

**CONFIDENTIAL – NOT FOR PUBLICATION**

**Northern Lincolnshire**

**Form C**

**Date:**

**Time:**

**Location:**

**Childs Initials:**

|  |
| --- |
| **Individuals/departments/agencies represented at CDR meeting** |
|  |
| **Domain A: Factors Intrinsic to the Child** |
| **Question** | **Details** | **Relevance** | **Primary Factor?** |
| Gestational Age |  |  |  |
| Pre-existing Medical Condition |  |  |  |
| Learning Difficulties |  |  |  |
| Other development impairment or disability |  |  |  |
| Pre-existing Mental Condition |  |  |  |
| Drug or alcohol dependency |  |  |  |
| Identity or social relationship issues |  |  |  |
| Other |  |  |  |
| Not Known |  |  |  |
| **Domain B: Factors in social environment including family and parenting capacity** |
| **Question** | **Details** | **Relevance** | **Primary Factor?** |
| Parents Blood Relatives |  |  |  |
| Known to social care – protection plan |  |  |  |
| Known to social care – looked after child |  |  |  |
| Known to social care – child in need |  |  |  |
| Known to social care – asylum seeker |  |  |  |
| Known to social care – other |  |  |  |
| Neglect/abuse concerns |  |  |  |
| Other |  |  |  |
| Who caring for Child |  |  |  |
| Not Known |  |  |  |
| Family Health History |  |  |  |
| Please also describe positive aspects of social environment and give detail to examples of excellent care |
| **Domain C: Factors in the Physical Environment.** |
| **Question** | **Details** | **Relevance** | **Primary Factor?** |
|  |  |  |  |
| **Domain D: Factors in Service Provision** |
| **Question** | **Details** | **Relevance** | **Primary Factor?** |
| In Hospital |  |  |  |
| Tranferred from another hospital |  |  |  |
| Known to CAMHS |  |  |  |
| Life-long condition with palliative care |  |  |  |
| Identification Issues |  |  |  |
| Treatment plan Issues |  |  |  |
|  Communication/Team Work Issues |  |  |  |
| Organisational Issues |  |  |  |
| Patient Safety Incidents |  |  |  |
| Parent/Carers express care concerns |  |  |  |
| Other |  |  |  |
| Not Known |  |  |  |
| Please also describe positive aspects of service delivery and give detail to examples of excellent care |
| **Modifiable Factors** |
| Yes |  |
| No |  |
| Inadequate Information |  |
| Not Known |  |
| N/A |  |
| **Categorisation of death** |
| Deliberate inflicted injury, abuse or neglect |  |
| Suicide or self-inflicted injury |  |
| Trauma and other external factors |  |
| Chronic medical condition  |  |
| Chromosomal, genetic or congenital anomaly |  |
| Infection |  |
| SUDI/SUDIC |  |
| Acute medical or surgical condition |  |
| Malignancy  |  |
| Perinatal / neonatal event  |  |
| **Cause of death** |
| In light of your review of this case, what is your opinion as to the likely cause/causes of death? |
| **Learning points and issues identified in the review** |
|  |
| **Actions** |
| Actions |
| Summary of ongoing support needs and follow-up plans for the family and (where relevant) involved professionals |
| **Summary** |
| Should this death be referred to another agency or authority? | Yes | No | Not Known | N/A |
| Form Completed By:  |
| Date Form Completed: |
| Scheduled CDOP Panel Date: |