



Learning Lessons Briefing

IMR REVIEW Child S (1)

BACKGROUND

Child S(1), the youngest of 6 siblings, was born in 2007 at New Cross Hospital Wolverhampton. At birth she was suffering from 2 distinct medical abnormalities which were detected soon after S A's birth.

Concerns that Child S(1)'s needs were not being met came to light in summer 2010, by this time Child S(1) was 3 years old and had not been receiving the full extent of appropriate care for her medical condition. There is concern not only that this failure may have resulted in Child S(1) having suffered avoidable harm and distress during the first 3 years of her life, but that there may also have occurred a degree of avoidable harm or impairment of her future health or development.

In 2010 the Wolverhampton Safeguarding Board (WSCB) determined there was a need to undertake a review of partnership intervention with Child S(1) and requested that agencies undertake Independent Management Reviews of their agencies involvement and submit these to the Serious Case Review Committee for evaluation and to identify thematic findings/learning.

A report was produced by an independent author and agencies worked to implement the actions identified in their IMRs .

Theme 1 - Non-attendance for appointments (DNA's)

Recommendations

1. The significance of non-attendance for appointments of one or multiple episodes, should be afforded due consideration with regard to the safety and welfare of the child.
2. Networking and liaison should take place with relevant agencies when non-attendance of one or more appointments requires timely action and further enquiry. Particularly where it is known that a child has complex medical needs.
3. The child's General Practitioner should be considered to be a reference source for understanding the extent of missed appointments in respect of the child's health needs.
4. A child should not be discharged due to DNA without due regard for significance and circumstance.

5. Due consideration to be given to the need for further enquiries to be made in addition to parent / Carer report of reasons given for non-engagement.
6. To reduce the likelihood of DNA's, where children have multiple appointments consideration must be given to facilitated and coordinated approaches to care provision.
7. A System should be in place to enable timely attention to drift relating to DNA's.

Theme 2 - Referrals

1. **City Council:** Where there are multiple concerns relating to a referral, each should be given due consideration and recorded as such. One issue does not negate attention to all other needs and concerns.
2. **BCHFT:** Where a child has complex health needs requiring a range of services, agencies or organisations to be involved, there is need to ensure that a robust integrated Care Plan is in place.
3. Responsibilities are to be clearly understood regarding the communication channels and information exchange and the leadership made explicit.
4. When a contracted / commissioned service is used, the duties of liaison and communication with agencies and services should be explicitly stated.

Theme 3 - Integrated Care Planning

1. The key role of the General Practitioner needs to be acknowledged in integrated care planning, both in information-gathering and sharing.
2. Details of integrated care planning should be presented in writing and made available to all involved parties.
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