



Why Children Die Interactive Workshop

Provisional programme

Mayfair Conference Centre
Monday 1st November 2010

09.30	Coffee and registration	
10.00	Welcome	<i>Dr Sue Hobbins (Chair) Consultant in General Paediatrics and Honorary Treasurer at the RCPCH</i>
10.10	Overview of findings: CEMACH Why Children Die report	<i>Dr Gale Pearson Clinical Director Child Health CMACE</i>
10.40	Key recommendations	<i>Sue Chapman Nurse Consultant GOSH</i>
11.00	Coffee	
11.15	24hr Paediatric A&E – A working example	<i>Dr Ian Maconochie Consultant in Paediatric Emergency Medicine St Mary's Hospital, London</i>
11.45	Child Death Reviews – A local perspective	<i>Fiona Johnson Chair of Hammersmith & Fulham, Kensington & Chelsea and Westminster CDOP and Chair of East Sussex and Brighton & Hove CDOP</i>
12.15	Panel Discussion	<i>Led by Dr Sue Hobbins (Chair)</i>
12.30	Lunch	
13.15	Parallel breakout sessions to include: <ul style="list-style-type: none"> • Why Children Die case studies • Response to recommendations 	<i>Facilitated by:</i> <ul style="list-style-type: none"> • <i>Dr Sue Hobbins, Chair</i> • <i>Dr Gale Pearson, Clinical Director</i> • <i>Dr Ian Maconochie, Consultant in Paediatric Emergency Medicine</i> • <i>Dr Colin Michie, Consultant Senior Lecturer in Paediatrics</i> • <i>Sue Chapman, Nurse Consultant</i> • <i>Clare Wade WCD workshop lead</i>
15.15	Coffee	
15.30	Feedback from breakout sessions	<i>Clare Wade Why Children Die Interactive Workshop Lead</i>
16.45	Summary of day and next steps	
17.00	End of workshop	



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Monday 1st November 2010
Mayfair Conference Centre, London**

**BOOKING FORM
TO BE RETURNED AS SOON AS POSSIBLE**

A SEPARATE FORM MUST BE COMPLETED FOR EACH DELEGATE

(Can be photocopied if further copies required)

DELEGATE DETAILS	
Title	
First Name	
Surname	
Profession	
Work address	
Post Code	
Tel no	
Fax no	
Email address*	

*Valid e-mail address must be shown

SPECIAL REQUIREMENTS	
Dietary	
Mobility/Sensory	
Other: (please specify)	

DELEGATE LIST

Do you give permission to reproduce your name and place of work in a delegate list? **YES/NO** (Delete as applicable)

DELEGATE FEE

Delegate Fee £130 + VAT (£130 + £22.75 VAT = £152.75)

Please note: Once a booking has been confirmed, any cancellations **must be received in writing** on or before 18th October 2010. An administration fee of £20 will be made on all cancellations. **No fees will be refunded after 18th October 2010.** A substitute delegate however is welcome if a previously registered delegate cannot attend. Please advise the CMACE office of the name of the substitute delegate when known.

PAYMENT METHOD: Please tick relevant box below

By cheque By BACS By invoice

I enclose a cheque for £152.75 made payable to CMACE.

Tick if VAT invoice is required

BACS Payments should be made directly to our bank account:

Account name: CMACE Sort code: 20-36-47 Account number: 00031186

Please quote the name of delegate and reference: WLSE011110 on any BACS transfer

Please send invoice for £152.75 to my organisation

****Important note****

If an invoice is requested, **a named person**, telephone number, e-mail and full postal addresses for the invoice **MUST** be provided below.

N.B.

- **Bookings will not be registered without this information.**
- **A booking is not confirmed until you have received a letter of confirmation from CMACE**
- **CMACE reserve the right to withdraw a confirmed place if payment has not been received before the date of event**

Please return completed booking form to:

Melanie Workman, Administration Assistant
CMACE, Chiltern Court, Lower Ground Floor, 188 Baker Street,
London NW1 5SD. Fax: 020 7486 6226