

STANDARD OPERATING PROCEDURE CHILD DEATH PROCESS

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VALIDITY – All local SOPS should be accessed via the Trust intranet

CHANGE RECORD

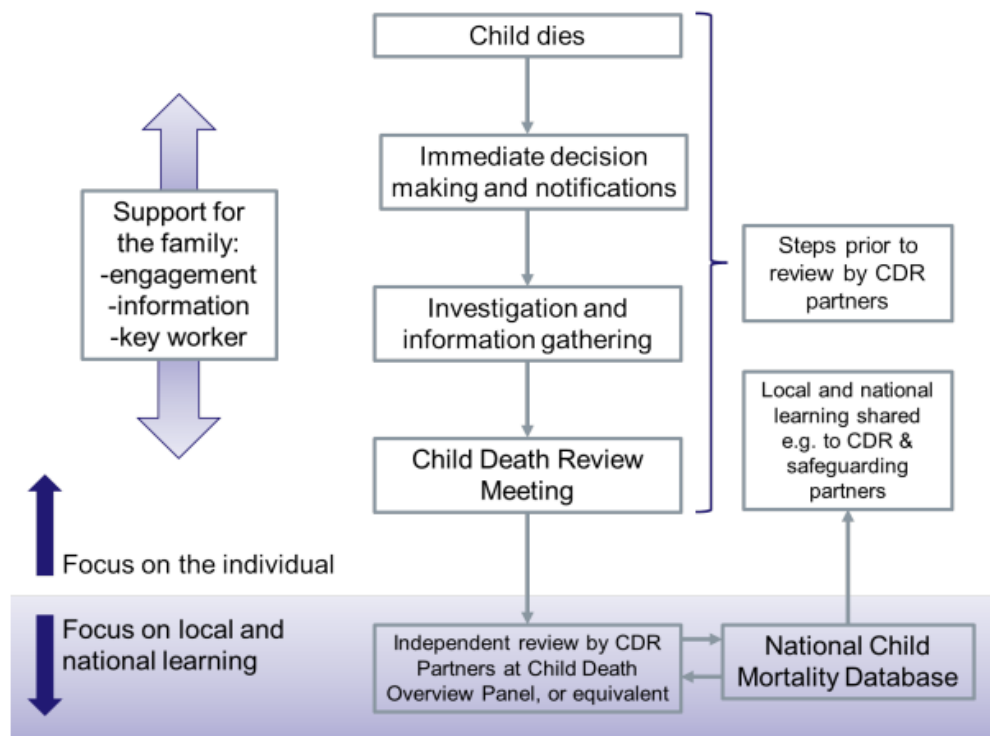
Version	Date	Change details
1.0	26 June 2024	New SOP. Approved at Safeguarding Learning & Development Forum (26 June 2024).

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1. INTRODUCTION

The death of a child is a devastating loss that profoundly affects bereaved parents as well as siblings, grandparents, extended family, friends and professionals who were involved in caring for the child in any capacity. Families experiencing such a tragedy should be met with empathy and compassion. They need clear and sensitive communication. They also need to understand what happened to their child and know that people will learn from what happened. The process of expertly reviewing all children's deaths is grounded in deep respect for the rights of children and their families, with the intention of preventing future child deaths (HM Government 2018).



(HM Government 2018)

The Child Death Review Statutory Guidance (2019) sets out key features of what a good child death review process should look like. This process combines best practice with statutory requirements that must be followed. Chapter 5 of Working Together to Safeguard Children (2018) informs of the procedures to be followed when there is a child death. This includes the death of a child (aged 16 – 18) who is being treated on an adult ward or of any live-born baby where a death certificate has been issued. In the event that the birth is not attended by a healthcare professional, child death review partners may carry out initial enquiries to determine whether or not the baby was born alive. If these enquiries determine that the baby was born alive the death must be reviewed. For the avoidance of doubt, it does not include stillbirths, late foetal loss, or terminations of pregnancy (of any gestation) carried out within the law.

- Stillbirth: baby born without signs of life after 24 weeks gestation
- Foetal loss: where a pregnancy ends without signs of life before 24 weeks gestation Cases where there is a live birth after a planned termination of pregnancy carried out within the law are not subject to a child death review.

The purpose of this standard operating procedure (SOP) is to provide a local trust response using the Statutory Guidance Review process to manage all child deaths in Humber Foundation NHS Foundation Trust, thereby ensuring reviews are standardised as far as possible and complying with statutory obligations.

The purpose of a review and/or analysis is to identify any matters relating to the death, or deaths, that are relevant to the welfare of children in the area or to public health and safety, and to consider whether action should be taken in relation to any matters identified. If child death review partners find action should be taken by a person or organisation, they must inform them.

This will enable effective contribution to the National Child Death Overview Panel (CDOP):

- to local and regional thematic learning from reviews
- the identification of specific local learning,
- Leading to the identification of trends that culminate in the identification of modifiable factors that could be altered to prevent future deaths.

Hyper link to the Child Death Review Statutory and Operational Guidance 2018 :

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/859302/child-death-review-statutory-and-operational-guidance-england.pdf

This SOP requires that all Trust Staff adhere to the robust reporting mechanism to ensure that **the Trust Safeguarding Team are informed immediately or as soon as is practically possible of all deaths of children under the age of 18 years**. Co-operation with the process and sharing of information as required in a timely manner will enable the Safeguarding Team to ensure the Statutory CDR process is followed and that siblings/peers are considered and protected as required and as a priority. Thereby ensuring that the families are offered bespoke bereavement support that acknowledges cultural needs and any ongoing legal investigations.

2. SCOPE

This document has been created to ensure that all Trust staff, non employees and students are aware of the process to be followed in the event of a child death. This in line with statutory requirements.

3. DUTIES AND RESPONSIBILITIES

Named Nurse and Trust Safeguarding Team

The Trust has in post a Named Nurse and safeguarding team who have operational and strategic responsibility for implementing the child death process in line with statutory requirements. collaboratively with health, other local Safeguarding Children's Partnerships, and partners.

Division Managers and Clinical Leads

To ensure that all staff within clinical divisions are aware their responsibilities in the event of a child death.

Support and guidance should be available for all staff involved in this process from both the Division Leads and also the Trust safeguarding team.

All Staff, non-employees and students

For all staff, non-employees and students to be aware of the required process to be followed in the event of a child death:

- Inform the Named Nurse/Safeguarding team of any details received from external sources concerning a child death.
- With support from managers/Trust safeguarding team, support the statutory child death process as it progresses.
- Contribute to any investigations/local learning arising from the child death.
- Access safeguarding children supervision as per the Humber policy.

4. PROCEDURES

Trust child death process

Upon notification of a child death, the following actions should be given immediate priority for completion on the day of the notification received.

Trust staff to inform Trust safeguarding team and Named Nurse immediately if clinical areas notified in first instance

Child death notification

Received by safeguarding team (Administrators and Named Nurse) or clinical areas

Safeguarding Administrator to create a folder on the safeguarding team v drive to store relevant details regarding the child and family and place the notification in safeguarding duty

Child Death Coordinator to be made aware of death by safeguarding administrator if not already informed

Safeguarding Administrator to contact medical records team for all family members/ relevant relatives and peers and inform safeguarding duty of services working with the family.

Safeguarding duty to undertake an initial, brief review of records, and identify any immediate concerns. Datix completed by safeguarding practitioner. Consider any LeDeR requirements

If no concerns are identified, the child death process will be picked up by a Safeguarding Practitioner. If required, the case will be escalated by the Practitioner to the Named Nurse/Safeguarding Manager.

Safeguarding Administrator to undertake the following notifications:

- GP
- Child Health team

Safeguarding Practitioner/Named Nurse to inform Trust staff of the child death by telephone/teams call where possible

Safeguarding Practitioner/Named Nurse to email Executive Director, Deputy Director of nursing and other relevant Trust staff (Division Managers/Clinical Leads) to make them aware of the child death and any emerging concerns

Attendance at the Joint Agency Response meeting (JAR) from the Safeguarding Practitioner/Named Nurse and/or relevant Trust staff. Notification of the JAR will be made by the Child Death Coordinator.

Following the JAR, update email to be sent to Executive Director and Deputy Director of nursing and other relevant Trust staff (including Named Nurse if relevant) to make them aware of any emerging details, concerns and outcome of the JAR. Datix to be updated by Safeguarding Practitioner/Named Nurse.

CRMG to be informed by Named Nurse/Safeguarding Manager

Safeguarding Practitioner/Named Nurse to follow up with completion of eCDOP forms when requested.

5. REFERENCES

Child Death Review Statutory and Operational Guidance (England). MH Government 2018

ERSCP, HSCP and NYSCP Safeguarding Children Procedures

Humber Safeguarding Children policy N-045

<https://intranet.humber.nhs.uk/Policies/Clinical%20Policies/C%20Policies/Safeguarding%20Children%20Policy%20N-045.pdf>

Working together to safeguard children: A guide to inter-agency working to safeguard children (March 2018) www.gov.uk

Appendix A: Safeguarding administration process

Child death notifications are now via the electronic reporting system eCDOP. Please complete the notification form using the link below:

<https://www.ecdop.co.uk/HULLER/Live/Public>

EAST RIDING

Child Death processes are the highest priority of tasks for the Safeguarding Team.

Notifications for East Riding and Hull child deaths are in the format of a message usually called 'Shared Details of Death for Child' from a no reply email eCDOP no-reply@ges-online.com

1. To access the email, scroll down to the blue button called 'View Message' and click on this. This then brings you to the Hull and East Riding eCDOP system.
2. Login to the account using the following:

Username: HNF-TR.SafeguardingHumber@nhs.net
Password:

A notification will then appear telling you that an authentication code has been sent to the safeguarding inbox.

3. Copy and paste the two factor authentication code into the box on the Hull and East Riding eCDOP system page and click the blue box where it says Authenticate. This will then bring you to the 'Share Details of Death' tab.

There are two other tabs, Case Summary and Notification List, but we do not have access to these and by clicking on these, it will just send you back to the login page.

4. Once open, create a folder in Safeguarding>Child Safeguarding>Child Deaths>year>Hull or East Riding and rename as 'Child Death' followed by initials or name and month of death.
5. Within this folder create 4 folders
 - a. Child death notification
 - b. Checklist
 - c. Communication
 - d. Medical Records
6. There is a green button called Download PDF on the right hand of the page. Click on this.
7. At the bottom left of the screen you will then be given the option of what you want to do with this download, choose 'Save As' and save the download in the newly created Notification folder.
8. Forward the notification to Safeguarding Duty immediately stating within this email if the child is Hull, East Riding or North Yorkshire, whether the death was expected or not and if we have been notified of a JAR and save this sent email in the Communication folder.
9. Use the official notification to fill in as much information as is available on the child death check list about child, family and referral details and save in the Checklist sub-folder.

For check list see overleaf or V:\HMHTT\Nursing, Quality and Patient Experience\SAFEGUARDING\CHILD SAFEGUARDING\Child Deaths\current year

10. Notify by telephone all parties, as soon as possible and where relevant, on the child death check list.

11. Check for the child, parents/carers and any siblings on S1 & Lorenzo and request by emailing med records the following: hnf-tr.medicalrecords@nhs.net

Title: Urgent Record Check

Please check all systems and records for the following –

Name

DOB

Kind regards,

12. If med records respond “known to services,” forward response to Duty Practitioner to check. If advised, request any records, give records to Practitioner to check and then, if relevant, report back any information to East Riding Safeguarding Children Partnership (ERSCP usually the contact who has reported the child death to us). Also let ERSCP (Margo) know if they are not known.

13. Save all emails to and from Med Recs in the Medical Records sub folder and any other correspondence regarding the child death e.g. from Safeguarding Practitioner/notification to Hilary Gledhill etc in the Communication sub folder.

14. Update the spreadsheet:
V:\HMHTT\Nursing, Quality and Patient Experience\SAFEGUARDING\CHILD SAFEGUARDING\Child Deaths\Child Death Review database current year

HULL

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2. Login to the account using the following:

Username: HNF-TR.SafeguardingHumber@nhs.net

Password:

A notification will then appear telling you that an authentication code has been sent to our email address.

3. Copy and paste the two factor authentication code into the box on the Hull and East Riding eCDOP system page and click the blue box where it says Authenticate. This will then bring you to the ‘Share Details of Death’ tab.

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Name
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Kind regards,
12. If med records respond "known to services," forward response to Duty Practitioner to check. If advised, request any records, give records to Practitioner to check and then, if relevant, report back any information to East Riding Safeguarding Children Partnership (Hull usually the contact who has reported the child death to us).
13. Also let Hull (Cathy Eccersley) know if they are not known.
14. Save all emails to and from Med Recs in the Medical Records sub folder and any other correspondence regarding the child death e.g. from Duty Practitioner/notification to Hilary Gledhill etc in the Communication sub folder.
15. Update the spreadsheet:
V:\HMHTT\Nursing, Quality and Patient Experience\SAFEGUARDING\CHILD SAFEGUARDING\Child Deaths\Child Death Review database current year

(If applicable)

Any documentation to be inserted into client records must be in the approved Trust format and accessed via the Trust's intranet.

All eCDOP forms to be completed by the Safeguarding Practitioner/Named Nurse who picked up the child death at the point of notification.

Appendix B: Equality Impact Assessment

For strategies, policies, procedures, processes, guidelines, protocols, tenders, services

1. Document or Process or Service Name: Child Death
2. EIA Reviewer (name, job title, base and contact details): Kerry Boughen - Named Nurse Safeguarding Children
3. Is it a Policy, Strategy, Procedure, Process, Tender, Service or Other? SOP

<p>Main Aims of the Document, Process or Service</p> <p>This document has been created to ensure that all Trust staff, non employees and students are aware of the process to be followed in the event of a child death. This in line with statutory requirements.</p>
<p>Please indicate in the table that follows whether the document or process has the potential to impact adversely, intentionally or unwittingly on the equality target groups contained in the pro forma</p>

<p>Equality Target Group</p> <ol style="list-style-type: none"> 1. Age 2. Disability 3. Sex 4. Marriage/Civil Partnership 5. Pregnancy/Maternity 6. Race 7. Religion/Belief 8. Sexual Orientation 9. Gender re-assignment 	<p>Is the document or process likely to have a potential or actual differential impact with regards to the equality target groups listed?</p> <p>Equality Impact Score</p> <p>Low = Little or No evidence or concern (Green)</p> <p>Medium = some evidence or concern (Amber)</p> <p>High = significant evidence or concern (Red)</p>	<p>How have you arrived at the equality impact score?</p> <ol style="list-style-type: none"> a) who have you consulted with b) what have they said c) what information or data have you used d) where are the gaps in your analysis e) how will your document/process or service promote equality and diversity good practice
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Equality Target Group	Definitions	Equality Impact Score	Evidence to support Equality Impact Score
Age	<p>Including specific ages and age groups:</p> <p>Older people Young people Children Early years</p>	Low	
Disability	<p>Where the impairment has a substantial and long term adverse effect on the ability of the person to carry out their day to day activities:</p> <p>Sensory Physical Learning Mental health</p> <p>(including cancer, HIV, multiple sclerosis)</p>	Low	This SOP applies to all Children and Young People regardless of disability that may be present.
Sex	<p>Men/Male Women/Female</p>	Low	This SOP applies to all Children and Young People regardless of gender.
Marriage/Civil Partnership		N/A	
Pregnancy/ Maternity		Low	This SOP applies in cases of the death of any live born baby where a death certificate has been issued.
Race	<p>Colour Nationality Ethnic/national origins</p>	Low	This SOP applies to all Children and Young People regardless of race.
Religion or Belief	<p>All religions Including lack of religion or belief and where belief includes any religious or philosophical belief</p>	Low	The SOP applies to all Children and Young People regardless of religion or belief.

Equality Target Group	Definitions	Equality Impact Score	Evidence to support Equality Impact Score
Sexual Orientation	Lesbian Gay men Bisexual	Low	This SOP applies to all Children and Young People regardless of gender.
Gender Reassignment	Where people are proposing to undergo, or have undergone a process (or part of a process) for the purpose of reassigning the person's sex by changing physiological or other attribute of sex	Low	This SOP applies to all Children and Young People regardless of gender reassignment.

Summary

Please describe the main points/actions arising from your assessment that supports your decision.	
This SOP is applicable to all Children and Young People when a death has occurred, and a death certificate has been issued.	
EIA Reviewer: Kerry Boughen	
Date completed: 22/11/2023	Signature: 