

## SPSO decision report

**Case:** 201402653, Highland NHS Board  
**Sector:** health  
**Subject:** clinical treatment / diagnosis  
**Outcome:** upheld, recommendations

### Summary

Mrs C complained on behalf of her client (Mrs A) about the board's handling of assessments of Mrs A's child in relation to diagnosing autism spectrum disorder (ASD).

Mrs A first reported concerns about her child when they were about two years old, as she felt they had some developmental issues. When the child was between four and five years old, community paediatrics undertook two formal assessments for ASD, both of which concluded that the child did not have ASD (although showed some ASD traits). Mrs A was dissatisfied with these results and sought the opinion of a private psychologist, who also considered her child had some ASD traits, although did not fulfil all the diagnostic criteria for ASD. Over the next nine years, the child continued to have developmental problems and was in on-going contact with health professionals and social workers. The child was also referred on several occasions to the children's reporter, including for non-attendance at school and for lack of parental care. While Mrs A asked on a number of occasions for a further assessment of ASD, the board considered that this had already been ruled out, and did not agree to offer a second opinion.

When the child was ten, Mrs A's solicitor obtained an independent psychologist's opinion for the children's reporter hearing, which found that there had not been appropriate assessments of ASD to date. Mrs A then asked her GP for a second opinion from a different NHS board, and the GP arranged an admission to a hospital outside the board area. As a result of that admission, the child was diagnosed with ASD. In view of the different diagnosis, the board undertook a significant event review (SER). The board also planned to meet with the hospital team which had diagnosed ASD, to discuss the case, although this had not been done at the time of our investigation.

Mrs C complained about the board's failure to undertake appropriate assessments and their handling of Mrs A's complaint. After taking independent medical advice from an experienced psychiatrist, we upheld Mrs C's complaints. Our adviser said that, although the initial assessment for ASD was reasonable for the time, further assessments should have been done when the child continued to have problems over the next few years. The adviser also said that the board should have given Mrs A a second opinion when she asked for one. However, the adviser said that the SER conducted by the board in response to the complaint was reasonable. In relation to the complaints handling, we found that the board had delayed unreasonably in responding to Mrs A's complaint, as well as failing to keep her updated, or respond to her requests for updates on several occasions.

### Recommendations

We recommended that the board:

- arrange a meeting with the other board's team that diagnosed ASD, to discuss the differences in diagnosis in this case (as planned during the SER process);
- issue a written apology to Mrs A for the failings our investigation found;
- bring the failings identified in our investigation to the attention of relevant complaints handling staff; and
- remind complaints handling staff of the need to update complainants regularly where the complaint

exceeds 20 working days, and to ensure that the full response is issued without undue delay.