

Learning Disability - Reviewer Assessment Form

A. Introduction

What is this study about?

This study aims to identify avoidable and modifiable factors in the care of patients with a learning disability who present to hospital acutely unwell.

Inclusions

Patients aged 18 and over, who have been diagnosed with a learning disability AND who had an emergency admission to hospital between 1st July - 30th September 2024 inclusive.

Exclusions

Patients admitted as a day case, including Same Day Emergency Care (SDEC) admissions.
Patients that were admitted electively.
Patients that do not have a learning disability.

1a. Date of Case Reviewer meeting:

1b. Case Reviewer Initials

1c. Was a completed clinician questionnaire available at the time of case review?

Yes

No

1d. NCEPOD site ID:

B. Patient Details

To be included in the study the patient MUST have a learning disability.

If this patient DOES NOT have a learning disability please contact NCEPOD

1. Age at presentation to hospital:

 Years

Value should be no less than 18

Unknown

2. Sex:

Female

Male

Other

Unknown

3. Ethnicity

White British/ White - other

Black/ African/ Caribbean/ Black British

Asian/ Asian British (Indian, Pakistani, Bangladeshi, Chinese, other Asian)

Mixed/ Multiple ethnic groups

Not recorded

Unknown

If not listed above, please specify here...

4a. Patient's usual place of residence:

Own home

Supported living

Residential home

Nursing home

Homeless

Unknown

If not listed above, please specify here...

4b. If answered "Own home" to [4a] then:

Was this:

Independent

With parents/family

Unknown

5a. Was it documented that the patient was receiving any social support/ care?

Yes

Yes - Unclear amount

No

Unknown

5b. If answered "Yes" or "Yes - Unclear amount" to [5a] then:

Was this:

Please tick all that apply

Informal

Paid

Family/ friend

Please specify any additional options here...

5c. If answered "Yes" or "Yes - Unclear amount" to [5a] then: Is the level of support described?

Funded 1:1

Unclear amount

Please specify any additional options here...

6a. Was the patient diagnosed with a learning disability prior to this admission?

- Yes No - Identified during this admission
 Unknown

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

Was this patient known to the community learning disability team before admission?

- Yes No Unknown

6c. What severity of learning disability did the patient have?

https://www.ncepod.org.uk/pdf/current/Learning/Learning_Definitions.pdf

- Mild learning disability Moderate learning disability Severe learning disability
 Profound learning disability Unknown

If not listed above, please specify here...

6d. Is there a known cause of this patient's learning disability?

- Yes No Unknown

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

What was the cause?

- Down syndrome Fragile X Brain injury at birth

If not listed above, please specify here...

6f. In addition to the learning disability, is this patient documented as being autistic?

- Yes No

7a. Was a standardised learning disability admission checklist used for this patient with a learning disability?

- Yes No Unknown

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

Please provide details:

Patient baseline

8a. Does this patient have any physical disabilities?

- Yes No Unknown

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

Which physical disabilities does this patient have?

- Physical impairment Visual impairment Hearing impairment Speech impairment

Please specify any additional options here...

8c. If answered "Physical impairment" to [8b] then:

What type of physical impairment does this patient have?

- Gait abnormality Walking aid Walks with assistance
 Wheelchair user Bed bound

If not listed above, please specify here...

8d. Was a tool used to assess baseline functional status prior on admission?

- Yes No Unknown

**8e. If answered "Yes" to [8d] then:
Which tool?**

9a. Were baseline care needs documented for this patient?

- Yes No Unknown

**9b. If answered "Yes" to [9a] then:
Which ones?**

- Personal care Mobility Eating and Drinking Communication

Please specify any additional options here...

10a. In relation to their learning disability, was this patient identified as needing extra care?

This could include enhanced supervision

- Yes No Unknown

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

- Yes No Unknown

C. Admission to hospital

To be included in the study the patient must have been admitted as an emergency.

1a. Had this patient been discharged from hospital in the previous 30 days?

- Yes No Unknown

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

Was this previous admission related to the current admission under review?

- Yes No Unknown

2. Presentation to hospital:

Please tick all that apply

- | | | |
|--|---|--|
| <input type="checkbox"/> GP referral | <input type="checkbox"/> Emergency Department | <input type="checkbox"/> Outpatient clinic |
| <input type="checkbox"/> Urgent care centre | <input type="checkbox"/> Out of hours service | <input type="checkbox"/> Transfer |
| <input type="checkbox"/> Inter-hospital transfer | <input type="checkbox"/> Unknown | |

Please specify any additional options here...

3a. Date of arrival to hospital:

- Unknown

3b. Time of arrival to hospital:

- Unknown

Initial working diagnosis

4a. What type of emergency admission was this?

Please tick all that apply

- | | | | |
|----------------------------------|-----------------------------------|---------------------------------|--|
| <input type="checkbox"/> Medical | <input type="checkbox"/> Surgical | <input type="checkbox"/> Trauma | <input type="checkbox"/> Mental Health |
| <input type="checkbox"/> Unknown | | | |

Please specify any additional options here...

4b. Please state the initial working diagnosis:

4c. Did this change?

- Yes No Unknown

4d. If answered "Yes" to [4c] then:

What did the diagnosis become?

5. Did the patient have any other health problems pre-dating this admission?

This includes pre-existing co-morbidities/ long-term conditions. Please tick all that apply

- | | | |
|---|---|--|
| <input type="checkbox"/> Cardiovascular condition | <input type="checkbox"/> Respiratory condition | <input type="checkbox"/> Neurological condition |
| <input type="checkbox"/> Gastrointestinal condition | <input type="checkbox"/> Endocrinological condition | <input type="checkbox"/> Renal condition |
| <input type="checkbox"/> Musculoskeletal condition | <input type="checkbox"/> Cancer | <input type="checkbox"/> Mental health condition |
| <input type="checkbox"/> Obesity | <input type="checkbox"/> None of the above | <input type="checkbox"/> Unknown |

Please specify any additional options here...

6a. Was the patient on any medication(s) on admission to hospital?

- Yes No Unknown

**6b. If answered "Yes" to [6a] then:
Please specify the number of medications:**

- Unknown

**6c. If answered "Yes" to [6a] then:
Was the patient taking any psychotropic medications?**

- Yes No

**6d. If answered "Yes" to [6c] then:
Which psychotropic medications?**

- Antipsychotics Antidepressants Mood stabilisers
 Anxiolytics (benzodiazepines) Sedatives Antiepileptics

Please specify any additional options here...

7a. On admission, was the patient accompanied by someone they knew?

- Yes No Unknown

**7b. If answered "Yes" to [7a] then:
What was the relationship of the accompanying person(s) to the patient?**

Please tick all that apply

- Family member/ partner Friend Paid carer
 Informal carer Relationship not known

Please specify any additional options here...

**7c. If answered "Yes" to [7a] then:
Was the accompanying person able to contribute to the history?**

- Yes No Unknown

**7d. If answered "No" to [7a] then:
Was it documented that an attempt was made to contact carer/ NOK?**

- Yes No

8a. Were there any challenges to getting a full history of the presenting problem?

- Yes No Unknown

**8b. If answered "Yes" to [8a] then:
What were the challenges?**

Please tick all that apply

- Patient too unwell Communication (e.g. non-verbal patient)
 No carer or advocate to support with history No access to previous medical records
 No hospital or health and care passport Sensory overwhelm
 Patient distress Clinician time/ Time pressures of department

Please specify any additional options here...

9a. Was there evidence that the patient had a hospital or health and care passport?

- Yes No

**9b. If answered "Yes" to [9a] then:
Was there evidence that the passport was used?**

- Yes No

**9c. If answered "Yes" to [9a] then:
Was any advance care plan included in the passport?**

- Yes No Unknown

**9d. If answered "Yes" to [9a] then:
How would you rate the hospital or health and care passport?**

- Good Adequate Poor Unacceptable
 Unable to rate

**9e. If answered "Good", "Adequate", "Poor" or "Unacceptable" to [9d] then:
Please expand on your answer:**

10. Was a Lasting Power of Attorney for Health and Care, and/or deputy consulted during the admission?

- Yes No Unknown

11a. With hindsight, is it possible that diagnostic overshadowing* took place when the patient was assessed?

**A situation where a patient's signs and symptoms are attributed to the learning disability thereby causing diagnostic inaccuracy.*

- Yes No Unknown

**11b. If answered "Yes" to [11a] then:
Please give further details:**

Initial assessments

1. Was this patient seen by a member of the learning disability team in the emergency department/ assessment unit?

- Yes No Not applicable Unknown

2a. Was a full set of observations taken on arrival?

- Yes No Unknown

**2b. If answered "No" to [2a] then:
Which observations were done?**

Please tick all that apply

- Respiratory rate Oxygen saturation Blood pressure Consciousness level
 Temperature Pulse rate Pain score None
 Unknown

Please specify any additional options here...

2c. If answered "No" to [2a] then:

If a full set of observations was not taken, was any reason provided for this?

- Yes No Not Applicable Unknown

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

What was the reason?

2e. In your opinion, was the frequency of re-recording observations appropriate?

- Yes No Unknown

2f. If answered "No" to [2e] then:

Please expand on your answer

3a. Was NEWS2 (or equivalent EWS) calculated at the first assesment?

- Yes No Unknown

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

What was the NEWS2 (or equivalent EWS) score?

- Unknown

4. Were the patient's family, NOK or carers asked about the patient's usual level of consciousness?

- Yes No No - patient unaccompanied
 Unknown

5. Was it documented that a full general examination was performed and documented?

- Yes No

6a. Was it documented that the patient's pain was assessed?

- Yes No

**6b. If answered "Yes" to [6a] then:
How was the pain assessed?**

Please select all that apply

- Clinical judgement Abbey Pain Scale
 Learning disability modified pain scale

Please specify any additional options here...

7. Did the health assessment include any of the following?

- Smoking status recorded Alcohol history taken
 Substance misuse history taken Weight recorded
 Height recorded Documentation of allergies
 None of the above

Please specify any additional options here...

8a. Were there any delays in collecting observations for this patient?

- Yes No Unknown

**8b. If answered "Yes" to [8a] then:
What was the reason for the delay?**

Please tick all apply

- Not related to the learning disability (organisational e.g. overcapacity, staffing, overcrowding)
 Related to the learning disability
 Unknown

**8c. If answered "Related to the learning disability" to [8b] then:
Delays related to the learning disability:**

Please select all that apply:

- Challenges with communication
 Challenges to making reasonable adjustments
 Behaviours of distress such as agitation
 Patient refusal
 Delay in Mental Capacity Assessment or Best interest decision
 Lack of access to learning disability team

Please specify any additional options here...

**8d. If answered "Yes" to [8a] then:
Was the delay appropriate?**

- Yes No Unknown

**8e. If answered "Yes" to [8a] then:
Did the delay(s) affect outcome?**

- Yes No Unknown

**8f. If answered "Yes" to [8e] then:
How was the outcome affected?**

Investigations

9a. Were any blood tests taken during this admission?

- Yes No Unknown

9b. Were any radiological investigations undertaken during this admission?

- Yes No Unknown

9c. Were all planned blood tests and/ or investigations undertaken?

- Yes No Unknown

9d. If answered "No" to [9c] then:

Please provide details:

Please include details of any omissions of investigations that one would expect as standard for the presenting complaint

10a. Were there any clinically significant delays in undertaking the investigations?

- Yes No Unknown

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

What was the reason for the delay?

Please tick all that apply

- Not related to the learning disability (organisational e.g. overcapacity, staffing, overcrowding)
 Related to the learning disability
 Patient declined, or refused investigation/ treatment

Please specify any additional options here...

10c. If answered "Related to the learning disability" to [10b] then:

Delays related to the learning disability:

Please tick all that apply

- Challenges with communication
 Challenges to making reasonable adjustments
 Behaviours of distress, such as agitation
 Patient refusal
 Delay in Mental Capacity Assessment or Best interest decision
 Lack of access to learning disability team

Please specify any additional options here...

10d. If answered "Patient refusal" to [10c] then:

Which investigations or treatments did the patient decline?

10e. If answered "Patient refusal" to [10c] then:

Were there details of escalation in the event of patient refusal?

- Yes No Unknown

**10f. If answered "Patient declined, or refused investigation/ treatment" to [10b] then:
Was the patient's capacity assessed in response to patient refusal/ declining investigation?**

- Yes No Unknown

**10g.If answered "Yes" to [10a] then:
Did this result in delayed treatment?**

- Yes No Unknown

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

On-going care during the admission

11a.Which type of ward was the patient first admitted to?

Please specify the first ward the patient was admitted to

- | | |
|---|---|
| <input type="radio"/> Medical assessment unit | <input type="radio"/> Surgical assessment unit |
| <input type="radio"/> General medical ward | <input type="radio"/> General surgical ward |
| <input type="radio"/> Specialist medical ward | <input type="radio"/> Specialist surgical ward |
| <input type="radio"/> Care of the elderly | <input type="radio"/> Level 2 (e.g. HDU) |
| <input type="radio"/> Level 3 (e.g. ICU) | <input type="radio"/> Combined level 2/3 (e.g. HDU/ICU) |
| <input type="radio"/> Unknown | |

If not listed above, please specify here...

11b.Date of admission to ward:

Unknown

11c.Time of admission to ward:

Unknown

11d.In your opinion, was the patient admitted to the appropriate ward?

- Yes No Unknown

**11e.If answered "No" to [11d] then:
Please expand on your answer (approp ward)**

12a.Is there evidence that fluid balance charts were completed for this patient?

- Yes No
 Fluid balance chart not included

12b.Is there evidence that pressure ulcer risk charts were completed for this patient?

- Yes No
 Pressure ulcer risk chart not included

12c.Is there evidence that stool charts were completed for this patient?

- Yes No Stool chart not included

13a.Was the patient reviewed by a surgical team/surgeon during this admission?

- Yes No Unknown

13b.At any time during the admission did the patient undergo surgery*?

**This can include procedures such as central line insertion, joint manipulation etc*

- Yes No Unknown

**13c.If answered "Yes" to [13b] then:
What operation was undertaken?**

14a. Throughout the admission, is there evidence of attempts to involve the patient in decisions around their care?

- Yes - All the time Yes - Inconsistently No

14b. Throughout the admission, is there evidence of attempts to involve the patient's carer/NOK in decisions around their care?

- Yes - All the time Yes - Inconsistently No
 N/A - No carer/ NOK

14c. Is there evidence of regular communication with the patient's family/ carers to provide updates or allow them an opportunity to raise any concerns?

- Yes No Not applicable Unknown
-

15a. Is there any evidence of restrictive practice for this patient during this admission?

For example bed rails/ cot sides used

- Yes No

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

Was the restrictive practice underpinned by a Deprivation of Liberty Safeguards (DoLS)?

- Yes No

15c. Did the patient require restraint at any point during the admission?

- Yes No Unknown

15d. If answered "Yes" to [15c] then:

What form did this take?

Please tick all that apply

- Physical Chemical - Oral Chemical - Injection
 Unknown

Please specify any additional options here...

15e. If answered "Yes" to [15c] then:

Was this appropriate?

- Yes No Unknown

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

Please expand on your answer (inapp restraint)

15g. If answered "Yes" to [15c] then:

Did this cause any harm to the patient?

- Yes No

15h. If answered "Yes" to [15g] then:

Please expand on your answer (harm)

Escalation of care**1a. Did the patient have an advanced care plan?***Such as ReSPECT form or other advanced decision tools*
 Yes

 No

 Unknown
1b. If answered "Yes" to [1a] then:**Were the patient's/ advocate's/ deputy's wishes followed?**
 Yes

 No

 Unknown
1c. If answered "No" to [1b] then:**Why were the patient's wishes not followed?**

1d. Did this patient have a DNACPR form completed?
 Yes - Prior to admission

 Yes - During admission

 No
 Not applicable

 Unknown
1e. If answered "Yes - Prior to admission" or "Yes - During admission" to [1d] then:**Is there evidence that the decision was appropriately justified?**
 Yes

 No
1f. If answered "No" to [1e] then:**Please expand on your answer:**

2a. Was the patient reviewed by the Critical Care Outreach Team (CCOT)?
 Yes

 No

 Unknown
2b. Was the patient referred to critical care (i.e. for consideration of ICU admission)?
 Yes

 No

 Unknown
2c. If answered "No" to [2b] then:**Should this patient have been referred to critical care?**
 Yes

 No

 Unknown
2d. If answered "Yes" to [2c] then:**Please expand on your answer (refer to crit care)**

2e. If answered "Yes" to [2b] then:**What was the outcome of the referral to critical care?**
 Admit to HDU/ ICU

 Patient doesn't need HDU/ICU at that time
 Patient not suitable for HDU/ICU
2f. If answered "Admit to HDU/ ICU" to [2e] then:**Were there any treatment limitations in place for this patient on admission to HDU/ICU?***Including DNACPR*
 Yes

 No

 Unknown
2g. If answered "Yes" to [2f] then:**What were they?**

2h. If answered "Patient not suitable for HDU/ICU" to [2e] then:**If the patient was not deemed a candidate for HDU/ICU, was the rationale for this decision clearly documented?**
 Yes

 No

 Unknown

**2i. If answered "Yes" to [2h] then:
In your opinion, was the decision made in this case appropriate and well-justified?**

- Yes No

**2j. If answered "Patient not suitable for HDU/ICU" to [2e] then:
Is there evidence that the decision was discussed with the patient?**

- Yes No Not applicable

**2k. If answered "Patient not suitable for HDU/ICU" to [2e] then:
Is there evidence that the decision was discussed with the patient's NOK, Carer or Independent Mental Capacity Advocate?**

- Yes No Not applicable

2l. Was the patient cared for in the High Dependency Unit (HDU) or Intensive Care Unit (ICU) at any point during the admission?

- Yes - HDU Yes - ICU Yes - Both No
 Unknown

**2m. If answered "No" to [2l] then:
Having now reviewed this case, should this patient have been escalated to the critical care team or admitted to the HDU/ICU?**

- Yes No Not applicable Unknown

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

Learning disability team involvement

3a. Did the clinical team ask for a learning disability team review?

- Yes No Unknown

3b. Was the learning disability team involved in the care of the patient during the admission?

- Yes No Unknown

**3c. If answered "Yes" to [3b] then:
Which healthcare professionals were part of the learning disability team providing care for the patient during the admission?**

Please tick all that apply

- | | |
|--|---|
| <input type="checkbox"/> Community learning disability nurse | <input type="checkbox"/> Acute learning disability liaison nurse |
| <input type="checkbox"/> Learning disability physician | <input type="checkbox"/> Learning disability pharmacist |
| <input type="checkbox"/> Learning disability physiotherapist | <input type="checkbox"/> Learning disability occupational therapist |
| <input type="checkbox"/> Learning disability dietitian | <input type="checkbox"/> Learning disability psychiatrist |
| <input type="checkbox"/> Learning disability speech & language therapist | |
| <input type="checkbox"/> Mental Capacity Assessment (MCA) specialist | |

Please specify any additional options here...

**3d. If answered "No" to [3b] then:
Should the learning disability team have been involved?**

- Yes No Unknown

**3e. If answered "Yes" to [3d] then:
Please expand on your answer: (LD involvement)**

**4a. If answered "Yes" to [3b] then:
What was the date of the first review by the learning disability team following admission?**

Unknown

**4b. If answered "Yes" to [3b] then:
What was the time of the first review by the learning disability team following admission?**

Unknown

**4c. If answered "Yes" to [3b] then:
In your opinion, did the involvement of the learning disability team occur at an appropriate time?**

Yes

No

Unknown

**5. If answered "Yes" to [3b] then:
Was this patient reassessed by the learning disability team during the admission?**

Yes

No

Unknown

6a. In your opinion, was there appropriate learning disability team input during this admission?

Yes

No

Unknown

**6b. If answered "No" to [6a] then:
Please expand on your answer:**

7a. Were there any delays in the delivery of care for this patient?

Yes

No

Unknown

**7b. If answered "Yes" to [7a] then:
In your opinion, could any of these delays be attributed to the patient having a learning disability?**

Yes

No

Unknown

**7c. If answered "Yes" to [7b] then:
Please select all that apply:**

- Challenges with communication
- Challenges to making reasonable adjustments
- Behaviours of distress such as agitation
- Patient refusal
- Delay in Mental Capacity Assessment or Best interest decision
- Lack of access to learning disability team
- Sensory overwhelm
- Difficulties with patient tolerating intervention

Please specify any additional options here...

8a. In your opinion, could care have been better provided in an alternative setting?

- Yes No Unknown

**8b. If answered "Yes" to [8a] then:
Please provide details:**

9a. Was this admission used as an opportunity for health promotion?

Wording isn't quite right - but want to touch on MECC

- Yes No Unknown

**9b. If answered "Yes" to [9a] then:
What did this include?**

Please select all that apply

- | | | |
|--|---|--|
| <input type="checkbox"/> Annual health check | <input type="checkbox"/> Vaccinations | <input type="checkbox"/> Dental care |
| <input type="checkbox"/> Nutrition | <input type="checkbox"/> Smoking cessation advice | <input type="checkbox"/> Sexual health |

Please specify any additional options here...

**9c. If answered "Yes" to [9a] then:
What action was taken?**

Reasonable adjustments

The Equality Act (2010) states all organisations including health and social care, such as hospitals and GP surgeries must take steps to remove the barriers individuals face because of disability. These changes are called reasonable adjustments. They are specific to an individual person. They can be for physical or mental health conditions.

1a. During this admission, was it documented that the patient was asked if any reasonable adjustments were needed?

- Yes No

1b. During this admission, was it documented that the patient's carer was asked if any reasonable adjustments were needed?

- Yes No N/A - No carer

1c. Was it documented that any reasonable adjustments were made?

- Yes - All the time Yes - Inconsistently No

1d. If answered "Yes - All the time" or "Yes - Inconsistently" to [1c] then: Please specify which adjustments were made for this patient:

T.E.A.C.H. is an acronym to remember how to make reasonable adjustments: Time. Environment. Attitude. Communication. Help. Please tick all that apply

- Time - e.g. extra time to explain condition
- Communication - e.g. speaking clearly, accessible information, learning disability team involvement, c
- Environment - e.g. quiet private room, noise cancelling headphones
- Help - e.g. from someone the patient knows, involving advocates
- Attitude - e.g. involving patient in decision making, MCA

Please specify any additional options here...

1e. Are there any particular reasonable adjustments that were made for this patient that you would like to highlight?

2a. Are there any reasonable adjustments that should have been made that could have helped that were not made?

- Yes No Unknown

**2b. If answered "Yes" to [2a] then:
What particular adjustments could have helped?**

Please tick all that apply

- Time - e.g. extra time to explain condition
- Communication - e.g. speaking clearly, accessible information, learning disability team involvement
- Environment - e.g. quiet private room, noise cancelling headphones
- Help - e.g. from someone the patient knows, involving advocates
- Attitude - e.g. involving patient in decision making, MCA

Please specify any additional options here...

**2c. If answered "Yes" to [2a] then:
Please provide details of what could have helped:**

3a. If answered "Help - e.g. from someone the patient knows, involving advocates" to [1d] then:

Was it documented that any support was provided to the carer?

- Yes No Not applicable Unknown

**3b. If answered "Yes" to [3a] then:
What support was provided to the carer?**

- | | | |
|---|--|--|
| <input type="checkbox"/> Carer passport | <input type="checkbox"/> Free parking | <input type="checkbox"/> Refreshments provided |
| <input type="checkbox"/> Meals provided | <input type="checkbox"/> Open visiting hours | <input type="checkbox"/> Staying 24/7 |
| <input type="checkbox"/> Fold up beds | <input type="checkbox"/> Access to toilets on ward | |

Please specify any additional options here...

Mental Capacity Assessments

4a. Were any mental capacity assessments made during the admission?

- Yes Yes - Inconsistently No

**4b. If answered "Yes" or "Yes - Inconsistently" to [4a] then:
Please expand on your answer:**

**4c. If answered "No" to [4a] then:
Should a formal assessment of mental capacity have been made?**

- Yes No Unknown

**4d. If answered "Yes" to [4a] then:
Were mental capacity assessment decisions reviewed during the admission?**

- Yes Yes - Inconsistently No
-

5a. During the admission did the patient refuse or decline any investigations or treatments?

- Yes No Unknown

5b. Was it documented that any best interest decisions were made?

- Yes No Unknown

**5c. If answered "Yes" to [5b] then:
How was it recorded?**

Please tick all that apply

- Paper form Electronic form Unknown

5d. Was a Deprivation of Liberty Safeguards (DoLS) application made during the admission?

- Yes No Unknown
-

6a. Was it documented that an Independent Mental Capacity Advocate (IMCA) involved?

- Yes No Not applicable Unknown

**6b. If answered "No" to [6a] then:
Should an IMCA have been involved?**

- Yes No Unknown
-

7a. With the benefit of hindsight, could there have been improvements in the assessment of mental capacity?

- Yes No Unknown

**7b. If answered "Yes" to [7a] then:
Please provide details:**

1a. Date of discharge/ death: Unknown**1b. Diagnosis on discharge/ death:****1c. What was the patient's discharge destination?**

- | | |
|---|---|
| <input type="radio"/> Own home | <input type="radio"/> Supported living |
| <input type="radio"/> Residential home | <input type="radio"/> Nursing home |
| <input type="radio"/> Transferred to another hospital | <input type="radio"/> Hospice |
| <input type="radio"/> Rehab/ interim care bed | <input type="radio"/> Patient died during admission |
| <input type="radio"/> Unknown | |

If not listed above, please specify here...

If discharged**2a. If answered "Own home", "Supported living", "Residential home", "Nursing home", "Transferred to another hospital", "Hospice", "Rehab/ interim care bed" or "Patient died during admission" to [1c] then:****In your opinion, was there room for improvement in the assessment of the patient's functional status/needs prior to discharge?**

-
- Yes
-
- No
-
- Unknown

**2b. If answered "Yes" to [2a] then:
Please expand on your answer: (G2a)****2c. If answered "Own home", "Supported living", "Residential home", "Nursing home", "Transferred to another hospital", "Hospice", "Rehab/ interim care bed" or "Patient died during admission" to [1c] then:****In your opinion, was there any room for improvement in the discharge planning for this patient?**

-
- Yes
-
- No
-
- Unknown

**2d. If answered "Yes" to [2c] then:
Please expand on your answer****2e. If answered "Own home", "Supported living", "Residential home", "Nursing home", "Transferred to another hospital", "Hospice", "Rehab/ interim care bed" or "Unknown" to [1c] then:****Given the patient's condition, was length of stay appropriate?**

-
- Yes
-
- No

**2f. If answered "No" to [2e] then:
Please give further detail: new****3a. If answered "Own home", "Supported living", "Residential home", "Nursing home", "Transferred to another hospital", "Hospice", "Rehab/ interim care bed" or "Patient died during admission" to [1c] then:****Is there a discharge summary in the case notes?**

-
- Yes
-
- No
-
- Unknown

**3b. If answered "Yes" to [3a] then:
What information was included in the discharge summary?**

Please tick all that apply

- | | |
|---|--|
| <input type="checkbox"/> Reason for admission | <input type="checkbox"/> Management/ Treatment |
| <input type="checkbox"/> Learning disability coded | <input type="checkbox"/> Medications |
| <input type="checkbox"/> Follow up arrangements | |
| <input type="checkbox"/> Reasonable adjustments made during admission | |
| <input type="checkbox"/> Mental Capacity Assessments | <input type="checkbox"/> Unknown |

Please specify any additional options here...

**3c. If answered "Yes" to [3a] then:
How would you rate the discharge summary?**

- Good Adequate Poor Unacceptable
 Unable to rate

**3d. If answered "Good", "Adequate", "Poor" or "Unacceptable" to [3c] then:
Please expand on your answer**

4a. At discharge, is there evidence of attempts to involve the patient in decisions around their care?

- Yes No N/A - Patient died

4b. At discharge, is there evidence of attempts to involve the patient's carer/ NOK in decisions around their care?

- Yes No N/A - No carer N/A - Patient died

Follow-up

**5a. If answered "Own home", "Supported living", "Residential home", "Nursing home", "Transferred to another hospital", "Hospice" or "Rehab/ interim care bed" to [1c] then:
Was a follow up appointment made for this patient?**

- Yes
 No
 No - but patient was asked to arrange their FU appt
 N/A - not required
 Unknown

5b. If answered "Own home", "Supported living", "Residential home", "Nursing home", "Transferred to another hospital", "Hospice" or "Rehab/ interim care bed" to [1c] and "Yes" to [5a] then:

Which team(s) had scheduled follow up appointments for the patient?

Please tick all that apply

- | | |
|---|---|
| <input type="checkbox"/> Hospital team | <input type="checkbox"/> Primary care team/ Community team |
| <input type="checkbox"/> Acute learning disability team | <input type="checkbox"/> Community learning disability team |
| <input type="checkbox"/> Mental health team | <input type="checkbox"/> Unknown |

Please specify any additional options here...

5c. If answered "Own home", "Supported living", "Residential home", "Nursing home", "Transferred to another hospital", "Hospice", "Rehab/ interim care bed" or "Unknown" to [1c] then:

In your opinion, was there adequate follow up for this patient related to this condition?

- Yes No Unknown

Readmissions

6a. If answered "Own home", "Supported living", "Residential home", "Nursing home", "Transferred to another hospital", "Hospice" or "Patient died during admission" to [1c] then:

Was the patient readmitted within 30 days of discharge?

- Yes No Unknown

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

Was this readmission related to the original admission under review?

- Yes No Unknown

6c. If answered "Own home", "Supported living", "Residential home", "Nursing home", "Transferred to another hospital", "Hospice", "Rehab/ interim care bed" or "Unknown" to [1c] and "Yes" to [6a] then:

Please give details about the readmission(s) (new)

Death

If the patient died during the admission

7a. If answered "Patient died during admission" to [1c] then:
Was death anticipated?

- Yes No Unknown

7b. If answered "Patient died during admission" to [1c] then:
Cause of death 1a:

7c. If answered "Patient died during admission" to [1c] then:
Cause of death 1b:

7d. If answered "Patient died during admission" to [1c] then:
Cause of death 1c:

7e. If answered "Patient died during admission" to [1c] then:
Cause of death 2:

**7f. If answered "Patient died during admission" to [1c] then:
In cases where learning disability was relevant, was learning disability omitted from the death certificate?**

- Yes No
 Not applicable - Notes unavailable Unknown

**7g. If answered "Yes" to [7f] then:
Please expand on your answer**

**8. If answered "Patient died during admission" to [1c] then:
Is there documentation that this patient was reported to LeDeR* programme?**

**LeDeR - Learning from Lives and Deaths - people with a learning disability and autistic people audit
- Please see definitions*

- Yes No N/A - Northern Irish case
 Unknown

Impact of health inequalities

1a. During the review of this case, did you notice any evidence of health inequalities or bias that impacted the care provided?

- Yes
 No
 Unknown

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

What potential health inequalities or protected characteristic considerations apply to this patient?

- | | |
|---|---|
| <input type="checkbox"/> Age | <input type="checkbox"/> Sex |
| <input type="checkbox"/> Disability - Physical | <input type="checkbox"/> Disability - Learning/ Cognitive |
| <input type="checkbox"/> Sexual orientation | <input type="checkbox"/> Gender reassignment |
| <input type="checkbox"/> Pregnancy and maternity | <input type="checkbox"/> Race |
| <input type="checkbox"/> Religion or belief | <input type="checkbox"/> Part of a vulnerable or inclusion health group |
| <input type="checkbox"/> English not first language | <input type="checkbox"/> Travel time to hospital |

Please specify any additional options here...

1c. If answered "Part of a vulnerable or inclusion health group" to [1b] then:

If 'Part of a vulnerable or inclusion health group,' which group?

- | | |
|--|--|
| <input type="checkbox"/> Homelessness | <input type="checkbox"/> Drug and alcohol dependence |
| <input type="checkbox"/> Vulnerable migrants | <input type="checkbox"/> Gypsy, Roma and Traveller communities |
| <input type="checkbox"/> Sex workers | <input type="checkbox"/> People in contact with the justice system |
| <input type="checkbox"/> Victims of modern slavery | |

Please specify any additional options here...

2a. In your opinion, was there room for improvement in the continuity of care for this patient?

- Yes
 No
 Unknown

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

Please expand on your answer:

3a. Throughout the notes, is there evidence that the term learning difficulty was used inappropriately in relation to this patient's learning disability?

- Yes
 No
 Unknown

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

Please give further details:

4a. In your opinion, was there an appropriate level of patient involvement in the care decisions?

- Yes No Unknown

4b. In your opinion, was there an appropriate level of carer involvement in the care decisions?

- Yes No Not applicable - No carer
 Unknown
-

5a. In your opinion, was there a deviation to standard treatment that one would expect to provide to a person of the same demographics without a learning disability?

- Yes No Unknown

5b. In your opinion, did this patient's learning disability impact on the quality of physical health care received by this patient?

- Yes No Unknown

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

Did having a learning disability impact the care this patient received?

- Yes - Positive impact Yes - Negative impact No
 Unknown

**5d. If answered "Yes - Positive impact" or "Yes - Negative impact" to [5c] then:
Please provide details:**

I. Overall quality of care

Please use the following grading to rate the overall quality of care received by this patient

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 that you would accept from yourself, your trainees and your institution.

INSUFFICIENT DATA: Insufficient information submitted to NCEPOD to assess the quality of care

1a. Please rate the overall quality of care using the grading system provided:

- Good practice
- Room for improvement in CLINICAL aspects of care
- Room for improvement in ORGANISATIONAL aspects of care
- Room for improvement in CLINICAL AND ORGANISATIONAL aspects of care
- Less than satisfactory
- Insufficient data to grade

1b. Please provide reasons for assigning this grade:

2a. Are there any themes/ issues from this case you feel should be highlighted in the final report?

- Yes No

2b. If answered "Yes" to [2a] then: Please expand on your answer:

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 concerned 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 has been in operation for 10 years and the responses received have always been positive.

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

Yes

No