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| **PLEASE READ PRIOR TO COMPLETING THE REPORTING FORM**  **This form is used in the child death review process to gather information about each child's death. Its primary purpose is to enable the CDOP to review all child deaths in their area in order to understand patterns and factors contributing to child deaths.**  **Please complete those sections on which you hold information. It is not expected that services will know answers to all of the questions in each section. If you do not know the answer/have information for a particular question/section 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** |
| **RETURNING THE FORM**  The form is to be returned to CDOP by secure email to: [cdop@northyorks.gov.uk](mailto:cdop@northyorks.gov.uk) |

|  |  |
| --- | --- |
| **Professional’s Name** |  |
| **Your Role** |  |
| **Your Service** |  |

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

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | Date of birth  (dd/mm/yyyy) | / / |
| NHS No. |  | Date and time of death | Date: / /  Time: **:** (24hr) |
| Postcode |  | | |

**Reporting details:**

|  |  |
| --- | --- |
| Child’s age at death (year/month/day) | /    / |
| Sex | Male  Female  Indeterminate  Unknown |
| 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-2)? | 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 |
| Was the child death notified as an incident to the Child Safeguarding Practice Review Panel? (via the child safeguarding incident notification system at Department for Education) | 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. |  |

**Case alert:**

Was there any cause for concern about any element in the child's environment or circumstances of death where action is required for urgent learning?

Yes (if yes, please give details including the name and brand of any

product if known)

No

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| *Below are some examples of what to include in response to this question. This list is not exhaustive and is included for guidance only. Please use this to alert the NCMD team of any issue of concern to you.*   * *Concerns about the functioning of medical equipment e.g. pumps, syringe drivers, wheelchairs, sleep systems, orthotics* * *Concerns about any product e.g. nappy sacks, blind cords, apnoea monitors, car seats, sleep positioning devices, swaddling devices, play equipment* * *Concerns about specific medications* * *Concerns regarding clusters of similar deaths known to you* |

**Summary of case and circumstances leading to the death:**

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

|  |  |
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| **Details of the death** | |
| Where was the child when they died?[[2]](#footnote-3) | Hospital - name of hospital:  Midwifery unit  Labour ward / delivery suite  Neonatal unit  PICU  AICU  ED  Hospital ward  Theatre  Hospice - name of hospice:  Home  Other residence *(please specify):*  Public place  School  Abroad *(please specify):*  In transit  Other *(please specify):*  Not known |
| If the child died abroad, did the family take out travel insurance before they travelled? | Yes  No  Not known  Not applicable |
| 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? | |
| Registered cause of death (if known) for children over 28 days: | Ia:  Ib:  Ic:  II: |
| Registered cause of death (if known) for neonatal deaths: | (a) Main diseases or conditions in infant:  (b) Other diseases or conditions in  infant:  (c) Main maternal diseases or conditions  affecting infant:  (d) Other maternal diseases or  conditions affecting infant:  (e) Other relevant conditions: |
| 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 |
| If yes, date post-mortem examination was undertaken: |  |
| If yes, date post-mortem report was received by the CDOP: |  |

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| **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.** |

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| **Were any of the following events known to have occurred?** *(tick* ***all*** *that apply)* |
| Asthma and anaphylaxis |
| Cardiac: congenital or acquired |
| Chromosomal, genetic or congenital anomaly (excluding cardiac conditions) |
| Death in a neonatal unit, delivery suite or labour ward (allows linkage to PMRT) |
| Death of a child with a life-limiting condition |
| Death of a child with an oncology condition |
| Diabetic ketoacidosis |
| Epilepsy |
| Infection (after first week of life) |
| SUDI/SUDIC |
| Suicide or self-harm, including alcohol or substance abuse |
| Trauma or external factors (vehicle collisions; falls; death as a result of injuries  sustained from a falling object; death as a result of fire / burns or electrocution;  drowning; poisoning; recognised complication of medical or surgical procedure;  animal attack; natural disaster; accidental strangulation / accidental suffocation;  other trauma or external factors) |
| 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) | | gm | Gestational age at birth:  *completed weeks (+ days if known)* |  | |
| Small for gestational age? | | Yes  No  Not known | | | |
| For neonatal deaths, what was the mother’s gravidity and parity? | | | Number of pregnancies  (including this child):  Number of births (including  this child): | | |
| For deaths under 1 year: Mother’s BMI at booking: | | |  | | |
| Child's weight (kg) | | |  | | |
| Date measurement taken *(last recorded measurement)* | | | / / | | |
| Child's height (cm) | | |  | | |
| Date measurement taken *(last recorded measurement)* | | | / / | | |
| What was the child's immunisation status at the time of death? | | | Fully immunised  Partially immunised – please  provide details  Not immunised – please  provide details  Too young for immunisations  Other – please provide details  Not known | | |
| 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-4)  *If yes, please provide details in the narrative section below.* | | | Yes  No  Not applicable *(child under 4*  *years of 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  Gypsy or Irish Traveller  Roma  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:  Arab  Chinese  Any other ethnic group - please specify, if known: | | | |  |
| Not available (e.g., the family preferred not to say)  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 health. Consider whether the mother was vaccinated against COVID-19 during pregnancy, or whether the child was vaccinated in deaths where this was relevant.  **The 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-5)** |
| **Mother** |  |  | Mother | Employed or self-  employed (FT/PT)  Unemployed  (looking for work)  Student (FT/PT)  Looking after the  home/family  Permanently  sick/disabled  Other  Not known | Yes  No  Not known |
| **Father** |  |  | Father | Employed or self-  employed (FT/PT)  Unemployed  (looking for work)  Student (FT/PT)  Looking after the  home/family  Permanently  sick/disabled  Other  Not known | Yes  No  Not known |
| **Siblings** (*Please number, and complete any information known; further siblings can be added below. Please include step and half siblings)* | | | | | |
| 1 |  |  |  |  | Yes  No  Not known |
| 2 |  |  |  |  | Yes  No  Not known |
| 3 |  |  |  |  | Yes  No  Not known |
| **Other significant relationship to child** *(e.g. Mother’s partner; significant carer. Please complete any information known; further adults can be added below)* | | | | | |
| 1 |  |  |  |  | Yes  No  Not known |
| 2 |  |  |  |  | Yes  No  Not known |
| 3 |  |  |  |  | Yes  No  Not known |

**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  The child/young person  him/herself  Hospital staff  Hospice staff  Other *(please specify):*  Not known |
| Was there any indication that the child / child’s family lived in poverty and/or deprivation? | Yes  No  Not known |
| If **yes**, which of the following factors were present in this case? *(Tick ALL that apply)*  **Income Deprivation:** *This includes low income due to people out of work, sick, retired or on maternity leave and those that are in work but who have low earnings, as well as deprivation caused by low income – rent arrears, fuel poverty, lack of heating, lighting and hot water, inadequate furniture (including inability to purchase a cot), clothes and household equipment, debts, inability to pay bills, afford transport, to afford leisure activities, food insecurity and food bank use, lack of toys, books, etc.*  **Employment Deprivation:** *This also includes inability to work due to unemployment, maternity, sickness or disability, or due to caring responsibilities.*  **Education, Skills and Training Deprivation*:*** *i.e. lack of attainment and skills related to the child and / or significant others in the child’s life, inability to participate in education due to lack of books, IT equipment, place to study, cost of school uniform, meals, trips, etc.*  **Health Deprivation and Disability:** *Factors related to poor health in family members, disability or mental illness.*  **Crime:** *Factors related to illegal activities (direct or indirect).*  **Barriers to Services:** *Factors related to availability to local services (e.g. GP surgeries or education), or limited access to services, geographical barriers, wider barriers (i.e. affordability).*  **Living Environment Deprivation:** *Factors relating to poor housing (e.g. high rents as barriers to housing, lack of heating and /or disrepair, damp, mould, overcrowding, homelessness (including living in temporary accommodation), lack of outdoor space or play areas, no safe outside play area, or the local environment (e.g. unsafe roads or pollution levels). A home is overcrowded if 2 people have to sleep in the same room and they are: not a couple / of a different sex (children under the age of 10 do not count, they can share a room with anyone). The minimum size for a bedroom in England for a house in multiple occupation (since 2018) is: 6.51 m2 for one person over 10 years of age. 10.22 m2 for two persons over 10 years. 4.64 m2 for one child under the age of 10 years. For more information and further rules that may apply see:* | Income *(please specify):*  Employment *(please specify):*  Education, Skills and Training  *(please specify):*  Health Deprivation and  Disability *(please specify):*  Crime *(please specify):*  Barriers to Services *(please*  *specify):*  Living Environment *(please*  *specify):*  Other *(please specify):* |
| [*https://england.shelter.org.uk/housing\_advice/repairs/check\_if\_your\_home\_is\_overcrowded\_by\_law*](https://england.shelter.org.uk/housing_advice/repairs/check_if_your_home_is_overcrowded_by_law) *and* [*https://commonslibrary.parliament.uk/does-the-law-set-a-minimum-bedroom-size-in-england/*](https://commonslibrary.parliament.uk/does-the-law-set-a-minimum-bedroom-size-in-england/) | |
| Were any significant family members known to have any physical health problems/ disability?  *If yes, please provide further details in the narrative section below.* | Mother  Father  Sibling  Other significant relationship to  child *(please specify):*  Not known |
| Were any significant family members known to have any mental health problems/ disability?  *If yes, please provide further details in the narrative section below.* | Mother  Father  Sibling  Other significant relationship to  child *(please specify):*  Not known |
| Did any of the parents/carers have a learning disability or difficulty? | Yes – please provide details  No  Not known |
| Were any of the parents/carers neurodivergent e.g., ADHD or Autism? | Yes – please provide details  No  Not known |
| Are the child’s parents related to each other (E.g. Cousin)? | Yes  No  Not known |
| Were any significant family members known to be smokers? | Mother  Father  Sibling  Other significant relationship to  child *(please specify):*  Not known |
| If any significant family members were smokers, what did they smoke?  *Please answer this for each person selected as a smoker.* | Cigarettes  Vapes / E-cigarettes  Other  Not known |
| If any significant family members were smokers, how many did they smoke per day?  *Please answer this for each person selected as a smoker.* |  |
| If the child’s mother was a smoker, did the mother smoke during pregnancy? | Yes  No  Not known |
| Were any significant family members known to misuse alcohol? | Mother  Father  Sibling  Other significant relationship to  child *(please specify):*  Not known |
| Were any significant family members known to misuse drugs? | Mother  Father  Sibling  Other significant relationship to  child *(please specify):*  Not known |
| Was there any known domestic violence/abuse in the household? | Yes *(please specify):*  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 the parents or carers of the child care leavers themselves? | Yes  No  Not known |
| If yes, who was a care leaver? | Mother  Father  Other *(please specify):* |
| Were there any concerns that child abuse or neglect may have contributed in any way to the child’s death? | Yes  No  Not known |

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| **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  Neonatal unit  PICU  AICU  ED  Hospital ward  Theatre  Hospice  Home  Other residence *(please specify):*  Public place  School  Abroad *(please specify):*  Other *(please specify):* |
| Please specify the housing status of the child's usual place of residence *(tick all that apply):* | Owner occupied  Private rented accommodation  Social/council housing  Holiday let  Homeless  Hotel (including B&B)  Hostel  Sofa-surfing  Caravan  Tent  Not known  Other temporary accommodation  *(please specify):* |

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| **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-6) | Yes  No  Newborn baby in hospital  Not known |
| Was this child transferred from another hospital?  *If yes, please provide details in the narrative section below.* | Yes  No  Not known |
| Was this child known to Mental Health Services (child and adolescent or adult mental health services)?  *If yes, please provide details in the narrative section below.* | 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?  *If* ***no****, please provide details in the narrative section below.* | Yes  No  Not known  Not applicable |
| Were there any issues in identification of illness, assessment, investigation, or diagnosis?  *If yes, 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 yes, please provide details in the narrative section below.* | Medication, IV fluids/  anaesthesia  Infection management  Operation or invasive  procedure  Clinical monitoring  Resuscitation  Other *(please specify):*  None |
| Were there any issues in communication and /or teamwork (either within or between agencies)?  *If yes, 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 yes, please provide details in the narrative section below.* | Yes  No  Not known |
| Were any patient safety incidents reported in this case?  *If yes, please provide details in the narrative section below.* | Yes  No  Not known |
| Did the child’s family experience any barriers to accessing services (e.g. chargeable care, language, financial)?  *If yes, please provide relevant details in the narrative section below.* | Yes  No  Not known |
| If **yes**, if the family were advised of charges for their NHS care, did this potentially delay or prevent access to healthcare? | Yes, the family were advised  of charges and this  potentially delayed /  prevented them from  accessing the services  No, the family were advised  of charges, but this did not  cause delays in accessing  services  Not known  Not applicable (the family  were not advised of charges) |
| Did the parents or carers express any concerns about the care offered to this child?  *If yes, please provide relevant details in the narrative section below.* | Yes  No  Not known |
| Was bereavement support offered? | Yes – offered and accepted  Yes – offered and declined  Offered but response not  known  Not offered  Not known |
| If yes, what support was offered? |  |
| For deaths under 1 year: Did your agency provide antenatal care? | Yes  No  Not known  Not applicable |
| If yes, please give a summary of the mother's antenatal care. |  |

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| **Factors in relation to service provision:**  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. Consider whether relevant services (e.g., smoking cessation, folic acid, nutritional information) were offered to the family, whether the services were taken up and if not, the reasons why. Please include what went well and also any areas for improvement. |

1. Joint Agency Response – a multiagency response involving police, social services, and health. [↑](#footnote-ref-2)
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-3)
3. In children 4 years of age or older, 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-4)
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-5)
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-6)