



Welcome to the third edition of the Pan Sussex Child Death Review Partners (CDRP) newsletter. In this edition we have a focus on learning disabilities and wider CDOP learning.

News and Updates

The Pan Sussex CDOP would like to thank all professionals who have been involved with the child death review processes. Your attention and cooperation has enabled a thorough review of each child death. The submitted information is sent onwards to the NCMD for further national analysis and has enabled the NCMD to produce a variety of national reports.

NCMD Child Mortality and Social Deprivation. [This report](#) published in May is based on data for children who died between April 2019 and March 2020 in England, and finds a clear association between the risk of child death and the level of deprivation.

NCMD second annual report. [This report](#) is based on data for children who died from 1 April 2019 to 31 March 2020 in England. Providing analysis of the 3,347 children who died in that period. Please [follow this link](#) to see the top 10 modifiable factors.

The **National Institute for Health and Care Excellence (NICE)** have published [updated guidance on postnatal care](#) which contains important guidance on safer sleep.

NCMD safety alerts:

[Super strong magnets](#)— The UK's national product safety regulator has warned of the risk of serious injury and death from swallowing small high-powered magnets.

[Blind Cord Work Update](#) — BBSA (British Blinds and Shutters Association) have produced guidelines on how to make current blinds safe.



Focus on... Children with a learning disability

April 21 found the CDOP panel reviewing a case of a young person with complex needs. The identified learning was:

- A child's nutritional status needs to be robustly assessed at each medical review.
- The importance of ensuring specialist health coordinated multidisciplinary care.
- Robust management of missed appointments in line with Trusts 'Was Not Brought' policy.
- Annual reviews of EHCPs to take place within the required statutory timescale or sooner if there is a significant change in the child's needs. Health must contribute to this process.
- Consideration of advocacy to support the family, particularly if English is not their first language.
- All forms of communication should aim to be delivered in family's first language.
- Professionals working with children with complex neurodevelopmental conditions, to ensure that the child's needs are kept central to all care, and the
- Family challenged to ensure the most optimal health and educational support is available, including consideration of the mental capacity act and advocacy if required.
- Isolated families may be unaware of support or struggling to request help. They should be offered enhanced support with consideration of their language and within the family's cultural context.

Did you Know?

Regulation 28 — Coroners (Investigations) Regulations 2013 gives Coroners the authority to issue a prevention of future death report.

A UK Coroner recently issued a r28 where a mother who had recently given birth presented with an infection and was at high risk of developing sepsis. There was no screening undertaken of the baby, who was sadly found unresponsive a few days later. The local trust developed a policy to ensure that when a woman presents to hospital within 28 days following birth, and is admitted, the baby should also be medically reviewed either in hospital or at home by the midwifery team. You can access all regulation 28s for children via [this link](#).

CDOP and Parenting

There has been discussion and learning on the importance of parents being able to access parenting skills courses, Sussex wide.



CDOP recommends that across Sussex, professionals raise awareness to parents on their offer of parenting skills courses whilst making provisions for parents whom have no internet access. This also reflects learning within the NCMD thematic report on deprivation.

Other Learning from CDOP

Communication

Communication continues to be an issue across services, and is in the top 10 modifiable factors stated in the NCMD annual report.

- Communication and information to be shared between agencies, for example early help and school's wellbeing service.
- Schools to communicate with both parents as a matter of course in the absence of any legal or safeguarding reasons not too.
- Health providers to feel confident to communicate with education services without the need for parental consent, when matters are related to safeguarding children including concerns about mental health/well-being. GDPR & WT 2018 provides the legal framework for sharing.

Other issues raised

- Processes for ensuring early help is provided following step down should be robust.
- Drug and alcohol services to ensure risk assessment considers the impact on parenting capacity of the adults substance misuse.

Training and Resources

[Baby Talk](#) is a work in progress animation in which the "voice of the child" explains the vulnerability of young babies to accidents within the home. The blue text is what a baby might say if they could speak. The text in black font provides informative and supportive comments.



The Red Cross have created a [first aid app](#) for baby and child.

Remember!

When a child or young person's care pathway has changed to end of life care, please ensure that all **non-relevant** referrals to services have been cancelled. This can be quite complex due to the variety of services a child or young person could be referred to. Some young people may be in transition to adult services or as a result of their symptoms may be referred to adult services.

Through ensuring this occurs, you are stopping the child or young person and their family experiencing further distress during this time, by preventing an inappropriate letter being sent, or a phone call being made.

Key contacts:

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