How to complete an effective reporting form
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Tuesday 21 September 2021
10.30am to 11.45am

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

www.ncmd.info   @NCMD_England

In memory of

Maria Marquez Munoz

25th July 1992 to 27th August 2021

What will this webinar cover?

Purpose of the reporting form

Types of reporting forms

What to include when you complete one

Why it is important that you complete one if asked

Consent and legal basis for information sharing

Purpose of Reporting Forms

Reporting forms are part of the information gathering phase of the CDR process

Sent to anyone who had contact with the child (or with the mother during pregnancy) during life or after death

To combine information from everyone to build up a complete picture of the child's life and death

Types of Reporting Forms

Core reporting form

Same questions collected for every child that dies

Supplementary reporting form

Cases specific to the illness the child had or the way in which they died

You may be asked to complete one or both of these forms

Case Alert Question

To be completed if you feel something needs **urgent** national action

Includes concerns about products e.g. car seats / sleep positioning devices / baby slings

Concerns about medical equipment or medications

Any other element in the child's environment or circumstances of death

Summary and Circumstances

Medical Certificate of Cause of Death (MCCD) details (if known)

Narrative account of the interaction of your service with the child (or mother during pregnancy)

Include details of Joint Agency Response (JAR) if you are a JAR practitioner

Example Circumstances for Community Midwifery Service

When did the mother book for this pregnancy? e.g. late/on time

What gestation did the mother book at?

Consultant / Midwifery led or Shared care?

Details of previous pregnancies (if known)

Smoking status / medical conditions of mother

Pregnancy complications

Attendance and engagement

Example Circumstances for School / Nursery

How long had the child attended your school or nursery / what was their attendance like?

How did they get on at school? Both academically and with their peers

If the child was taken ill at school, describe the circumstances and what action was taken

Was the child in receipt of free school meals

Had the child accessed pastoral support

Factors intrinsic to the child

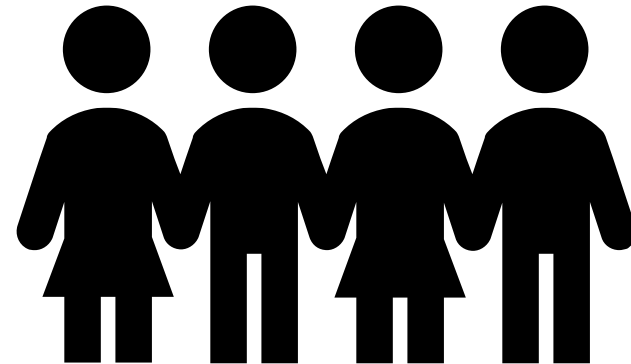Anything that relates directly to the child

List any medical or mental health conditions

Did the child have any side effects / complications of treatment

List any drug/alcohol problems

List any social problems / problems with peers

Use the free text box to give your opinion on the impact of any of these factors on the child

Factors in the social environment

Includes parenting capacity

Physical or mental health condition in member of household

Stability of the home environment

Were the family able to provide good basic care and emotional warmth to the child?

Were there any safeguarding concerns?

Were there any housing or financial concerns?

Housing issues

Overcrowding

Unsuitable accommodation for family or child's needs

Accommodation in poor repair

Damp or mould

Newsnight item using CDOP data on impact of housing on child mortality

Factors in the physical environment

Anything relating to the environment the child was in at the time of their death.

Were there any obstacles for first responders?

For SUDI: include sleeping arrangements and a description of the sleep scene

For RTCs: include weather conditions, day or night, road layout/design

For drownings in open water: include details of buoyancy aids / tides and currents (if known)

Factors in service provision

Delay in initiation of treatment or identification of illness

Failure to Follow Guidelines/Pathway/Policy (in any Service)

Appropriate escalation for senior review (if relevant)

Inadequate Staffing/Bed Capacity

Lack of Access to Appropriate Service (in any Service)

Factors in service provision

Poor quality or no Referral/Assessment/Review (in any Service)

Poor Communication Between Professionals or Agencies

Poor Communication with the family

What did your service do well?

What could your service improve?

Supplementary Reporting Forms

Should be sent to the most relevant person(s) for completion not to everyone who gets a core reporting form

These will mostly be specialists e.g. the cardiologist should get the cardiac form, the oncologist should get the oncology form

For deaths due to external causes, e.g. drowning / vehicle collisions, the questions should be sent to the JAR practitioners to complete

Why should I complete the reporting form?

Your opportunity to contribute to understanding and learning from deaths

Often, relevant information will only be known to one agency

This can be something that seems small or insignificant to the person who has it, but can be the missing piece that informs significant learning

Completion is essential to support CDOP review and national analysis by NCMD

Consent and legal basis

Section 16 M-N of the Children Act 2004 makes provision for any information to be shared for the purpose of understanding and learning from a child death

Under this Act, professionals can safely and legally share any information requested by CDOP without needing consent from the family

This includes information on parents and details of mother's pregnancy which may be important factors in the child's vulnerability, ill-health or death

Questions

Online event: **Suicide in children and young people report launch** – Thursday 24th Oct – 1pm to 1.30pm

Next webinar: **Role of the key worker** – Tuesday 9th Nov – 10.30am to 11.30am

New video on tissue retention for families available **here**

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