

Serious Case Review

6 Step Briefing

Child N

The Background

Child N was 5 weeks old when she was rushed to hospital in a floppy state. It became apparent that Child N had sustained extensive non accidental injuries over the preceding weeks. These injuries have left her with life long disabilities.

Safeguarding Concerns

Within Child N's first 5 weeks of life, she had 6 admittances to A&E. The first 2 were for jaundice, but the 3rd incident she had sustained a leg fracture. The 4th incident Child N was reported to be breathless and stopped breathing. When Child N was admitted for the 5th occasion, she was unresponsive and clearly in pain with high pitch screaming.

The Incident

Child N's 6th admittance, non accidental injuries were identified as her condition rapidly deteriorated and she required resuscitation. It was subsequently identified, through X rays and scans, that she had sustained bilateral subdural haemorrhages, two rib fractures, a leg fracture and a wrist fracture over a period of several weeks.

The Review

This SCR was undertaken by the NSCB with full co-operation of Northamptonshire agencies. A criminal investigation has been undertaken and both parents found guilty.

Child N is currently placed with foster carers who hope to adopt her in the future. Despite the injuries she has sustained and her life long disabilities, Child N appears happy and comfortable and her health flourishes as well as can be expected.

The Findings

- * There should have been greater consideration of safeguarding as an alternative explanation for the symptoms the baby had during her 6 hospital admissions.
- * Practitioners need to consider a differential diagnosis of non accidental injury and take into account the history of admissions – and not view singularly.
- * Practitioners did not effectively challenge the parent's insufficient explanation of the injuries.
- * There needed to be better sharing of information in terms of both parent's mental health difficulties.
- * The x-ray was not reviewed by a paediatric specialist.
- * There were indications of possible neurological trauma and even a potential brief seizure soon after admittance, but these do not appear to have been taken in to account when causes for Child N's illness were considered.

Recommendations

1. Ensure processes are in place within the acute hospital trusts for specific clinician case accountability, clinical overview and follow up for individual children when non-accidental injury is a possible diagnosis.
2. Support the CCG and Designated Doctor to review and develop an audit process to test the effectiveness of clinical practice in the identification of non-accidental injury including consideration of differential diagnosis and to ensure that there is clarity about how concerns should be shared and referred.
3. Review how joint working can be improved between health (the acute hospitals) the multi-professional MASH and children's social care when non-accidental injury is suspected particularly in relation to children under 4 months old. Consideration should be given to whether there should be a direct regular multi-disciplinary contribution to the work of the Emergency and Paediatric Departments at Northamptonshire Hospitals. There is a particular need to consider the arrangements for consultation out of hours.
4. Ensure that the importance of all practitioners seeking, collecting and sharing all available information about family and parental history is fully appreciated – through its learning and development and case auditing activity.
5. Ensure through learning and development activities that all practitioners are required to ensure fathers, and their history, are fully included in their work with families.

Good Practice and Evidence as a result of this Review and similar Review

Joint working is strengthened by the Multi Agency Service Delivery and Improvement Group (MASDIG) meets on a regular basis to discuss and share information with partners and ensure practice issues are addressed and expedited. Membership is Service Managers from key partner agencies including Northamptonshire County Council, Nene and Corby Clinical commissioning Groups, Northampton General Hospital, Kettering General Hospital and Northamptonshire Healthcare Foundation Trust.

In considering specialists available to review x-rays, both acute trusts have agreed processes in place:

- * Northampton General Hospital has Radiologists to review x-rays and a pool of radiographers to undertake the survey.
- * Kettering General Hospital has radiographers to carry out the survey and then an agreement with Leicester royal Infirmary for a Specialist Radiologist to review.

Both acute trusts have processes in place to ensure when a baby is admitted with suspected non accidental injuries, the child is seen by a senior paediatric member of staff, with a member of the hospital safeguarding team available if required.

Safeguarding training is available as part of an extensive on line training package available by the NSCB through the virtual college. Click [here](#) for details.

Do you receive the NSCB newsletter? Why not sign up for regular newsletter and e-bulletins keeping you up-to-date with current NSCB activities. Register [here](#).

The NSCB provides a full suite of face-to-face training with our training partner, Barnardo's. Click [here](#) for details on the range of course available, including Safeguarding Level 3.

For a comprehensive range of information regarding the NSCB, training opportunities, policies and procedures, visit the NSCB website. Click [here](#) for further details.