

Physical Healthcare in Mental Health Hospitals: Reviewer Assessment Form

A. Reviewer Details

1a. Name of Physical health Reviewer:

The Physical health Reviewer of the Buddy pair reviewing this case

1b. Date reviewed by Physical health reviewer

1c. Name of Mental health Reviewer:

The Mental health Reviewer of the Buddy pair reviewing this case

1d. Date reviewed by Mental health reviewer

2. Site ID

6 digit number beginning with 3

Unknown

B. Patient Details

1a. Age at time of admission

 Years

Unknown

1b. Sex

Male

Female

Other

1a. Reason(s) for admission

Answers may be multiple

- Increased risk to self/ others
- Deterioration of known psychotic condition
- Deterioration of known affective condition
- New presentation of mental health condition (Psychotic)
- New presentation of mental health condition (Affective)
- New presentation of mental health condition (Other)
- Substance misuse

Please specify any additional options here...

**1b. If answered "New presentation of mental health condition (Other)" to [1a] then:
Please provide details:**

2a. Was the patient detained under the MH Act (1983), or equivalent, during this admission?

- Yes No Unable to answer

2b. Was the patient detained under Section 136, or equivalent, prior to arrival on the ward?

- Yes No Unable to answer

2c. In your opinion, was all information pertaining to the detention properly recorded?

- Yes No Unable to answer N/A- not detained

**2d. If answered "No" to [2c] then:
Please provide details:**

3. Where was the patient admitted from?

- Usual place of residence
- Temporary place of residence
- Street-homeless team
- Residential home
- Mental health inpatient unit
- Other NHS hospital: General ward/ A&E Department
- Non-NHS run hospital
- High security psychiatric accommodation in NHS/ Independent hospital
- Prison
- Court/ Police station
- Hospice
- Continuing care home/ nursing home
- Unknown

If not listed above, please specify here...

4. Please enter the date/ time of admission

Unknown

5a. Based on the clerking notes, were all the physical health conditions for this patient recorded in the admission notes?

- Yes No Insufficient data to answer

5b. If answered "No" to [5a] then:

Please list the significant physical health conditions that were not documented

5c. If answered "No" to [5a] then:

In your opinion, did this lack of documentation result in a delay in the treatment of the omitted condition?

- Yes No Unable to answer

5d. If answered "Yes" to [5c] then:

Please provide details:

5e. If answered "No" to [5a] then:

In your opinion, did this influence the physical health outcome adversely?

- Yes No Unable to answer

5f. If answered "Yes" to [5e] then:

Please provide details:

6a. In your opinion, was this patient's capacity to consent for physical healthcare appropriately assessed and documented during this admission?

- Yes No Unable to answer

**6b. If answered "No" to [6a] then:
If No, please provide details:**

7a. In your opinion, was the timing of the assessment of the patient's capacity to consent for physical healthcare appropriate?

Yes No Unable to answer

**7b. If answered "No" to [7a] then:
Please provide details:**

8. Was the patient's family/ carer or appropriate person informed of this admission?

Yes No Unable to answer Not applicable

Initial physical health assessment - should be commenced within 4 hours of admission

1a. Did the patient undergo a physical health assessment on admission to the mental health hospital (ward)?

- Yes No Unable to answer

1b. If answered "No" to [1a] then:

If No, was the reason clearly documented in the notes?

- Yes No Unable to answer

1c. If answered "Yes" to [1a] then:

In your opinion, given the patient's clinical state, was the timing of the initial physical health assessment appropriate?

Including the patient's psychiatric state

- Yes No Unable to answer

1d. If answered "Yes" to [1a] and "No" to [1c] then:

If the initial physical health assessment was delayed, was the reason for the delay clearly documented?

- Yes No Unable to answer

1e. If answered "No" to [1c] then:

In your opinion, was the documented reason for the delay justifiable?

- Yes No Insufficient data to comment

**1f. If answered "No" to [1e] then:
Please provide details:**

2a. Did the initial physical health assessment include:

- A physical health medical history
- Vital signs/ physical health observations
- Early warning score calculation (e.g.NEWS2)
- Smoking status
- Alcohol history taken
- Substance misuse history
- The identification of risk of withdrawal (E.g nicotine, alcohol, other substances)
- Mental health medications currently prescribed
- Physical health medications reconciliation and prescribing
- Enquiry and documentation of allergies
- The identification of any new acute physical health issues not previously documented (E.g dehydration)
- None of these

Please specify any additional options here...

**2b. If answered "The identification of any new acute physical health issues not previously documented (E.g dehydration/ infection)" to [2a] then:
Please list the newly identified physical health condition(s)**

**2c. If answered "The identification of any new acute physical health issues not previously documented (E.g dehydration/ infection)" to [2a] then:
In your opinion, were appropriate actions taken in response to the identification of the newly identified acute physical health condition?**

- Yes No Unable to answer

**2d. If answered "The identification of any new acute physical health issues not previously documented (E.g dehydration/ infection)" to [2a] and "No" to [2c] then:
Please select from the following list**

- | | | |
|--|--|---|
| <input type="checkbox"/> No treatment given | <input type="checkbox"/> Wrong treatment given | <input type="checkbox"/> Delayed treatment |
| <input type="checkbox"/> Lack of investigation | <input type="checkbox"/> No referral made | <input type="checkbox"/> Delay in referring patient |
| <input type="checkbox"/> GP not informed | | |

Please specify any additional options here...

**2e. If answered "No" to [2c] then:
Did this affect the outcome?**

- Yes No Unable to answer

**2f. If answered "Yes" to [2e] then:
Please provide details:**

**2g. If answered "Vital signs/ physical health observations" to [2a] then:
Which of the following were recorded?**

- | | |
|---|---|
| <input type="checkbox"/> Heart rate/ Pulse | <input type="checkbox"/> Blood pressure |
| <input type="checkbox"/> SATs/ SpO2 | <input type="checkbox"/> Respiratory rate |
| <input type="checkbox"/> Blood glucose | <input type="checkbox"/> Urine dipstick |
| <input type="checkbox"/> Urine drug test | <input type="checkbox"/> Temperature |
| <input type="checkbox"/> Pregnancy test (if applicable) | |

Please specify any additional options here...

3a. Was an Early Warning Score (EWS) calculation, or equivalent, documented?

Including NEWS2, MEWS etc

- Yes No Unable to answer

**3b. If answered "No" to [3a] then:
Why not? Please provide details:**

**4a. If answered "Yes" to [1a] then:
In your opinion, overall, given the physical health of the patient at the time of the admission, was the initial physical health assessment adequate?**

- Yes No Unable to answer

**4b. If answered "No" to [4a] then:
What was missing?**

**4c. If answered "No" to [4a] then:
Did this affect the physical health outcome?**

- Yes No Unable to answer

**4d. If answered "Yes" to [4c] then:
Please provide details:**

5a. Was a plan for monitoring physical health observations for this patient put in place at the time of the initial physical health assessment?

- Yes No Unable to answer

**5b. If answered "Yes" to [5a] then:
Was the plan timely?**

- Yes No Unable to answer

**5c. If answered "Yes" to [5a] then:
ZD4b. In your opinion, was the planned frequency of recording observations appropriate?**

- Yes No Unable to answer

**5d. If answered "Yes" to [5a] then:
ZD4c. Were there details of escalation in the event of patient refusal or abnormal results?**

- Yes No Unable to answer
-

**6a. Were there any conditions that could have impacted patient safety in event of restraint/
rapid tranquilisation?**

- Yes No Unable to answer

**6b. If answered "Yes" to [6a] then:
In your opinion, were these properly documented in the case notes and communicated
adequately to the relevant staff?**

- Yes No Unable to answer

**6c. If answered "No" to [6b] then:
Did this affect the outcome?**

- Yes No Unable to answer

**6d. If answered "Yes" to [6c] then:
Please provide details:**

7. In your opinion, should this patient have had their frailty assessed?

- Yes No
 NA - not appropriate for this patient Unable to answer
-

8a. Was an initial physical health risk assessment formulated for this patient on admission?

- Yes No Unable to answer

**8b. If answered "Yes" to [8a] then:
In your opinion, was this adequately communicated to the nursing staff?**

- Yes No Unable to answer

**8c. If answered "No" to [8b] then:
Please provide details:**

**8d. If answered "Yes" to [8a] then:
Was an appropriate plan put in place to manage the identified risks?**

Yes No Unable to answer

**8e. If answered "No" to [8d] then:
Please provide details:**

Comprehensive* physical health review - Should be completed within 7 days of admission

*Covering cardio-metabolic risk factors, healthy lifestyle interventions, appropriate national screening and vaccination programmes conducted within 7 days of admission

1a. Was a 12 lead electrocardiogram (ECG) performed for this patient?

- Yes No Unable to answer

1b. If answered "No" to [1a] then:

What reason was given?

- Already done prior to admission
- Patient not fit
- Patient not co-operative
- Not routine hospital policy
- No clinical indication - Patient is medication free
- Not available in the hospital
- 3-Lead ECG used
- No reason given

Please specify any additional options here...

**1c. If answered "No" to [1a] then:
In your opinion, was this appropriate?**

- Yes No Unable to answer

**1d. If answered "Yes" to [1a] then:
In your opinion, were these results acted on appropriately?**

- Yes No Unable to answer

2a. Were blood tests requested for this patient?

- Yes No Unable to answer

**2b. If answered "Yes" to [2a] then:
What blood test results were received?**

**2c. If answered "Yes" to [2a] then:
In your opinion, were these results acted on appropriately?**

- Yes No Unable to answer

**2d. If answered "No" to [2a] then:
If No, was this appropriate?**

- Yes No Unable to answer

**2e. If answered "No" to [2d] then:
Please provide details:**

Smoking Status

3a. Was this patient a current smoker?

- Yes No Unable to answer

**3b. If answered "Yes" to [3a] then:
Was the patient referred to smoking cessation?**

- Yes No Unable to answer

**3c. If answered "Yes" to [3a] then:
Was Nicotine Replacement Therapy (NRT) offered?**

- Yes No Unable to answer

**3d. If answered "Yes" to [3c] then:
In your opinion, was NRT offered and received within a timely manner?**

- Yes No Unable to answer

**3e. If answered "Yes" to [3a] then:
Was a plan put in place to support smoking cessation post-discharge?**

- Yes No Unable to answer
-

Alcohol use

4a. Was a history of alcohol use taken?

- Yes No Unable to answer

**4b. If answered "Yes" to [4a] then:
Were any investigations or assessment of alcohol use conducted?**

- Yes No Unable to answer

**4c. If answered "Yes" to [4a] then:
Was an appropriate plan put in place to support ongoing intervention/ treatment for alcohol use post-discharge?**

- Yes No Unable to answer N/A not required
-

Substance Misuse

5a. Was a history of substance misuse taken?

- Yes No Unable to answer

5b. Were any investigations or assessment of substance use conducted?

- Yes No Unable to answer

**5c. If answered "Yes" to [5b] then:
Was this appropriate?**

- Yes No Unable to answer

**5d. If answered "No" to [5c] then:
Please provide details:**

5e. If answered "Yes" to [5a] then:

Was a plan put in place to support ongoing intervention/ treatment for substance misuse post-discharge?

- Yes No Unable to answer
-

Dental Health/ Hygiene

6a. Was a basic review of oral health and hygiene carried out?

(eg enquiry about dentition, brief visual examination of oral cavity for overall level hygiene/ dentition and any obvious infection/ abnormalities)

- Yes No Unable to answer

**6b. If answered "Yes" to [6a] then:
Was this appropriate?**

- Yes No Unable to answer

**6c. If answered "No" to [6b] then:
Please provide details:**

6d. If answered "Yes" to [6a] then:

In your opinion, was an appropriate follow-up plan put in place post-discharge?

- Yes No Unable to answer
-

Nutrition

Including nutritional screening assessment (MUST)

7a. Was a nutritional history/ risk assessment taken?

- Yes No Unable to answer

7b. If answered "Yes" to [7a] then:

Was the patient assessed by dietetics?

- Yes No
 NA - unnecessary for the patient Unable to answer

**7c. If answered "No" to [7b] then:
Was this appropriate?**

- Yes No Unable to answer

**7d. If answered "No" to [7c] then:
Please provide details (nutrition):**

**7e. If answered "Yes" to [7a] then:
In your opinion, was an appropriate follow-up plan put in place post-discharge?**

- Yes No Unable to answer
-

Swallow assessment

Including swallow risk assessment

8a. Was a swallow screening performed?

- Yes No NA - Not relevant Unable to answer

**8b. If answered "Yes" to [8a] then:
Was the patient assessed by Speech and Language Therapy (SLT)?**

- Yes No NA - Not necessary Unable to answer

**8c. If answered "No" to [8b] then:
Was this appropriate?**

- Yes No Unable to answer

**8d. If answered "No" to [8c] then:
Please provide details:**

**8e. If answered "Yes" to [8a] then:
In your opinion, was an appropriate follow-up plan put in place post-discharge?**

- Yes No Unable to answer NA not required
-

Sexual Health

9a. Was a sexual health history taken?

- Yes No Unable to answer

**9b. If answered "Yes" to [9a] then:
Was this appropriate?**

- Yes No Unable to answer

**9c. If answered "No" to [9b] then:
Please provide details:**

**9d. If answered "Yes" to [8a] then:
In your opinion, was an appropriate follow-up plan put in place post-discharge?**

- Yes No Unable to answer
-

Immunisations

10a. Was an immunisation history taken?

- Yes No Unable to answer

**10b. If answered "Yes" to [10a] then:
Was this appropriate?**

- Yes No Unable to answer

**10c. If answered "No" to [10b] then:
Please provide details:**

**10d. If answered "Yes" to [10a] then:
In your opinion, was an appropriate follow-up plan put in place post-discharge?**

- Yes No Unable to answer
-

11a. Were there any newly identified physical health conditions diagnosed as part of the comprehensive physical health review that occurred within 7 days of admission?

- Yes No Unable to answer

**11b. If answered "Yes" to [11a] then:
Was an appropriate referral made to a specialist?**

- Yes No Unable to answer

**11c. If answered "Yes" to [11a] then:
In your opinion, were there any delays in the identification/ management of newly identified physical health conditions?**

- Yes No Unable to answer

11d.If answered "Yes" to [11c] then:

Please select the reason(s) for the delay(s):

- | | |
|--|---|
| <input type="checkbox"/> Identification | <input type="checkbox"/> Seeking advice/ Referral |
| <input type="checkbox"/> Initiating investigations/ Monitoring | <input type="checkbox"/> Treatment/ Prescribing |

Please specify any additional options here...

11e.In your opinion, did this affect the patient's outcome?

- Yes No Unable to answer

11f. If answered "Yes" to [11e] then:

Please provide details:

12a.Was all physical health information from the comprehensive physical health review appropriately communicated to the relevant persons/ services?

- Yes No Unable to answer

12b.In your opinion, was anything missing from the comprehensive physical health review or care during first 7 days of admission?

- Yes No Unable to answer

12c. If answered "Yes" to [12b] then:

Could this have impacted on the patient's physical health?

- Yes No Unable to answer

12d.If answered "Yes" to [12c] then:

Please provide details:

13a.Was there any evidence of efforts and/ or strategies to engage the patient in the comprehensive physical health review?

Eg. Exploring health beliefs, concerns, goals, health literacy etc

- Yes No Unable to answer

13b.Was the outcome of the comprehensive physical health review shared with the patient?

- Yes No Unable to answer

**13c. If answered "No" to [12a] then:
Please give details**

**13d. If answered "No" to [12a] then:
Please provide details:**

14a. In your opinion, was a Full systems / physical health examination performed within an appropriate time frame?

- Yes No Unknown
 N/A- not done at all

**14b. If answered "No" to [14a] then:
If No, please provide details:**

14c. In your opinion, was there a delay in any component of this comprehensive physical health review?

- Yes No Unable to answer

**14d.If answered "Yes" to [14c] then:
Please provide details:**

Physical Health Monitoring Plan

15a.If a plan for monitoring physical health observations was not made on admission was it done at any time during the first 7 days of the hospital stay?

Further clarification needed - Care plan or Drs notes

- Yes No Unable to answer
 NA - plan made on admission

15b.If answered "Yes" to [15a] then:

In your opinion, was the physical health monitoring plan adequate?

- Yes No Unable to answer

15c. If answered "No" to [15b] then:

Please select reasons for your answer:

- | | |
|--|---|
| <input type="checkbox"/> Plan lacked detail | <input type="checkbox"/> Monitoring frequency inappropriate |
| <input type="checkbox"/> No escalation details | <input type="checkbox"/> Type of monitoring inappropriate |
| <input type="checkbox"/> No plan at all | |

Please specify any additional options here...

15d.If answered "No" to [15b] then:

Did this impact on the patient's physical health outcome?

- Yes No Unable to answer

15e.If answered "No" to [15i] then:

Please provide details:

**15f. If answered "Yes" to [15d] then:
Please provide details:**

**15g. If answered "Yes" to [15a] then:
Was the monitoring plan initiated in a timely fashion?**

- Yes No Unable to answer

**15h. If answered "Yes" to [15a] and "No" to [15g] then:
Please provide details:**

15i. Whether it was initiated on admission or later, was the physical health monitoring plan appropriately reviewed?

- Yes No Unable to answer

**15j. If answered "No" to [15a] then:
In your opinion, should there have been?**

- Yes No Unable to answer



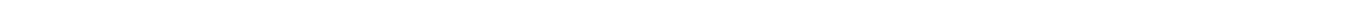
Throughout the hospital stay

**16a. If answered "Yes" to [15a] then:
Please indicate from the list below, the physical health monitoring that was regularly carried out during the patients hospital stay?**

- | | | |
|--|--|---|
| <input type="checkbox"/> Early Warning Score | <input type="checkbox"/> Blood glucose | <input type="checkbox"/> Glasgow Coma Score (GCS) |
| <input type="checkbox"/> Bloods | <input type="checkbox"/> Heart rate | <input type="checkbox"/> ECG |
| <input type="checkbox"/> Weight | <input type="checkbox"/> Fluid balance | <input type="checkbox"/> Food chart |
| <input type="checkbox"/> Pressure ulcer risk | <input type="checkbox"/> VTE risk | <input type="checkbox"/> Urine output |
| <input type="checkbox"/> Stool chart | <input type="checkbox"/> Temperature | |

Please specify any additional options here...

**16b. If answered "Bloods" to [16a] then:
Please specify:**



17a. Throughout the hospital stay, in your opinion, was the frequency of recording vital signs/ observations appropriate?

- Yes No Unable to answer

17b. Throughout the hospital stay were there adequate details of escalation documented in the event of patient refusal?

- Yes No Unable to answer

17c. Throughout the hospital stay, were there details of escalation in the event of abnormal results?

- Yes No Unable to answer

17d. Based on the case notes, were there details of who should be notified in the case of concern?

- Yes No Unable to answer

17e. In your opinion, throughout the hospital stay, was the escalation plan appropriate?

- Yes No NA - No escalation plan
 Unable to answer

**17f. If answered "No" to [17e] then:
Please provide details:**

18a. In your opinion, throughout the episode of care, was the physical health care planning for this patient appropriate?

- Yes No Unable to answer

**18b. If answered "No" to [18a] then:
Please provide details:**

18c. In your opinion, did the physical health care plan formulate how the patient's mental health may impact on their ability to care for their physical health needs?

- Yes No Unable to answer

18d. Was this care plan shared with the wider multidisciplinary team?

- Yes No Unable to answer
-

1. Were any physical health medications prescribed during this hospital stay?

- Yes No Unable to answer

2a. Were there any delays in prescription or administration of any medications during the hospital stay?

- Yes No Unable to answer

**2b. If answered "Yes" to [2a] then:
Please list the reason(s) for the delay**

- | | |
|--|--|
| <input type="checkbox"/> Patient refused | <input type="checkbox"/> Patient unavailable |
| <input type="checkbox"/> Medicine out of stock | <input type="checkbox"/> Instructions not clear/ legal |
| <input type="checkbox"/> Nil by mouth | <input type="checkbox"/> Only once/ as required |
| <input type="checkbox"/> Dose withheld - Prescriber's instructions | <input type="checkbox"/> Self-administered by patient |
| <input type="checkbox"/> Nausea/ vomiting | <input type="checkbox"/> Unable to swallow |
| <input type="checkbox"/> No intravenous access | <input type="checkbox"/> Anaesthetist requested omission |
| <input type="checkbox"/> Medicines reconciliation incomplete | |

Please specify any additional options here...

**2c. If answered "Yes" to [2a] then:
In your opinion, was the delay reasonable?**

- Yes No Unable to answer

**2d. If answered "No" to [2c] then:
Please provide details:**

**2e. If answered "Yes" to [2a] then:
Did this delay have an impact on the patient?**

- Yes No Unable to answer

2f. Please provide details:

2g. In your opinion, did this affect the outcome?

- Yes No Unable to answer

**2h. If answered "Yes" to [2g] then:
Please expand on your answer**

3a. In your opinion, was a medicines reconciliation carried out appropriately?

See definitions

Yes

No

Unable to answer

**3b. If answered "No" to [3a] then:
Please provide details:**

4a. 4. Were any physical health medications omitted?

Yes

No

Unknown

**4b. If answered "Yes" to [4a] then:
Please provide details:**

4c. During the hospital stay, were any medications prescribed that should have been omitted in context of the patients current clinical status?

Yes

No

Unable to answer

**4d. If answered "Yes" to [4c] then:
Please provide details:**

5a. Were any time-critical medications prescribed during the hospital stay?

Yes No Unable to answer

**5b. If answered "Yes" to [1] and "Yes" to [5a] then:
Were any of the following time-critical medications prescribed?**
please select all that apply

- | | |
|--|---|
| <input type="checkbox"/> Anti-Parkinsonian | <input type="checkbox"/> Insulin |
| <input type="checkbox"/> Oral hypoglycaemic | <input type="checkbox"/> Antiplatelets |
| <input type="checkbox"/> Antithrombotics | <input type="checkbox"/> Bronchodilators |
| <input type="checkbox"/> Anti-epileptic medication | <input type="checkbox"/> Opiates |
| <input type="checkbox"/> Steroids | <input type="checkbox"/> Antibiotics |
| <input type="checkbox"/> HIV antiretrovirals | <input type="checkbox"/> Immunosuppressants (Post-transplant) |

Please specify any additional options here...

5c. Is there any evidence that any time-critical medications were omitted?

Yes No Unable

**5d. If answered "Yes" to [5a] then:
Were there any time-critical medications prescribed that should have been omitted in
context of the patients current clinical status?**

Yes No Unable to answer

**6a. Were all necessary contraindications/ interactions with psychotropic medication
documented?**

Yes No
 NA - No contraindications/interactions Unable to answer

**6b. If answered "No" to [6a] then:
Please provide details:**

**6c. If answered "No" to [6a] then:
In your opinion, did this affect outcome?**

- Yes No Unable to answer

**6d. If answered "Yes" to [6c] then:
Please expand on your answer**

7a. Were any allergies documented for this patient?

- Yes No- NKDA Unable to answer

**7b. If answered "Yes" to [7a] then:
Was this properly documented throughout the episode, including any handovers?**

- Yes No Unable to answer

**7c. If answered "No" to [7b] then:
Please provide details:**

1a. Did this patient have a known long term, or newly identified physical health condition?

- Yes No Unable to answer

If this patient did not have a long term physical health condition, go to section H

1b. If answered "Yes" to [1a] then:

Please select the physical health condition(s) for this patient

- Diabetes - Type 1 Diabetes - Type 2 Asthma
 COPD Cardiovascular condition

Please specify any additional options here...

Please answer the following questions about the remainder of the inpatient stay with respect to the care provided for the long-term or newly identified physical health condition(s) for this patient

2a. If answered "Yes" to [1a] then:

Throughout the hospital stay, was appropriate treatment continued for the patient's (long-term or newly identified) physical health condition?

- Yes No Unable to answer

2b. If answered "Yes" to [1a] then:

Were any new treatments added?

- Yes No Unable to answer

2c. If answered "Yes" to [1a] then:

Were any element(s) of treatment missed?

- Yes No Unable to answer

2d. If answered "Yes" to [1a] and "Yes" to [2c] then:

Please provide details:

2e. If answered "Yes" to [1a] then:

Was a plan put in place to ensure appropriate disease management?

- Yes No Unable to answer

**2f. If answered "Yes" to [1a] and "Yes" to [2e] then:
Please expand on your answer**

**3a. If answered "Yes" to [1a] then:
In your opinion, was there any room for improvement in the management of that condition?**

- Yes No Unable to answer

**3b. If answered "Yes" to [1a] and "Yes" to [3a] then:
In your opinion, was there any room for improvement in the monitoring of this patient?
*Including INR, blood glucose, repeat blood tests, ECG, vital signs, weight etc***

- Yes No Unable to answer

**3c. If answered "Yes" to [3b] and "Yes" to [1a] and "Yes" to [3a] then:
Please provide further detail:**

**3d. If answered "Yes" to [1a] and "Yes" to [3a] then:
In your opinion, was there any room for improvement in the prescription of medications?**

- Yes No
 Unable to answer NA - Patient not managed with medication

**3e. If answered "Yes" to [3d] and "Yes" to [1a] and "Yes" to [3a] then:
Please provide further detail:**

**3f. If answered "Yes" to [1a] and "Yes" to [3a] then:
In your opinion, was there any room for improvement in the referral to/ attendance at clinic appointments?**

- Yes No NA Unable to answer

**3g. If answered "Yes" to [3f] then:
Please provide further detail:**

**3h. If answered "Yes" to [1a] and "Yes" to [3a] then:
In your opinion, was there any room for improvement the referral/ involvement of Allied Health Professionals (AHPs)?**

Including occupational therapists, physiotherapists, SLTs, dietetics etc

- Yes No NA - No AHP involvement
 Unable to answer

**3i. If answered "Yes" to [3h] then:
Please provide further detail:**

**3j. If answered "Yes" to [1a] and "Yes" to [3a] then:
In your opinion, was there any room for improvement in ensuring appropriate disease management?**

Diet, aids, CPAP masks, devices etc

- Yes No NA Unable to answer

**3k. If answered "Yes" to [3j] then:
Please provide further detail:**

**3l. If answered "Yes" to [1a] and "Yes" to [3a] then:
In your opinion, was there any room for improvement with wider multidisciplinary team (MDT) involvement in the care plan?**

Including psychologists, diabetes/ heart failure nurse specialists etc

- Yes No Unable to answer

**3m. If answered "Yes" to [3l] then:
Please provide further detail:**

**3n. If answered "Yes" to [1a] and "Yes" to [3a] then:
In your opinion, did this affect the outcome?**

- Yes No Unable to answer

**3o. If answered "Yes" to [3n] then:
Please provide further detail:**

1a. Did the patient have an acute episode that led to the transfer to a physical health hospital* for treatment?

Excluding overdose or self-harm

- Yes No Unable to answer

If the patient was not transferred to a physical health ward for treatment of their acute physical health condition, please skip to section I.

If there were multiple transfers to a physical health hospital during this episode of care at the mental health hospital, please answer the questions in relation to the first transfer

**1b. If answered "Yes" to [1a] then:
What was the condition(s) of concern?**

**2a. If answered "Yes" to [1a] then:
What was the provisional physical health diagnosis/ clinical formulation(s) for this transfer?**

**2b. If answered "Yes" to [1a] then:
During the week prior to transfer, was the patient being monitored using an Early Warning Score (EWS) for their physical health?**

- Yes No Unable to answer

**2c. If answered "Yes" to [1a] and "No" to [2b] then:
In your opinion, should an EWS have been used?**

- Yes No Unable to answer

**2d. If answered "Yes" to [1a] and "No" to [2b] and "Yes" to [2c] then:
Please provide details:**

**2e. If answered "Yes" to [1a] and "No" to [2b] then:
In your opinion, did the lack of EWS lead to a delay in commencing treatment or in transferring the patient?**

- Yes No Unable to answer

**2f. If answered "Yes" to [2b] and "Yes" to [1a] then:
Which Early warning score was used to monitor this patient?**

- NEWS NEWS2 MEWS

If not listed above, please specify here...

**2g. If answered "Yes" to [1a] and "Yes" to [2b] then:
During the week prior to the transfer to a physical health hospital, was there any room for improvement regarding the use of EWS?**

- Yes No Unable to answer

**2h. If answered "Yes" to [1a] and "Yes" to [2b] and "Yes" to [2g] then:
What areas could have been improved?**

- Communication of EWS changes Documentation of EWS
 Calculation of EWS Escalation plan initiation Vital signs recording

Please specify any additional options here...

**2i. If answered "Yes" to [2b] and "Yes" to [1a] and "Yes" to [2g] and "Vital signs recording" to [2h] then:
Was this due to patient refusal for physical health observations/ vital signs being taken?**

- Yes No Unable to answer

**2j. If answered "Yes" to [1a] and "Yes" to [2b] and "Yes" to [2g] then:
Did this cause a delay in transfer or commencing treatment?**

- Yes No Unable to answer

**2k. If answered "Yes" to [2j] and "Yes" to [1a] and "Yes" to [2b] and "Yes" to [2g] then:
Please provide details:**

**2l. If answered "Yes" to [1a] and "Yes" to [2b] and "Yes" to [2j] and "Yes" to [2g] then:
In your opinion, did this delay affect the outcome?**

- Yes No Unable to answer

2m. If answered "Yes" to [2l] then:

Please expand on your answer (how the outcome could have been affected):

3a. If answered "Yes" to [1a] then:

During the week prior to transfer, were there any symptoms to indicate the acute episode of physical health deterioration?

- Yes No Unable to answer

3b. If answered "Yes" to [3a] and "Yes" to [1a] then:

What were the symptoms?

- | | | |
|--|---|--|
| <input type="checkbox"/> Fever | <input type="checkbox"/> Cough | <input type="checkbox"/> Breathlessness |
| <input type="checkbox"/> Chest pain | <input type="checkbox"/> Palpitations | <input type="checkbox"/> Fall/ Fracture |
| <input type="checkbox"/> Collapse | <input type="checkbox"/> Seizure | <input type="checkbox"/> Weakness of limb(s) or face |
| <input type="checkbox"/> Change in consciousness | <input type="checkbox"/> Vomiting | <input type="checkbox"/> Diarrhoea |
| <input type="checkbox"/> Constipation | <input type="checkbox"/> Abdominal pain | <input type="checkbox"/> Urinary symptoms |

Please specify any additional options here...

3c. If answered "Yes" to [3a] and "Yes" to [1a] then:

In your opinion, were there any issues in documenting this information?

- Yes No Unable to answer

3d. If answered "Yes" to [3c] and "Yes" to [1a] and "Yes" to [3a] then:

Please provide details:

3e. If answered "Yes" to [1a] and "Yes" to [3a] then:

In your opinion, were there any issues in communicating this information?

- Yes No Unable to answer

**3f. If answered "Yes" to [1a] and "Yes" to [3a] and "Yes" to [3e] then:
Please expand on your answer:**

**4a. If answered "Yes" to [1a] then:
Were there any other indicators of deteriorating physical health that necessitated transfer?**

- Yes No Unable to answer

**4b. If answered "Yes" to [4a] and "Yes" to [1a] then:
What were the indicators of deteriorating physical health that necessitated transfer?**

- | | |
|--|---|
| <input type="checkbox"/> ECG changes | <input type="checkbox"/> Blood glucose outside normal range |
| <input type="checkbox"/> Urine output outside normal range | <input type="checkbox"/> Worsening EWS |
| <input type="checkbox"/> Blood test results | <input type="checkbox"/> None of the above |

Please specify any additional options here...

**4c. If answered "Blood test results" to [4b] and "Yes" to [1a] and "Yes" to [4a] then:
Please specify irregular blood test results**

eg. LFT, kidney function etc

**4d. If answered "Yes" to [1a] then:
In your opinion, were all appropriate investigations carried out?**

- Yes No Unable to answer

**4e. If answered "No" to [4d] and "Yes" to [1a] then:
Please provide details:**

4f. If answered "Yes" to [1a] and "Yes" to [4a] then:

Were these indicators (e.g. abnormal investigations, physical health observations, changes in behaviour, alertness etc) appropriately documented and communicated

- Yes - these indicators were properly documented and communicated to the team
- Indicators were documented but evidence of problems in communication of the information
- Some evidence of communication regarding these indicators but not properly documented
- No evidence of documentation of these indicators or communication

If not listed above, please specify here...

5a. If answered "Yes" to [1a] then:

In your opinion, was the deterioration in the patient's physical health managed appropriately overall?

- Yes No Unable to answer

5b. If answered "No" to [5a] and "Yes" to [1a] then:

Please expand on your answer:

5c. If answered "No" to [5a] and "Yes" to [1a] then:

In your opinion, could appropriate overall management have prevented transfer to the physical health hospital?

- Yes No Unable to answer

5d. If answered "Yes" to [5c] and "Yes" to [1a] and "No" to [5a] then:

Please provide details:

6a. If answered "Yes" to [1a] then:

In your opinion, should there have been any other monitoring carried out during this period?

- Yes No Unable to answer

**6b. If answered "Yes" to [6a] and "Yes" to [1a] then:
Please provide details:**

**7a. If answered "Yes" to [1a] then:
With the benefit of hindsight, was the clinical formulation/ working diagnosis reasonable?**

Yes No Unable to answer

**7b. If answered "No" to [7a] and "Yes" to [1a] then:
Please expand on your answer:**

**8a. If answered "Yes" to [1a] then:
In your opinion, was advice sought from appropriate sources in developing the clinical
formulation/ management plan for managing the physical health deterioration?**

Yes No Unable to answer

**8b. If answered "No" to [8a] and "Yes" to [1a] then:
Please provide details:**

**8c. If answered "Yes" to [1a] then:
In your opinion, was there a delay in seeking advice?**

Yes No Unable to answer

**8d. If answered "Yes" to [1a] then:
In your opinion, was there a delay in advice being given?**

Yes No Unable to answer

**9a. If answered "Yes" to [1a] then:
Was the decision to transfer the patient appropriate?**

- Yes No Unable to answer

**9b. If answered "Yes" to [1a] then:
In your opinion was there a delay in this decision being made?**

- Yes No Unable to answer
-

**10a. If answered "Yes" to [1a] then:
Prior to transfer, was there any treatment offered at this hospital?**

- Yes No Unable to answer

**10b. If answered "Yes" to [10a] and "Yes" to [1a] then:
What treatments were offered?**

**10c. If answered "No" to [10a] and "Yes" to [1a] then:
Should there have been?**

- Yes No Unable to answer

**10d. If answered "Yes" to [10c] and "No" to [10a] and "Yes" to [1a] then:
Please provide details:**

**10e. If answered "Yes" to [1a] and "Yes" to [10a] then:
In your opinion, was the offered treatment appropriate?**

- Yes No Unable to answer

**10f. If answered "Yes" to [1a] and "Yes" to [10a] then:
In your opinion, was the treatment delayed?**

- Yes No Unable to answer

**10g. If answered "Yes" to [1a] and "Yes" to [10a] and "Yes" to [10f] then:
Did this delay have an impact on the patient?**

- Yes No Unable to answer

**10h.If answered "Yes" to [10g] and "Yes" to [1a] and "Yes" to [10a] and "Yes" to [10f] then:
Please provide details:**

**11a.If answered "Yes" to [1a] then:
In your opinion, were there any delays in identifying the acute deterioration in physical health?**

- Yes No Unable to answer

**11b.If answered "Yes" to [11a] and "Yes" to [1a] then:
Please provide details:**

**12a.If answered "Yes" to [1a] then:
In your opinion, were there any delays in acting on the identified acute deterioration in physical health?**

- Yes No Unable to answer

**12b.If answered "Yes" to [12a] and "Yes" to [1a] then:
Please provide details:**

13a.If answered "Yes" to [1a] then:

Did any of the following issues cause a delay to the transfer:

- Patient refusal
- Missing paperwork
- Lack of staff to accompany patient
- Lack of bed availability at receiving hospital
- Other logistical problems in organising transfer
- Shift handovers
- Severity of the physical health problem not appropriately communicated
- Advised by Physical health team not to transfer
- None of the above - There was no delay

Please specify any additional options here...

13b.If answered "Other logistical problems in organising transfer" to [13a] and "Yes" to [1a] then:

Please provide further detail:

14a.If answered "Yes" to [1a] then:

In your opinion, did appropriate staff accompany the patient?

- Yes No Unable to answer

14b.If answered "No" to [14a] and "Yes" to [1a] then:

Please provide details:

15a.If answered "Yes" to [1a] then:

Was the patient's capacity to consent to a physical health hospital/ ward transfer assessed?

- Yes No Unable to answer

15b.If answered "Yes" to [1a] then:

Were all procedures regarding the assessment of capacity appropriately conducted?

- Yes No Unable to answer

16a.If answered "Yes" to [1a] then:

Was all communication with the patient about their condition and management plan appropriate?

Including transfer to the physical health hospital

- Yes No Unable to answer

**16b.If answered "No" to [16a] and "Yes" to [1a] then:
Please provide details:**

**17a.If answered "Yes" to [1a] then:
Were the family/ carer advised about deterioration in physical health?**
If appropriate with patient's consent

- Yes No Unable to answer Not Applicable

**17b.If answered "Yes" to [1a] then:
Were family/ carer informed about the transfer to a physical health hospital in a timely way?**

- Yes No Unable to answer Not applicable

**17c.If answered "Yes" to [1a] then:
Overall, in your opinion, was the frequency and content of the communication with the family/ carer appropriate during this period or deterioration and transfer?**

- Yes No Unable to answer Not applicable

**17d.If answered "Yes" to [1a] and "No" to [17c] then:
Please expand on your answer:**

**18a.If answered "Yes" to [1a] then:
In your opinion, could the transfer to the physical health hospital have been prevented?**

- Yes No Unable to answer

18b.If answered "Yes" to [18a] and "Yes" to [1a] then:

Please indicate the reasons why the transfer could have been prevented:

- Not necessary
- Problem identified earlier
- Treated in house - availability of correct equipment
- Treated at an outpatient clinic/ GP appointment
- Mental health took priority over physical health issues
- Ambulatory care/ day case
- Earlier referral to physical health team
- Appropriate advice by physical health team

Please specify any additional options here...

19a.If answered "Yes" to [1a] then:

Were there any other difficulties regarding the transfer process?

- Yes No Unable to answer

19b.If answered "Yes" to [19a] and "Yes" to [1a] then:

Please provide further detail:

20a.If answered "Yes" to [1a] then:

Was the patient readmitted to the psychiatric setting following treatment at the physical health hospital?

**transferred back from the physical health hospital / ward to this mental health hospital/ ward for further/ ongoing mental healthcare. The whole episode of care (including the spell on a physical health ward) may form part of one continuous inpatient stay at the mental health hospital. If there were multiple transfers to / from the Mental Health hospital, please refer to the first readmission*

- Yes No Unable to answer

20b.If answered "Yes" to [20a] and "Yes" to [1a] then:

Date of readmission:

NB. If the patient had multiple readmission please enter the date/time of the earliest readmission after discharge from physical health hospital

Unknown

20c.If answered "Yes" to [20a] and "Yes" to [1a] then:

Time of readmission:

Unknown

20d.If answered "Yes" to [20a] and "Yes" to [1a] then:

Was the handover conducted appropriately?

- Yes No Unable to answer

20e.If answered "Yes" to [20a] and "Yes" to [1a] then:

In your opinion, was the patient discharged from the physical health hospital at the right time (given the condition of the patient's physical health at that time)?

- Yes No Unable to answer

**20f. If answered "No" to [20e] and "Yes" to [1a] and "Yes" to [20a] then:
Please provide details (if in your opinion the patient was discharged too soon):**

**20g. If answered "Yes" to [20a] and "Yes" to [1a] then:
In your opinion, was all necessary information in the notes returned with the patient?**

Yes No Unable to answer

**20h. If answered "No" to [20g] and "Yes" to [1a] and "Yes" to [20a] then:
Please provide details:**

**21. If answered "Yes" to [1a] and "Yes" to [20a] then:
Was all the necessary outpatient follow-up planned by the acute hospital?**

Yes No Unable to answer

**22a. If answered "Yes" to [1a] and "Yes" to [20a] then:
Was the patient commenced on any new treatment that required continuation following
readmission to mental health hospital?**

Yes No NA - No new treatment
 Unable to answer

**22b. If answered "Yes" to [22a] and "Yes" to [1a] and "Yes" to [20a] then:
Were these medicines continued appropriately during the psychiatric readmission?**

Yes No Unable to answer

**22c. If answered "No" to [22b] then:
Please provide details:**

22d.If answered "Yes" to [1a] and "Yes" to [20a] then:

Was there full medicines reconciliation upon readmission to the mental health hospital (ward)?

- Yes No Unable to answer

22e.If answered "Yes" to [1a] and "Yes" to [20a] then:

Were there multiple re-admissions to/from the physical health hospital during this hospital stay?

- Yes No Unable to answer

22f. If answered "Yes" to [1a] and "Yes" to [20a] and "Yes" to [22e] then:

If Yes, please state how many times the patient was re-admitted to this mental health hospital during the hospital stay:

times Unknown

22g.If answered "Yes" to [1a] and "Yes" to [20a] and "Yes" to [22e] then:

If there were multiple readmissions, in your opinion, could this have been avoided?

- Yes No

22h.If answered "Yes" to [1a] and "Yes" to [20a] and "Yes" to [22e] then:

In your opinion, what key areas of care (if any) could have been improved that contributed to the multiple readmissions?

please select all that apply

- Physical health management prior to admission to mental health hospital
- Monitoring of physical health condition in mental health hospital
- Treatment of physical health condition in mental health hospital
- Communication/documentation of physical health condition between mental health hospital staff
- Communication / sharing of information between hospital providers
- Discharge planning in Physical health hospital
- Access to medical liaison team/ advice in Mental Health hospitals
- None of the above

Please specify any additional options here...

22i. If answered "Yes" to [1a] and "Yes" to [20a] and "Yes" to [22e] then:

In your opinion, did this have an impact on the patient's physical health/ outcome?

- Yes No Unable to answer

22j. If answered "Yes" to [1a] and "Yes" to [20a] then:

Which, if any of the following healthcare professionals have oversight (accountability) for both this patient's physical and mental health care at this time?

- Care manager
- Care coordinator
- General Practitioner
- Bed manager
- Consultant psychiatrist
- Liaison physician
- Jointly between consultant psychiatrist and consultant physician
- None of the above

Please specify any additional options here...

I. Discharge from Mental Health Hospital

1. What was the outcome for the patient?

- Discharged alive Died during admission Still an inpatient

2a. Please specify date of discharge/death:

Unknown

2b. Please specify time of discharge/ death:

Unknown

Discharged Alive

Please answer the following questions if this patient was discharged alive.

**3. If answered "Discharged alive" to [1] then:
What was the discharge destination for this patient?**

- Home
 Temporary place of residence
 Other hospital/ Non-NHS run hospital
 Nursing home/ residential home/ other care services
 Hospice

If not listed above, please specify here...

**4a. If answered "Discharged alive" to [1] then:
Is the discharge summary from the mental health hospital available in the case notes?**

- Yes No Unable to answer

**4b. If answered "Discharged alive" to [1] and "Yes" to [4a] then:
In your opinion, was all appropriate physical health information recorded on the
discharge summary?**

- Yes No Unable to answer

**4c. If answered "Discharged alive" to [1] and "Yes" to [4a] then:
Please indicate what was included in the discharge summary:**

- Medication
 Special requirements regarding nutrition
 Special requirements regarding hydration
 Details of physical health issues
 Exercise therapy
 Newly identified physical health conditions (if applicable)
 Physical health transfer, treatment, treating clinician details (if applicable)
 Mental health history
 Mental health risk assessment (self-harm)
 Assessed mental capacity to care for their own physical health needs

Please specify any additional options here...

**4d. If answered "No" to [4e] then:
Please provide details:**

**4e. If answered "Discharged alive" to [1] and "Yes" to [4a] then:
In your opinion, was the discharge summary adequate?**

- Yes No Unable to answer

**4f. If answered "Discharged alive" to [1] and "Yes" to [4a] then:
Within the discharge summary is it made clear which areas the GP needs to continue to monitor with regards to physical health?**

- Yes No Unable to answer

**5a. If answered "Discharged alive" to [1] then:
Was a capacity assessment of the patient's ability to self administer medicines and monitor their physical health completed?**

- Yes No Unable to answer

**5b. If answered "Discharged alive" to [1] then:
Did the patient have access to all necessary monitoring equipment before discharge?**
E.g. Blood glucose monitoring

- Yes No
 N/A - No monitoring equipment needed Unable to answer

**5c. If answered "Discharged alive" to [1] then:
Did the ward pharmacist complete a medicines TTO with the patient before discharge?**

- Yes No Unable to answer

**5d. If answered "Discharged alive" to [1] then:
In your opinion, was all due care taken to properly prepare the patient for discharge in relation to their self care and ongoing treatment needs?**

- Yes No Unable to answer

**5e. If answered "Discharged alive" to [1] and "Yes" to [5d] then:
Please provide details:**

6a. If answered "Discharged alive" to [1] then:

Was the CMHT informed of the physical health condition (and physical health stay)?

Community Mental Health Team

- Yes No NA - No CMHT involved
 Unable to answer

6b. If answered "Discharged alive" to [1] then:

In your opinion, were all appropriate communications made regarding this episode of care?

(Including both the patient and family /Carer where applicable)

- Yes No Unable to answer

6c. If answered "Discharged alive" to [1] and "No" to [6b] then:

Please expand on your answer:

7a. If answered "Discharged alive" to [1] then:

Was a follow-up appointment organised for the patient's physical health condition(s)?

- Yes No NA - not required Unable to answer

7b. If answered "No" to [7a] then:

In your opinion, was this appropriate?

If answered 'Yes' or 'No' to 16a

- Yes No NA - No FU organised
 Unable to answer

7c. If answered "No" to [7b] then:

Please expand on your answer:

Death

Please answer the following questions if the patient died in hospital or after discharge (up to 30 days?)

Please answer the following questions in relation to patients who died either during the admission or following discharge

8a. Did this patient die, either during the admission or within 30 days of discharge?

- Yes No Unable to answer

8b. If answered "Yes" to [8a] then:

Was the death within 24 hrs of discharge from the mental health hospital?

Yes

No

Unable to answer

9. If answered "Yes" to [8a] then:

Was the death linked to their long term physical health condition?

Yes

No

Unable to answer

10a. If answered "Yes" to [8a] then:

In your opinion, could the physical health care they received whilst an inpatient at the mental health hospital have contributed to their death?

Yes

No

Unable to answer

10b. If answered "Yes" to [8a] and "Yes" to [10a] then:

Please provide details:

11. If answered "Yes" to [8a] then:

In your opinion, was the patient's death expected?

Yes

No

Unable to answer

12a. If answered "Yes" to [8a] then:

In your opinion, was the death avoidable?

Yes

No

Unable to answer

12b. If answered "Yes" to [12a] then:

Please provide details:

1. Please select the format for this set of case notes

- Electronic notes - EPR print out Paper clinical notes
 Both EPR and paper clinical notes

2. Please state which sections of the case note record are included in this case

- General daily progress notes/ clinical annotations
- Separate physical health section
- Physical health care plans
- Physical health risk assessments
- Vital signs/ Observation charts
- Fluid balance charts
- Prescription charts
- NEWS Charts

Please specify any additional options here...

3a. Was there a specific dedicated proforma(s) for recording the patient's physical health?

- Yes No Unable to answer

**3b. If answered "Yes" to [3a] then:
What was included?**

- Vital signs/ Physical health observations
- Performing the initial physical health examination
- Physical health care plans
- Physical health monitoring plans
- Body map
- Recording long term health conditions

Please specify any additional options here...

**3c. If answered "Yes" to [3a] then:
In your opinion, was it useful for accurately communicating relevant information about
the patient's physical health needs?**

- Yes No Unable to answer

K. Overall Quality of Physical Health Care During this Admission

1a. Overall, during this admission, was there room for improvement in the quality of physical health care?

- Yes No Unable to answer

1b. If answered "Yes" to [1a] then:

Please select from the following list the areas where there was room for improvement in this case

- Documenting physical health observations
- Documenting physical health condition(s)
- Delay in identifying long term health condition(s)
- Treating the long term health condition(s)
- Delay in identifying the acute deterioration in physical health
- Communicating the acute deterioration in physical health

Please specify any additional options here...

2a. In your opinion, did the psychiatric condition of this patient impact on the quality of physical health care received by this patient?

- Yes No Unable to answer

2b. If answered "Yes" to [2a] then:

Please provide details:

**2c. If answered "Yes" to [2a] then:
Did this affect the outcome?**

- Yes No Unable to answer

2d. If answered "Yes" to [2c] then:

Please provide details:

Please use the grading system below to grade the overall care the patient received

GOOD PRACTICE: A standard that you would accept from yourself, your trainees and your institution
ROOM FOR IMPROVEMENT: Aspects of CLINICAL care that could have been better

ROOM FOR IMPROVEMENT: Aspects of ORGANISATIONAL care that could have been better
ROOM FOR IMPROVEMENT: Aspects of CLINICAL AND ORGANISATIONAL care that could have been better
LESS THAN SATISFACTORY: Several aspects of clinical and/or organisational care that were well below what you would accept from yourself, your trainees and your institution
INSUFFICIENT DATA: Insufficient information submitted to NCEPOD to assess the quality of care

3a. Please grade the overall physical health care the patient received during this admission

- Good practice
- Room for improvement - Clinical
- Room for improvement - Organisational
- Room for improvement - Clinical AND Organisational
- Less than satisfactory
- Insufficient data

3b. Please provide reasons for your grade

**3c. If answered "Insufficient data" to [3a] then:
Please provide details of what was missing from these case notes:**

4a. Are there any issues from this case that you feel should be highlighted in the final report?

Including outstanding practice

- Yes No

**4b. If answered "Yes" to [4a] then:
Please provide details:**

4c. Do you think we should consider this case as a vignette/ case study in the report?

Yes

No

CAUSE FOR CONCERN

Occasionally NCEPOD will refer cases that have been identified as 'LESS THAN SATISFACTORY' when it is felt that further feedback to the Trust/ Health Board is warranted. This is usually due to an area of concern to the hospital or clinician involved, and not for issues highlighted across the body of case notes.

This process has been agreed by the NCEPOD Steering Group and the GMC. The medical director of the Trust/ Health Board is written to by the Chief Executive of NCEPOD explaining our concerns. This process had been in operation for 10 years and the responses received have always been positive in that they feel we are dealing with the concerns in the most appropriate manner.

5. Do you feel that this case should be considered for such action?

Yes

No

6. Any other comments about this patient's physical health care?

Thank you for taking the time to complete this questionnaire