

**ANALYSIS PROFORMA**

This proforma can be used as the basis for the Local case discussion following the death of a child, and form the case review by the Child Death Overview Panel.

<b>Name:</b>		<b>DOB:</b>	
<b>NHS No.</b>		<b>Date of Death:</b>	
<b>Case ID:</b>		<b>Age at Death:</b>	
<b>Date of Meeting:</b>			
<b>Venue of Meeting:</b>			
<b>Professionals Present :</b>			
<b>Name:</b>	<b>Position:</b>	<b>Organisation:</b>	
<b>Apologies received from:</b>			
<b>Name:</b>	<b>Position:</b>	<b>Organisation:</b>	
<b>List of documents available for discussion:</b>			
▪	▪		
▪	▪		
▪	▪		
▪	▪		
▪	▪		

**Cause of death as presently understood:**

**Case Summary:**

**A few paragraphs at most: a summary of the background and a factual description of events leading up to death. This should be as short as possible.**

The Local Case Discussion panel should analyze any relevant environmental, extrinsic, medical or personal factors that may have contributed to the child's death under the headings below.

For each of the four domains below, determine different levels of influence for any identified factors:

- 0** - Information not available.
- 1** - No factors identified or factors identified that are unlikely to have contributed to the death.
- 2** - Factors identified that may have contributed to vulnerability, ill-health or death.
- 3** - Factors identified that provide a complete and sufficient explanation for the death

<b>DOMAIN</b>	<b>RELEVANCE</b>
<p><b>Factors intrinsic to the child:</b>                      Include any known health needs, factors influencing health; development/educational issues; behavioural issues; social relationships; identity and independence; abuse or drugs or alcohol; note strengths and difficulties.</p>	

<b>DOMAIN</b>	<b>RELEVANCE</b>
<p>Factors in the parenting capacity:            Include issues around provision of basic care; health care (including antenatal care where relevant); safety; emotional warmth; stimulation; guidance and boundaries; parental abuse of drugs or alcohol; note strengths and difficulties.</p>	

<b>DOMAIN</b>	<b>RELEVANCE</b>
<p>Factors in the family and environment:            Include family structure and functioning; wider family relationships; housing; employment and income; social integration and support; community resources, domestic abuse; note strengths and difficulties.</p>	

<b>DOMAIN</b>	<b>RELEVANCE</b>
Factors in relation to service provision:	
Include any identified services (either required or provided); any gaps between child's or family's needs and service provision; any issues in relation to service provision or uptake.	

**The Local Case Discussion panel should categorise the death using the following scheme:**

This classification is hierarchical; where more than one category could reasonably be applied, the highest up the list should be marked.

Category	Name & Description of Category	Tick box below
1.	<b>Deliberately inflicted injury, abuse or neglect</b> This includes suffocation, shaking injury, knifing, shooting, poisoning and 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"/>
2.	<b>Suicide or deliberate self-inflicted harm</b> 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.	<input type="checkbox"/>
3.	<b>Trauma and other external factors</b> This includes isolated head injury, other or multiple trauma, burn injury, drowning, unintentional self-poisoning in pre-school children, anaphylaxis and other extrinsic factors. <b>Excludes:</b> deliberately inflicted injury (category 1).	<input type="checkbox"/>
4.	<b>Malignancy</b> Solid tumours, leukaemias and lymphomas, and malignant proliferative conditions such as histiocytosis, even if the final event leading to death was infection, hemorrhage etc.	<input type="checkbox"/>
5.	<b>Acute Medical or Surgical Condition</b> For example, Kawasaki disease, acute nephritis, intestinal volvulus, diabetic ketoacidosis, acute asthma, intussusception, appendicitis; sudden unexplained deaths with epilepsy.	<input type="checkbox"/>
6.	<b>Chronic Medical Condition</b> For example, Crohn's disease, liver disease, neurodegenerative disease, immune deficiencies, cystic fibrosis, even if the final event leading to death was infection, haemorrhage etc. <b>Includes:</b> cerebral palsy with clear post-perinatal cause.	<input type="checkbox"/>
7.	<b>Chromosomal, Genetic and Congenital Anomalies</b> Trisomies, other chromosomal disorders, single gene defects and other congenital anomalies including cardiac.	<input type="checkbox"/>
8.	<b>Perinatal/Neonatal Event</b> Death ultimately related to perinatal events, e.g. sequelae of prematurity, antepartum and intrapartum anoxia, bronchopulmonary dysplasia, post-haemorrhagic hydrocephalus, irrespective of age at death. It <b>includes</b> cerebral palsy without evidence of cause and <b>includes</b> congenital or early-onset bacterial infection (onset in the first postnatal week).	<input type="checkbox"/>
9.	<b>Infection</b> 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"/>
10.	<b>Sudden Unexpected, Unexplained Death</b> Where the pathological diagnosis is either 'SIDS' or 'unascertained', at any age. <b>Excludes:</b> Sudden Unexpected Death in Epilepsy (Category 5).	<input type="checkbox"/>

<b>he panel should categorise the 'preventability' of the death – tick one box.</b>		
<b>Preventable</b>	<b>Identifiable failures in the child's direct care by any agency, including parents; latent, organisational, systemic or other indirect failures) within one or more agencies.</b>	<input type="checkbox"/>
<b>Potentially Preventable</b>	<b>Potentially modifiable factors extrinsic factors, to the child.</b>	<input type="checkbox"/>
<b>Not Preventable</b>	<b>Death caused by intrinsic or extrinsic factors, with no identified modifiable factors.</b>	<input type="checkbox"/>
	<b>Inadequate information upon which to make a judgement. NB this category should be used very rarely indeed.</b>	<input type="checkbox"/>
<p><b>Issues identified in the Review:</b></p> <p>List the issues identified by the Review Group. This list may include the absence of certain key persons from the discussions or the lack of key documents.</p>		
<p><b>Learning Points:</b></p> <p>List the learning points that emerge. These may well overlap with the issues and with recommendations.</p>		

**Recommendations:**

List any recommendations, even if already picked up as learning points or 'issues'.

**Follow up plans for the family, where relevant:**

**Possible Actions:**

Should this death be referred to another agency or Authority (e.g. Police, Coroner, health and Safety Executive, Serious Case Review Committee) for further investigation or enquiry? If so, please state.

Yes  No  Already done

If yes, please specify: