

**Case Review**  
**in respect of the**  
**serious injury to**  
**SCR1/06/2004**  
**Aged 4 Weeks**

## 1. **Executive Summary**

- 1.1 SCR1/06/2004 was aged approximately four weeks old when he was presented at Hospital by his mother with possible fitting. It was established that SCR1/06/2004 had a subdural haematoma and a healing fracture to his wrist and also possible rib fractures. Initially it was thought SCR1/06/2004 would not survive his injuries; he did, however is permanently disabled.
- 1.2 Whilst the case did not meet the threshold for a serious case review under the provisions of Chapter 8 'Working Together to Safeguard Children' a review was conducted by the ACPC/LSCB serious case sub group to explore if lessons could be learned, in terms of how agencies work together to safeguard children and young people.
- 1.3 SCR1/06/2004 was the first child born to his parents and limited information was known about their social and environmental circumstances. Information gathered following SCR1/06/2004's admission to hospital would indicate that they were parents who would have benefited from additional support following SCR1/06/2004's birth.
- 1.4 Three days prior to SCR1/06/2004's admission to hospital, his mother had contacted the health visitor to request a home visit. The health visitor visited the following day and was advised by SCR1/06/2004's mother that she had observed a bruise to SCR1/06/2004's temple. She explained that the bruise was likely to have been caused when SCR1/06/2004's father was winding him.
- 1.5 This information was not referred to Solihull Education and Children's services and so a S47 enquiry was not conducted. Instead SCR1/06/2004 was seen by his G.P. who could find no evidence of an injury to SCR1/06/2004's temple
- 1.6 If referral had been made and SCR1/06/2004 had been examined by a paediatrician as part of the S47 enquiry it is likely that he would have been assessed as a child at risk of significant harm and action taken to safeguard his welfare. This would have been an opportunity to prevent the injury to SCR1/06/2004's brain being caused. This is because of the medical opinion of the timescale for the injuries caused to SCR1/06/2004's brain – see 1.9.
- 1.7 Once SCR1/06/2004 was admitted to hospital, there was a delay in a referral under ACPC/LSCB Procedures being made to Solihull Education and Children's Services by the hospitals involved. This led to a delay in SCR1/06/2004's immediate safety being assessed.
- 1.8 When the referral was made, inaccurate information about the likely cause of the injuries was provided by the referrer.
- 1.9 The medical opinion was that the injury to SCR1/06/2004's brain was as a result of severe shaking and/or impact against a soft surface within a 24-hour

period prior to his admission. The fractures were likely to be caused by gripping the hand and forcibly bending/twisting/pulling.

- 1.10 A section 47 enquiry was undertaken and SCR1/06/2004's welfare was secured.
- 1.11 However, the section 47 enquiry could have been more focused on SCR1/06/2004's welfare. This would have been promoted if a strategy meeting was the initial response of Solihull Education and Children's Services and the Police i.e. a strategy meeting involving relevant medical professionals which focused on SCR1/06/2004's welfare as well as planning the S.47 enquiry.
- 1.12 The key areas of learning, including the need for professionals to be aware that any mark or injury to the head of a non mobile baby is an indicator of physical abuse and should be dealt with in accordance with ACPC procedures and the requirement for all agencies to adhere to ACPC procedures in their work, are reflected in the recommendations set out below

### **Recommendations**

#### **Recommendation 1- Heartlands Hospital and Solihull PCT**

**Lead Officer for Child Protection within Heartlands Hospital and Solihull PCT to reinforce that midwives and health visitors address social and environmental issues in ante natal and health visitor care and involve both carers including considering how risk factors can be identified.**

#### **Recommendation 2 – Solihull LSCB**

**Solihull LSCB to incorporate the guidance in Working Together (2006) into core child protection training to facilitate those working with children to undertake child centred assessments.**

#### **Recommendation 3 – Solihull LSCB**

**Solihull LSCB incorporate into its Procedures the guidance contained in Working Together (2006) about actions required to undertake child centred assessments.**

#### **Recommendation 4 – Solihull PCT**

**“It is the responsibility of the person who initially identifies concerns relating to the safety or welfare of a child to notify the Education and Children's Services Duty Office”**

**The lead officer for safeguarding considers whether the above wording in the Trust's Child Protection policy needs to be updated to provide greater clarity for individual clinicians and to address issues of organisational accountability.**

#### **Recommendation 5 – All agencies**

**Lead Officer for safeguarding in all LSCB agencies to issue guidance to workers advising that ANY MARK OR INJURY to the head of a non-mobile baby FOR WHICH THERE IS NO PLAUSIBLE EXPLANATION is an indicator of physical abuse and should be dealt with in accordance with ACPC/LSCB Procedures.**

#### **Recommendation 6 – Solihull LSCB**

**Solihull LSCB to include in its multi agency training programme that any marks or injury to a non-mobile baby and in particular to the head (FOR WHICH THERE IS NO PAUSIBLE EXPLANATION) is an indicator of physical abuse and should be dealt with in accordance with ACPC/LSCB Procedures.**

#### **Recommendation 7 – All Agencies**

**Lead Officer for safeguarding in all LSCB agencies to review the current effectiveness of internal systems to ensure the quality of advice provided by staff with designated child protection responsibilities is monitored .**

#### **Recommendation 8 – Solihull PCT**

**The Chief Executive of Solihull PCT to appoint a Designated Nurse for Safeguarding Children as a matter of urgency.**

#### **Recommendation 9 – Solihull PCT**

**Lead Officer for safeguarding within Solihull PCT to advise all G.P.'s that when requested to conduct a medical examination of a child where there is a concern that the child may have a physical injury not to undertake the examination; instead the child should be medicalled by a Paediatrician in accordance with ACPC/LSCB Procedures.**

#### **Recommendation 10 – Heartlands Hospital**

**Lead Officer for safeguarding within Heartlands hospital to ensure that where there are concerns that a child may be or is suffering significant harm then an immediate referral is made to Education and Children's Services.**

#### **Recommendation 11 – Solihull PCT**

**Lead Officer for safeguarding within Solihull PCT to review the PCT Child Protection Policy to ensure that it advises that when staff are notified of a child who may be or is at risk of significant harm, by a colleague/other professional, they confirm that a referral has been made**

to ECS AND if not they immediately make a referral to ECS and consideration is given to contact being made with out-of-hours providers, where they have had recent involvement.

**Recommendation 12 – Birmingham Children’s Hospital**

**Lead Officer for safeguarding within Birmingham Children’s Hospital to review the hospital policy for referring child protection concerns to Solihull ECS to ensure that accurate and immediate referrals are made.**

**Recommendation 13 – Solihull ECS & West Midlands Police**

**Solihull ECS and West Midlands Police to ensure that in all cases where there is reasonable cause to suspect that a child is suffering or is likely to suffer significant harm, there should be a strategy discussion within 24 hours involving ECS, Police and other agencies as appropriate, in particular, any referring agency.**

**Recommendation 14 – Solihull ECS & West Midlands Police**

**Solihull ECS and West Midlands Police to ensure that section 6.5 of Solihull ACPC/LSCB Procedures is addressed in strategy discussions and a clear record, of information shared and action points including agreed roles and responsibilities, timescales for actions and a review of actions, is made.**

**Recommendation 15 – Solihull LSCB**

**Solihull ACPC/LSCB Procedures to be amended to include a section on recording standards in respect of children at risk of significant harm. This should include the need for a written interim child protection plan where the child is assessed to be at continued risk of significant harm.**

**Recommendation 16 – Birmingham Children’s Hospital**

**Lead Officer for Safeguarding within Birmingham Children’s Hospital to ensure existing internal Safeguarding/Child Protection policies and procedures are followed when a child is transferred from Birmingham Children’s Hospital to another hospital.**



## Action Plan in Respect of SCR1/06/2004

Recommendation	Action Required	By Whom	Timescales	Evidence for Audit	Timescale for audit
<p><b>Recommendation 1- Heartlands Hospital and Solihull PCT</b></p> <p><b>Lead Officer for Child Protection within Heartlands Hospital and Solihull PCT to reinforce that midwives and health visitors address social and environmental issues in ante natal and health visitor care and involve both carers including considering how risk factors can be identified.</b></p>	<ol style="list-style-type: none"> <li>1. Reinforce in clinical supervision</li> <li>2. Review risk factor guidance used in midwifery</li> <li>3. Revise as necessary</li> </ol>	<ol style="list-style-type: none"> <li>1. Designated nurses Heartlands Hospital &amp; Solihull PCT</li> <li>2. Designated Nurse Heartlands Hospital</li> <li>3. Designated Nurse Heartlands Hospital</li> </ol>	<ol style="list-style-type: none"> <li>1. Aug 06 – ongoing</li> <li>2. Nov 06</li> <li>3. Jan 07</li> </ol>	<ol style="list-style-type: none"> <li>1. Evidence of supervision notes</li> <li>2. Copy of guidance, including any amendments, issued to Midwives re: assessing risk</li> <li>3. Audit of case files to ensure social environmental factors are addressed and both carers involved</li> </ol>	<ol style="list-style-type: none"> <li>1. Nov 06</li> <li>2. Feb 07</li> <li>3. Oct 07</li> </ol>
<p><b>Recommendation 2 – Solihull LSCB</b></p> <p><b>Solihull LSCB to incorporate the guidance in Working Together (2006) into core child protection training to facilitate those working with children to undertake child centred assessments.</b></p>	<ol style="list-style-type: none"> <li>1. Update training programme</li> <li>2. Deliver revised programme</li> </ol>	LSCB Training Officer	<ol style="list-style-type: none"> <li>1. Sept 06</li> <li>2. Oct 06</li> </ol>	<ol style="list-style-type: none"> <li>1. Copy of training programme</li> </ol>	<ol style="list-style-type: none"> <li>1. Dec 06</li> </ol>
<p><b>Recommendation 3 – Solihull LSCB</b></p> <p><b>Solihull LSCB incorporate into its Procedures the guidance contained in Working Together</b></p>	<ol style="list-style-type: none"> <li>1. Include in revised LSCB procedures</li> <li>2. Launch updated</li> </ol>	Chairs of Practice and Procedures sub group	<ol style="list-style-type: none"> <li>1. Oct 06</li> <li>2. Feb 07</li> </ol>	<ol style="list-style-type: none"> <li>1. Copy of procedures</li> </ol>	<ol style="list-style-type: none"> <li>1. Feb 07</li> </ol>

<b>(2006) about actions required to undertake child centred assessments.</b>	procedures				
<b>Recommendation 4 – Solihull PCT</b>  <b>“It is the responsibility of the person who initially identifies concerns relating to the safety or welfare of a child to notify the Education and Children’s Services Duty Office”</b>  <b>The lead officer for safeguarding considers whether the above wording in the Trust’s Child Protection policy needs to be updated to provide greater clarity for individual clinicians and to address issues of organisational accountability.</b>	1. Review Child Protection Policy  2. Amend as necessary  3. Re-issue policy	1. Lead Officer for Safeguarding - Solihull PCT  2. Lead Officer for Safeguarding - Solihull PCT  3. Lead Officer for Safeguarding - Solihull PCT	1. Sept 06  2. Oct 06  3. Nov 06	1. Copy of policy including any amendments	1. Dec 06
<b>Recommendation 5 – All agencies</b>  <b>Lead Officer for safeguarding in all LSCB agencies to issue guidance to workers advising that ANY MARK OR INJURY to the head of a non-mobile baby FOR WHICH THERE IS NO PLAUSIBLE EXPLANATION is an indicator of physical abuse and should be dealt within in</b>	1. Letter to Lead Officer in all agencies from Chair of LSCB  2. Dissemination of information within agencies	1. Chair of LSCB  2. Lead Officer for Safeguarding within agencies	1. Aug 06  2. Sept 06	1. Copy of letter from Chair  2. Confirmation of dissemination  3. Sample of views from across agencies to ensure action to be taken in these circumstances is understood	1. Aug 06  2. Oct 06  3. Jan 07

<p><b>accordance with ACPC/LSCB Procedures.</b></p>					
<p><b>Recommendation 6 – Solihull LSCB</b></p> <p><b>Solihull LSCB to include in its multi agency training programme that any marks or injury to a non-mobile baby and in particular to the head (FOR WHICH THERE IS NO PAUSIBLE EXPLANATION) is an indicator of physical abuse and should be dealt with in accordance with ACPC/LSCB Procedures.</b></p>	<ol style="list-style-type: none"> <li>1. Review training programme</li> <li>2. Revise as necessary</li> <li>3. Deliver revised programme</li> </ol>	<p>LSCB Training Officer</p>	<ol style="list-style-type: none"> <li>1. Sept 06</li> <li>2. Oct 06</li> </ol>	<ol style="list-style-type: none"> <li>1. Copy of training programme</li> </ol>	<ol style="list-style-type: none"> <li>1. Dec 06</li> </ol>
<p><b>Recommendation 7 – All Agencies</b></p> <p><b>Lead Officer for safeguarding in all LSCB agencies to review the current effectiveness of internal systems to ensure the quality of advice provided by staff with designated child protection responsibilities is monitored .</b></p>	<ol style="list-style-type: none"> <li>1. All LSCB agencies to submit report on systems used to monitor quality of advice provided by staff with designated Child Protection responsibilities</li> <li>2. Reports to be considered by Practice and Procedures</li> </ol>	<ol style="list-style-type: none"> <li>1. Lead Officer for Safeguarding in agencies</li> <li>2. Chairs of Practice and Procedures sub group</li> <li>3. Safeguarding Children Business Manager</li> </ol>	<ol style="list-style-type: none"> <li>1. Oct 06</li> <li>2. Dec 06</li> <li>3. Jan 07</li> </ol>	<ol style="list-style-type: none"> <li>1. Copy of reports from all LSCB agencies</li> <li>2. Minutes of Practice and Procedures sub group</li> <li>3. Copy of report</li> <li>4. Confirmation systems adopted</li> </ol>	<ol style="list-style-type: none"> <li>1. Sept 06</li> <li>2. Nov 06</li> <li>3. Jan 07</li> <li>4. May 07</li> </ol>

	<p>sub group</p> <p>3. Report to be presented to LSCB on effective systems which can/should be used</p>				
<p><b>Recommendation 8 – Solihull PCT</b></p> <p><b>The Chief Executive of Solihull PCT to appoint a Designated Nurse for Safeguarding Children as a matter of urgency</b></p>	<p>1. Appoint Designated nurse</p>	<p>Chief Executive Solihull PCT</p>	<p>1. Dec 06</p>	<p>Written Confirmation that Designated Nurse in post</p>	<p>Jan 07</p>
<p><b>Recommendation 9 – Solihull PCT</b></p> <p><b>Lead Officer for safeguarding within Solihull PCT to advise all G.P.'s that when requested to conduct a medical examination of a child where there is a concern that the child may have a physical injury not to undertake the examination; instead the child should be medicalled by a Paediatrician in accordance with ACPC/LSCB Procedures.</b></p>	<p>1. Letter to all G.P.'s</p>	<p>Lead Officer for Safeguarding - Solihull PCT</p>	<p>1. Aug 06</p>	<p>1. Copy of Letter</p> <p>2. Sample of advice given by staff with Designated Child Protection responsibilities within PCT to ensure advice given is consistent with ACPC/LSCB procedures</p> <p>3. Sample of cases to ensure in cases of child abuse child/young person is medicalled by a G.P.</p>	<p>1. Aug 06</p> <p>2. Oct 06</p> <p>3. Oct 06</p>

<p><b>Recommendation 10 – Heartlands Hospital</b></p> <p><b>Lead Officer for safeguarding within Heartlands hospital to ensure that where there are concerns that a child may be or is suffering significant harm then an immediate referral is made to Education and Children’s Services.</b></p>	<ol style="list-style-type: none"> <li>1. Review existing policy</li> <li>2. Amend as necessary</li> <li>3. Re-issue/reinforce policy</li> </ol>	<p>Lead Officer for Safeguarding - Solihull and Heartland’s Hospital</p>	<ol style="list-style-type: none"> <li>1. Aug 06</li> <li>2. Sept 06</li> <li>3. Oct 06</li> </ol>	<ol style="list-style-type: none"> <li>1. Copy of policy</li> <li>2. Audit of sample of cases to ensure accurate and timely referrals are being made in accordance with ACPC/LSCB procedures</li> </ol>	<ol style="list-style-type: none"> <li>1. Nov 06</li> <li>2. March 07</li> </ol>
<p><b>Recommendation 11 – Solihull PCT</b></p> <p><b>Lead Officer for safeguarding within Solihull PCT to review the PCT Child Protection Policy to ensure that it advises that when staff are notified of a child who may be or is at risk of significant harm, by a colleague/other professional, they confirm that a referral has been made to ECS AND if not they immediately make a referral to ECS and consideration is given to contact being made with out-of-hours providers, where they have had recent involvement.</b></p>	<ol style="list-style-type: none"> <li>1. Review Child Protection Policy</li> <li>2. Amend as necessary</li> <li>3. Re-issue policy</li> </ol>	<ol style="list-style-type: none"> <li>1. Lead Officer for Safeguarding - Solihull PCT</li> <li>2. Lead Officer for Safeguarding - Solihull PCT</li> <li>3. Lead Officer for Safeguarding - Solihull PCT</li> </ol>	<ol style="list-style-type: none"> <li>1. Aug 06</li> <li>2. Sept 06</li> <li>3. Oct 06</li> </ol>	<ol style="list-style-type: none"> <li>1. Copy of policy including any amendments</li> </ol>	<ol style="list-style-type: none"> <li>1. Nov 07</li> </ol>

<p><b>Recommendation 12 – Birmingham Children’s Hospital</b></p> <p><b>Lead Officer for safeguarding within Birmingham Children’s Hospital to review the hospital policy for referring child protection concerns to <u>Solihull ECS</u> to ensure that accurate and immediate referrals are made</b></p>	<ol style="list-style-type: none"> <li>1. Revise existing policy</li> <li>2. Amend as necessary</li> <li>3. Re-issue/reinforce policy</li> </ol>	<ol style="list-style-type: none"> <li>1. Designated Nurse Child Protection – BCH</li> </ol>	<ol style="list-style-type: none"> <li>1. Aug 06</li> <li>2. Sept 06</li> <li>3. Oct 06</li> </ol>	<ol style="list-style-type: none"> <li>1. Copy of policy</li> <li>2. Audit of sample cases to ensure accurate and timely referrals being made in accordance with ACPC/LSCB procedures</li> </ol>	<ol style="list-style-type: none"> <li>1. Nov 06</li> <li>2. March 07</li> </ol>
<p><b>Recommendation 13 – Solihull ECS &amp; West Midlands Police</b></p> <p><b>Solihull ECS and West Midlands Police to ensure that in all cases where there is reasonable cause to suspect that a child is suffering or is likely to suffer significant harm, there should be a strategy discussion within 24 hours involving ECS, Police and other agencies as appropriate, in particular, any referring agency.</b></p>	<ol style="list-style-type: none"> <li>1. Reinforce existing procedures in writing</li> </ol>	<ol style="list-style-type: none"> <li>1. Chair of LSCB/Corporate Director ECS</li> </ol>	<ol style="list-style-type: none"> <li>1. Aug 06</li> </ol>	<ol style="list-style-type: none"> <li>1. Copy of letter sent to police/ECS</li> <li>2. Audit of sample cases to ensure strategy discussions held within 24 hours and involve appropriate agencies</li> </ol>	<ol style="list-style-type: none"> <li>1. Sept 06</li> <li>2. March 07</li> </ol>
<p><b>Recommendation 14 – Solihull ECS &amp; West Midlands Police</b></p> <p><b>Solihull ECS and West Midlands Police to ensure that section 6.5 of Solihull ACPC/LSCB Procedures is addressed in strategy discussions and a clear record, of information shared and action points including</b></p>	<ol style="list-style-type: none"> <li>1. Reinforce existing procedures in writing</li> </ol>	<ol style="list-style-type: none"> <li>1. Chair of LSCB/Corporate Director ECS</li> </ol>	<ol style="list-style-type: none"> <li>1. Aug 06</li> </ol>	<ol style="list-style-type: none"> <li>1. Copy of letter sent to Police/ECS</li> <li>2. Audit of sample cases to ensure strategy discussions held within 24 hours and involve appropriate agencies</li> </ol>	<ol style="list-style-type: none"> <li>1. Sept 06</li> <li>2. March 07</li> </ol>

<p><b>agreed roles and responsibilities, timescales for actions and a review of actions, is made.</b></p>					
<p><b>Recommendation 15 – Solihull LSCB</b></p> <p><b>Solihull ACPC/LSCB Procedures to be amended to include a section on recording standards in respect of children at risk of significant harm. This should include the need for a written interim child protection plan where the child is assessed to be at continued risk of significant harm.</b></p>	<ol style="list-style-type: none"> <li>1. Include in revised LSCB procedures</li> <li>2. Launch updated procedures</li> </ol>	<p>Chairs of Practice and Procedures sub group</p>	<ol style="list-style-type: none"> <li>1. Oct 06</li> <li>2. Feb 07</li> </ol>	<ol style="list-style-type: none"> <li>1. Copy of procedures</li> <li>2. Audit of sample cases to ensure compliance with internal procedures</li> </ol>	<ol style="list-style-type: none"> <li>1. Feb 07</li> </ol>
<p><b>Recommendation 16 – Birmingham Children’s Hospital</b></p> <p><b>Lead Officer for Safeguarding within Birmingham Children’s Hospital to ensure existing internal Safeguarding/Child Protection policies and procedures are followed when a child is transferred from Birmingham Children’s Hospital to another hospital.</b></p>	<ol style="list-style-type: none"> <li>1. Reinforce existing procedures in writing</li> </ol>	<ol style="list-style-type: none"> <li>1. Designated Nurse Child Protection – BCH</li> </ol>	<ol style="list-style-type: none"> <li>1. Aug 06</li> </ol>	<ol style="list-style-type: none"> <li>1. Copy of letter sent by designated nurse</li> <li>2. Audit of sample of cases to ensure compliance with internal procedures</li> </ol>	<ol style="list-style-type: none"> <li>1. Sept 06</li> <li>2. March 07</li> </ol>