

Child Death Review Reporting Form

CDOP Identifier (Unique identifying number assigned by CDOP administrator)

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 (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	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Indeterminate <input type="checkbox"/> Unknown
Education/Occupation	<input type="checkbox"/> Infant/young child, not yet in education <input type="checkbox"/> Nursery <input type="checkbox"/> School <input type="checkbox"/> College <input type="checkbox"/> Home schooled <input type="checkbox"/> Not in education <input type="checkbox"/> Left education: <input type="checkbox"/> Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Apprenticeship <input type="checkbox"/> Not known

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Was this death subject to a Joint Agency Response ¹ ?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Indicated, but did not occur <input type="checkbox"/> Not known
Was there a formal Serious Incident investigation or any other internal agency investigation?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not known
Is this child's death subject to a Serious Case Review (child protection)/ local or national Child Safeguarding Practice Review?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not known
Is this child's death subject to any other statutory review?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not known
Is this child's death subject to any criminal or police investigation?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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

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*

¹ Joint Agency Response – a multiagency response involving police, social services, and health.

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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

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

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?

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.

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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?	<input type="checkbox"/> Planned palliative care <input type="checkbox"/> Withholding, withdrawal, or limitation of life-sustaining treatment <input type="checkbox"/> Brainstem death <input type="checkbox"/> Failed cardio-pulmonary resuscitation <input type="checkbox"/> Found dead <input type="checkbox"/> Not known
Was this death discussed with the coroner?	<input type="checkbox"/> Yes, and the coroner carried out an investigation <input type="checkbox"/> Yes, and the coroner agreed that the hospital should issue a MCCD <input type="checkbox"/> No, and MCCD issued by medical team <input type="checkbox"/> Not known
Was a post-mortem examination carried out?	<input type="checkbox"/> Yes – coroner’s PM <input type="checkbox"/> Yes – hospital PM

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	<input type="checkbox"/> No <input type="checkbox"/> Not known
If yes, date post-mortem examination was undertaken:	
If yes, date post-mortem report was received by the CDOP:	

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)

<input type="checkbox"/> Asthma and anaphylaxis
<input type="checkbox"/> Cardiac: congenital or acquired
<input type="checkbox"/> Chromosomal, genetic or congenital anomaly (excluding cardiac conditions)
<input type="checkbox"/> Death in a neonatal unit, delivery suite or labour ward (allows linkage to PMRT)
<input type="checkbox"/> Death of a child with a life-limiting condition
<input type="checkbox"/> Death of a child with an oncology condition
<input type="checkbox"/> Diabetic ketoacidosis
<input type="checkbox"/> Epilepsy
<input type="checkbox"/> Infection (after first week of life)
<input type="checkbox"/> SUDI/SUDIC

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<input type="checkbox"/> Suicide or self-harm, including alcohol or substance abuse
<input type="checkbox"/> 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)
<input type="checkbox"/> 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: <i>completed weeks (+ days if known)</i>	
Small for gestational age?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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 (<i>last recorded measurement</i>)	/ /		
Child's height (cm)			
Date measurement taken (<i>last recorded measurement</i>)	/ /		
Did the child have any known pre-existing medical conditions (including any congenital anomalies) at the time of death? <i>If yes, please provide details in the narrative section below.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not known		
Did the child have a learning disability? ³	<input type="checkbox"/> Yes <input type="checkbox"/> No		

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.

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<p><i>If yes, please provide details in the narrative section below.</i></p>	<p><input type="checkbox"/> Not applicable (<i>child under 4 years of age</i>)</p> <p><input type="checkbox"/> Not known</p>
<p>Did the child have any other developmental impairment or disability at the time of death? <i>If yes, please provide details in the narrative section below.</i></p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Not applicable – too young</p> <p><input type="checkbox"/> Not known</p>
<p>Did the child have any known pre-existing mental health conditions at the time of death? <i>If yes, please provide details in the narrative section below.</i></p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Not applicable</p> <p><input type="checkbox"/> Not known</p>
<p>Did the child have any known drug or alcohol dependency issues? <i>If yes, please provide details in the narrative section below.</i></p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Not applicable</p> <p><input type="checkbox"/> Not known</p>
<p>Did the child have any known identity or social relationship issues? <i>If yes, please provide details in the narrative section below.</i></p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Not applicable</p> <p><input type="checkbox"/> Not known</p>

<p>Ethnic group</p>	<p>White:</p> <p><input type="checkbox"/> British</p> <p><input type="checkbox"/> Irish</p> <p><input type="checkbox"/> Gypsy or Irish Traveller</p> <p><input type="checkbox"/> Roma</p> <p><input type="checkbox"/> Any other White background</p>
	<p>Mixed:</p> <p><input type="checkbox"/> White and Black Caribbean</p> <p><input type="checkbox"/> White and Black African</p> <p><input type="checkbox"/> White and Asian</p> <p><input type="checkbox"/> Any other mixed background</p>
	<p>Asian or Asian British:</p> <p><input type="checkbox"/> Indian</p> <p><input type="checkbox"/> Pakistani</p> <p><input type="checkbox"/> Bangladeshi</p> <p><input type="checkbox"/> Any other Asian background</p>
	<p>Black or Black British:</p> <p><input type="checkbox"/> African</p> <p><input type="checkbox"/> Caribbean</p> <p><input type="checkbox"/> Any other Black background</p>
	<p>Other ethnic group:</p> <p><input type="checkbox"/> Arab</p> <p><input type="checkbox"/> Chinese</p>

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	<input type="checkbox"/> Any other ethnic group - please specify, if known:
	<input type="checkbox"/> Not available (e.g., the family preferred not to say) <input type="checkbox"/> Not known/ not stated

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.

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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
Mother			Mother	<input type="checkbox"/> Employed or self-employed (FT/PT)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not known

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

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					<input type="checkbox"/> Unemployed (looking for work) <input type="checkbox"/> Student (FT/PT) <input type="checkbox"/> Looking after the home/family <input type="checkbox"/> Permanently sick/disabled <input type="checkbox"/> Other <input type="checkbox"/> Not known
Father			Father		<input type="checkbox"/> Employed or self-employed (FT/PT) <input type="checkbox"/> Unemployed (looking for work) <input type="checkbox"/> Student (FT/PT) <input type="checkbox"/> Looking after the home/family <input type="checkbox"/> Permanently sick/disabled <input type="checkbox"/> Other <input type="checkbox"/> Not known
Siblings (Please number, and complete any information known; further siblings can be added below. Please include step and half siblings)					
1					<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not known
2					<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not known
3					<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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					<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not known
2					<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not known

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3					<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not known
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Further family information:

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

<p>Who was caring for the child at the onset of the illness or incident that led to their death?</p>	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> The child/young person him/herself <input type="checkbox"/> Hospital staff <input type="checkbox"/> Hospice staff <input type="checkbox"/> Other <i>(please specify)</i> : <input type="checkbox"/> Not known
<p>Was there any indication that the child / child's family lived in poverty and/or deprivation?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not known
<p>If yes, which of the following factors were present in this case? <i>(Tick ALL that apply)</i></p> <p>Income Deprivation: <i>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.</i></p> <p>Employment Deprivation: <i>This also includes inability to work due to unemployment, maternity, sickness or disability, or due to caring responsibilities.</i></p> <p>Education, Skills and Training Deprivation: <i>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.</i></p> <p>Health Deprivation and Disability: <i>Factors related to poor health in family members, disability or mental illness.</i></p>	<input type="checkbox"/> Income <i>(please specify)</i> : <input type="checkbox"/> Employment <i>(please specify)</i> : <input type="checkbox"/> Education, Skills and Training <i>(please specify)</i> : <input type="checkbox"/> Health Deprivation and Disability <i>(please specify)</i> : <input type="checkbox"/> Crime <i>(please specify)</i> : <input type="checkbox"/> Barriers to Services <i>(please specify)</i> :

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<p>Crime: <i>Factors related to illegal activities (direct or indirect).</i></p> <p>Barriers to Services: <i>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).</i></p> <p>Living Environment Deprivation: <i>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:</i></p>	<p><input type="checkbox"/> Living Environment (<i>please specify</i>):</p> <p><input type="checkbox"/> Other (<i>please specify</i>):</p>
<p>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/</p>	
<p>Were any significant family members known to have any physical health problems/ disability? <i>If yes, please provide further details in the narrative section below.</i></p>	<p><input type="checkbox"/> Mother</p> <p><input type="checkbox"/> Father</p> <p><input type="checkbox"/> Sibling</p> <p><input type="checkbox"/> Other significant relationship to child (<i>please specify</i>):</p> <p><input type="checkbox"/> Not known</p>
<p>Were any significant family members known to have any mental health problems/ disability? <i>If yes, please provide further details in the narrative section below.</i></p>	<p><input type="checkbox"/> Mother</p> <p><input type="checkbox"/> Father</p> <p><input type="checkbox"/> Sibling</p> <p><input type="checkbox"/> Other significant relationship to child (<i>please specify</i>):</p> <p><input type="checkbox"/> Not known</p>
<p>Are the child's parents related to each other (E.g. Cousin)?</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Not known</p>
<p>Were any significant family members known to be smokers?</p>	<p><input type="checkbox"/> Mother</p> <p><input type="checkbox"/> Father</p> <p><input type="checkbox"/> Sibling</p>

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	<input type="checkbox"/> Other significant relationship to child (<i>please specify</i>): <input type="checkbox"/> Not known
If any significant family members were smokers, what did they smoke? <i>Please answer this for each person selected as a smoker.</i>	<input type="checkbox"/> Cigarettes <input type="checkbox"/> E-cigarettes <input type="checkbox"/> Other <input type="checkbox"/> Not known
If any significant family members were smokers, how many did they smoke per day? <i>Please answer this for each person selected as a smoker.</i>	
If the child's mother was a smoker, did the mother smoke during pregnancy?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not known
Were any significant family members known to misuse alcohol?	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Sibling <input type="checkbox"/> Other significant relationship to child (<i>please specify</i>): <input type="checkbox"/> Not known
Were any significant family members known to misuse drugs?	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Sibling <input type="checkbox"/> Other significant relationship to child (<i>please specify</i>): <input type="checkbox"/> Not known
Was there any known domestic violence/abuse in the household?	<input type="checkbox"/> Yes (<i>please specify</i>): <input type="checkbox"/> No <input type="checkbox"/> Not known
Was the child known to children's social care prior to their death/the event leading to their death? (<i>tick all that apply</i>)	<input type="checkbox"/> Yes, on a child protection plan <input type="checkbox"/> Yes, as a looked after child <input type="checkbox"/> Yes, as a child in need <input type="checkbox"/> Yes, as an asylum seeker

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	<input type="checkbox"/> Yes, other (<i>please specify</i>): <input type="checkbox"/> Previously known, but not an open case <input type="checkbox"/> No <input type="checkbox"/> Not known
Were the parents or carers of the child care leavers themselves?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not known
If yes, who was a care leaver?	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other (<i>please specify</i>):
Were there any concerns that child abuse or neglect may have contributed in any way to the child's death?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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.

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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.

<p>Where was the child at the onset of the illness or incident that led to their death?</p>	<p>Hospital:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Midwifery unit <input type="checkbox"/> Labour ward / delivery suite <input type="checkbox"/> Neonatal unit <input type="checkbox"/> PICU <input type="checkbox"/> AICU <input type="checkbox"/> ED <input type="checkbox"/> Hospital ward <input type="checkbox"/> Theatre <p><input type="checkbox"/> Hospice</p> <p><input type="checkbox"/> Home</p> <p><input type="checkbox"/> Other residence (<i>please specify</i>):</p> <p><input type="checkbox"/> Public place</p> <p><input type="checkbox"/> School</p> <p><input type="checkbox"/> Abroad (<i>please specify</i>):</p> <p><input type="checkbox"/> Other (<i>please specify</i>):</p>
<p>Please specify the housing status of the child's usual place of residence (<i>tick all that apply</i>):</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Owner occupied <input type="checkbox"/> Private rented accommodation <input type="checkbox"/> Social/council housing <input type="checkbox"/> Holiday let <input type="checkbox"/> Homeless <input type="checkbox"/> Hotel (including B&B) <input type="checkbox"/> Hostel <input type="checkbox"/> Sofa-surfing <input type="checkbox"/> Caravan <input type="checkbox"/> Tent <input type="checkbox"/> Not known <input type="checkbox"/> Other temporary accommodation (<i>please specify</i>):

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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 relating to 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).

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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	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Newborn baby in hospital <input type="checkbox"/> Not known
Was this child transferred from another hospital? <i>If yes, please provide details in the narrative section below.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not known
Was this child known to Mental Health Services (child and adolescent or adult mental health services)? <i>If yes, please provide details in the narrative section below.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable <input type="checkbox"/> Not known
In a child with a life-limiting condition is there evidence of appropriate parallel planning and engagement with palliative care? <i>If no, please provide details in the narrative section below.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not known <input type="checkbox"/> Not applicable
Were there any issues in identification of illness, assessment, investigation, or diagnosis? <i>If yes, please provide details in the narrative section below.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not known

⁵ A patient 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.

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<p>Were there any issues relating to treatment or healthcare management plan? <i>(tick all that apply)</i> <i>If yes, please provide details in the narrative section below.</i></p>	<p><input type="checkbox"/> Medication, IV fluids/ anaesthesia</p> <p><input type="checkbox"/> Infection management</p> <p><input type="checkbox"/> Operation or invasive procedure</p> <p><input type="checkbox"/> Clinical monitoring</p> <p><input type="checkbox"/> Resuscitation</p> <p><input type="checkbox"/> Other <i>(please specify):</i></p> <p><input type="checkbox"/> None</p>
<p>Were there any issues in communication and /or teamwork (either within or between agencies)? <i>If yes, please provide details in the narrative section below.</i></p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Not known</p>
<p>Were there organisational issues that may have contributed to the child's vulnerability, ill-health or death? <i>If yes, please provide details in the narrative section below.</i></p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Not known</p>
<p>Were any patient safety incidents reported in this case? <i>If yes, please provide details in the narrative section below.</i></p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Not known</p>
<p>Did the child's family experience any barriers to accessing services (e.g. chargeable care, language, financial)? <i>If yes, please provide relevant details in the narrative section below.</i></p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Not known</p>
<p>If yes, if the family were advised of charges for their NHS care, did this potentially delay or prevent access to healthcare?</p>	<p><input type="checkbox"/> Yes, the family were advised of charges and this potentially delayed / prevented them from accessing the services</p> <p><input type="checkbox"/> No, the family were advised of charges, but this did not cause delays in accessing services</p> <p><input type="checkbox"/> Not known</p> <p><input type="checkbox"/> Not applicable (the family were not advised of charges)</p>
<p>Did the parents or carers express any concerns about the care offered to this child? <i>If yes, please provide relevant details in the narrative section below.</i></p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Not known</p>

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Was bereavement support offered?	<input type="checkbox"/> Yes – offered and accepted <input type="checkbox"/> Yes – offered and declined <input type="checkbox"/> Offered but response not known <input type="checkbox"/> Not offered <input type="checkbox"/> Not known
If yes, what support was offered?	
For deaths under 1 year: Did your agency provide antenatal care?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not known <input type="checkbox"/> Not applicable
If yes, please give a summary of the mother's antenatal care	

Child Death Review Reporting Form

CDOP Identifier (Unique identifying number assigned by CDOP administrator)
.....

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.