [ ] Doctor – out of hours
- [ ] Doctor – GP
- [ ] Doctor – paediatrician
- [ ] Doctor – emergency medicine
- [ ] Doctor – paediatric emergency med
- [ ] Doctor – intensive care
- [ ] Doctor – paediatric intensivist
- [ ] Doctor – respiratory
- [ ] Unknown/unreadable
- [ ] Doctor – elderly care
- [ ] Doctor – other, specify
- [ ] Nurse (RSCN)
- [ ] Nurse (adult or other)
- [ ] Practice nurse
- [ ] Respiratory nurse specialist (PC)
- [ ] Respiratory nurse specialist (SC)
- [ ] Other professional, specify

#### B11d Please designate the status or grade of the main clinician or healthcare professional responsible for this factor (eg trainee):

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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.*

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**Professional delayed:**

- [ ] [ ] In clinical supervision *(eg to check on junior’s work/attend when it would have been appropriate to do so)*
- [ ] [ ] To consult senior colleague
- [ ] [ ] In delegation of care
- [ ] [ ] Other delay, specify

**Professional did not:**

- [ ] [ ] Provide adequate clinical supervision *(eg to check on junior’s work/attend when it would have been appropriate to do so)*
- [ ] [ ] To consult with a senior colleague
- [ ] [ ] Delegate appropriately
- [ ] [ ] 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)*

- [ ] [ ] Paramedic
- [ ] [ ] Doctor – out of hours
- [ ] [ ] Doctor – GP
- [ ] [ ] Doctor – paediatrician
- [ ] [ ] Doctor – emergency medicine
- [ ] [ ] Doctor – paediatric emergency med
- [ ] [ ] Doctor – intensive care
- [ ] [ ] Doctor – paediatric intensivist
- [ ] [ ] Doctor – respiratory
- [ ] [ ] Unknown/unreadable
- [ ] [ ] Doctor – elderly care
- [ ] [ ] Doctor – other, specify
- [ ] [ ] Nurse (RSCN)
- [ ] [ ] Nurse (adult or other)
- [ ] [ ] Practice nurse
- [ ] [ ] Respiratory nurse specialist (PC)
- [ ] [ ] Respiratory nurse specialist (SC)
- [ ] [ ] Other professional, specify

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

- [ ] Not known
### 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.*

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<td>□</td>
<td>Lack of specific asthma expertise</td>
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<tr>
<td>□</td>
<td>Lack of knowledge of guidelines</td>
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<td>□</td>
<td>Other, specify</td>
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#### 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*

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

#### 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.*

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#### 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)*

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

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#### B 14e  Explanatory comments/justification of response:

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## 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 |

### C1a  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.

- [ ] Between GPs
- [ ] Between GP and hospital doctors
- [ ] Between GP and community nurses
- [ ] Between GP and care home
- [ ] Between GP/community nurse and the patient or family
- [ ] Between doctors in same hospital
- [ ] Between doctors in different hospitals
- [ ] Between nursing and doctors
- [ ] Between departments/teams
- [ ] Between hospitals
- [ ] Between hospital doctor/nurse and patient or family
- [ ] Between hospital nurses and patient or family
- [ ] Between hospital and care home
- [ ] Other, specify

### C1b  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.

### C1c  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.

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<tr>
<td>☐️</td>
<td>Poor or inadequate implementation of policy/pathway/protocol</td>
</tr>
<tr>
<td>☐️</td>
<td>Regarding clinical supervision</td>
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<tr>
<td>☐️</td>
<td>Regarding scheduling and assessment</td>
</tr>
<tr>
<td>☐️</td>
<td>Regarding oversight of others (eg no senior on call, drugs out of date)</td>
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<tr>
<td>☐️</td>
<td>Regarding emergency preparedness (eg availability or location of oxygen)</td>
</tr>
<tr>
<td>☐️</td>
<td>Regarding patient education</td>
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<tr>
<td>☐️</td>
<td>Other, specify</td>
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</table>

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 **RESOURCES**?**

<table>
<thead>
<tr>
<th>Yes</th>
<th>Continue to C3a</th>
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<tbody>
<tr>
<td>No</td>
<td>Skip to C4</td>
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<tr>
<td>Insufficient information/documentation available</td>
<td>Skip to C4</td>
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**C 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.*

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- Appropriate grade of medical staff unavailable
- Appropriate grade of nursing staff unavailable
- Appropriate other member of staff unavailable, specify
- Appropriate piece of equipment unavailable, specify
- Appropriate drugs unavailable, specify
- Bed unavailable in appropriate area/hospital/ICU
- Other, specify

---

**C 3b**  
**Please note the overall significance of this factor**

*(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)*

- **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 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

<table>
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<tr>
<th>C4a If yes, then specify:</th>
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<td>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.</td>
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### C4b Please note the overall significance of this factor

*If multiple factors are ticked in part C4a, 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.

### C4c 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.*

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- [ ] Drug error
- [ ] Unexpected collapse
- [ ] Equipment failure
- [ ] Iatrogenic injury
- [ ] Nosocomial infection *(eg ventilator-associated pneumonia (VAP), CDIFF, MRSA)*
- [ ] Other, specify

#### C5b Please note the overall significance of this factor

*(If multiple factors are ticked in part C5a, 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.

#### C5c 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

#### D1a  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.*

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<td>☐ Inadequate or unsubstantiated history</td>
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<td>☐ Failure to detect or interpret clinical signs properly</td>
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<td>☐ Failure to detect or identify child protection concerns</td>
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<td>☐ Failure to initiate child protection assessment</td>
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<td>☐ Failure to initiate child protection referral to other services <em>(eg police, social services)</em></td>
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<tr>
<td>☐ Inadequate level of clinical investigation</td>
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<td>☐ Inadequate involvement of senior staff</td>
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<tr>
<td>☐ Inadequate involvement of other services <em>(eg police, social services)</em></td>
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<td>☐ Other, specify</td>
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#### D1b  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.

#### D1c  Explanatory comments/justification of response:
### SECTION 3: DOCUMENTATION

#### 3.1

Please check the details that the treating clinicians had available (e.g., 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.

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<th>Score (MA, MI or I)</th>
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#### 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

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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.