**Joint Agency Response to Child Deaths**

**Initial Information Sharing and Planning (IISP) Meeting**

**Minutes Template**

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

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| --- | --- | --- | --- |
| **Case Number** |  | | |
| **Name of Child** |  | **Date of birth** |  |
| **NHS No** |  | | |
| **Date of death** |  | **Time of death** |  |

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| **Name of Chair**  ***(CSC lead)*** |  | | |
| **Date of Meeting** |  | **Time of meeting** |  |

**List of Attendees**

There **MUST** be at least ONE representative from the following 3 agencies present, for the meeting to be QUORATE: **Health / Police / Children’s Social Care**

**Is the meeting Quorate? YES**  **NO**

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| **Agency / Service** | **Name (s)** | **Role(s)** |
| **Children’s Social Care** |  |  |
| **Police (SIU)** |  |  |
| **Health (Paediatrician) Acute/Community** |  |  |
| Specialist Nurse Child Death |  |  |
| SECAMB |  |  |
| CAMHS |  |  |
| School/ nursery |  |  |
| GP |  |  |
| Other police rep eg. British  Transport, Major crime |  |  |
| Health Child Practitioner/ children’s community nurse |  |  |
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| **Apologies received from:**  **Information for the meeting sent in by:** |

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

1. Circumstances leading up to the death of the child
2. Police information from scene/home
3. Initial medical/PM findings
4. Possible underlying medical conditions within the family history
5. Any child protection issues? e.g. history of concerns regarding neglect/abuse
6. Previous unexplained or unusual child deaths in the family
7. Is there evidence of: parental substance misuse/ domestic violence / mental health issues / learning disability etc? If YES, please give details
8. Discussions with the family re Rapid Review (if applicable)

**Agreed Bereavement Care Plan**

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**Does this meet the criteria for a referral to the Local Safeguarding Children Partnership for consideration of a Serious Safeguarding Practice Review?**

**YES / NO**

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| **If YES, please state why?** |

**Final Checks**

Coroner has been informed of death

Joint Visit has taken place to family home

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| **Date and who attended?**  **Summary of any key information/issues arising from Joint Visit:** |

Initial PM results are known and have been shared

**Action Plan**

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| **Ref** | **Action to be taken** | **By Who** | **By When** |
| 1 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |

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

1. **DISTRIBUTED TO ALL MEMBERS OF THE GROUP**
2. **SENT TO THE CORONERS OFFICE**
3. **SENT TO THE CHILD DEATH REVIEW COORDINATOR** [BHCCG.SussexCDRteam@nhs.net](mailto:BHCCG.SussexCDRteam@nhs.net)
4. **UPLOADED ONTO THE RELEVANT CSC CHILD CASE FILE & eCDOP (via CDR Coordinator)**

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| **Date minutes sent and by whom?** |