**Rapid Response to Child Deaths**

**Minutes Template for Late Multi-Agency Case Discussion Meeting**

Always refer to the Pan Sussex protocols for managing an unexpected child death, which can be found at: [**http://sussex.procedures.org.uk/tkypx/children-in-specific-circumstances/unexpected-child-death/#s483**](http://sussex.procedures.org.uk/tkypx/children-in-specific-circumstances/unexpected-child-death/#s483)

|  |  |
| --- | --- |
| **Case Number** |  |
| **Name of Child** |  |
| **Name of Chair (Paediatrician/CSC)** |  |
| **Meeting Organiser (CSC)** |  |
| **Date of Meeting** |  |
| **Meeting Location** |  |

**Attendees**

There **MUST** be **at least ONE** representative from the following 3 agencies present, for the meeting to be QUORATE: **Health / Police / CSC. Is the meeting Quorate? Yes** **[ ]  No****[ ]**

**List of Attendees at meeting:**

|  |  |  |
| --- | --- | --- |
| **Agency / Service** | **Name (s)** | **Role(s)** |
| **CSC** |  |  |
| **Police (SUI)** |  |  |
| **Health (Paediatrician)** |  |  |
| **Specialist Nurse Rapid Response** |  |  |
| **SECAMB**  |  |  |
| **CAMHS** |  |  |
| **School** |  |  |
|  |  |  |
|  |  |  |

Apologies received from:

Information for the meeting sent in by:

**Record of key agency Information shared at the meeting**

|  |  |
| --- | --- |
| 1 | Update on actions agreed at Early Case Discussion Meeting and outcomes of investigations undertaken since the death: |
| 2 | Final PM findings |
| 3 | Future bereavement care and additional support required for the family |
| 4 | Effectiveness of response taken by professionals (record evidence of issues or good practice) |

|  |
| --- |
| How will PM findings be shared with the family? (Please record WHO / WHEN and HOW findings will be shared): |

**Does the group think that abuse or neglect has been a contributory factor in this death? YES/NO**

If YES, then please state evidence here.

**Is there a need for a Serious Case Review?** **YES / NO**

If YES, please state why?

**Final checks** *(tick as appropriate when action completed)*

Coroner has been informed of death Yes [ ]  No[ ]

Joint Visit has taken place to family home Yes [ ]  No[ ]

Date of Joint Visit and who attended?

**Post Mortem results** are known and have been shared with the family Yes [ ]  No[ ]

|  |
| --- |
| State when (date), how and by whom the PM results were shared with the family: |

Copy of these agreed minutes have been sent to **The Coroner’s Office** Yes [ ]  No[ ]

Copy of these agreed minutes have been sent to the **CDOP Officer** Yes [ ]  No[ ]  (margaret.pugh@westsussex.gcsx.gov.uk )

Date minutes sent and by whom?

**Action Plan**

|  |  |  |  |
| --- | --- | --- | --- |
| **Ref** | **Further action to be taken** | **By Who** | **By When** |
|  |  |  |  |
|  |  |  |  |

**ONCE THE MEETING MINUTES HAVE BEEN COMPLETED THEY SHOULD BE:**

1. **DISTRIBUTED TO MEMBERS OF THE GROUP**
2. **UPLOADED ONTO THE RELEVANT CHILD CASE FILE ON FRAMEWORKi**