

# National Child Mortality Database Quality Improvement Plan

Updated for 2023-2026

## 1. Introduction

The National Child Mortality Database (NCMD) has been commissioned to capture, analyse and disseminate data and learning from child death reviews (CDR), conducted by the Child Death Overview Panels (CDOPs), and to drive the quality of the CDR at every stage through benchmarking and quality improvement (QI) methodology. The overall purpose of the child death review process is to understand how and why children die and to identify factors that may be modified by means of a local or national intervention to reduce the risk of future deaths.

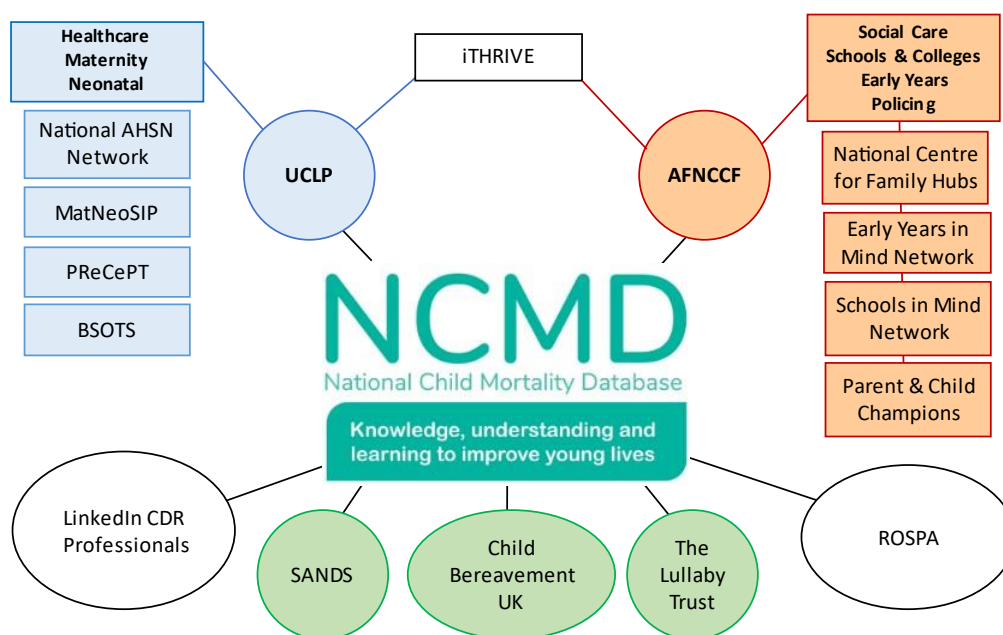
The overarching aim of the QI strand of work has been to ensure that a QI approach is embedded into the NCMD programme at every stage. During the initial five-year tenure, we have focused on improving data quality to ensure data completeness and enhanced detail when cases are submitted to NCMD. Additionally, we have worked on improving the quality and standardisation of the CDR processes nationally and developed robust communication routes for sharing the analysis of the modifiable factors with relevant organisations and the wider public.

As we move forward in this second tenure, we will deliver the quality improvement plan together with the Anna Freud National Centre for Children and Families (AFC), who bring knowledge and expertise in the Early Years and schools' sector.

We will continue to apply the following four questions to our work:

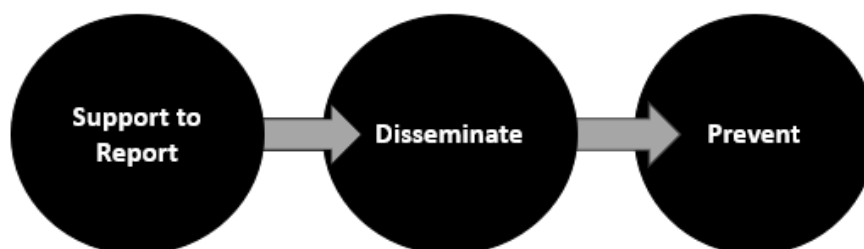
1. What are the data telling us about the current situation / quality of provision?
2. What are our stakeholders telling us are the priorities for improvement?
3. Do we know what good looks like?
4. How can we identify and share learning around good practice?

### Diagram showing QI support on the NCMD Programme



(Glossary in appendix)

## 2. Quality improvement goals



- **Continue to support CDOPS and those who report cases to adopt enhancing strategies.**

CDR professionals and CDOP administrators continue to tell us that there are many areas where they feel support to improve is required. Some examples of these are understating how data can best be used at a local level, how to better involve parents in the CDR process and how to chair effective CDR meetings.

In addition to working with CDOPs on data completeness and quality, we recognise that there is potential to engage with other national data collection programmes, child health intelligence networks and university child health research units to carry out deeper analysis of specific causes of death/associated morbidities.

- **Safety Engagement & Training Programme; Engaging with health care professionals to share examples of effective working, dissemination of report recommendations and safety alerts.**

Newborn and infant safety messages are now frequently arising from the NCMD reports and outputs that are pertinent to health professionals (HP) and Early Years (EY) workers, particularly GPs, Midwives, Health Visitors and staff working in Children's Centres. Currently there are no formalised routes for communicating safety messages from the NCMD to these groups of professionals. In the first instance we will target health care professionals, in particular midwives and health visitors and then expand to engage with additional groups of professionals.

We will work with our partners to develop training and online social media content to reach diverse audiences through established platforms. We will work together to examine the recommendations of each report and put in place quality improvement plans to address the key issues.

- **Work in partnerships with organisations who share our aims to achieve maximum impact.**

When considering the analysis of the modifiable factors in our reports the scope of reach for the quality improvement strand of the NCMD programme is potentially vast. Our key audiences and agents for change will remain parents, those involved in the clinical and social care of children, schools, commissioners of health and social care and the police, however, to effect real change we will need to influence a much wider section of the community and engage with many more specialist organisations and charity groups. Examples include the health and safety industry, housing policy makers and developing new methods and routes of communication with minority communities. In this commission period we will make a concerted effort to engage with health professionals who have regular contact with parents of infants and preschool age children to encourage the dissemination of safety messaging.

### 3. Planned quality improvement work

- Work closely with partners and sector experts to develop QI packs for NCMD reports that have integral QI plans and tailored learning materials on themes identified in the NCMD reports, targeted to specific audiences e.g., maternity commissioners, police, teachers.
  - Develop a Safety Engagement and Training Programme for Health Care Professionals.
  - Quarterly meetings to review themes/ progress / QI workstreams.
  - Review whether recommendations are being implemented.
- Collaborate with colleagues from across the NCMD QI network to coordinate and deliver the NCMD QI Webinar series in response to topics proposed by stakeholders and NCMD programme leads.
  - Deliver two webinars a year, as part of the NCMD webinar series, aimed at the Anna Freud Centre’s key stakeholder groups (Schools, Early Years, Police, Safeguarding etc.)
- Work with the NCMD team to develop pathways and processes to support the secondary use of NCMD data for research purposes.
- Analytical projects with partners from government and academia (E.g. self harm and suicide and on vulnerability risks for infants to improve understanding and policy in this area).

Action	NCMD	UCLPartners	Anna Freud Centre
Develop bespoke online training programmes for areas identified as requiring improvement e.g., SUDIC	X	X	
Improve the quality of local mortality review processes, review reporting following training and crib sheet updates, identify common themes/ learning	X	X	
Develop QI packs for health professionals on NCMD reports, share learning and target key groups. -Annual meetings to review themes. -Review if recommendations are implemented	X	X	
Develop and deliver NCMD QI Webinar series		X	
Deliver webinar series aimed at Anna Freud key stakeholders	X	X	X
Develop pathways to support secondary use of NMCD data	X	X	X
Analytical projects with partners from government and academia	X	X	X
System changes and clinical expertise	X	X	X
Work extensively with experts in equity, diversity and inclusion	X	X	X
Access to free online QI modules	X		
QI support for planning	X	X	
QI support and review on annual reports	X	X	X
Support with training days	X	X	

## Diagram showing the NCMD information sharing matrix



## **4. Improvement methods**

### **4.1 Patient and Public Involvement (PPI)**

The NCMD collaboration now includes representation from four major charities, Sands, The Lullaby Trust, Child Bereavement UK (CBUK) and AFC, with representation from each of these organisations on the NCMD Steering Group ensuring that the voices of bereaved families are central to our decision-making processes. In addition, there is now an established NCMD PPI group and the partnership can draw on UCLPartners and the AFC who work extensively with experts in equity, diversity and inclusion (EDI), and representatives from local communities experiencing exclusion, discrimination and harm, to ensure that their resources and training are culturally humble, inclusive and informed by lived experience. As experts in systems change and clinical expertise the AFC can speak with confidence on matters relating to death and bereavement, suicide, life-limiting illness, trauma and socio-economic deprivation.

### **3.2 Communications**

The NCMD programme benefits from having a dedicated communications specialist working alongside the team in Bristol, as well as being able to utilise the expertise of the communications teams at UCLPartners, AFC and other charity partners. Between these organisations we have a broad reach into health, social care and parenting allowing us to tailor and target communications for specific audiences. We undertake stakeholder analysis and mapping, and will repeat this process as new themes emerge, to ensure that we are targeting communications to the appropriate audiences. We recognise that the methods and routes of

communication we adopt may need to change depending on the target sector or type of organisation.

We will develop processes to facilitate appropriate data sharing with healthcare, academic and research organisations, with the aim of improving outcomes for children and young people.

**Regular communications are as follows:**

Regular information bulletins will be published on the NCMD website detailing project progress and providing guidance to CDR professionals on database development, registration processes and updated data sets.

- Regular information / reporting bulletins will be sent to CDR professionals via the NCMD email distribution list.
- Regular updates on data quality indicators will be sent to CDOPs via email or secure / password protected section on the NCMD website.
- We will hold regular stakeholder events to provide a two-way communication route for our key stakeholder organisations to drive service improvements.
- The NCMD IT partner, QES, will continue to undertake an annual data fields update cycle.

## **5. Evaluation**

The NCMD Steering Group will monitor and document progress and will report on data quality and service improvements to HQIP throughout the duration of the programme in addition to publishing the NCMD annual impact report. We will evaluate our progress against the aims outlined in this plan and will seek feedback on all planned QI activities.

## **Appendix**

### **NCMD QI support network diagram glossary;**

<b>AFNCCF</b>	The Anna Freud National Centre for Children and Families.
<b>UCLP</b>	UCLPartners Academic Health Science Network (AHSN).
<b>ROSPA</b>	The Royal Society for the Prevention of Accidents.
<b>SANDS</b>	The Stillbirth and Neonatal Death Society.
<b>MatNeoSip</b>	Maternity and Neonatal Safety Improvement Programme. A programme to support improvement in the quality and safety of maternity and neonatal units across England.
<b>PreCePT</b>	Prevention of Cerebral Palsy in PreTerm Labour; A maternity care innovation programme that has been implemented across the UK with the support of the AHSN Network.
<b>BSOTS</b>	Birmingham Symptom Specific Obstetric Triage System; A system aimed at the national standardisation of triage for maternity admissions to improve safety.

**iTHRIVE** A national programme aimed at improving outcomes for children and young people's mental health and wellbeing.

**LinkedIn  
CDR  
Professionals** A social media networking group for professionals involved in the Child Death Review (CDR) process.

UCLPartners\_C. McClymont, N. Glover 2024 on behalf of the National Child Mortality Database. Reviewed September 2024