**Homelessness Mortality Review**

**Referral Form and Initial Review Tool**

**Death Notification Information**

|  |  |
| --- | --- |
| Name of the Notifier |  |
| Role |  |
| Agency |  |
| Contact Details of Notifier |  |
| Date of Notification |  |
| Relationship to person died |  |

|  |  |  |
| --- | --- | --- |
| Who else has been notified about the death?  (Answer Yes or No) | 1. To the Notifiers knowledge, no one else has been notified | Yes/No |
| 1. Next of Kin | Yes/No |
| 1. Coroner | Yes/No |
| 1. Police | Yes/No |
| 1. Care Quality Commission | Yes/No |
| 1. Place of residence | Yes/No |
| 1. Any other (please detail below) | Yes/No |
| ………………………………………………….  …………………………………………………. |  |
| 1. I don’t know | Yes/No |

If anyone else has been notified about the death, please provide their contact details if you have them.

**Details about the person who died**

|  |  |
| --- | --- |
| FIRST NAME of the person who died |  |
| SURNAME of the person who died |  |
| Known by any other names? If so what is it? |  |
| Date of Birth |  |
| Date of Death |  |
| Age at Death |  |
| Gender |  |
| Sexuality |  |
| Ethnicity |  |
| Disability? If so, in what respect are they disabled? |  |
| Marital Status |  |
| Is the person a parent? |  |
| Last known address |  |
| Type of residence i.e. hostel/supported housing/family member/own tenancy |  |
| Did the person have a local connection to Oxfordshire? |  |

**Those who knew the person who died**

|  |  |  |
| --- | --- | --- |
| Was the person receiving care or support from any statutory or non-statutory agencies?  *(Please tick all that apply)* | | Contact details  *(name of organisation/lead worker/e-mail or telephone contact)* |
| Supported Housing/Hostel services |  |  |
| Social Services |  |  |
| GP |  |  |
| Drug or Alcohol Services |  |  |
| Mental Health Services |  |  |
| Street Outreach Team |  |  |
| Probation/CRC |  |  |
| Other ………………………………………..  ………………………………………..  ……………………………………….. |  |  |

|  |  |
| --- | --- |
| Did the person who died usually receive statutory or voluntary sector support? | Yes / No / Don’t know |
| If YES did they receive support:  (delete as appropriate) | 1. Daytime only 2. Day and night (waking night) 3. Day and night (sleeping night) |
| Who was the primary support/care provider? |  |

**Details of the Death**

|  |  |
| --- | --- |
| Place of Death:  (delete as appropriate) | 1. Hospital 2. Hospice / palliative care unit 3. Residential / nursing home that was not usual address 4. Home of relative or friend 5. Hostel/supported housing 6. Street 7. I don’t know 8. Other (please detail) |
| Address |  |
| Official Cause of Death  *(if available, as described on the Cause of Death Certificate 1a/1b/1c/2)* |  |
| What did Notifier think the cause of death was? |  |
| Was the Notifier surprised that the person died from this cause at this time? If so, why? |  |
| Will there be a post mortem? |  |
| Will there be a Coroner’s inquest? |  |
| Will there be any other investigation into the death? If YES, please describe |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Please provide a summary timeline of the circumstances in the four weeks leading to the person’s death. Please include dates of all meetings, hospital visits/admission, support sessions etc. whether missed or attended. | | | | |
| Date | Time | What occurred? | Who was involved/present? | What was the outcome/ what follow-up was there? |
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| Initial Pen Portrait | |
| Gathered from: |  |
| In what capacity do they know the person who died? |  |
| *(the pen portrait should be a description of the person’s life, their interests and any pertinent details that help to paint a fuller picture of them as a person)* | |

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| --- |
| Any other initial comments |
|  |

**Outcome of Screening (to be completed by the Chair of the Homeless Mortality Review group)**

|  |  |  |
| --- | --- | --- |
| Outcome | Date | Reason |
| Full review instigated |  |  |
| Case closed |  |  |