

Child Death Review Analysis Form

CDOP Identifier (Unique identifying number assigned by CDOP administrator)
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This analysis form should be read in conjunction with the collated reporting form, and the PMRT in babies who die on a neonatal unit, delivery suite or labour ward, to provide relevant information on the child, the circumstances of their death, and factors identified in any of the relevant domains.

Using this form at the Child Death Review meeting

Information gathered from the different agencies should be made available to the Child Death Review meeting by the relevant CDOP administrator. Drawing on the intelligence gathered, those present at the child death review meeting should then appraise all the relevant information in order to form an understanding of the circumstances of the child's death, identify any modifiable factors and lessons to be learnt, and any action that will be taken at a local level. The completed Analysis form from the Child Death Review meeting should then be submitted to the CDOP.

Using this form at the Child Death Overview Panel meeting

The completed form from the Child Death Review meeting, along with any additional information gained from other agency sources should be presented in anonymised form to the CDOP. Drawing on the intelligence gathered, those present at the CDOP should appraise the relevant information in order to affirm that the understanding of the circumstances of the child's death is correct, that appropriate modifiable factors and lessons have been identified, and decide upon any actions to be taken across agencies or networks of care

Child Death Review Meeting date: / /

CDOP Meeting date: / /

Individuals/ Departments/ agencies represented* at CDR meeting / CDOP:

<input type="checkbox"/> Admin or Clerical	<input type="checkbox"/> Mental Health Services	<input type="checkbox"/> Primary Health Care
<input type="checkbox"/> Ambulance Services	<input type="checkbox"/> Midwifery	<input type="checkbox"/> Risk Manager or Governance Team
<input type="checkbox"/> Bereavement Team	<input type="checkbox"/> Neonatal Nurse	<input type="checkbox"/> Safety Champion
<input type="checkbox"/> Children's Social Care Services	<input type="checkbox"/> Neonatology	<input type="checkbox"/> Schools
<input type="checkbox"/> External	<input type="checkbox"/> Obstetrics	<input type="checkbox"/> Hospital Services
<input type="checkbox"/> Paediatrics	<input type="checkbox"/> Management Team	<input type="checkbox"/> Police
<input type="checkbox"/> Public Health	<input type="checkbox"/> Palliative Care Services	<input type="checkbox"/> CCG
<input type="checkbox"/> LeDeR	<input type="checkbox"/> Other (please specify)	

*** Including reports submitted by professionals and agencies unable to attend meeting in person**

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Additional agency reports provided for purposes of CDOP review:

The review meeting should analyse any relevant factors that may have contributed to the child's death. In doing so you might take into account those issues that have been highlighted in the Reporting Form. For each of the four domains below, list the factor, assign a group and subgroup (see Contributory Factors Guidance) and determine the level of influence (0-2):

- 0 - Information not available
- 1 - No factors identified, or factors identified but are unlikely to have contributed to the death
- 2 - Factors identified that may have contributed to vulnerability, ill health or death

This information should inform the learning of lessons at a local level.

Domain A: Factors intrinsic to the child. Please list factors in the child (and in neonatal deaths, in the pregnancy). Consider factors relating to the child's age, gender and ethnicity; any pre-existing medical conditions, developmental or behavioural issues or disability, and for neonatal deaths, the mother's health and wellbeing.

			CDOP affirmation	
Factor	Relevance (0-2)	Is this factor deemed to be modifiable?	Relevance (0-2)	Is this factor deemed by CDOP to be modifiable?
Group:		Subgroup:		
Details:				
Group:		Subgroup:		
Details:				
Group:		Subgroup:		
Details:				

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Group:		Subgroup:		
Details:				
Group:		Subgroup:		
Details:				

Domain B: Factors in social environment including family and parenting capacity. Please list factors in family structure and functioning and any wider family health issues; 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.				
			CDOP affirmation	
Factor	Relevance (0-2)	Is this factor deemed to be modifiable?	Relevance (0-2)	Is this factor deemed by CDOP to be modifiable?
Group:		Subgroup:		
Details:				
Group:		Subgroup:		
Details:				
Group:		Subgroup:		
Details:				
Group:		Subgroup:		
Details:				
Group:		Subgroup:		
Details:				

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Please also describe positive aspects of social environment and give detail to examples of excellent care

Domain C: Factors in the physical environment. Please list issues relating to the physical environment the child was in at the time of the event leading to death, and for neonatal deaths, the mother's environment during pregnancy. Include 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).				
			CDOP affirmation	
Factor	Relevance (0-2)	Is this factor deemed to be modifiable?	Relevance (0-2)	Is this factor deemed by CDOP to be modifiable?
Group:		Subgroup:		
Details:				
Group:		Subgroup:		
Details:				
Group:		Subgroup:		
Details:				
Group:		Subgroup:		
Details:				
Group:		Subgroup:		
Details:				

Domain D: Factors in service provision. Please list any issues in relation to service provision or uptake. Include any issues relating to identification of illness, assessment, investigations and diagnosis; treatment or healthcare management; communication or teamwork within or between agencies; and organisational or systemic issues. Consider				
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underlying staff factors, task factors, equipment, and work environment, education and training, and team factors.				
			CDOP affirmation	
Factor	Relevance (0-2)	Is this factor deemed to be modifiable?	Relevance (0-2)	Is this factor deemed by CDOP to be modifiable?
Group:		Subgroup:		
Details:				
Group:		Subgroup:		
Details:				
Group:		Subgroup:		
Details:				
Group:		Subgroup:		
Details:				
Please also describe positive aspects of service delivery and give detail to examples of excellent care				

<p>Consider whether the Review has identified one or more factors across any domain which may have contributed to the death of the child and which might, by means of a locally or nationally achievable intervention, be modified to reduce the risk of future child deaths</p>	CDR Review	CDOP affirmation
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Modifiable factors identified – please list these below <i>(Please also ensure these factors are listed under each domain and are indicated as modifiable)</i>	<input type="checkbox"/>	<input type="checkbox"/>
No modifiable factors identified	<input type="checkbox"/>	<input type="checkbox"/>
Inadequate information upon which to make a judgement. <i>NB this category should be used very rarely indeed.</i>	<input type="checkbox"/>	<input type="checkbox"/>
List of modifiable factors identified:		

In light of your consideration of the case categorise the likely cause of death using the following schema.

This classification is hierarchical. **All relevant categories should be ticked if more than one category could reasonably be applied.** The uppermost ticked category will be recorded as the primary category and others as secondary categories.

Category	Name & description of category	Tick box below	CDOP affirmation
1	Deliberately inflicted injury, abuse or neglect This includes suffocation, shaking injury, knifing, shooting, poisoning & other means of probable or definite homicide; also deaths from war, terrorism or other mass violence; includes severe neglect leading to death.	<input type="checkbox"/>	<input type="checkbox"/>
2	Suicide or deliberate self-inflicted harm This includes hanging, shooting, self-poisoning with paracetamol, death by self-asphyxia, from solvent inhalation, alcohol or drug abuse, or other form of self-harm. It will usually apply to adolescents rather than younger children. Please choose from the sub-categories below:		
2 (i)	Suicide (where the panel feels the intention of the child was to take their own life)	<input type="checkbox"/>	<input type="checkbox"/>
2 (ii)	Self-inflicted harm leading to death (where it is unclear if the child's intention was to take their own life)	<input type="checkbox"/>	<input type="checkbox"/>

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2 (iii)	Death as the result of substance misuse (excluding deaths as a result of a deliberate overdose)	<input type="checkbox"/>	<input type="checkbox"/>
3	Trauma and other external factors, including medical/surgical complications/error This includes isolated head injury, other or multiple trauma, burn injury, drowning, unintentional self-poisoning in pre-school children, anaphylaxis & other extrinsic factors. Also includes proven medical and surgical complications or errors as the primary cause of death. Excludes Deliberately inflicted injury, abuse or neglect (category 1).	<input type="checkbox"/>	<input type="checkbox"/>
4	Malignancy Solid tumours, leukaemias & lymphomas, and malignant proliferative conditions such as histiocytosis, even if the final event leading to death was infection, haemorrhage etc.	<input type="checkbox"/>	<input type="checkbox"/>
5	Acute medical or surgical condition For example, Kawasaki disease, acute nephritis, intestinal volvulus, diabetic ketoacidosis, acute asthma, intussusception, appendicitis; sudden unexpected deaths with epilepsy.	<input type="checkbox"/>	<input type="checkbox"/>
6	Chronic medical condition For example, Crohn's disease, liver disease, immune deficiencies, even if the final event leading to death was infection, haemorrhage etc. Includes cerebral palsy with clear post-perinatal cause.	<input type="checkbox"/>	<input type="checkbox"/>
7	Chromosomal, genetic and congenital anomalies Trisomies, other chromosomal disorders, single gene defects, neurodegenerative disease, cystic fibrosis, and other congenital anomalies including cardiac.	<input type="checkbox"/>	<input type="checkbox"/>
8	Perinatal/neonatal event Death ultimately related to perinatal events, e.g. sequelae of prematurity, antepartum and intrapartum anoxia, bronchopulmonary dysplasia, necrotising enterocolitis, post-haemorrhagic hydrocephalus, irrespective of age at death. It includes cerebral palsy without evidence of cause, and includes congenital or early-onset bacterial infection (onset in the first postnatal week). Please choose from the sub-categories below:		
8 (i)	Immaturity/Prematurity related	<input type="checkbox"/>	<input type="checkbox"/>
8 (ii)	Perinatal Asphyxia (HIE and/or multi-organ failure)	<input type="checkbox"/>	<input type="checkbox"/>
8 (iii)	Perinatally acquired infection	<input type="checkbox"/>	<input type="checkbox"/>

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8 (iv)	Other (please specify)	<input type="checkbox"/>	<input type="checkbox"/>
9	Infection Any primary infection (i.e. not a complication of one of the above categories), arising after the first postnatal week, or after discharge of a preterm baby. This would include septicaemia, pneumonia, meningitis, HIV infection etc.	<input type="checkbox"/>	<input type="checkbox"/>
10	Sudden unexpected, unexplained death Where the pathological diagnosis is either 'SIDS' or 'unascertained', at any age. Excludes Sudden Unexpected Death in Epilepsy (category 5).	<input type="checkbox"/>	<input type="checkbox"/>

Cause of death:

In light of your review of this case, what is your opinion as to the likely cause/causes of death? Please indicate if this differs in any way from the registered cause of death or that assigned by the pathologist/coroner. Where possible, please express this in terms of the levels provided on the Medical Certificate of Cause of Death (MCCD) /neonatal MCCD.

Did the family provide any questions or comments during the CDR process?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not known
If no, please specify the reason why:	<input type="checkbox"/> The family were not asked <input type="checkbox"/> The family were asked but had no questions or comments <input type="checkbox"/> Other (<i>please specify</i>):
If yes, please detail any questions or comments received from the family:	

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Learning points and issues identified in the review:

List the learning points identified by the review group. A list of issues may include the absence of certain key persons from the discussion or the lack of key documents.

CDOP affirmation and reflection on learning points pertaining to wider agency, regional, and national bodies.

Did the panel identify any specific issues following the review of the death for immediate national alert and action that should be highlighted to NCMD? If yes, please specify:

Actions:

Identify any local actions, the department or agency responsible, and the timeline to completion. This should include those interventions deemed achievable that determined contributory factor to be modifiable.

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CDOP affirmation:

Identify any CDOP actions and/or recommendations at an agency, LSCB, regional or national level. This should include those interventions deemed achievable that determined contributory factor to be modifiable.

Summary of ongoing support needs and follow-up plans for the family and (where relevant) involved professionals