

**North Wales Police**

**PRUDiC**

**Templates for Meetings**

**Meeting 2**

 **Case Discussion Meeting**



**MEETING 2: CASE DISCUSSION MEETING**

|  |  |
| --- | --- |
| **Name of child/infant:**  |  |
| **Date of birth:** |  |
| **Date of death:** |  |
| **Address:**  |  |

|  |  |
| --- | --- |
| **Date of meeting:**  |  |
| **Time:**  |  |
| **Location:**  |  |
| **Chairperson:**  |  |
| **Minute-taker:** |  |

* Introduction from Chair
* Apologies:
* Review minutes of Initial Information Sharing Meeting

**Purposes of the case discussion meeting**

**1. Share all available updated relevant information.**

**2. Review whether or not there are Child Protection concerns.**

**3. Discuss the preliminary results and post mortem findings and**

**4. Consider whether further investigations or enquiries are required**

***Purposes of the case discussion meeting cont.***

**5. To update regarding the plan of short term support and counselling for the family.**

**6. To review and update regarding any action taken in respect of siblings.**

**7. To update regarding any welfare/support needs of the staff involved in the response to this incident.**

**8. Consider any media interest**

**9. Consider the need for referral to the RSCB CPR group for consideration of CPR /MAPF**

**10. Complete the Child Death Notification form (appendix 5)**

**Action Matrix – updates from action owners**

|  |  |  |  |
| --- | --- | --- | --- |
| **No.** | **Action** | **Person responsible** | **Target time/date** |
| **1** |  |  |  |
| **2** |  |  |  |
| **3** |  |  |  |
| **4** |  |  |  |
| **5** |  |  |  |
| **6** |  |  |  |
| **7** |  |  |  |
| **8** |  |  |  |



**Updates from organisations**

***Each organisation representative to provide an update regarding information gained since the information sharing meeting.***

**1. Social Services**

**2. Police Service**

**3. ED department**

**4. Paediatrician**

**5. Education**

**6. Other**

**Update regarding Post Mortem Examination**



**Summary against objectives:**

* **Has all information been shared?**
* **Are there any Child Protection concerns?**
* **What support and/or counselling has been agreed for the family?**
* **Have siblings been identified and their needs explored?**
* **Have any staff welfare needs been appropriately addressed?**
* **Should the case be referred to RSCB CPR group?**
* **Has the Child Death Notification Form (appendix 5) been completed?**

**Further agreed Actions:**

|  |  |  |  |
| --- | --- | --- | --- |
| **No.** | **Action** | **Person responsible** | **Target time/date** |
| **1** |  |  |  |
| **2** |  |  |  |
| **3** |  |  |  |
| **4** |  |  |  |
| **5** |  |  |  |
| **6** |  |  |  |
| **7** |  |  |  |
| **8** |  |  |  |