# Core review data set

## Demographics and background information

(Some of this information will be available from National Records Scotland’s notification system – to be agreed)

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| --- | --- | --- |
|  | Internal reference number | Click or tap here to enter text. |
|  | First names | Click or tap here to enter text. |
|  | Surname | Click or tap here to enter text. |
|  | Date of birth | Click or tap to enter a date. |
|  | CHI No | Click or tap here to enter text. |
|  | Date of deathTime of death | Click or tap to enter a date.HH: MM  hrs (24hr) |
|  | Postcode of residence | Click or tap here to enter text. |
|  | Resident NHS board at time of death | Choose an item. |
|  | NHS board or local authority carrying out review (if different from above) | Choose an item.  |
|  | Age at death(This should be entered: in days for infants up to 28 days; in months for children between 1 to 12 months; and in years for children and young people over 1 year) | Click or tap here to enter text.Choose an item. |
|  | Sex  | Choose an item.  |
|  | Ethnicity[[1]](#footnote-1) | Choose an item. |
|  | Is English parents/family first language? | Choose an item. |
|  | Any additional requirements to communication identified? | Choose an item. |
|  | If you answered Yes to the above question, please add enter comments | If yes, please specify details here |
|  | Was the child/young person on the Child Protection Register at the time of death | Choose an item. |
|  | If you answered Yes to the above question, specify which indicators of concern apply | If yes, please specify details here |
|  | Was the child/young person a looked-after child or in receipt of aftercare or continuing care at the time of death? | Choose an item. |
|  | If Yes, which local authority was responsible for the child/young person? | Choose an item. |
|  | Was the case open to social work at the time of death?  | Choose an item. |
|  | Was this child/young person known to the justice services at the time of death? | Choose an item. |
|  | Was this child/young person known to mental health services (child and adolescent or adult mental health services)? | Choose an item. |
|  | Was there a Children and Young Persons Acute Deterioration Management (CYPADM) in place? | Choose an item. |
|  | Was an anticipatory care plan in place? | Choose an item.  |
| **For children under 2 years old answer the following** |
|  | Birth weight (grams) | Click or tap here to enter text. |
|  | Multiple birth (ie, twins, triplets, etc): | Choose an item. |
|  | Gestational age at birth (completed weeks): | Click or tap here to enter text.  |

## Circumstances of the death

This section provides information on the nature and manner of the death.

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|  | Where was the child/young person when they died? [[2]](#footnote-2) | Choose an item. |
|  | If you answered Other to the above question, please specify | Click or tap here to enter text. |
|  | Was the death referred to Procurator Fiscal? | Choose an item. |
|  | Was a Medical Certificate of Cause of Death (MCCD) issued?  |  Choose an item. |
| **Registered cause of death** |
|  | 1a Click or tap here to enter text. |
|  | 1b Click or tap here to enter text. |
|  | 1c Click or tap here to enter text. |
|  | 1d Click or tap here to enter text. |
|  | 1e Click or tap here to enter text. |
|  | 2 Click or tap here to enter text. |
|  | Was a post mortem carried out?  | Choose an item. |
|  | Was the death expected? (An unexpected death is defined as the death of a child that is not anticipated as a significant possibility 24 hours before the death or where there was a similarly unexpected collapse leading to or precipitating the events which led to the death.) | Choose an item. |
| **Circumstances of death** |
|  | Please provide a summary account of the circumstances leading to the death. This should include a chronology of pertinent events in the background history and the events leading to the death. For hospital deaths this should include details of the health care provided and might include a copy of the death summary. If relevant please also provide information relating to the early family history, pregnancy and birth, infancy, pre-school, school years, and adolescence.Click or tap here to enter text. |

## Family and carer involvement

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|  | Were the family/carers informed of the planned review? | Choose an item. |
|  | Were family/carers invited to contribute questions/information to review? | Choose an item. |
|  | If No to Q1 or Q2, please provide reason | Click or tap here to enter text. |
|  | If Yes to Q2, were any questions raised by family/carers discussed by the review team? | Choose an item. |
|  | If No to the above question, please provide reason | Click or tap here to enter text. |
|  | Were family/carers provided with feedback from the review including responses to any questions raised? | Choose an item.  |
|  | If No to the above question, please provide reason | Click or tap here to enter text. |
|  | Was bereavement or other support offered to the family? | Choose an item. |
|  | If No to the above question, please provide reason | Click or tap here to enter text. |
|  | If Yes to Q8, please summarise details of this support | Click or tap here to enter text. |

## Review meeting

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|  | **Meeting date***(date of first meeting of review team)* | Click or tap to enter a date. |
|  | **Agencies/specialties represented at the review meeting:**Ambulance serviceAllied Health Professional team EducationEmergency departmentHealth visitorMental healthMidwifeNeonatologyObstetricsPathologyPaediatric servicesPaediatric Intensive Care Unit PolicePrimary careSchool nurseSocial workThird sectorOther (specify) | [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] Click or tap here to enter text. |
| **Approval process** |
|  | Date of local approval of review report | Click or tap to enter a date. |
|  | Date review report signed offby governance group | Click or tap to enter a date. |

 **The review panel should analyse any intrinsic, family, social and physical environmental, and service provision factors that are present and consider whether they may have contributed to the vulnerability, ill-health or** **death of the child/young person under the following headings.**

For each of the sections below, determine different levels of influence (0-3) for each factor:

0 Information not available

1 Factor not identified

2 Factor identified but unlikely to have contributed to vulnerability,
ill-health or death

3 Factor identified that may have contributed to vulnerability, ill-health or death

## Review meeting – child or young person

This section provides information about the child/young person and any known
conditions of the child/young person that may have contributed to the death.

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| **Factors intrinsic to the child/young person**  | **Level of influence** **0-3** |
| Pre-existing medical conditions (including any congenital anomalies or disability)  | Choose an item. |
| Developmental impairment or learning disability | Choose an item. |
| Mental health conditions or emotional difficulties | Choose an item. |
| Smoking (including vaping) | Choose an item. |
| Drug misuse | Choose an item. |
| Alcohol misuse | Choose an item. |
| Gender identity | Choose an item. |
| Social relationship issues | Choose an item. |

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| **Factors intrinsic to the child/young person:**Please provide relevant details relating to the sections above and also consider other known health needs; factors influencing health; growth parameters development/ educational issues; behavioural issues; social relationships; identity and independence; any other identified factors in the child/young person. |
| Click or tap here to enter text. |

## Review meeting – family and social environment

This section provides details of the child/young person’s environment, in particular to understand factors in relation to the care of the child/young person that may have had relevance to the death.

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| **Adverse childhood experiences and other factors** in relation to the social background of the child/young person | **Level of influence** **0-3** |
| Emotional abuse  | Choose an item. |
| Physical abuse | Choose an item. |
| Sexual abuse | Choose an item. |
| Household domestic abuse | Choose an item. |
| Neglect | Choose an item. |
| Parental separation | Choose an item. |
| Household mental illness | Choose an item. |
| Household alcohol abuse | Choose an item. |
| Household drug use | Choose an item. |
| Household member incarcerated | Choose an item. |
| Household member known to police | Choose an item. |
| Household physical health issues | Choose an item. |
| Household disability (including learning disability) | Choose an item. |
| Bereavement within immediate family | Choose an item. |
| Bullying | Choose an item. |
| Household poverty | Choose an item. |
| Exposure to second-hand smoke | Choose an item. |
| **Factors in social environment:**Please provide relevant details of any additional factors if relevant/known: family structure and functioning; 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/ pre-school or school environment. Include strengths as well as weaknesses. |
| Click or tap here to enter text. |

## Review Meeting – physical environment

This section provides details of the physical environment in which the child/young person was living or died, including any issues in relation to housing, the built environment and
environmental safety.

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| **Factors relating to the physical environment of the child/young person**  | **Level of influence 0-3** |
| Home safety | Choose an item. |
| Neighbourhood safety | Choose an item. |
| Poor quality housing/homelessness  | Choose an item. |
| Household overcrowding | Choose an item. |
| Other physical environment safety issue | Choose an item. |
| **Factors relating to physical environment:**Please provide a description of any relevant environmental factors known to you that have not been covered elsewhere. You might consider issues relating to the physical environment the child/young person was in at the time of the event leading to death, or the mother during pregnancy, including: 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, drowning).  |
| Click or tap here to enter text. |

## Review meeting – service provision

This section provides a profile of services (required or provided) involved with the child/young person and family.

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| **Factors relating to service provision:**This should include services provided to the mother during pregnancy; the effectiveness of those services in supporting the child/young person and family; and should identify any unmet needs or gaps in service provision. In completing this section you should consider factors across the pathway of care: pre-hospital/primary care, emergency, transport, services, secondary and tertiary hospital care; end of life care. | **Level of influence 0-3** |
| Recognition of sick child/young person | Choose an item. |
| Escalation of care | Choose an item. |
| Treatment or healthcare management | Choose an item. |
| Communication | Choose an item. |
| Teamwork/co-ordination of care and support | Choose an item. |
| Access to/availability of services | Choose an item. |
| **Factors relating to service provision:**Please provide relevant details relating to the sections above. You might consider underlying staff factors, task factors, equipment, and work environment, education and training, and team factors. Also provide any information known to you in relation to service provision that has not been covered elsewhere. Please describe positive as well as negative aspects of service delivery and give detail to examples of excellent care. |
| Click or tap here to enter text. |

## Review meeting – modifiable factors

Consider whether the review has identified one or more factors across any sections that may have contributed to the death of the child/young person and which might, by means of a locally or nationally achievable intervention, be modified to reduce the risk of future deaths of a child/young person.

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| **Modifiable factors identified** | Choose an item. |
| **If Yes, please list** | Click or tap here to enter text. |

## Review meeting – categorisation of death

The review team should categorise why the child/young person died using the following list. This should be hierarchical: where more than one category could reasonably be applied, the highest up the list should be selected.

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| **Category** | **Name and description of category** | **Tick ONE box only** |
| 1 | **Deliberately inflicted injury, abuse or neglect**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. |  |
| 2 (i) | **Suicide** This includes hanging, shooting, self-poisoning with paracetamol and death by self-asphyxia. It will usually apply to adolescents rather than younger children. |  |
| 2 (ii) | **Self-inflicted harm**This includes death from solvent inhalation, alcohol or drug abuse, or other form of self-harm. It will usually apply to adolescents rather than younger children. |  |
| 3 | **Trauma and other external factors** This includes isolated head injury, other or multiple trauma, burn injury, drowning, unintentional self-poisoning in pre-school children, anaphylaxis and other extrinsic factors. **Excludes** Deliberately inflicted injury, abuse or neglect (category 1). |  |
| 4 | **Malignancy**Solid tumours, leukaemias and lymphomas, and malignant proliferative conditions such as histiocytosis, even if the final event leading to death was infection, haemorrhage etc. |  |
| 5 | **Acute medical or surgical condition** For example, Kawasaki disease, acute nephritis, intestinal volvulus, diabetic ketoacidosis, acute asthma, intussusception, appendicitis; sudden unexpected deaths in epilepsy. |  |
| 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. |  |
| 7 | **Chromosomal, genetic and congenital anomalies** Trisomies, other chromosomal disorders, single gene defects, neurodegenerative disease, cystic fibrosis, and other congenital anomalies including cardiac. |  |
| 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**  |  |
| 8 (ii) | **Perinatal Asphyxia (HIE and/or multi-organ failure)** |  |
| 8 (iii) | **Perinatally acquired infection** |  |
| 8 (iv) | **Other (please specify)** Click or tap here to enter text. |  |
| 9 | **Infection** Any primary infection (ie, 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. |  |
| 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). |  |

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## Summary and actions

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| Choose an item. |

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| **1. Learning points identified from the review.** |
| Click or tap here to enter text. |

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| **2. Good practice identified from the review.** |
| Click or tap here to enter text. |

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| **3. Summary of ongoing support needs and follow-up plans for the family.** |
| Click or tap here to enter text. |

1. <https://www.ndc.scot.nhs.uk/Data-Dictionary/SMR-Datasets/Patient-Identification-and-Demographic-Information/Ethnic-Group/> [↑](#footnote-ref-1)
2. The place where the child is believed to have died regardless of where death was confirmed. Where a child is brought in dead from the community and no signs of life were recorded during the resuscitation, the place of death should be recorded as the community location; where a child is brought in to hospital following an event in the community and is successfully resuscitated, but resuscitation or other treatment is subsequently withdrawn, the place of death should be recorded as the hospital where this occurs. [↑](#footnote-ref-2)