



CHILD DEATH OVERVIEW PANEL TERMS OF REFERENCE

Purpose

Through a comprehensive and multidisciplinary review of child deaths, the Bedfordshire and Luton CDOP aims to better understand how and why children in Bedfordshire and Luton die and use our findings to take action to prevent other deaths and improve the health and safety of our children.

In carrying out activities to pursue this purpose, the CDOP will meet the functions set out in paragraph 7.13 of *Working Together to Safeguard Children (2010)* in relation to the deaths of any children normally resident in Bedfordshire and Luton;

- (a) collecting and analysing information about each death with a view to identifying
 - (i) any case giving rise to the need for a review mentioned in Regulation 5 (1) (e)
 - (ii) any matters of concern affecting the safety and welfare of children in Bedfordshire and Luton
 - (iii) any wider public health or safety concerns arising from a particular death or from a pattern of deaths in Bedfordshire and Luton
- (b) putting in place procedures for ensuring there is a co-ordinated response by the authority, their Board partners and other relevant persons to an unexpected death.

Objectives

1. To ensure, in consultation with the local Coroner, that local procedures and protocols are developed, implemented and monitored, in line with the guidance in Chapter 7 of *Working Together to Safeguard Children (2010)* on enquiring into unexpected deaths.
2. To ensure the accurate identification of and uniform, consistent reporting of the cause and manner of every child death.
3. To collect and collate an agreed minimum data set of information on all child deaths in Bedfordshire and Luton and, where relevant, to seek additional information from professionals and family members.
4. To evaluate data on the deaths of all children normally resident in Bedfordshire and Luton, thereby identifying lessons to be learnt or issues of concern, with a particular focus on effective inter-agency working to safeguard and promote the welfare of children.
5. To evaluate specific cases in depth, where necessary to learn lessons or identify issues of concern.
6. To improve agency responses to child deaths through monitoring the appropriateness of the response of professionals to each unexpected death of a child, reviewing the reports produced by the rapid response team and providing the professionals concerned with feedback on their work.

7. To identify significant risk factors and trends in individual child deaths and in the overall patterns of deaths in Bedfordshire and Luton, including relevant environmental, social, health and cultural aspects of each death, and any systemic or structural factors affecting children's well-being to ensure a thorough consideration of how such deaths might be prevented in the future.
8. To refer to the chairs of the LSCBs any identified safety or public health issues for consideration, with the Director of Public Health or any other relevant agency, of how best to address these and their implications for the provision of services and training.
9. To identify any public health issues and consider, with the Director(s) of Public Health and other provider services how best to address these and their implications for both the provision of services and for training.
10. To increase public awareness and advocacy for the issues that affect the health and safety of children
11. Where concerns of a criminal or child protection nature are identified, to ensure that the police and coroner are aware and to inform them of any specific new information that may influence their inquiries; to notify the Chair of the LSCB of those concerns and advise the chair on the need for further enquiries under section 47 of the Children Act, or of the need for a Serious Case Review
12. To provide relevant information to those professionals involved with the child's family so that they, in turn, can convey this information in a sensitive and timely manner to the family
13. To monitor the support and assessment services offered to families of children who have died
14. To monitor and advise the LSCB on the resources and training required locally to ensure an effective inter-agency response to child deaths
15. To organise and monitor the collection of data for the nationally agreed minimum data set and the arrangements for providing data to bodies commissioned by the Department for Education (DfE)
16. To co-operate with any regional and national initiatives – e.g. Centre for Maternal & Child Enquiries (CMACE)
17. To make recommendations to the LSCBs for any additional data to be collected locally.
18. To inform the chairs of the LSCBs where specific new information should be passed to HM Coroner or other appropriate authorities.
19. To monitor the appropriateness of the response of professionals to unexpected deaths of children.
20. To prepare an annual report to the LSCBs on the work of the CDOP to include local data.

Scope

The CDOP will gather and assess data on the deaths of all children and young people from birth (excluding both those babies who are stillborn and planned terminations of pregnancy carried out within the law) up to the age of 18 years who are normally resident in Bedfordshire or Luton. This will include neonatal deaths, expected and unexpected deaths in infants and in older children. Where a child normally resident in another area dies within Bedfordshire and Luton, that death

shall be notified to the CDOP in the child's area of residence. Similarly, when a child normally resident in Bedfordshire or Luton dies outside of these areas the Bedfordshire and Luton CDOP should be notified. In both cases an agreement should be made as to which CDOP (normally that of the child's area of residence) will review the child's death and how they will report to the other.

There will be a rapid response/information sharing meeting by a group of key professionals who come together for the purpose of enquiring into and evaluating each unexpected death

Confidentiality and Information Sharing

Information discussed at the CDOP meetings will not be anonymised prior to the meeting, it is therefore essential that all members adhere to strict guidelines on confidentiality and information sharing. Information is being shared in the public interest for the purposes set out in Working Together and is bound by legislation on data protection.

CDOP members will all be required to sign a confidentiality agreement before participating in the CDOP. Any ad-hoc or co-opted members and observers will also be required to sign the confidentiality agreement. At each meeting of the CDOP all participants will be required to sign an attendance sheet, confirming that they have understood and signed the confidentiality agreement.

Any reports, minutes and recommendations arising from the CDOP will be fully anonymised and steps taken to ensure that no personal information can be identified.

Accountability and Reporting arrangements

The CDOP will be accountable to the chairs of Bedford Borough, Central Bedfordshire and Luton Local Safeguarding Children Boards.

The CDOP is responsible for developing its work plan, which should be approved by the LSCB. It will prepare an annual report for the LSCB, which is responsible for publishing relevant, anonymised information.

The LSCB takes responsibility for disseminating the lessons to be learnt to all relevant organisations, ensures that relevant findings inform the Children and Young People's Plan and acts on any recommendations to improve policy, professional practice and inter-agency working to safeguard and promote the welfare of children.

The LSCB will supply data regularly on every child death as required by the DfE to bodies commissioned by the Department to undertake and publish nationally comparable, anonymised analyses of these deaths.

Inevitably some of these deaths will also be subject of the child death review processes in other LSCB areas. This does not detract from the value of their inclusion within the LSCBs Panel remit.

These procedures include provision for cooperation with other LSCBs in collecting information and providing a coordinated response to unexpected child deaths in these circumstances

Child Death Overview Panel membership

The Panel will be chaired by the Independent Chair or nominated Person not directly involved in the provision of services to children. Director of Public Health has been identified as the Chair for Bedfordshire and Luton CDOP. In her absence the vice chair will be the senior police representative

The Panel will comprise a core membership of senior professionals from the following:

- Director of Public Health (Chair)
- Lead Paediatrician (s) for Bedfordshire & Luton
- Designated Doctor for Safeguarding (s) for Bedfordshire & Luton
- Children's Social Care from Luton, Bedford Borough & Central Bedfordshire
- Police Child Abuse Investigation Unit/ Police Public Protection Unit (Vice Chair)
- Designated Nurses for Safeguarding Children and Young People for Bedfordshire & Luton
- Lay representative
- Other professionals may be co-opted to attend one or more meetings of the panel at the discretion of the chair.

The panel meeting will be deemed to be quorate if there is representation from:

- A paediatrician
- Social care
- Police
- Designated nurse

The panel will meet approximately bi monthly

**Updated:
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