This form is used in the child death review process to gather information about each child's death. Its primary purpose is to enable CDOP to review all children's deaths in their area in order to understand patterns and factors contributing to children's deaths. Please complete those sections on which you hold information. If you do not have information for a particular item please tick NK (not known).

Information on this form will be shared with other professionals for the purposes of the child death review process. All professionals are entitled to share this information without contravening laws on data protection. All information gathered will be stored securely and statutory safeguards (s251) are in place to allow the legal transfer, storage, analysis of identifiable data

**Identifying Details** - to be removed for the purposes of anonymisation prior to discussion at the CDOP

|  |  |  |  |
| --- | --- | --- | --- |
| Name |        | Date of birth |     /    /    |
| NHS No. |       | Date and time of death  |     /    /      :   hrs (24hr)  |
| Postcode |       |

**Reporting Details**

|  |  |
| --- | --- |
| Child’s age at death (year/month/day) |    /    /    |
| Gender | Male   Female   Unknown   Indeterminate    |
| Education/Occupation  | Infant/young child, not yet in education    Nursery   School   College   Home schooled   Not in education   Left education* Employed
* Unemployed
* Apprenticeship

Not known    |
| Was this death subject to a Joint Agency Response[[1]](#footnote-1)? | Yes   No   Indicated, but did not occur   Not known    |
| Was there a formal Serious Incident investigation or any other internal agency investigation? | Yes   No   Not known    |
| Is this child’s death subject to a Serious Case Review (child protection)/ local or national Child Safeguarding Practice Review? | Yes   No   Not known    |
| Is this child’s death subject to any other statutory review? | Yes   No   Not known    |
| Is this child’s death subject to any criminal or police investigation? | Yes   No   Not known    |
| If any of the above investigations apply, please provide details and if possible a copy of the report to the CDOP if it is available |       |

**Summary of Case and Circumstances leading to the death**

*This section provides information on the nature and manner of the child’s death.*

|  |
| --- |
| **Details of the Death** |
| Where was the child when they died?[[2]](#footnote-2) | Hospital * Midwifery unit
* Labour ward / delivery suite
* NICU
* PICU
* AICU
* ED
* Hospital ward
* Theatre

Hospice   Home   Other residence (please specify)   Public place   School   Other (please specify)    |
| What is the cause of death as given on the Medical Certificate of Cause of Death (MCCD), or the coroner’s conclusion as to the cause of death, if known?  | Cause of death (if known)      Death currently being investigated by coroner, conclusion not known    |
| What was the mode of death? | Planned palliative care   Withholding, withdrawal, or limitation of life-sustaining treatment)   Brainstem death   Failed cardio-pulmonary resuscitation   Found dead   Not known    |
| Was this death discussed with the coroner? | Yes, and the coroner carried out an investigation   Yes, and the coroner agreed that the hospital should issue a MCCD   No, and MCCD issued by medical team   Not known    |
| Was a post-mortem examination carried out? | Yes – coroner’s PM   Yes – hospital PM   No   Not known    |

|  |
| --- |
| **Circumstances of Death:**Please provide a narrative account of the circumstances leading to the death. This should include a chronology of pertinent events in the background history and the events leading to the death. For hospital deaths this should include details of the health care provided and might include a copy of the death summary. If relevant please also provide information relating to the early family history; pregnancy and birth; infancy; pre-school; school years; and adolescence. The CDOP is not expected to review original case files or other primary documents, unless specific circumstances deem this necessary.       |

|  |
| --- |
| **Were any of the following events known to have occurred? (tick all that apply)** |
| Death in a neonatal unit (allows linkage to PMRT)  |    |
| Death of a child with a life-limiting condition |    |
| Death of a child with an oncology condition |    |
| SUDI/SUDIC |    |
| Other external event (head trauma, vehicle collision, drowning, fire/burns, poisoning, other non-intentional injury) |    |
| Recognised complication of a medical or surgical procedure |    |
| Acute asthma |    |
| Acute epilepsy |    |
| Acute Metabolic / Diabetic Ketoacidosis |    |
| Cardiac: Congenital and Acquired |    |
| Other Chromosomal, Genetic or Congenital Anomaly (not including cardiac) |    |
| Infection (after first week of life) |    |
| Suicide or self-harm, including alcohol or substance abuse |    |
| Violent or maltreatment-related death |    |

**Domain A: Factors intrinsic to the child**

*This section provides information about the child and any known conditions intrinsic to the child that may have contributed to the death. For neonatal deaths, this includes factors relating to the pregnancy.*

|  |  |  |
| --- | --- | --- |
| Birth weight (gm or lb and oz) |       gm       Ib      ozSmall for gestational age? Y/N/NK | Gestational age at birth:      completed weeks |
| For neonatal deaths, what was the mother’s gravidity and parity? | Number of pregnancies (including this child)   Number of births (including this child)    |
| Did the child have any known pre-existing medical conditions (including any congenital anomalies) at the time of death?If yes, please provide details in the narrative section below | Yes   No   Not known    |
| Did the child have a learning disability?[[3]](#footnote-3)If yes, please provide details in the narrative section below | Yes   No   Not applicable – too young (< 4yrs age)   Not known    |
| Did the child have any other developmental impairment or disability at the time of death?If yes, please provide details in the narrative section below | Yes   No   Not applicable – too young   Not known    |
| Did the child have any known pre-existing mental health conditions at the time of death?If yes, please provide details in the narrative section below | Yes   No   Not applicable   Not known    |
| Did the child have any known drug or alcohol dependency issues?If yes, please provide details in the narrative section below | Yes   No   Not applicable   Not known    |
| Did the child have any known identity or social relationship issues? If yes, please provide details in the narrative section below | Yes   No   Not applicable   Not known    |
| Ethnic group |  | White |  British Irish Any other White background  |  |
|  |  | Mixed |  White and Black Caribbean White and Black African White and Asian Any other mixed background |  |
|  |  | Asian or Asian British |  Indian Pakistani Bangladeshi Any other Asian background  |  |
|  |  | Black or Black British  |  African Caribbean Any other Black background  |  |
|  |  | Other ethnic group |  Chinese Any other ethnic group  |  |
|  |  | Not known/ not stated |  |

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| --- |
| **Factors intrinsic to the child (including the pregnancy):**Please provide (if necessary) narrative detail relating to the sections above and also consider other known health needs; factors influencing health; growth parameters development/educational issues; behavioural issues; social relationships; identity and independence; any identified factors in the child that may have contributed to the death. For neonatal deaths, include any relevant factors intrinsic to the pregnancy or mother’s healthThe CDOP is not expected to review original case files or other primary documents, unless specific circumstances deem this necessary.       |

**Domain B: Factors in the Social Environment including parenting capacity**

*This section provides details of the child’s social environment, in particular to understand factors in relation to the care of the child that may have had relevance to the child’s death.*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Age | Gender | Relationship to child and/or family | Employment status/ Occupation | Living in primary household? [[4]](#footnote-4) |
| **Mother** |  | F | Mother |  | Y / N / NK |
| **Father** |  | M | Father |  | Y / N / NK |
| **Siblings** (*Please number and complete any information known; further siblings can be added below, please include step and half siblings)*  |
| 1 |  |  |  |  | Y / N / NK |
| 2 |  |  |  |  | Y / N / NK |
| **Other significant others** *(e.g. Mother’s partner; significant carer. Please complete any information known; further adults can be added below)* |
| 1 |  |  |  |  | Y / N / NK |
| 2 |  |  |  |  | Y / N / NK |
| 3 |  |  |  |  | Y / N / NK |

**Further family information**

*(In relation to the primary household or other household where the child spends a significant amount of time)*

|  |  |
| --- | --- |
| Who was caring for the child at the onset of the illness or incident that led to their death? | Mother  Father  Other (please specify)   The child/young person him/herself  Hospital staff   Hospice staff   Not known   |
| Were any significant family members known to have any physical health problems/disability? If so, please provide further details in the narrative section below | Mother  Father  Other significant adult  Sibling  Not known   |
| Were any significant family members known to have any mental health problems/disability? If so, please provide further details in the narrative section below | Mother  Father  Other significant adult  Sibling  Not known   |
| Are the child’s parents known to be blood relatives? | Yes/No/Not known |
| Were any significant family members known to be smokers? | Mother  Father  Other significant adult  Sibling  Not known   |
| Were any significant family members known to misuse alcohol? | Mother   Father   Other significant adult   Sibling   Not known    |
| Were any significant family members known to misuse drugs? | Mother   Father   Other significant adult   Sibling   Not known    |
| Was there any known domestic violence/abuse in the household? | Yes   No   Not known    |
| Was the child known to children’s social care prior to their death/the event leading to their death (tick all that apply)? | Yes, on a child protection plan   Yes, as a looked after child   Yes, as a child in need   Yes, as an asylum seeker   Yes, other (please specify)   Previously known, but not an open case   No   Not known    |
| Were there any concerns that child abuse or neglect may have contributed in any way to the child’s death? | Yes   No   Not known    |

|  |
| --- |
| **Factors in the social environment including parenting capacity**: Please provide (if necessary) narrative detail relating to the sections above. Please consider additional factors if relevant/known: family structure and functioning; provision of basic care (safety, emotional warmth; stimulation; guidance and boundaries; stability); engagement with health services (including antenatal care where relevant); employment and income; social integration and support; nursery/preschool or school environment. Include strengths as well as weaknesses.The CDOP is not expected to review original case files or other primary documents, unless specific circumstances deem this necessary       |

**Domain C: Factors in the Physical Environment**

*This section provides details of the physical environment in which the child was living or died, including any issues in relation to housing, the built environment, and environmental safety.*

|  |  |
| --- | --- |
| Where was the child at the onset of the illness or incident that led to their death? | Hospital * Midwifery unit
* Labour ward / delivery suite
* NICU
* PICU
* AICU
* ED
* Hospital ward
* Theatre

Hospice   Home   Other residence (please specify)   Public place   School   Other (please specify)    |

|  |
| --- |
| **Factors in the physical environment:**Please provide a description of any relevant factors known to you that have not been covered elsewhere. You might consider issues relatingto the physical environment the child was in at the time of the event leading to death, or the mother during pregnancy, including: poor quality housing; overcrowding; environmental conditions; home or neighbourhood safety; as well as known hazards contributing to common childhood injuries (e.g. burns, falls, road traffic collisions) The CDOP is not expected to review original case files or other primary documents, unless specific circumstances deem this necessary |

**Domain D: Factors in Service Provision**

*This section provides a profile of services (required or provided) involved with the child and family, including services provided to the mother during pregnancy; the effectiveness of those services in supporting the child and family; and should identify any unmet needs or gaps in service provision. In completing this section please, if possible, consider factors across the pathway of care: pre-hospital/ primary care, emergency, transport, services, secondary and tertiary hospital care; end of life care*

|  |  |
| --- | --- |
| Please list key agencies and hospital services involved with this child and family  |  |
| Was this child in hospital as a planned admission?[[5]](#footnote-5) | Yes   No   Newborn baby in hospital   Not known    |
| Was this child transferred from another hospital?  | Yes   No   Not known    |
| Was this child known to Mental Health Services (child and adolescent or adult mental health services)? | Yes   No   Not applicable   Not known    |
| In a child with a life-limiting condition is there evidence of appropriate parallel planning and engagement with palliative care? | Yes   No   Not known   Not applicable    |
| Were there any issues in identification of illness, assessment, investigation, or diagnosis?If so, please provide details in the narrative section below | Yes   No   Not known    |
| Were there any issues relating to treatment or healthcare management plan (tick all that apply)? If so, please provide details in the narrative section below | Medication, IV fluids/ anaesthesia?   Infection management?   Operation or invasive procedure   Clinical monitoring   Resuscitation   Other    |
| Were there any issues in communication and /or teamwork (either within or between agencies)If so, please provide details in the narrative section below | Yes   No   Not known    |
| Were there organisational issues that may have contributed to the child’s vulnerability, ill-health or death?If so, please provide details in the narrative section below | Yes   No   Not known    |
| Were any patient safety incidents reported in this case?If so, please provide details in the narrative section below | Yes   No   Not known    |
| Did the parents or carers express any concerns about the care offered to this child? If so, please provide relevant details in the narrative section below | Yes   No   Not known    |

|  |
| --- |
| **Factors in relation to service provision**Please provide (if necessary) narrative detail relating to the sections above for which you have answered yes. You might consider underlying staff factors, task factors, equipment, and work environment, education and training, and team factors       Also please provide any information known to you in relation to service provision that has not been covered elsewhere. Please describe positive as well as negative aspects of service delivery and give detail to examples of excellent care       |

1. Joint Agency Response – a multiagency response involving police, social services, and health [↑](#footnote-ref-1)
2. The place where the child is believed to have died regardless of where death was confirmed. Where a child is brought in dead from the community and no signs of life were recorded during the resuscitation, the place of death should be recorded as the community location; where a child is brought in to hospital following an event in the community and is successfully resuscitated, but resuscitation or other treatment is subsequently withdrawn, the place of death should be recorded as the location within the hospital where this occurs [↑](#footnote-ref-2)
3. In children > 4 years of age, the LeDeR programme defines ‘learning disabilities’ as a significantly reduced ability to understand new or complex information and to learn new skills (impaired intelligence), with a reduced ability to cope independently (impaired social functioning), which started in childhood with a lasting effect on development. [↑](#footnote-ref-3)
4. If the child is living in more than one household, for example where the parents have separated, the primary household is where the child spends most of his/her time; please provide any relevant details in the narrative section [↑](#footnote-ref-4)
5. A [patient](https://www.datadictionary.nhs.uk/data_dictionary/classes/p/patient_de.asp?shownav=1) admitted, usually as part of a planned sequence of clinical care, who has been given a date or approximate date at the time that the decision to admit was made. [↑](#footnote-ref-5)