NCMD

National Child Mortality Database

Knowledge, understanding and learning to improve young lives

Guidelines for determining modifiability in CDRM and CDOP reviews

Vicky Sleap, Deputy Director

Tuesday 23rd June

1.00pm to 2.15pm

Presentation will start at 1.05pm to allow participants time to join

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Knowledge, understanding and learning to improve young lives

Background

- ACDRP CDOP Chairs group highlighted issue of variability between CDOPs when thinking about modifiable factors
- Some variability is to be expected given that the same factor may be relevant in one case and not in another and given the different populations that each CDOP covers
- Asked for a set of guiding principles which CDRMs and CDOPs can use to determine whether any factor is modifiable or not during their review.


Contributory
factors

Scoring definitions for contributory factors

Score 0: information is not available.

Score 1: factors identified but unlikely to contribute to death.

Score 2: factors identified that may have contributed to vulnerability, ill-health or death.

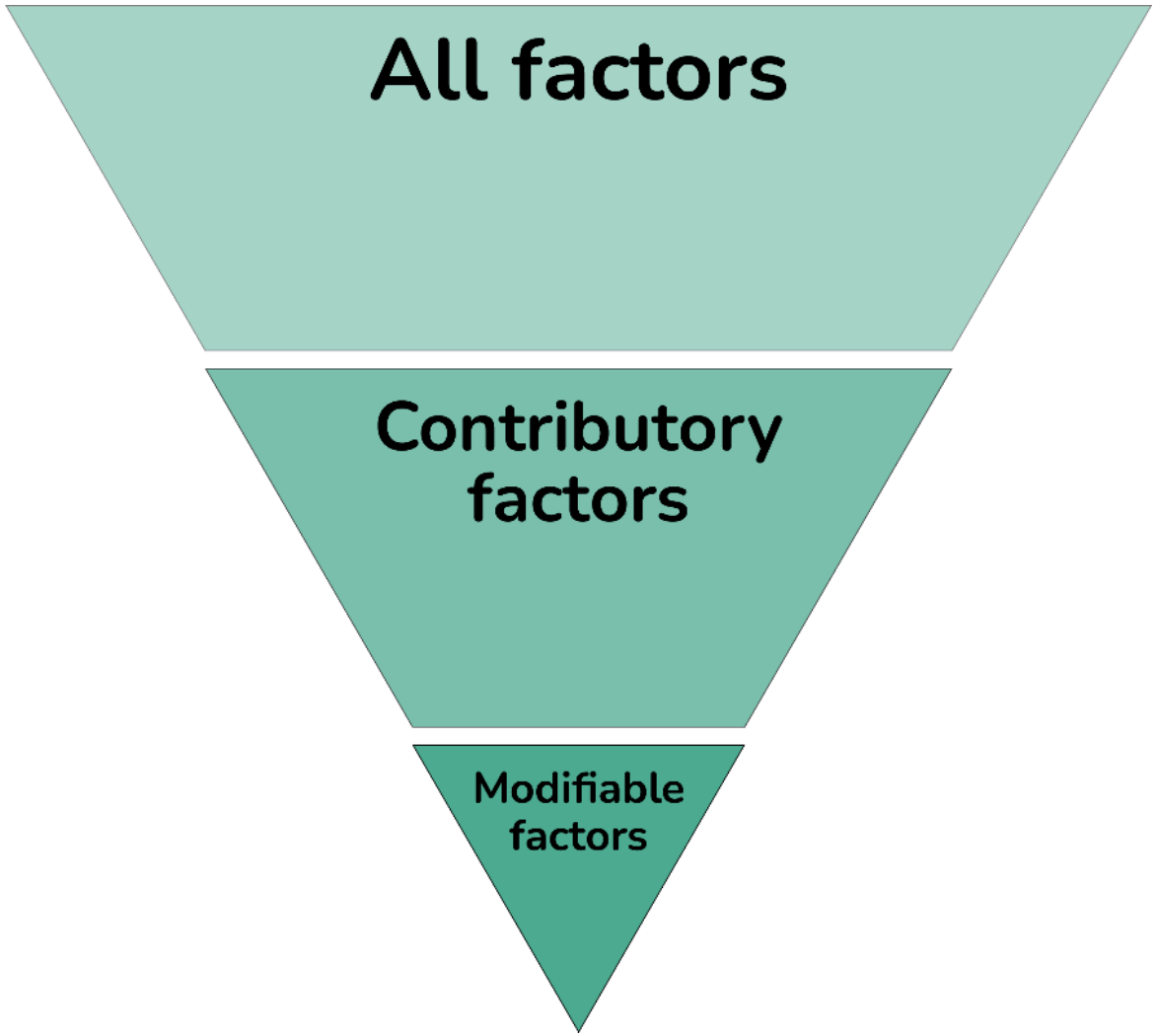
Contributory versus Modifiable

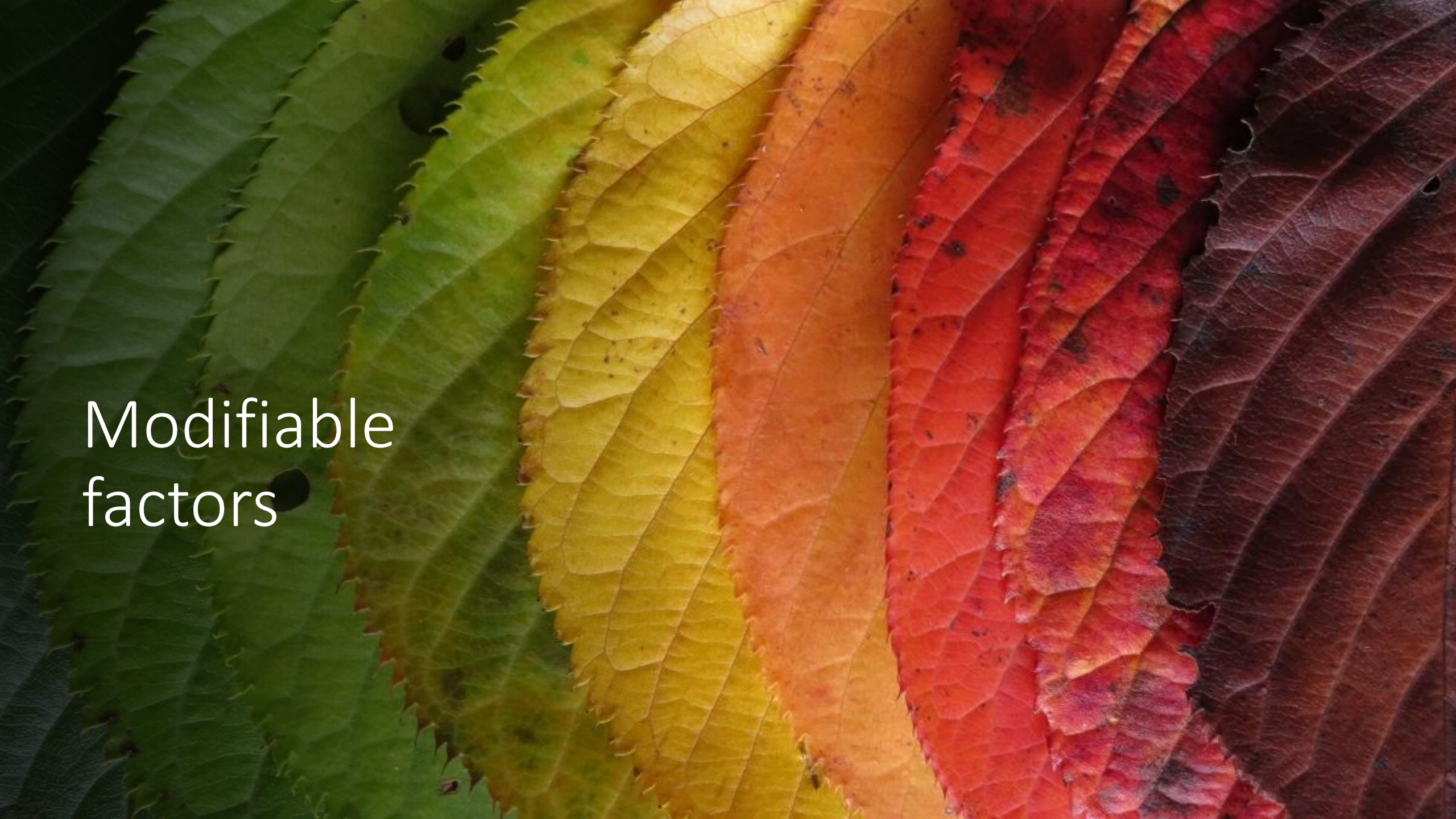
SCOPE OF CONTRIBUTORY FACTORS IS DIFFERENT FROM THE SCOPE OF MODIFIABLE FACTORS

CONTRIBUTORY FACTORS – VULNERABILITY, ILL-HEALTH AND DEATH

MODIFIABLE FACTORS – ONLY RELATE TO DEATH

Relationship between different types of factors relating to child deaths





Modifiable factors

What is a modifiable factor (MF)

Consider whether the Review has identified one or more factors across any domain which **may** have contributed to the death of the child and which **might**, **by means of a locally or nationally achievable intervention**, be modified to reduce the risk of **future child deaths**

Deciding whether something is modifiable

Step 1: Ensure all factors are recorded and graded from 0-2 on the analysis form

Step 2: Concentrate on those factors that have been graded as a 2

Step 3: For each factor, ask if this factor were absent, might the outcome for future children in similar circumstances have been different?

Step 4: If the answer to Step 3 is Yes, reviews should be able to identify a realistic and achievable action, at any level, to reduce the risk of future child deaths, in order to determine that the factor is modifiable

Rules of modifiability

- In order for something to be modifiable you must be able to answer **Yes** to Step 3 **AND** be able to identify an achievable action at any level (Step 4).
- If an achievable action cannot be identified, the factor is not modifiable.
- If the action identified is already in place, this should only be marked as modifiable if it wasn't in place locally or it wasn't appropriately commissioned or accessible at the time the child died.
- Bereavement care or other post-death issues should **not** be recorded as modifiable, even though important learning may still be noted separately.

A reminder of the wording in the Act

- It is important to note that one of the statutory requirements in the Children Act 2004 Section 16M, is for child death review partners to inform an organisation where they feel action should be taken.
- Working Together to Safeguard Children 2026 states that CDOPs are the vehicle through which the child death review process is conducted on behalf of the CDR partners. Therefore, the responsibility to inform an organisation when action must be taken is within the remit of CDOPs.

Actions

- Any action described should clearly identify the responsible agency.
- It does not have to be CDOP that carries out the action identified.
- While responsibility for carrying out the action lies with the identified agency, CDOP should maintain a record, such as an ‘Action Log’, that demonstrates evidential completion.
- Such records would then help to inform CDOP annual reports.
- Any national actions described should be highlighted to NCMD for collation or escalation where appropriate.
- Where no action can be articulated, the factor should not be marked as modifiable, even if this is theoretically undesirable.

Recognisable and achievable actions

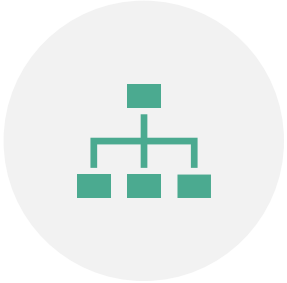
- Existing Government legislation (e.g. driving and drug/alcohol consumption, or smoke alarms and public buildings)
- NICE guidance regarding evidence-based health and social care practice (often relevant in children who die from medical illness)
- Other relevant published evidence in highly citated journal (e.g. smoking and prematurity, high maternal BMI and pre-eclampsia)
- Other published best practice documents/ national standards/ service specifications (e.g. nurse: patient ratios in critical care, local authority standards around children in need)

Levels at which action can be taken

Level	Context	Examples
Local	Can be implemented by a single hospital, service, department or team	• Staff training • Updating team protocols and guidance • Improving communication by staff
Regional	Involving co-ordination across multiple organisations or local areas (e.g. via ICS or ODN)	• Commissioning of services • Clinical network pathways • Campaigns / awareness raising
National	Requiring a change in policy, legislation or action from a national body (e.g. NHS England, DHSC)	• Improving national guidelines • Public health campaigns • Regulatory action

Individual choice and modifiability

Individual behaviours are modifiable where agencies have a role in influencing or shaping those behaviours



It should be recorded as modifiable only where there is a realistic focus **on action by an organisation, system or agency**.

The focus should be on where the factor is amenable to collective, organisational or system-level action

The process seeks to inform learning rather than accountability

Individual choice and modifiability

The modifiable element is **not the individual's decision itself** but the extent to which systems and services could have supported different behaviour

An identifiable agency can then be tasked with taking action to try and influence that behaviour

Where there is no realistic route for action by an agency those factors can still be recorded as contributory to enable NCMD to analyse incidences, patterns and themes

Example actions: Smoking in pregnancy

Factor	Local Action	Regional Action	National Action
Smoking in pregnancy impacting on low birth weight/ extreme prematurity	• Easy to access smoking cessation service, including consideration of language and accessibility needs	• CDOP to ask OHID to scrutinise opt out and quit rates for pregnant smokers	• Implementation of national financial incentive scheme for pregnant smokers

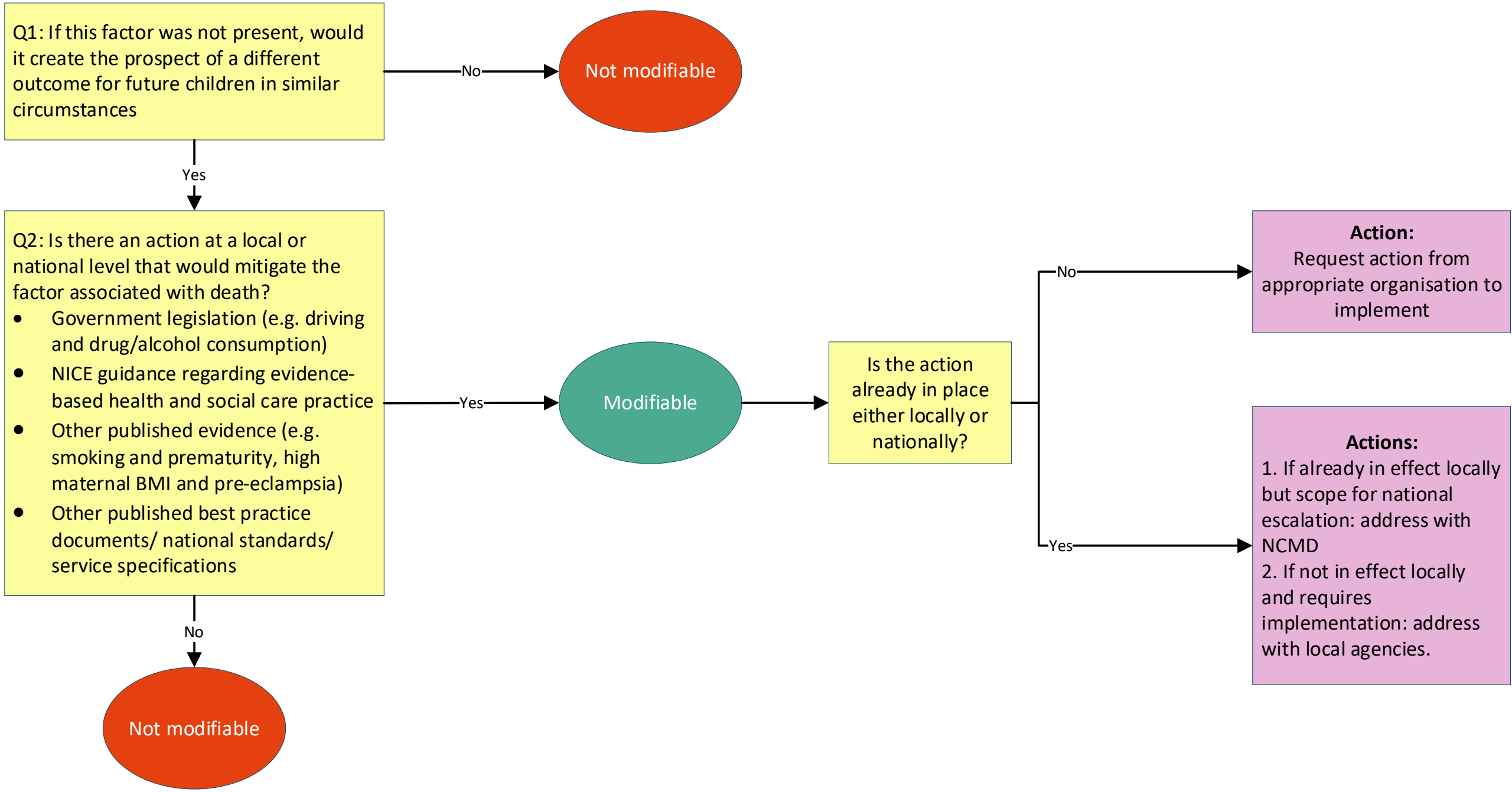
Example actions: Unsafe sleeping

Factor	Local Action	Regional Action	National Action
Unsafe sleeping environment in sudden unexplained death in infancy	• Use of baby sleep planning app by local professionals • Ensure fathers/primary care givers and extended family members inclusion and active awareness raising if involved in supporting a new mother. • Staff audit of local health visiting service on provision of safe sleep guidance, could use tool like UNICEF BFI standards	• Regional health promotion of safe sleeping guidance from The Lullaby Trust	• Legislation to outlaw smoking in homes with children under 18 (similar to current law in vehicles)

Example actions: Delay in transport

Factor	Local Action	Regional Action	National Action
Delay in transport to tertiary centre in child with a traumatic head injury	• Checks on prioritisation processes of calls by providers. • Clarify local pathways and expected time scales.	• ODN level action (neurotrauma/ Transport service)- review of guidance around time-sensitive transfers • Ensure local and regional commissioning is fit for purpose and meets need or is flagged as a risk.	

Flow chart for considering modifiability in CDRM/CDOP reviews for factors graded as 2



Summary

- Contributory factors relate to vulnerability, ill-health or death
- Modifiable factors relate only to death
- Not all contributory factors will be modifiable
- Individual behaviours are modifiable where agencies have a role in influencing or shaping those behaviours
- A factor is only modifiable if an action can be attached to it
- Every action should have an organisation clearly identified who will be responsible for it
- Legislation means that CDOPs MUST inform an organisation when action should be taken

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