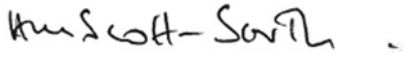
POLICY DOCUMENT

Burton Hospitals
NHS Foundation Trust

Child Bereavement Policy

Approved by:	**Trust Executive Committee**
On:	**26 June 2018**
Review Date:	**September 2018**
Corporate / Directorate	**Corporate**
Clinical / Non Clinical	**Clinical**
Department Responsible for Review:	**End of Life Team**
Distribution:	
• Essential Reading for:	**On Call Managers** **Head Nurses and Matrons** **Clinical Site Practitioners** **Paediatric Medical Staff** **Paediatric Nursing Staff** **Porters** **Mortuary Staff** **Midwives** **All Obstetricians**
• Information for:	**All Staff**
Policy Number:	**296**
Version Number:	**2**
Signature:	 **Chief Executive**
Date:	**27 June 2018**

Burton Hospitals NHS Foundation Trust

POLICY INDEX SHEET

Title:	**Child Bereavement Policy**
Original Issue Date:	**April 2015**
Date of Last Review:	**New Policy**
Responsibility:	**End of Life Team**
Stored:	**Intranet**
Linked Trust Policies:	• **Communication of Deceased Patients to Primary Care** • **Consent Policy** • **Do Not Attempt Resuscitation (DNAR) Policy** • **Guideline for Management of Sudden Unexpected Death in Infancy (SUDI) or Sudden Unexpected Death of Child (SUDC)** • **Infection prevention and control policy** • **Management of Stillbirth and Early Neonatal Death** • **Policy for the Disposal of Human Tissue During a Post Mortem Procedure Policy** • **Release of Bodies from Ward / Department to the Mortuary** • **Supporting Staff Policy** • **Transportation of Babies For Post Mortem to The Mortuary at Birmingham Women's Hospital**
E & D Impact Assessed	**EIA 184**
Responsible Committee / Group	**Safeguarding Steering Group**
Consulted	**Clinical Directors, Associate Directors, Head Nurses/ Head of Midwifery, Mortuary Staff, Bereavement Support Midwifes, All Obstetricians, Matrons, Chaplin, Bereavement Services, Porters, Consultant Paediatrics, Paediatric Nursing staff, Safeguarding leads, Organ Donation Specialist Nurse, Resuscitation Team, Infection Control team**

REVIEW AND AMENDMENT LOG

Version	Type of change	Date	Description of change
1	New Policy	June 2015	
2	Extension to review date	May 2018	Extension to review date to Sept 2018

CONTENTS

BURTON HOSPITALS NHS FOUNDATION TRUST

CHILD BEREAVEMENT POLICY

1.0 INTRODUCTION

Burton Hospitals NHS Foundation Trust aims to provide appropriate, effective and culturally sensitive support to families when their child dies, whether that is in the hospital or within the community.

This policy describes the procedures and protocols that staff at Burton Hospitals NHS Foundation Trust should follow in order to treat the deceased child in a sensitive and dignified manner, and to support the family through the early stages of bereavement.

The bereavement policy can be found on the intranet and departmental files.

2.0 POLICY OBJECTIVE

It is the core responsibility for Burton Hospitals NHS Foundation Trust is to provide care that promotes optimal standards of end of life care for patients, including a dignified death. There is a need to ensure adequate support to their carers whilst abiding by the express or stated wishes of the patient and their family with regards to religion, faith, culture or custom.

2.1 Purpose

To ensure that practice within the hospital meets the principles and recommendations of:

• Human Tissue Act codes of practice (2004)
• Care and Respect in Death: Good practice guidance for NHS mortuary staff (2006)
• Department of Health guidelines on bereavement, 'Patients who die in hospital', HSG (92) 8,
• 'When a Patient Dies' - advice on developing bereavement services in the NHS (October 2005),
• 'External Review of Birmingham Children's Hospital NHS Trust-Report on Organ Retention' – (November 2002).
• 'Together for Short Lives' (2015) - A UK voice for children & young people who are not expected to live to adulthood and their families.

3.0 DEATHS IN CHILDHOOD

Each death of a child is a tragedy and enquiries should keep an appropriate balance between forensic and medical requirements and supporting the family at a difficult

time (HM Government, 2015). The definition of 'child' in relation to childhood deaths is up to a child's 18th birthday. Therefore legally family decisions and wishes should be made by the person and/or persons with **parental responsibility (PR)** for that child, for more information about PR please see Appendix 1.

Many deaths in childhood are the expected consequence of natural disease processes; however other deaths can occur in an unexpected manner.

Unexpected death: defined as the death of a child that was not anticipated as a significant possibility 24 hours before the death or where there was a similarly unexpected collapse leading to or precipitating the events that led to the death (Fleming et al, 2000)

Expected death: is the natural and inevitable end to an irreversible terminal illness. Death is recognised as an expected outcome.

It is expected that children with a life-limiting or life threatening condition will die prematurely however, it is not easy to anticipate when, or in what manner they will die (together for short lives, 2012) consequently a child with a known life limiting condition can die in a sudden unexpected manner.

It is essential to recognise the distinction between an expected and unexpected death for each child death, to initiate the appropriate response. Where professionals are uncertain of the classification of death the Designated Doctor for Unexpected Death (DDUD) should be consulted (See appendix 2). If in any doubt, the processes for the sudden unexpected death in infant/childhood (SUDI/SUDC) should be followed until the available evidence enables a different decision to be made.

When a child dies *unexpectedly* a statutory SUDI/ SUDIC process must be initiated. Clinicians should follow the SUDI / SUDC policy, no deviation from the policy should occur at any time, unless there has been prior discussion with the Designated Doctor for Unexpected Deaths. Further information on this process can be found in Chapter 5 of Working Together 2015.
SUDI / SUDC policy can be found on the trust intranet.

4.0 CHILD DEATH OVERVIEW PANEL (CDOP)

The Child Death Review Process is set out in Chapter 5, Working together to safeguard children - A guide to Interagency working to safeguard and promote the welfare of children (2015) and legislated by the Children Act 2004. Following all child deaths information about the circumstances of their death is collected and summarised from records held by ambulance services, hospitals, community health services, schools, police, children's services and other agencies.

A Child Death Overview Panel of doctors, other health specialists and child care professionals consider the anonymous information, to try to ascertain what caused the death, what support and treatment was offered to the child and their family up until the death, and what support was offered to the family after the child died. It is required to consider whether there were any preventable factors that contributed to

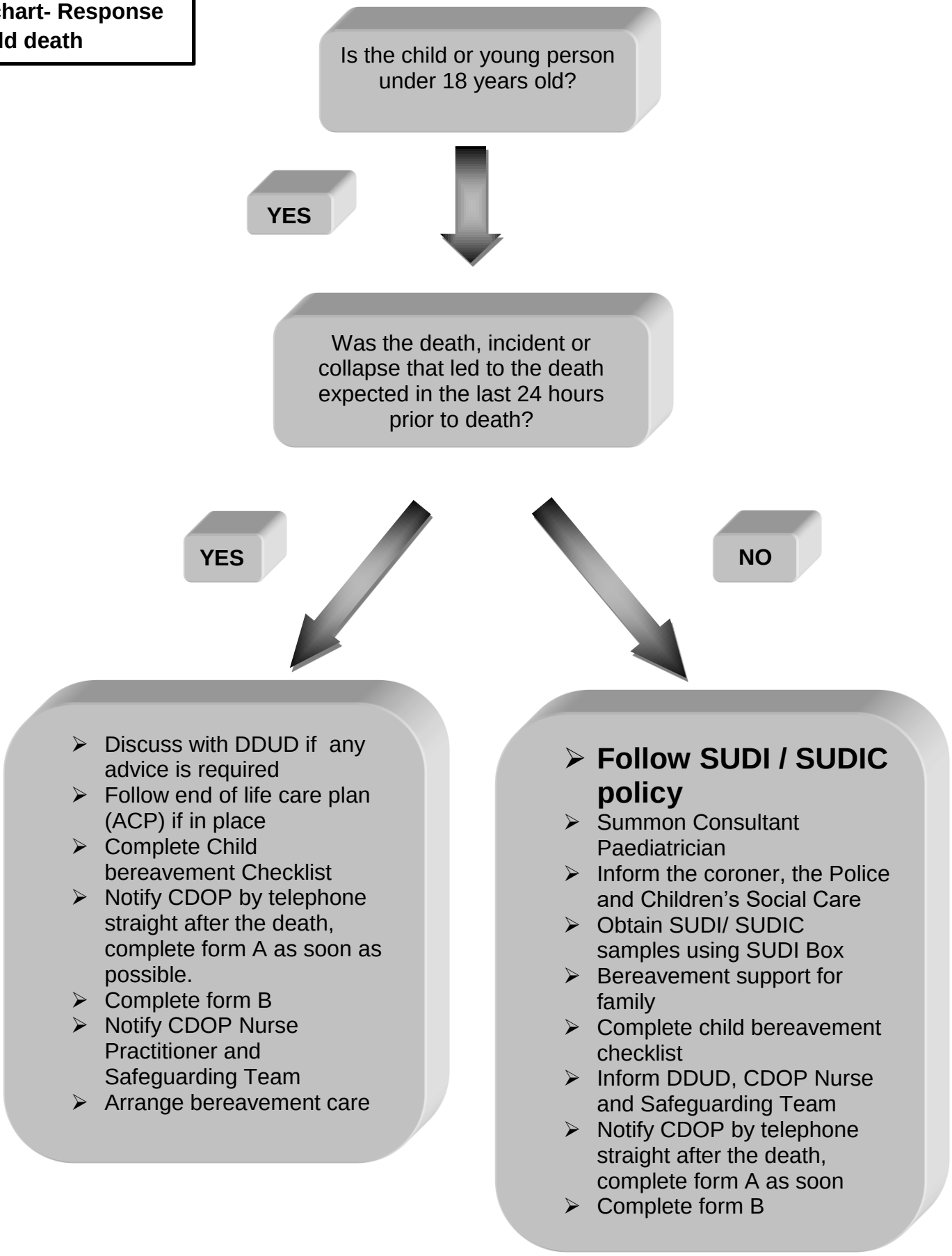
the death. It decides whether there are any recommendations and actions needed to help prevent similar child deaths in the future.

All child deaths need to be reported to a Central Point of contact.

1. **The Consultant clinician or delegated person should Notify Child Death Overview Panel administrator by telephone (0300 123 4455 ext.: 2724) following the death.**
2. **Telephone notifications should be followed up by completion of FORM A (see appendix 3).**
3. **Complete FORM B as soon as possible (see appendix 4)**

5.0 Response to Child Death

Flowchart- Response to child death



6.0 NOTIFICATION - OTHER PROFESSIONALS

All children receive universal services (DH, 2009), which indicates that there will be several professionals and/or agencies that are currently working with or have cases open to them. Examples of these include the child health department, GP, Midwife, Health Visitor, School and School Nurse.

Please inform the following as routine

- GP
- Health Visitor or School Nurse (depending on age)
- Child Health Department
- Any other professional/ agency appropriate

Please refer to Communication of Deceased Patients to Primary Care policy. GP's and other associated support groups, such as community midwives should be informed of a patient death by telephone as soon as possible, but no later than 48 hours after the death occurs, or by the first working day following a weekend period – whichever is sooner.

7.0 ADVANCED CARE PLANNING

A Child and Young Person's Advance Care Plan (ACP) is designed to communicate the health-care wishes of children or young people who have chronic and life-limiting conditions (a different ACP is used in adults). It sets out an agreed plan of care to be followed when a child or young person's condition deteriorates. It provides a framework for both discussing and documenting the agreed wishes of a child or young person and his or her parents, when the child or young person develops potentially life-threatening complications of his or her condition. It is designed for use in all environments that the child encounters: home, hospital, school, hospice, respite care, and for use by the ambulance service. This ACP can be used as a resuscitation plan or as an end-of-life care plan. It remains valid when parent(s) or next of kin cannot be contacted (WMPPCN, 2011)

It is best practice to agree a plan of care in advance. The first process is deciding whether the time is right to make an ACP and professionals have a key role in working with families to initiate this.

Good communication and coordination between relevant professionals and local services is essential to ensure that staff and families are aware what care is available and to make informed choices.

Professionals working with families should be honest and open at all times. This may mean acknowledging professional uncertainty while demonstrating an ongoing commitment to acting in the child's best interest and planning for all possible outcomes.

For more information and a copy of an ACP see appendix 5.

7.1 Resuscitation

All children are for attempted resuscitation unless there is a valid DO NOT ATTEMPT RESUSCITATION (DNAR) directive. Refer to the Do Not Attempt Resuscitation (DNAR) Policy.

An ACP should involve decisions about resuscitation status.

The DNAR decision does not mean withdrawal of care; every attempt will continue to be made to make the child as comfortable as possible and to fulfil the child's and families wishes.

8.0 REGISTERING THE CHILD'S DEATH

- Deaths may be registered Tuesday, Wednesday and Thursday at Burton Hospital or at Burton Registry office at; 57-60 High Street, Burton on Trent.
- Appointments have to be made to register the death by contacting **0300 1118001**.
- The registration of the death must be done within five working days if the coroner is not involved. After the death is registered the paperwork can be issued immediately.

It is advisable for the parents to register their own child's death in order to make sure the information on their child's death certificate is correct. However, if it is not possible then the death can be registered by:

a) Relative

b) A designated Person

Please inform the family that the registrar will need the following information:

1. Medical certificate of cause of death given to them by the medical practitioner
2. 'Notice to informants' issued with the medical certificate of cause of death
3. The child's full name, home address, date and place of birth
4. Parents full names, home addresses and occupations
5. List of benefits the child was receiving e.g. Disability Living Allowance

Documents issued by the registrar

1. A certificate of burial or cremation known as the **Green Form**. This form has to be given to the undertaker in order for the funeral to take place.
2. **White Form** (BD8) this form is to notify the Department of Work and Pensions of the child's death. It is to be completed by parents and returned by post or hand to their local Social Security office.
3. Death certificates are not automatically issued but may be required in some circumstances e.g. for banks or building society accounts or if the child is to be buried overseas. Certificates can be purchased for £4.00 each.

There is no charge for registering a death.

8.1 Out of hours burial

Generally the death must be registered before a funeral can be arranged, however the Registry Office operates an emergency service to issue a Green Certificate allowing the arrangement of a burial or cremation only if, the parents wish the child to be buried or cremated quickly for religious reasons. ***The death will still need to be formally registered during office hours.***

8.2 Registering a birth

If it is a baby that has died and the birth has not yet been registered it can be done at the same time as the registration of the death or may be done after the death has been registered.

8.3 Removing the deceased child before registration of death has taken place

Some parents may choose to take their child from the hospital. Parents may do this providing there is no coroner's referral. This can occur at any time day or night from the mortuary. The release of body documentation must be first completed and the death certificate has either been completed or there is a named Doctor who is responsible for the completion.

Note, it is strongly advised that parents who wish to take their child home should contact a funeral director first to help with the transportation and travel arrangements to minimise potential risks associated with handling and moving the body.

Checklist when releasing child to parents (Appendix 6) must be completed, one copy should be given to the undertaker or parent and a second placed in the child's notes. Please refer to section **17.1 Parents requesting to take the child home** for further information and guidance.

9.0 CULTURAL CONSIDERATIONS

Families are often from different cultural backgrounds, and as such follow and observe certain practices specific to their culture and/or religion at the time of their bereavement.

Staff must be prepared to acknowledge and respect an individual's beliefs and values, even though they may not understand or share them. It is helpful for staff to have some knowledge of the beliefs and rituals associated with death and dying, particularly in relation to issues immediately following death and in care of the body.
Health care professionals must identify, assess and document the spiritual needs of patients, relatives and carers in a flexible non-judgemental manner. Health care professionals must plan how and by whom these needs will be met. Always remember to be guided by the family and to ask if you are not sure. Never assume because a family have declared they are of a certain faith that you know the practices they will follow.

If a family are outside of their home or country they may wish to be guided by their local community or embassy as to cultural and religious practices at the time of death.

For more information on regarding religious requirements during bereavement please see the faith matters belief grid **appendix 7**.

9.1 Chaplaincy /Spiritual Care

The service is available 24/7 365 days of the year. An out of hours 'On Call Service' can be accessed by calling the switchboard and asking for a Chaplain. Church of England/Free Church, Roman Catholic & Muslim Chaplains are available.

When a patient is dying and/or when a patient has died families should always be asked if they would like a Chaplain to come. The Chaplain can also offer services and rituals for patients, their families and carers for example, marriage in hospital, baptism, naming and blessing babies.

Spiritual care does not always mean the same thing as religious. You do not have to feel you are a religious person or to be a regular worshipper to make use of the Chaplain service. The Chaplain will not talk about religion unless it is what the patient, carer or family want.

For the Chaplain service please contact extension: 5666, Out of Hours telephone hospital switchboard.

10.0 LAST OFFICES

The Last Offices are administered as appropriate to the beliefs and customs of the patient in accordance with the Royal Marsden Hospital Manual of Clinical Nursing Procedures (available on Trust intranet site via Clinical section / Nursing & Midwifery / Procedures).

11.0 MEMORY BUILDING

"Grief is not about forgetting the person who has died, but about finding ways to remember them. Remembering brings healing. When someone dies, our feelings for them and memories of them stay alive and active inside us" (Child Bereavement UK, 2015).

Following a death it is common that the bereaved family fear that memories will fade away and no future memories will be made. This is particularly difficult following the death of a child. Professionals can provide support with this by taking an active part in creating ways to remember.

There are many ways that memories can be built. The following options should be offered to all families.

- Parents are encouraged to hold the child under subtle supervision before the child goes to the mortuary. This should not be rushed and should be guided by the parents within reason. Consider the use of cold cots if they are available

- Photographs of the baby/child may be taken if the parents would like to
- Memory boxes
- Hand print / foot print – this can be done using different mediums
- Locks of hair

The resources for memory building are located in relevant areas; please speak to your bereavement link for further information and location.

Memory building is individual to each family and some families may decline some or all of the suggested ideas. The choices and options should be discussed with the family. All memory building requires parental permission. Consideration should be made for religious belief. For example removing a lock of hair could be offensive to Muslims.

Some of these memories may become most prized possessions and care should be taken when obtaining and storing the items.

12.0 DOCUMENTATION AND RECORD KEEPING

Complete all records at the time or soon as possible after the death, recording if the notes are written after the event (NMC, 2015) and include the professionals involved. Update and organise the medical and nursing records as quickly as possible so they are available to the bereavement team and other interested professionals, such as pathologists, safeguarding professionals and Child Death Overview Panel (CDOP).

13.0 SNOWDROP SUITE

The snowdrop suite is a suite located on the 1st floor outside the delivery suite and Neonatal Unit. Managed by the Bereavement Support Midwives the suite is used primarily when a Neonatal death or still birth has occurred, to give a family some privacy and space to spend with their child following the death. The suite is funded by donations and fundraising that is facilitated by the Bereavement Support Midwives. The room may be used following a child death up to the age of 6 months old. If you need to use the room please contact the Midwife in Charge of delivery suite on **bleep 310**. If this facility is utilised for any child the sole responsibility for all care and support remains with Paediatric Staff. **Midwifery services will not have any involvement for the child or family members in this instance.**

If the room is in use or cannot be used for other reasons then please discuss with the Nurse in Charge where the child and family can be taken to allow the last offices and memory building to take place.

14.0 MORTUARY

After last offices have been performed and the family have been given the opportunity to say goodbye and partake in any memory building or other spiritual or

cultural activities the baby/child can be released from the ward/ department. It is the parent/parent's decision where the baby/child is taken. This can include hospice or home (refer to section 16). In either case the baby/child should be taken to the hospital mortuary, where all options can be facilitated.

The procedure for bringing a child to the mortuary can be found in the policy release of Bodies from Ward/ Department to the Mortuary, this can be found on the intranet. **The infection communication form (Appendix 8) and Under 18 Year old patient identification label (Appendix 8a) should be completed and placed on the baby / child.**

In the case of a baby / child, a member of nursing staff can accompany the porters during transfer of the deceased. Method of Transfer to the mortuary should be appropriate according to the baby/child weight and age. For instance babies or small infants can be wrapped well in a blanket and carried by nursing staff to the mortuary. There is also a pushchair available on the paediatric ward that may be used. The baby/child should be wrapped well with a blanket. A blanket could be positioned over the hood of the pushchair to provide further dignity. Health and Safety of professionals, patients and visitors should be considered at all times, whilst maintaining the dignity of the baby/child and remaining sensitive to the family.

When the baby/child has been taken to the mortuary, parent/s can arrange a viewing by appointment only. Appointments can be made between Monday – Friday between the hours 0800 – 1630 hours. Please contact the mortuary on EXT: 4086 to book a convenient time. Viewings outside these times are only done in exceptional circumstances, please contact mortuary staff via the hospital switchboard.

15.0 WHAT IS A HOSPITAL POST MORTEM?

If the child's death was unexpected and has been referred to a Coroner it is the Coroner's decision whether a post mortem examination takes place. If a Coroner is not involved, then a post mortem examination can only take place with parental consent. This should be explored with the family to decide if this is the right decision for them.

15.1 Consent for hospital Post Mortem

Before consent can be taken, parent/s should be given written information, 'Deciding about a Post Mortem (SANDS, 2013). Follow the link below.

Sands
Stillbirth & neonatal death charity

http://www.cuh.org.uk/sites/default/files/publications/Deciding%20about%20a%20post%20mortem%20-%20information%20for%20parents%20Jan_2013.pdf

The professional is responsible to ensure that the parent/s have sufficient understanding about the Post Mortem from the information given. If the parent/s wish is to proceed with a Post Mortem then a **'consent form for Post Mortem Examination of baby or child'** should be completed (Refer to Consent policy).

Anyone seeking consent for a hospital Post Mortem examination should have the relevant experience and a good understanding of the procedure. They should have been trained in dealing with bereavement and in the purpose and procedures of Post Mortem examinations (Code of Practice 3, Human Tissue Authority, 2009).

When the consent form has been completed the parent/s should be given the yellow carbonated copy; blue filed in the hospital notes and the top grey copy should be sent to pathology.

A hospital Post Mortem examination useful?

• Are there unresolved questions related to the patient's illness or death?
• How extensive was the disease?
• How accurate was the imaging?
• What were the effects of treatment/complex management protocols?
• Is there any clinically unsuspected disease process?
• Is there an underlying condition that might recur in siblings/wider family or could have implications for future pregnancies?

Following a hospital post mortem examination the family should be offered a meeting to discuss findings with the lead clinician. This may be supported by Nursing or Midwifery Specialists. Timescales of information may vary, however follow up appointments and updates should be offered in a timely manner.

14.2 The Human Tissue Act (2004)

Post mortem examinations are governed by a complex legal framework (Human Tissue Act 2004) which came into force in September 2006.

The Human Tissue Authority has issued Codes of Practice for guidance. They relate to taking consent for post mortem examinations, removal, retention and use of tissue for scheduled purposes, and also the disposal of tissues from the deceased.

16.0 ORGAN AND TISSUE DONATION

Organ and Tissue donation should be offered to all families as part of End of Life care. Studies have shown that parents appreciate being informed about Organ donation (Paediatric Intensive Care Society 2002) and appreciate being given the opportunity to consider the option of donation.

16.1 Organ Donation

There are twelve Regional Organ Donation teams in the UK. Each team has on call Specialist Nurses – Organ Donation (SN-OD) available 24 hours a day to discuss potential donors with you. If appropriate, the SNOD will travel to your hospital to ensure a collaborative approach when talking to families about donation options and to facilitate the donation process. The pager number for the Midlands region is 07659 137 821.

Organ donation is possible only if the patient is on a Critical Care Unit, ventilated with either a plan to test for brain stem death or a clinical decision has been made to withdraw life supportive treatment due to futility. The SNOD may be contacted via the pager number at any time for advice and support.

16.2 Tissue Donation

Tissue Donation can be considered for any child who dies as Tissues are retrieved following death. Families can be offered the option of Eye Donation for children over the age of three and Heart Valve Donation from 32 weeks gestation.

For the purpose of Tissue Donation following death, the patient's nurse may offer the family the option of talking to a Specialist Nurse on the phone to talk about the possibility of Tissue Donation. If the family want to consider the option of Tissue Donation, the nurse must refer the patient to the National Referral Centre (NRC) on pager number 0800 432 0559. The referral will be taken by Tissue Services who will ask for details of the patient and family, including a contact name and their relationship to the patient and a telephone number to contact them on. The pager is manned from 08.00hrs to 20.45hrs. From 20.45hrs to 08.00hrs you will be asked to leave a message and Tissue Services will call back the next morning for the information.

For further information on organ and Tissue donation please refer to Appendix 10.

17.0 WHERE THE CHILD CAN BE TAKEN FOLLOWING THE DEATH

17.1 Parents requesting to take the child home.

Clinician must give consent.

If the child is to be taken home the parents must sign and complete Checklist when releasing child to parents (Appendix 6), one copy should be given to them and a second placed in the child's notes.

Please provide parent/carer with a copy of 'caring for child's body at home' information letter (Appendix 9). The parent/s will also need the 'letter of consent to take the body home' (Appendix 9a).

Discuss with the family if they are planning a cremation. **Cremation forms must be completed before the child leaves the hospital.**

If there is any possibility of an infection risk, please refer to the Trust's infection control policy before agreeing.

Discuss with the local children's hospice or community team measures they may be able to put in place to support the family at home.

Discuss care of the body and the necessary procedures families should follow when they take a child home.

Babies can be transported in car seats or Moses baskets or carried in their parent's arms.

Older children must be laid flat on the back car seat and secured with a car seat belt. They should be wrapped in a sheet and ideally placed in a cadaver bag or placed in a coffin.

Staff must ensure the mode of transport home is suitable.

Consideration must be given to the dignity of the child and the safety of the parents. Discuss with the parents where they are taking the child and ask them to consider having a funeral director come to them as soon as they get home to ensure they are safe and the child is being cared for appropriately.

Inform the GP, community nursing team and health visitor/School Nurse the child has been taken home.

Ideally, no newly bereaved parent/carer should drive the vehicle. Advise parent/ carer to allow a family member or friend to drive for them if possible.

17.2 To an undertaker/hospice

Establish where exactly the child is being taken to and who will meet them. Manual handling of the child is to be considered along with infection control protocols.

A children's hospice cool room is a designated, quiet room where children and young people may be placed after they die for a few days or until their funeral, and where the family can spend time with their child.

The Donna Louise Children's Hospice is the most local children's hospice:

1 Grace Rd, Stoke-on-Trent ST4 8FN (01782) 654440

18.0 CHILD BEREAVEMENT CHECKLIST

To ensure complete child bereavement care has been adhered to, please complete the child bereavement checklist and ensure this record is placed in the child's notes (Appendix 11).

19.0 HOSPITAL SUPPORT SERVICES

19.1 Bereavement Support Services

If you require any additional information please contact ext.: 5091 to speak with the Bereavement Services Officer.

19.2 Nurse Practitioner for CDOP

For Staffordshire and Stoke on Trent CDOP there is a Nurse Practitioner in post that provides a link between the panel and professionals, the nurse practitioner is also a

panel member. The role is to provide oversight, coordination and management for the response required for all child deaths. This involves various levels of contribution and involvement depending on the type of death and circumstances surrounding the death. The Nurse Practitioner will assist the panel to gather information and liaise with professionals across organisations. This involves supporting professionals throughout the process.

An element of the role is to support families following child bereavement; this may be via face to face or by telephone communication. The level of support is guided by individual need and may also involve signposting and referral to other agencies or professionals. In some instances the family will already have an appropriate key professional for support and therefore the Nurse Practitioner will liaise with the professionals and ensure they have the support they require. An active role of the Nurse Practitioner is to cooperate and promote any recommendations and changes in policy or campaigns that come out of the reviews completed at panel.

The Nurse Practitioner is based at Burton Hospitals NHS Foundation Trust and covers all child deaths in South Staffordshire and can be contacted on: **Ext: 2354 mobile 07551 152793**

19.3 Bereavement Support Midwives

The Bereavement Midwives offer care and support in the ante natal period for babies that are expected to be incompatible with life. They offer emotional support for the mother and family through the labour and they also offer help and advice to clinical staff during this time. An element of this will include building memories with the family.

The Bereavement Midwives offer continued support following bereavement. They also provide practical support such as, assisting with funeral arrangements, offering advice and information. The team will offer follow up consultation with the consultant to share findings and results from tests and Post Mortems examination. The team will also support bereaved women/families during subsequent pregnancy.

The Bereavement Midwives can be contacted on **Extension: 4383 Bleep: 264**

19.4 The Hospital Book of Remembrance

SANDS has donated a memorial book to Queen's Hospital Chapel, for anyone who has lost a baby at any time during or soon after birth. The pages are turned every month or on request. Parents may enter a short inscription (maximum of 5 lines) into the book at no cost to them. Please contact the Bereavement Midwives for advice or information.

19.5 The Chapel / Multi Faith Room

A room is available in the hospital as a quiet place to sit and think and is situated on the 1st floor near the restaurant. It is open 24 hours a day, every day.

20.0 STAFF

20.1 Staff Support

Working with families who are grieving can be immensely difficult. This is especially true when a baby or child is involved.

It is imperative to support the professional in this stressful and emotionally draining work. Our emotions often mirror those of the family. To work in this capacity it is important that we reflect on our own experiences and needs, and our attitudes to death and dying.

The Trust is committed to protecting the health, safety and welfare of its staff and recognises that workplace issues can cause stress and has a responsibility to provide a duty of care to all employees who may be involved in traumatic/stressful incidents, complaints or claims. In order to promote psychological well-being at work the Trust will provide confidential support to staff, which aims to manage distressing incidents in the workplace in such a way so as to minimise psychological after effects (Refer to Supporting Staff Policy).

Reflecting on and being aware of our reactions to situations helps us to understand our strengths and weaknesses. There are no set answers or ways of dealing with a particular situation, and each individual experience can have an emotional impact, irrespective of training and professional experience.

20.2 Staff Debrief Sessions

To assist staff in reflecting on the experience debrief sessions should be made available by the most appropriate member of staff. This may vary depending on each case and department (refer to Supporting staff policy).

20.3 Occupational Health / Counselling

The Occupational Health Department offers a confidential staff support service for employees who require help or support with problems or worries, relating to work issues. Please ring to make an appointment with any of the nurses. For more complex issues, which you feel require a professional intervention and support you can self-referral or make an Occupational Health referral to an independent qualified counsellor. Phone Occupational health Reception on **ext. 2370** to make an appointment.

20.4 Staff training

Training around bereavement support can be accessed via external sources such as ‘The Child Bereavement UK’ and other local bereavement support groups as listed below. Occasional Training opportunities may be made available to staff via CDOP and/ or panel members. For further information please contact CDOP Nurse on EXT: 2354

21.0 BEREAVEMENT SUPPORT SERVICES IN STAFFORDSHIRE AND STOKE ON TRENT

Where to get advice and information:

Child Bereavement UK
Support for families when a baby or child of any age dies or is dying, or when a child is facing bereavement. Confidential support and guidance to anyone who has been affected by the death of a child or who is caring for a bereaved child. www.childbereavementuk.org.uk, Telephone: 0800 02 888 40 Email: support@childbereavementuk.org

Children of Jannah
A UK registered charity founded in 2011 to support Muslim bereaved parents and families following the devastation of the death of a child. Support and information line: 0161 480 5156 www.childrenofjannah.com

A Child of Mine
Help for Bereaved Parents. 07803 751229 Office hours: Monday – Friday 9am - 5pm. Out of hours leave a message and your call will be returned as soon as possible. www.achildofmine.co.uk

Donna Louise Hospice
Offers a network of specialist care and support to children and young people who have life limiting or life threatening illnesses, and their families; includes bereavement support 01782 654440 info@donnalouisetrust.org

Dove
Bereavement counselling and support 01782 683 155

The Lullaby Trust (formerly FSID)
Offers confidential support to family, friends and carers affected by the sudden and unexpected death of a baby or toddler: 0808 802 6868, support@lullabytrust.org.uk and www.lullabytrust.org.uk Calls to the Helpline are free from all landlines and most mobile phone networks. The Helpline is open: Monday – Friday 10am-5pm, Weekends and public holidays 6pm–10pm (answered by trained befrienders, all with personal experience of bereavement).

Winston's Wish
The largest charity provider of support to bereaved children, young people and their families in the UK. 08452 03 04 05 www.winstonswish.org.uk

CLIC Sargent
Helping children and young people with cancer. 0300 330 0803 www.clicsargent.org.uk

Child Death Helpline
A Freephone service offering support for anyone affected by the death of a child. 0800 282 986 www.childdeathhelpline.org.

SANDS
Stillbirth and Neonatal Death organisation supporting anyone affected by the death of a baby. 02074365881 www.uk-sands.org.uk

BLISS
Information, support and counselling for families with babies “born too small, too soon, too sick”. 0500 618 140 www.bliss.org.uk

CRUSE Bereavement Care
www.rd4u.org.uk
Bereavement support for young people, after the death of someone close to them.
FREE helpline: 0808 808 1677 (Monday -Friday 9:30 am – 5:00 pm) Helpline 0844 477 9400 www.cruse.org.uk

Samaritans
Available 24 hours a day to provide confidential emotional support.
08457 909090 (UK) www.samaritans.org

Saying Goodbye
National Remembrance Services 0845 293 8027 www.sayinggoodbye.org

22.0 REFERENCES

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SANDS (2013) Stillbirth and Neonatal Death organisation supporting anyone affected by the death of a baby. www.uk-sands.org.uk

Paediatric Intensive Care Society (2002) Standards of bereavement care. London: PICS.

The Code: Standards of Conduct, Performance and Ethics for Nurses and Midwives (2015) London, NMC.

'Together for Short Lives' - A UK voice for children & young people who are not expected to live to adulthood and their families (2015) www.togetherforshortlives.org.uk

'When a Patient Dies' - advice on developing bereavement services in the NHS (2005) Department of Health.

Working Together to Safeguard Children : A guide to interagency working to safeguard and promote the welfare of children (2015). HM Government.

APPENDIX 1:

What is Parental responsibility?

All mothers and most fathers have legal rights and responsibilities as a parent - known as ‘parental responsibility’.

If you have parental responsibility, your most important roles are to:

- provide a home for the child
- protect and maintain the child

If you have parental responsibility for a child you don’t live with, you don’t necessarily have a right to contact with them - but the other parent still needs to keep you updated about their well-being and progress.

Who has parental responsibility?

A married couple who have children together both automatically have parental responsibility. After a divorce, parental responsibility continues. From a legal standpoint, mothers automatically have parental responsibility. Where the parents are not married, the unmarried father has parental responsibility if:

- his name is registered on the birth certificate - this is the case for births registered after 1 December 2003. Fathers can re-register if their names have not been placed on the birth certificate before this date
- he later marries the mother
- both parents have signed an authorised parental responsibility agreement
- he obtains a parental responsibility order from the court
- he obtains a residence order from the court
- he becomes the child's guardian

Others, such as grandparents and step-parents, do not have parental responsibility. They can acquire it by: being appointed as a guardian to care for a child if their parent dies obtaining a residence order from the court for a child to live with them adopting the child.

Same-sex parents

Civil partners - Same-sex partners who were civil partners at the time of the treatment will both have parental responsibility.

Non-civil partners - For same-sex partners who are not civil partners, the 2nd parent can get parental responsibility by either:

- applying for parental responsibility if a parental agreement was made
- becoming a civil partner of the other parent and making a parental responsibility agreement or jointly registering the birth.

APPENDIX 2

Contact Details for DDUD and Nurse Practitioner for CDOP

The Designated Doctor for Unexpected Deaths in Childhood for South Staffordshire is:

Dr Azhar Manzoor
Burton Hospitals NHS Foundation Trust
Queen's Hospital,
Belvedere Road,
Burton on Trent.
DE13 0RB.

Telephone: 01283 511511 Ext 4360
Mobile: 07951 924576

The Nurse Practitioner for Child Death Overview Process for South Staffordshire is;

Rebecca Sage
Burton Hospitals NHS Foundation Trust
Queens Hospital,
Outwoods House,
1st Floor, Dietetics Corridor,
Burton,
DE13 0RB.
Telephone: 01283 566333 ext:2354
Mobile: 07551152793
Rebecca.sage@nhs.net Rebecca.sage@burtonft.nhs.uk

APPENDIX 3

Form A - Notification of Child Death

CDOP Identifier (Unique identifying number) …….

Staffordshire and Stoke on Trent Local Safeguarding Children Boards Child Death Procedures

Form A - Notification of Child Death

Notification to be reported to CDOP Manager at: Email: child.protection@staffordshire.pnn.police.uk

Tel: 0300 123 44 55 ext: 2724 Fax: 01785 235047

Address: Child Death Overview Panel – C/o Staffordshire Police
MASH, Lindum House, PO Box 3167
Stafford, Staffordshire, ST15 0SD

The information on these forms and the security for transferring it to the CDOP Co-ordinator should be clarified and agreed with your local Caldicott guardian.

If there are a number of agencies involved, liaison should take place to agree which agency will submit the Notification.

Child's Details

Full Name of Child	Sex:	
Any aliases		
DOB / Age		NHS No.
Address		
Postcode		
School/nursery etc	-	
Date & time of death	at	
Cause of death if known		
Other significant family members		
Gestation		
Ethnicity		

Referral details

Date of referral	
Name of referrer	
Agency	
Address	
Tel Number	
Email	

N.B. Page 1 can be removed for the purposes of anonymising the case. Page 2 should be made available with Form B to the child death overview panel.

Details of the death:

Location of death or fatal event (Give address if different from above)				
Death expected?	☐	Expected	☐	Unexpected†
Reported to Coroner			Date: / /	
			Name:	
Reported to Registrar		Y / N / NK /NA ☐☐ ☐ ☐	Date: / /	
			Name:	
Has a medical certificate of cause of death been issued?		Y / N / NK /NA ☐☐ ☐ ☐	Date: / /	
Post mortem examination:			Date: / /	
			Venue:	
Is there any potential media interest in this case?		Y / N / NK /NA ☐☐ ☐ ☐	If 'yes' please advise the CDOP Co-ordinator directly	

† An unexpected death is defined as the death of a child which was not anticipated as a significant possibility 24 hours before the death or where there was a similarly unexpected collapse leading to or precipitating the events which led to the death.

Notification Details:

Please outline circumstances leading to notification. Also include if any other review is being undertaken e.g. internal agency review; any action being taken as a result of this death.

Details:

Details of Agency Contacts

Agency	Name, Address & Tel No.	Agency Report	
		Requested (date)	Received (date)
GP		/ /	/ /
Midwife/ Health Visitor/ School nurse		/ /	/ /
Paediatrician		/ /	/ /
Police		/ /	/ /
Children's Social Care		/ /	/ /
School/ nursery etc		/ /	/ /
Others (list all agencies known to be involved)		/ /	/ /
		/ /	/ /
		/ /	/ /
		/ /	/ /

APPENDIX 4

RESTRICTED

CDOP Identifier (Unique identifying number) ……

Staffordshire & Stoke on Trent Local Safeguarding Children Boards
Child Death Procedures

This form to be returned to CDOP at: Telephone: 0300 123 44 55 ext. 2724
Fax: 01785 235047

Address: Child Death Overview Panel, C/o Staffordshire Police, Lindum House, PO Box 3167. Stafford, ST16 9JZ

The information on these forms and the security for transferring it should be clarified and agreed with your local Caldicott guardian.

Please complete this form based on the information you have and return it quickly to the CDOP manager. If in doubt about what information to provide, please discuss with your manager.

Completing the form: The form is sent out to all agencies involved with a child and family. As such you are not expected to complete all of the form. **You are asked to complete only those sections and questions on which you hold information**. Some information is collected in tick box or yes/no format to allow collation and comparison of data, but in each section there is space for more narrative/qualitative information which will help the CDOP to more fully understand the nature of each child's death. If you do not have information for any particular item, please either circle or tick NK (Not Known) or NA (Not Applicable) or leave the item blank. It is preferable to circle or tick not known as this indicates to the CDOP that you have considered the question but have no information.

The form consists of six sections, A to F, along with supplementary forms B2 – B12 to be completed where appropriate according to the type of death. **Please note: If the death concerns the death of a neonate please complete form B2 first.**
Purpose: Form B is designed to gather information about each child's death. Its primary purpose is to enable the local CDOP to review all children's deaths in their area in order to understand patterns and factors contributing to children's deaths and ultimately to take steps to prevent future child deaths.

Confidentiality: The information requested on this form will be used for the purposes of child death review as outlined in chapter 7 of Working Together. All bereaved parents are informed of these processes. The nature of the information collected means it is likely that some of the information is personal/sensitive data and therefore CDOPs should be mindful of their obligations under the Data Protection Act (DPA) 1998 when processing that information. All cases will be anonymised prior to discussion by the CDOP. All information gathered will be stored securely and only anonymised data will be collated at a regional or national level.

This page may be removed for the purposes of anonymisation prior to discussion at the CDOP

A: Identifying and Reporting Details

Full name of child			Date of birth
NHS No.			Date of death
Gender	Male	☐	
	Female	☐	
Address (including postcode if known)			

Agency Report Provided by

Agency	Name
Address	
Postcode	
Tel No	Email

B: Summary of Case and Circumstances leading to the death

This section provides information on the nature and manner of the child's death. Please complete any information which you hold on the case.

The 'Details of the Death' section is to be completed by the treating doctor involved with the child at the time of death – other professionals can complete this section if they have the information.

Details of the Death		
What is your understanding of the cause of death? (complete registered cause of death, if known, below)		
What was the mode of death?	☐	Planned palliative care
	☐	Witholding, withdrawal or limitation of life-sustaining treatment
	☐	Brainstem death
	☐	Failed Cardiopulmonary resuscitation
	☐	Witnessed event
	☐	Found dead
	☐	Not known
Has a medical certificate of the cause of death been issued?	Yes / No / Not Known ☐ ☐ ☐	
Was this death referred to the coroner?	Yes / No / Not Applicable / Not Known ☐ ☐ ☐ ☐	
Was a post-mortem examination carried out?	Yes / No / Not Applicable / Not Known ☐ ☐ ☐ ☐ Date of PM if known / / Place of PM if known	
Has an inquest been held?	Yes / No / Not Applicable / Not Yet/ Not Known ☐ ☐ ☐ ☐ ☐ Date of Inquest if known / /	
Registered cause of death if known (for children over 28 days)	**Ia** **Ib** **Ic** **II**	

Registered cause of death if known (for neonatal deaths)	(a) main diseases or conditions in infant (b) other diseases or conditions in infant (c) main maternal diseases or conditions affecting infant (d) other maternal diseases or conditions affecting infant (e) other relevant conditions

All – please complete

Where was the child at the time of the event or condition which led to the death?	☐	Acute Hospital	☐ ☐ ☐ ☐ ☐ ☐	Emergency Department Paediatric Ward Neonatal Unit Paediatric Intensive Care Unit Adult Intensive Care Unit Other
	☐	Home of normal residence		
	☐	Other private residence		
	☐	Foster Home		
	☐	Residential Care		
	☐	Public place		
	☐	School		
	☐	Hospice		
	☐	Mental health inpatient unit		
	☐	Abroad		
	☐	Other (specify)		
	☐	Not known		

Where was the child when	☐	Acute Hospital	☐	Emergency Department Paediatric Ward

the death was confirmed?			☐ ☐ ☐ ☐ ☐	Neonatal Unit Paediatric Intensive Care Unit Adult Intensive Care Unit Other
	☐	Home of normal residence		
	☐	Other private residence		
	☐	Foster Home		
	☐	Residential Care		
	☐	Public place		
	☐	School		
	☐	Hospice		
	☐	Mental health inpatient unit		
	☐	Abroad		
	☐	Other (specify)		
	☐	Not known		

Were any of the following events known to have occurred?		
☐	Neonatal Death	Complete B2 - Please complete form B2 before continuing to complete the rest of this form, as you may not be required to provide any further information through Form B.
☐	Death of a child with a life limiting condition (to be completed by the lead clinician or designated member of the palliative care team)	Complete B3
☐	Sudden unexpected death in infancy (to be completed by the SUDI paediatrician or designated deputy, and will almost always be completed at or immediately after the local case review meeting. In those rare instances in which there is no local case review meeting the SUDI paediatrician or designated deputy should complete this form at the conclusion of the	Complete B4

	investigation)	
☐	Road traffic accident/collision	Complete B5
☐	Drowning	Complete B6
☐	Fire/burns	Complete B7
☐	Poisoning	Complete B8
☐	Other non-intentional injury/accidents/trauma	Complete B9
☐	Substance misuse	Complete B10
☐	Apparent homicide	Complete B11
☐	Apparent suicide	Complete B12

Circumstances of Death:
Please provide a narrative account of the circumstances leading to the death. This should include a chronology of significant events (e.g. contact with service; changes in family circumstances) in the background history, and details of any important issues identified. **Consider**: Events leading to the death; Early family history; Pregnancy and birth; Infancy; Pre-school; School years; Adolescence

C: The Child

This section provides information about the child and any known conditions or factors intrinsic to the child that may have contributed to the death. Please complete any information which you hold on the case.

Birth weight (gm or oz / lb)	gms lbs oz	Gestational age at birth (completed weeks)	
Last known weight (gm or oz / lb) Date	gms lbs oz / /	Last known height (ft/in or cm) Date	cm ft in / /

Any known medical conditions at the time of death? If yes, please provide details below	Yes / No / Not known ☐ ☐ ☐
Was the child fully immunised?	Yes / No / Not known ☐ ☐ ☐ Date of last immunisation / /
Any known developmental impairment or disability at the time of death? If yes, please provide details below	Yes / No / Not known ☐ ☐ ☐
Any medication at the time of death? If yes, please provide details below	Yes / No / Not known ☐ ☐ ☐

Education/Occupation	☐	Not yet in education		
	☐	Nursery		
	☐	School		
	☐	College		
	☐	Not in education		
	☐	Left education	☐	Employed
			☐	Unemployed
If employed, please provide occupation				

Ethnic group	☐	White	☐ English/Welsh/Scottish/Northern Irish/British ☐ Irish ☐ Gypsy or Irish Traveller ☐ Any other White background (please specify)
	☐	Mixed/ multiple	☐ White and Black Caribbean ☐ White and Black African

		ethnic groups	☐ White and Asian ☐ Any other mixed/multiple ethnic background (please specify)
	☐	Asian or Asian British	☐ Indian ☐ Pakistani ☐ Bangladeshi ☐ Chinese ☐ Any other Asian background (please specify)
	☐	Black/ African/ Caribbean/Black British	☐ African ☐ Caribbean ☐ Any other Black/African/Caribbean background (please specify)
	☐	Other ethnic group	☐ Arab ☐ Any other ethnic group (please specify)
	☐	Not known/ not stated	
Religion (please state)			

Factors in the child:
Please provide a narrative description of any relevant factors within the child that have not already been covered. Include any known health needs; factors influencing health; growth parameters development/educational issues; behavioural issues; social relationships; identity and independence; any identified factors in the child that may have contributed to the death. Include strengths, as well as difficulties.

D: Family and Environment

This section provides details of the child's family and close environment. Please complete with any information known to you.

Please circle or tick your responses

	Age	Gender	Relationship to child and/or family	Occupation	Living in primary household?[1]
Mother		F	Mother		Y / N / NK ☐ ☐ ☐
Father		M	Father		Y / N / NK ☐ ☐ ☐
Other significant others *(e.g. Mother's partner; significant carer. Please number and complete any information known; further adults can be added below)*					
1					Y / N / NK ☐ ☐ ☐
2					Y / N / NK ☐ ☐ ☐
3					Y / N / NK ☐ ☐ ☐
4					Y / N / NK ☐ ☐ ☐
Siblings (*Please number and complete any information known; further siblings can be added below, please include step and half siblings)*					
1					Y / N / NK ☐ ☐ ☐
2					Y / N / NK ☐ ☐ ☐
3					Y / N / NK ☐ ☐ ☐
4					Y / N / NK ☐ ☐ ☐
6					Y / N / NK ☐ ☐ ☐
7					Y / N / NK ☐ ☐ ☐

Was the child/family an asylum seeker	Yes / No / Not known ☐ ☐ ☐

Further family information

(In relation to the primary household or other household where the child spends a significant amount of time)

[1] If the child is living in more than one household, for example where the parents have separated, the primary household is where the child spends most of his/her time; please provide any relevant details in the narrative section.

Please circle or tick your responses

	Mother	Father	Other adult 1	Other adult 2
Smoker	Y / N / NK ☐☐☐	Y / N / NK ☐☐☐	Y / N / NK ☐☐☐	Y / N / NK ☐☐☐
Any Known:				
Disability, including learning disability?	Y / N / NK ☐☐☐	Y / N / NK ☐☐☐	Y / N / NK ☐☐☐	Y / N / NK ☐☐☐
Physical health issues?	Y / N / NK ☐☐☐	Y / N / NK ☐☐☐	Y / N / NK ☐☐☐	Y / N / NK ☐☐☐
Mental health issues?	Y / N / NK ☐☐☐	Y / N / NK ☐☐☐	Y / N / NK ☐☐☐	Y / N / NK ☐☐☐
Substance misuse?	Y / N / NK ☐☐☐	Y / N / NK ☐☐☐	Y / N / NK ☐☐☐	Y / N / NK ☐☐☐
Alcohol misuse?	Y / N / NK ☐☐☐	Y / N / NK ☐☐☐	Y / N / NK ☐☐☐	Y / N / NK ☐☐☐
Known to police	Y / N / NK ☐☐☐	Y / N / NK ☐☐☐	Y / N / NK ☐☐☐	Y / N / NK ☐☐☐

Any known domestic violence in the household? (please provide details below)
Yes / No / Not known

Factors in the family and environment:
Please provide a description of any relevant factors known to you that have not been covered elsewhere.
Consider: family structure and functioning; wider family relationships; housing; employment and income; social integration and support; community resources. Include strengths and difficulties

E: Parenting Capacity

The purpose of this section is to understand factors in relation to the care of the child that may have been of relevance in any way to the child's death, and also factors that may have contributed to support and nurture of the child. Please complete any information known to you.

Where was the child living at the time of their death or the event leading to their death?	☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	Parental home Other relatives Foster carers Private fostering Residential unit Long stay hospital Hospice Other
Who was directly looking after the child at the time of their death or the event that led to their death? (please tick all that apply)	☐ ☐	Mother Father
	☐	Other adults (please list and give adults relationships to the child)
	☐	Child/young person (please list and give age and relationships to the child)
	☐ ☐	Health care staff Others (please list below)

Was the child subject to a child protection plan?	☐ ☐ ☐	At the time of death Previously Not at all
Category of most recent child protection plan:	☐ ☐ ☐ ☐ ☐	Physical abuse Neglect Emotional abuse Sexual abuse Not known
Was the child subject to any statutory orders?	☐ ☐ ☐	At the time of death Previously Not at all
Category of most recent statutory order:	☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	Police Powers of Protection Emergency Protection Order Interim Care Order Care Order Supervision Order Residence Order Section 20 (Children Act 1989) Antisocial behaviour order Other court order, please specify:
Had the child been assessed as a child in need under section 17 of the Children Act 1989?	☐ ☐ ☐	At the time of death Previously Not at all
Were any siblings subject to a child protection plan?	☐ ☐	At the time of death Previously

	☐	Not at all
Were any siblings subject to any statutory orders?	☐ ☐ ☐	At the time of death Previously Not at all

Factors in the parenting capacity: Provide a narrative description of the parenting capacity with any relevant factors known to you and not already covered elsewhere. **Consider** issues around provision of basic care; health care (including antenatal care where relevant); safety; emotional warmth; stimulation; guidance and boundaries; stability. Include strengths as well as difficulties.

F: Service Provision

The purpose of this section is to obtain a profile of the services being offered to the child and family; the effectiveness of those services in supporting the child and family; and to identify any unmet needs or gaps in services. Please complete any information you are able to on your agency.

Details of agency involvement

Please indicate whether any of the services listed were involved with the child, or in neonatal deaths, with the mother. Where any service was involved, please provide details in the narrative section below.

Please circle or tick your responses

Agency / professional	Involved at time of death or in relation to the final illness[2]	Involved previously
Primary Health Care	Y / N / NK /NA ☐ ☐ ☐ ☐	Y / N / NK /NA ☐ ☐ ☐ ☐
Secondary / Tertiary Hospital Services	Y / N / NK /NA ☐ ☐ ☐ ☐	Y / N / NK /NA ☐ ☐ ☐ ☐
Secondary / Tertiary Community Health Services	Y / N / NK /NA ☐ ☐ ☐ ☐	Y / N / NK /NA ☐ ☐ ☐ ☐
Hospice Services	Y / N / NK /NA ☐ ☐ ☐ ☐	Y / N / NK /NA ☐ ☐ ☐ ☐
Child & Adolescent Mental Health	Y / N / NK /NA ☐ ☐ ☐ ☐	Y / N / NK /NA ☐ ☐ ☐ ☐
Police	Y / N / NK /NA ☐ ☐ ☐ ☐	Y / N / NK /NA ☐ ☐ ☐ ☐
Local Authority Children's Services	Y / N / NK /NA ☐ ☐ ☐ ☐	Y / N / NK /NA ☐ ☐ ☐ ☐
Education	Y / N / NK /NA ☐ ☐ ☐ ☐	Y / N / NK /NA ☐ ☐ ☐ ☐

[2] Include all those providing services at the time of death or in relation to the final illness, even if not present at the time of the death; e.g. child on school roll; planned out patient follow up; active social work case; palliative care.

Connexions	Y / N / NK /NA ☐☐☐☐	Y / N / NK /NA ☐☐☐☐
Probation	Y / N / NK /NA ☐☐☐☐	Y / N / NK /NA ☐☐☐☐
Other (please specify)	Y / N / NK /NA ☐☐☐☐	Y / N / NK /NA ☐☐☐☐

If no professionals involved at the time of death, what was the last known contact of a professional from your agency?	Professional Date of last known contact / / Nature of contact ☐ No known contact from this agency ☐ Not known

Were there any identified unmet needs / gaps in services? (if yes, please provide details below)	Y / N / NK /NA ☐☐☐☐
Were there any identified difficulties in family engagement with services? (if yes, please provide details below)	Y / N / NK /NA ☐☐☐☐

Factors in relation to service provision

Please complete any information known to you in relation to service provision that has not been covered elsewhere. **Consider** any identified services both required and provided; the nature and timing of any services provided; any gaps between child's or family member's needs and service provision; any issues in relation to service provision or uptake, positive/negative in relation to bereavement care.

Was there a formal Critical Incident investigation – if yes, please state which specific agency	Y / N / NK /NA ☐☐☐☐

Any other internal agency investigation (please specify)

Is this child death the subject of a serious case review	Y / N / NK /NA ☐☐☐☐

Issues for discussion Include any action or learning you consider should be taken forward as a result of the child's death; issues that require broader multi-agency discussion

APPENDIX 5

west mids ACP policy.pdf

APPENDIX 6

Burton Hospitals NHS
NHS Foundation Trust

Checklist When Releasing a Child's Body to Parents

1. Clinician has agreed to request	Yes/ No
2. Death Certificate completed	Yes/ No
3. Cremation forms completed if required	Yes/ No
4. Parent's transport is adequate	Yes/ No
5. Discussed who is driving the car	Yes/ No
6. Discussed lifting and moving the child	Yes/ No
7. Discussed where they are taking the child	Yes/ No
8. Parents given 'care of the child at home' letter	Yes/ No
9. Ward has contact details of the undertaker	Yes/ No
10. G.P health visitor and community nurses informed of discharge	Yes/ No
11. Children's hospice contacted	Yes/ No
12. Registering the death details discussed	Yes/ No
13. Parents given the 'letter of consent to take the body home'	Yes/ No
14. Mortuary notified	Yes/ No

Appendix 7 **BCH Faith Matters Belief Grid 1**

Religion Issues	Buddhist	Christianity	Hinduism	Judaism	Muslim	Sikhism
Care of the dying/ end of life	May not wish sedatives. Family may wish to wash body. Provide a space of peace and some families may wish for body not to be touched for as long as possible after the death. (Time for mind to leave the body)	Offer a baptism or blessing for the child if this has not happened.	Any jewellery and sacred threads should not be removed. Close eyes and straighten body. May wish to be placed on the floor. Family may wish to wash the body and wrap it in a white cloth. Holy water may be applied to the lips.	May wish to hear Psalm 23 read the *Shema.* The body should be handled as little as possible. After death close the eyes, clothing remain and cover with sheet then untouched for short time (enquire about washing). Family may wish to wash body. Some traditions may wish for same gender contact only. Most traditions may wish for the child not to be left alone. Separate undertakers.	May wish for reading before death. Eyes and mouth closed, body straightened, turn head to the right and cover with a clean sheet. May wish to face Mecca (S.E. direction in U.K) Privacy for family to grieve. Any sacred jewellery should not be removed. Washing has to be in accordance to Islamic faith. Families may wish to take the child home with them. Separate undertakers.	The five K's should not be removed. Family will read Holy books. There are no priests. Music and prayers may be played. Close eyes and straighten body. Family may wish to wash and dress the body. If the boy is over 5 or puberty, he will wear a turban.

Religion Issues	Buddhist	Christianity	Hinduism	Judaism	Muslim	Sikhism
Visit from the religious leader	Call a faith representative to facilitate peace and quiet for meditation	Roman Catholic and some C of E require priest for last rites, blessing and or baptism.	A priest may be required, reading from holy books.	Offer a visit from a Rabbi, but readings are normally led by the family.	Offer a visit from an Imam, but prayers are normally led by the family	Offer a visit from a priest or chaplain, but reading can be led by the family
Organ donation	No religious preference or norm	No religious preference or norm	No religious preference or norm	Varied attitudes, referral to rabbi.	Varied attitudes (allowed majority)	Varied attitudes generally O.K
Post mortem	No religious preference or norm	No religious preference or norm	No religious preference or norm	Varied attitudes, referral to Rabbi. Some families will be against it.	Not keen	No main issues
Funeral	Cremation is preferred but will depend on tradition	No general preference of burial or cremation	Funeral takes place ASAP after death. Children may be buried, adults are cremated. Gift of a toy in coffin for the child to play with while they are in heaven awaiting rebirth. Photo/candle religious symbol at home for 12 days after the funeral	Funeral takes place ASAP after death, 24 hours. A watcher sits with the body within some traditions. May prefer burial in separate cemetery. Mourners do not leave the house. Mourning a child is 30 days	Funeral takes place ASAP after death, 24 hours. Always buried. Funeral prayer will be led by the Imam. Believe in Paradise or Hell (young children assured of Paradise and interceding for parents)	Always cremated, although babies without teeth maybe buried. Mourners sometimes wear white. Ashes poured into flowing water

Beliefs about suffering	Suffering is universal and is eased by not being selfish	Varied attitudes. Can be fatalistic or angry with God	Varied attitudes	Varied attitudes	Death is seen as the will of God. Life span of individual was allocated at the beginning of time. Subr (patience) is highly encouraged.	Varied attitudes
Belief about the after life	Believe in rebirth	Believe in life after death in Heaven or Hell. Infants assured of heaven in most traditions	Believe in rebirth, children enter heaven first	Believe in life after death in heaven or Hell. Infants assured of Heaven in most traditions.	Believe in life after death in Heaven or hell. Infants assured of Heaven and pray for family	
Gender	Adopt a local culture	No main differences	Ladies wear Shari at the end of life. Close female relatives only at the crematorium. Gender to gender greeting at home, using holy name of God.	The Orthodox tradition will prefer same gender care, touch etc. Some traditions do not have women in mourning prayers (Kaddish)	Segregation at the funeral	Eldest son represents family. Will sit separately at the funeral.

Appendix 8

MANAGING RISK OF INFECTION AFTER DEATH OF A PATIENT

Notice of death form

This form must accompany all bodies to the mortuary, **yellow copy retained by ward.**

Ward:	**Date:**	**Time:**	**Unit No:**
Name:		**DOB:**	**Religion:**
Valuables left on body:			

Body bag must be used for the following: (Please tick in the appropriate box)			
Likely leakage of body fluids during transportation		Food poisoning	
Poor physical condition of the body		Dysentery	
Hepatitis B, C		Paratyphoid fever	
HIV/AIDS		Typhoid fever	
Meningococcal septicaemia (with or without meningitis)		Typhus	
Tuberculosis		Diphtheria	
Invasive group A streptococcal infection		Relapsing fever	
Anthrax		Scarlet fever	
Plague		Rabies	
Smallpox		Yellow fever	
Transmissible spongiform encephalopathies (for example, Creutzfeldt-Jakob disease)		Viral hemorrhagic fever	
Additional information: (Not requiring a body bag unless one of the above applies)			
MRSA		*C.difficile*	

Signature: _____ **Ward nurse in charge**

Name block capitals:

FOR MORTUARY USE ONLY : Information for undertakers

Name: **Date of Birth:**

Infection Risk Additional information:	**Yes/No**
• MRSA	
• *C.difficile*	

Body suitable for:	
• Viewing:	
• Embalming:	
• Hygienic Preparation	

Draft 4: July 2012

APPENDIX 8a

Burton Hospitals NHS
NHS Foundation Trust

Mothers Surname……. PR Yes / No		**Fathers Surname**……. PR Yes / No			**UNDER 18 Year Old Patient Information Label**	
Name				DOB		
Hospital Number				AGE		
Address				Religion		
Ward		Date Of Death			Time	
Has the SUDI / SUDIC protocol been implemented		Yes		No		
Please ensure Infection communication form has been completed and identification wrist band is in situ						
Signed		**Witness by**				
Print Name		**Print Name**				
Designation		**Designation**				

Appendix 9

Caring for your child's body at home

Information on Caring for Your Child's Body at Home if Your Child Has Died in Hospital or Hospice

If you wish, it is your right as a parent to take your child's body home unless your child has an infectious disease, or the death has been reported to the coroner. We hope that this information will help you at this sad and difficult time with some of the practical matters.

Children of any age can be taken home. You can decide whether this is in your own car or with assistance from your chosen funeral director. It may be advisable to have relatives or friends with you if you are wishing to undertake this in your own vehicle. If you use your own transport you will be provided with a letter from the hospital or hospice which will explain the situation to the relevant authorities in the event of a motor vehicle accident during the journey.

On reaching home please ensure your child is kept in a cool, well ventilated room. It is normal for your child's skin to become cold, pale or discoloured. Think about which room you would like your child to be in. As friends and relatives may frequently be in an out of the house in the days following the death, it may be advisable to not place the child in the main living area of the house. Prepare a bed in the chosen room and keep bedclothes to a minimum. It may be helpful to place a waterproof cover over the mattress.

The room needs to be kept cool therefore we would advise you to keep the windows open, turn off any heating in the room and close the curtains if the sun is shining in. During hot weather it may be possible to hire a portable cooling system from the undertaker; this may help to delay the changes that occur. Air fresheners and or aromatherapy burners /candles may help. Small amounts of clinical waste may be disposed of by wrapping up within normal household waste.

During hot weather it may be best to think about letting your child's body go to the Chapel of Rest. Again you can discuss this with your funeral director.

Embalming your child is sometimes possible. This process is performed by the funeral director and may delay the breakdown of the body. We would advise you to telephone your chosen funeral director who will be able to help with any further questions and assist with the funeral arrangements.

If your child is being cremated the cremation forms will need to be completed before embalming can take place.

If you are going home with your child, your GP and Health Visitor/Community Nurse will be notified by the hospital or the hospice so that they can be there to support you. Although you have left the hospital we are available to help in any way we can.

Appendix 9a

Burton Hospitals NHS
NHS Foundation Trust

Letter of consent to take child's body home

Date:
To whom it may concern,

Name	
Registration Number	
Address	

This family is taking their child home from hospital.
The child died in the Burton Hospitals NHS Foundation Trust and the family wish to have the child at home prior to the funeral.
The child died of natural causes and the doctor/s is/are happy to issue the death certificate. (Name of doctor)_____

If you need confirmation of these details please contact the hospital on_____ . However, please note no additional information will be given without permission of the parents.

Yours Faithfully,
Name of authorising member of staff_____
Print Name: _____

Appendix 10

Organ and Tissue Donation

Patients and their families may want to know their choices about the donation of Organs and Tissues for the purpose of transplantation. The following information is set out to guide health care professionals when donation is raised for discussion.

Organ Donation

The Heart, Lungs, Liver, Kidneys, Pancreas and Bowel (multi-visceral donation) can be donated after death for the purpose of transplantation. For Organ Donation to be a possibility, the patient must be in a Critical Care Unit or Emergency Department, ventilated with a plan to either perform brain stem death tests or when a clinical decision has been made to withdraw life supportive treatment due to futility.

A child of any age can be considered as an organ donor after death, although there are both National and local guidelines which advise on the donation of organs from children younger than 6 months of age.

Children cannot donate their organs for transplantation in the presence of an absolute contradiction. These are:

- Known or suspected nvCJD and other neurodegenerative diseases associated with infectious agents
- Known HIV disease (but not HIV infection alone)

In addition, it is likely that children with the following conditions will not be able to donate organs for transplantation. Further advice in these cases is essential:

- Disseminated Malignancy
- Melanoma
- Malignancy treated within past 3 years (except non melanoma skin cancer)
- Known active Tuberculosis

It is essential that health care professionals collaborate with the specialist teams for organ donation when assessing whether a child would be a suitable organ donor. An example of good practice where collaboration works well for patients, families and the staff who care for them is an early notification or ‘trigger’ tool which is in place in the paediatric intensive care unit at Birmingham Children’s Hospital. The tool ensures consistent and appropriate identification of children who may be able to be Organ Donors after their death and ensures early involvement of a SN-OD to assess suitability and plan and support an approach to the family. This tool ensures an approach regarding the choice of Organ Donation is always done ‘by the right people, in the right way, at the right time’ for the family.

Organ Donation is coordinated by a team of nurses known as Specialist Nurses for Organ Donation (SN-OD). The on call SN-OD for the Midlands Team is available for advice and support 24 hours a day, 7 days a week, 365 days a year and can be contacted via air pager 07659 137 821.

Tissue Donation
Eye Tissue (corneas and sclera), Heart Valve Tissue (Aortic and Pulmonary Valves and patches) are Tissues which can be donated from children. Eye Tissue must be retrieved within 24hrs and Heart Valve Tissue within 48hrs following the time of death.

Tissues are normally retrieved in the Hospital mortuary. However, if the child dies in the community setting local arrangements can be discussed.

A guide of age range for tissue donation is:

- Eye donation – from age three to age 85 but the upper age limit does fluctuate depending on demand
- Heart valves donation- from 32 weeks gestation (minimum weight 2.5kg) to age 65
- Skin and bone donation - >57KG
- Tendons- >18 years and Bone donation – no age limit

There are many more contraindications for the donation of tissue for transplantation.

The main one's are:

- History of chronic viral hepatitis or HIV disease
- CJD
- Untreated systemic infection
- CNS disorders of unknown Aetiology
- Some cancer's (although eye donation may be possible)
- Previous organ transplant

Tissue Donation is coordinated by Tissue Services based at the National Referral Centre (NRC) in Speke, Liverpool who are part of NHS Blood and Transplant (NHSBT). The process for Tissue Donation is very different from Organ Donation. Although advice and support can always be sought from Tissue Services, a referral will only be taken when the child has died, an approach has been made to the family and the family have agreed to receive a phone call from Tissue Services to talk about the possibility of Tissue Donation. Consent for Tissue Donation is taken over the phone and Tissue retrieval is arranged and performed by the Tissue Services team from the Hospital mortuary.

Tissue Services can be contacted via air pager on 0800 432 0559. From 08.00hrs – 20.45hrs someone will call back. From 20.45hrs – 08.00hrs you will be asked to leave a message and someone will call you back the next morning.

Appendix 11

Burton Hospitals NHS
NHS Foundation Trust

Child Bereavement Checklist

Name		Insert label
Address		
Date of Birth		
Date of Death		
NHS Number		
Consultant		

	YES	NO	Signature	Time/date
Alert reception and other staff to show relatives to the appropriate room				
Give the family supervised access to hold infant/ child for as long as they need (with consent from Officer In charge (Police if child fills SUDI/ SUDIC criteria)				
Explain the process following Sudden death of a child (if child fills SUDI/ SUDIC criteria)				
Provide information leaflets				
Discuss Tissue /Organ donation				
	Yes	No	Signature	Time / date
Inform / notify the Coroner				
Inform the Police (if child fills SUDI/ SUDIC criteria)				
Inform Social services (if child fills SUDI/ SUDIC criteria or other safeguarding concerns)				
Check if child or siblings/ associated children have a child protection plan or are known to children's services.				
Contact Designated Doctor for unexpected death (DDUD)				
Contact CDOP Nurse **EXT:2354**				
Complete SUDI box if SUDI/ SUDC criteria applies				
Address relatives religious/ cultural beliefs;				

Blessing/baptise				
Blessing/baptism certificate				
Offer medical Photography (office Hours only)				
Medical Photography consent				
Order entry medical photography				
Items of remembrance offered (hand/footprints/lock of hair)				
Hand/foot prints taken	Yes	No	Signature	Time/date
Lock of hair taken				
Memory box given to parents				
Give CDOP Nurse contact details to parent/s				
Give Ward contact details to parent/s				
Place any clothing the infant/child was wearing prior to death including any used nappy in an evidence bag (if SUDI/ SUDIC criteria applies)				
Property given to parents				
Property given to police				
Offer to contact other relatives or friends				
Secure any medical equipment eg. ET, cannulas, IO's (if child fills SUDI/ SUDIC criteria)				
Use 2 wristbands on infant/child				
Dress infant/child				
Inform Mortuary (inc if infection risk)				
	Yes	No	Signature	Time/ Date
Baby/Child wrapped in sheet/blanket				
Under 18 Patient information Label completed				
Infection communication form completed				
Placed in cadaver bag (if needed for infection risk see infection risk after death table)				
Infection communication form				

attached to cadaver bag				
Contact Porters EXT: 5400 Bleep:901 (6am-10pm) or Bleep:906 (out of hours)				
Inform parents that viewings can be arranged by appointment **EXT:4086 (mortuary)**				
Escort baby/child to mortuary				
Complete incident form				
Contact Child death Overview Panel Administrator **0300 1234455**				
Complete Form A (As soon as possible)				
Complete Form B – agency Form				
Inform Safeguarding Team **EXT: 4350**				
Contact Child Heath **(01283) 504485**				
	Yes	No	signature	Time / Date
Contact GP				
Contact Midwife **EXT:4351**				
Contact Health Visitor				
Contact School Nurse				
Contact Community Nurse (if Known)				
Contact Consultant (if known)				
Enquire if the baby/child has any outstanding appointments (eg. Audiology, Paediatric, dietician, orthopaedic, ophthalmology, radiology etc) **N.B These may not be recorded on HISS and the department will need contacting directly**			ACTION:	
Cancel Hospital appointments				
Inform Medical records				
Notify MBRRACE-UK via designated professional of all deaths up to the age of 1 year				

NB. In the event of a child death it is imperative that relevant professionals are notified in a sensitive, secure, timely and appropriate manner