ANALYSIS FORM: What does 'good' look like?

Tuesday 22 September 2020

10.30am to 11.45am

Presentation will start at 10.35am to allow participants time to join

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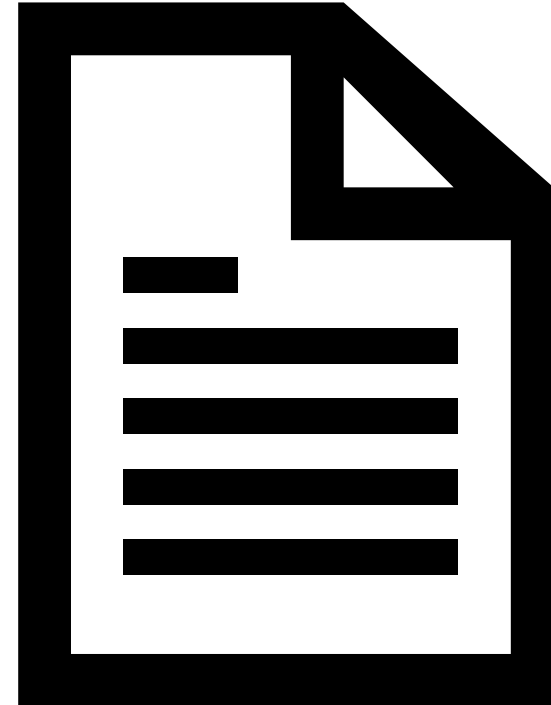
What does a good analysis form look like?

Purpose of the analysis form

How to complete the domain sections

Contributory vs modifiable factors

Why did this child die?

Issues, learning points and actions

What are you trying to do when you review a child's death?

Sharon Vincent* describes that CDR processes can:

Define the chain of events that led to an individual death

Identify pre-existing vulnerabilities and circumstances as well as fatal events

Examine how the various factors interacted with lethal consequences and identify points at which the pathway could have been interrupted

*Child Abuse Review Vol. 23: 116–129 (2014)

Purpose of the analysis form

To provide a structure to help your discussion

To give you a grading system to determine the significance of each factor

To record the category of death and modifiability

To record what you have learned and what needs to change

Using the four domains

This is where you record **Contributory factors** relating to each of the domains

These are factors that either influenced or caused a single event or chain of events that contributed to the incident

Factors intrinsic to the child

Factors in the social environment (including parenting capacity)

Factors in the physical environment

Factors in service provision

4

Factors intrinsic to the child

Any medical or mental health conditions the child had

For neonates, any medical or mental health conditions in the mother

Did the child experience any complications of treatment / issues with symptom control?

If applicable, was the voice of the child heard?

Was the child known to police / YOT / Social Care, if so why?

Factors in the social environment

Any medical or mental health conditions in other members of the household

Smoking status of household members

Domestic abuse or drug/alcohol misuse in the household

Parental supervision and support of the child

Social isolation or lack of support

How well did the family engage with services? What were the barriers to better engagement for them?

Factors in the physical environment

For many cases you will not have anything to record in this section

Was there difficulty for first responders in finding / accessing the scene?

Road Traffic Collisions: What were the weather conditions / road surface conditions

SUDIs: What were the details of the child's final sleep environment?

Product / equipment malfunction

Factors in service provision

Did the child/family have access to all the services they should have? If not why not?

Were there any communication issues within or between agencies or between agencies and the family

Was there an issue related to lack of beds or reduced staff numbers etc?

Was there any delay in diagnosing the condition or receiving treatment? If yes, why?

For palliative care cases: Did the child die in the location of choice? If not, why not?

Grading the factors you identify

Grading system is designed to allow you to decide how significant each contributory factor is

0 = We are not certain if this factor was present (suspected but not confirmed)

1= Factor is known to be present but did not contribute to the child's vulnerability or death

2= Factor is known to be present and did contribute to the child's vulnerability or death

Grade 3 should no longer be used. What you would have graded as a 3 should be put in the cause of death box

Contributory vs modifiable factors

Once you have completed the domains, you should review each of the contributory factors you have recorded and decide which of them are modifiable

In order to be classified as modifiable, you will need to identify an intervention of some kind

You should NOT record something in the modifiable factors box that you have not listed in one of the domains

If you feel the death was due to a constellation of factors, discuss which are amenable to change and record those individually in the modifiable factors box

Categorisation of death

This is a hierarchical system. You should start at the top and work your way down until you reach the first category that fits

Trauma deaths: Include deaths that are the result of medical or surgical error

Perinatal / neonatal event: Further sub-divided to help with analysis of these deaths

Why did this child die?

Cause of death box is really asking you why did this child die?

In some cases what you record in this box will be the same as the registered cause of death

However, if there were other factors that led to the child being in that place at that time which precipitated the death, this is where you can record it

Example: A child who has been trafficked in a shipping container and dies of dehydration. The registered cause of death is dehydration. The child died because they were trafficked.

Issues, learning points and actions

Issues: Include any issues that arose after death plus any issues you identified as a contributory factor

Learning points: What have you learned as a result of reviewing this death?

Actions: What actions will be taken and at what level e.g. local / regional / national

When recording give as much detail as possible

Recording an issue

Well recorded issue: This child did not die in the family's location of choice because the community nursing service is not commissioned to provide 24/7 support

Poorly recorded issue: Child did not die at home.

Recording a learning point

Well recorded learning point: Families of children with life-limiting conditions do not have a meaningful choice in location of death due to restrictions to currently commissioned services

Poorly recorded issue: Children not dying at home

Recording an action

Well recorded action: CDOP to highlight to commissioners / CDR Partners that X cases reviewed by panel have identified an issue with the current scope of commissioning of community nursing services and request they review how this gap can be filled

Poorly recorded action: Commissioners

Ongoing support for the family

Details of which agencies have had contact with the family following the death should be recorded here

Include details of all follow-up offered to the family. State whether it was accepted or declined

Include details of who the family's key worker is and whether they were invited to contribute to the CDRM

Example SUDI analysis form

1. Did these factors contribute to the child's ill-health, vulnerability or death?

2. Was there an opportunity to interrupt the pathway to create the prospect of a different outcome?

Example SUDI analysis form: The Child's Domain

The presence of a rhinovirus may have contributed to increased vulnerability even though it did not directly contribute to or cause the death

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.	Relevance (0-2)	CDOP affirmation (0-2)
Baby born spontaneously at 32 weeks gestation	2	
Low birth weight (1500g)	2	
Minor respiratory support received at birth for 1 day	1	
Rhinovirus isolated at post-mortem, however pathologist opinion that this was not sufficient to be cause of death	2	

Example SUDI analysis form: Social Environment Domain

Co-sleeping is only a potentially contributory factor because the parents both smoke

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.	Relevance (0-2)	CDOP affirmation (0-2)
Mum smokes cigarettes (approx. 10 per day) and smoked during this pregnancy. She did not engage with the smoking cessation service following a referral.	2	
Dad also smokes cigarettes (approx. 20 per day)	2	
Neither parent uses drugs or alcohol	1	
One recorded episode of domestic violence prior to Mum's pregnancy with this baby.	1	
It was normal practice for this family to co-sleep together in the parents' double bed	2	
Please also describe positive aspects of social environment and give detail to examples of excellent care The family engaged well with services both antenatally and postnatally and were noted to have a good bond with the baby by the health visitor.		

Example SUDI analysis form: Physical Environment Domain

Co-sleeping is only a potentially contributory factor because the parents smoke

The clothing detailed here would not in itself be of significance

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).	Relevance (0-2)	CDOP affirmation (0-2)
Sleep environment: Co-sleeping with both parents in an adult bed at the time of the final sleep. The baby was placed between the parents on top of the duvet. The baby was wearing a babygro and cardigan.	2	
Room environment: The temperature in the house at the time of the JAR was recorded as 23°C	1	

Example SUDI analysis form: Service Provision Domain

It is not a question of whether they were given the safe sleeping information but how they were given it and whether they felt able to engage with this information as relevant to their lives

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 underlying staff factors, task factors, equipment, and work environment, education and training, and team factors.	Relevance (0-2)	CDOP affirmation (0-2)
The health visitor confirmed that this family had received a safe-sleeping advice leaflet and that this had been covered verbally during the new birth visit. This was documented in the health visitor records.	1	
An appropriate referral was made to the smoking cessation service when Mum booked for this pregnancy.	1	
Please also describe positive aspects of service delivery and give detail to examples of excellent care The parents reported following death that they felt the care they had received from the ambulance service was outstanding.		

Example SUDI analysis form: Modifiable Factors

The question here is whether improving uptake and understanding of the messages about smoking and its combination with bedsharing is modifiable.

The challenge is getting the message to parents in a way that they can identify with and take on board

Presenting information in the wrong way alienates people and does not change behaviour.

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	CDR Review	CDOP affirmation
Modifiable factors identified – please list these below	☐	☐
No modifiable factors identified	☒	☐
Inadequate information upon which to make a judgement. *NB this category should be used very rarely indeed.*	☐	☐

Example SUDI analysis form: Category and Cause of Death

It is entirely appropriate to list something different here from what is in the post mortem report

| 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). | ☒ | ☐ |

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.

The registered cause of death for this baby was 1a Unascertained. Following CDOP discussion, the panel felt that this baby's death was due to Sudden Infant Death Syndrome.

Example SUDI analysis form: Issues and Learning Points

Give specific advice for each family e.g. You are both smokers and your baby has been born prematurely and is very small so although the risk is low, there is a higher chance of SIDs for your family. To make that risk even smaller, you can .....

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.

On review of the circumstances of this baby's death the panel identified a number of risk factors for SIDS. They were:
- Premature delivery and low birth weight
- Maternal smoking during pregnancy
- Co-sleeping with two parents who are smokers

This creates a higher risk than a family who had no risk factors present.

It was confirmed that this family had been given safe sleeping advice both verbally and in writing.

Learning Points:
- The importance of families understanding the risks of co-sleeping for their specific situation.

Example SUDI analysis form: Actions

The family should either stop smoking – the best option, that they should be supported in – or they should not bedshare.

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.

Explanation to be given to the family that they have the power to reduce the risk to any future baby by understanding the increased risk from smoking and bedsharing.

NCMD National Child Mortality Database

Example SUDI analysis form: Summary of ongoing support for the family

This is important information to submit to NCMD, particularly to help with any future analysis on support for families.

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

The family's key worker is [name] and they have provided the family with information on the CDR process and signposted them to local bereavement support services. The family were asked if they had any questions or comments for the CDR meeting. The family were supported to provide these and they were discussed at the meeting. Following the meeting, the family have been offered an opportunity to discuss the outcome of the CDR meeting, however they have not yet accepted this. The health visitor remains in contact with the family.

Questions

Any questions on anything we have discussed in our webinar today?

NCMD National Child Mortality Database

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