



Northern Ireland

Public Services

Ombudsman

Investigation of a complaint against the South Eastern Health & Social Care Trust

Report Reference: 202002564

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The Role of the Ombudsman

The Northern Ireland Public Services Ombudsman (NIPSO) provides a free, independent and impartial service for investigating complaints about public service providers in Northern Ireland.

The role of the Ombudsman is set out in the Public Services Ombudsman Act (Northern Ireland) 2016 (the 2016 Act). The Ombudsman can normally only accept a complaint after the complaints process of the public service provider has been exhausted.

The Ombudsman may investigate complaints about maladministration on the part of listed authorities, and on the merits of a decision taken by health and social care bodies, general health care providers and independent providers of health and social care. The purpose of an investigation is to ascertain if the matters alleged in the complaint properly warrant investigation and are in substance true.

Maladministration is not defined in the legislation, but is generally taken to include decisions made following improper consideration, action or inaction; delay; failure to follow procedures or the law; misleading or inaccurate statements; bias; or inadequate record keeping.

The Ombudsman must also consider whether maladministration has resulted in an injustice. Injustice is also not defined in legislation but can include upset, inconvenience, or frustration. A remedy may be recommended where injustice is found as a consequence of the failings identified in a report.

Reporting in the Public Interest

This report is published pursuant to section 44 of the 2016 Act which allows the Ombudsman to publish an investigation report when it is in the public interest to do so.

The Ombudsman has taken into account the interests of the person aggrieved and other persons prior to publishing this report.

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Case Reference: 202002564

Listed Authority: South Eastern Health & Social Care Trust

SUMMARY

I received a complaint about the actions of the South Eastern Health & Social Care Trust (the Trust). The complainant raised concerns about the level of support provided to her daughter (the child) between June 2018 and September 2021. The child has Down Syndrome with developmental delay in the areas of walking, speaking and feeding. The Trust provided her with therapy both in a multidisciplinary setting and on a uniprofessional¹ basis. The complainant felt that the level of support was insufficient, and the child was not reaching her full potential. The complainant engaged private therapists as she was unhappy with the quality and level of service provided by the Trust. The complainant also felt the communication with her was not appropriate and she often felt frustrated, unsupported and at times driven to tears by the approach of some Trust staff which she felt was cultural.

The investigation established that there were failings in the support available to the child in relation to Speech and Language Therapy, Physiotherapy and Occupational Therapy. Communication and engagement with the complainant was an area of concern raised by the complaint in relation to all three services, an area which my professional advisors indicated was key to ensure the best outcomes for the child were achieved. While the investigation identified that many aspects of the care and support provided were consistent with professional standards the complainant engaged private support for the child and spent in excess of twenty two thousand pounds as she did not feel supported in ensuring the child met her development goals.

In considering the independent professional advice received alongside the views of the Trust and the complainant the investigation established that the AHPs' assessments of the child's needs were appropriate and in line with the guidance current at the time. It also established that many of the actions AHPs took to help the child progress developmentally were appropriate and followed the relevant guidance.

¹ Relating to a single profession

However, the investigation found the Trust left significant gaps in its provision of Speech and Language Therapy during the period. It failed to provide the child with a standing frame in a timely fashion. It also found that the Trust failed to trial the child with a walker and delayed in providing her with a wheelchair due to a communication failure between therapists. I concluded that these failings led to a loss of opportunity for the child and caused the complainant frustration, upset, uncertainty, anxiety and distress.

I recommended that the Trust provide the complainant with a written apology for the injustice caused as a result of the failures in care and treatment I identified. I also made recommendations for service improvements in relation to staff training.

THE COMPLAINT

1. The complainant raised concerns about the actions of the South Eastern Health and Social Care Trust (the Trust) in relation to the care it provided to her daughter (the child) between June 2018 and September 2021.

Background

2. The child has Down Syndrome. She has developmental delay in the areas of walking, speaking and feeding. The child's Consultant Paediatrician referred her to the Trust's Child Development Clinic (CDC)² in September 2017 when she was 11 months old.
3. The CDC carried out periodic reviews of the child's development between January 2018 and July 2021. The reviews involved a multidisciplinary team consisting of a Community Paediatrician, a Speech and Language Therapist (SLT), a Physiotherapist and an Occupational Therapist (OT). The child also received blocks of therapy from the individual Allied Health Professionals (AHPs) throughout the period.
4. The complainant said the child was still unable to walk when she turned four years old. She felt this was because the Trust did not provide sufficient

² A clinic within the Trust designed to address developmental concerns and/or complex medical needs in children.

Physiotherapy or OT. She said that when the child started school in September 2021, she had about 50-100 words which she noted was a typical stage for a child between 18 months to two years. She also said the child was still eating soft wet foods. The complainant believed this was because the Trust did not provide the child with adequate SLT.

Issue of complaint

5. I accepted the following issue of complaint for investigation:

Whether the care the Trust provided to the complainant's child between June 2018 and September 2021 was reasonable and in accordance with relevant standards?

In particular, this will examine:

- Assessment of child's needs
- Provision of developmental support

INVESTIGATION METHODOLOGY

6. In order to investigate this complaint, the Investigating Officer obtained from the Trust all relevant documentation together with its comments on the issues the complainant raised. This documentation included information relating to the Trust's complaints process.

Independent Professional Advice Sought

7. After further consideration of the issues, I obtained independent professional advice from the following independent professional advisors (IPA):

- Speech and Language Therapist BSc Hons Speech and Language Pathology and Therapeutics Member of RCSLT and RCSLT Advisor PhD in Health Sciences. A practising Speech and Language Therapist since 1992, working in particular with children with learning and communication difficulties in the early years and at school age, as well as delivering Hanen³ parent programmes. Regular

³ Parent-training programs designed to teach parents how to implement speech and language therapy into their everyday activities with their child.

experience with families whose children had eating and drinking difficulties. Formerly a clinical lead in an SLT service and currently in a national lead role focussed on developing practice to meet needs of neurodivergent people across the lifespan and up to date with recent research and guidelines relevant to this case (S IPA);

- Physiotherapist PhD, MSc, Grad Dip Phys. Qualified as a physiotherapist in 1982 and specialised in paediatric physiotherapy in 1984. Gained a master's degree in the Management of Childhood Disability in 2003. Completed a PhD in October 2008 having undertaken a research trial looking at improving hand function in children with hemiplegic cerebral palsy. Clinical physiotherapy experience is with children and young people with complex neurological and musculoskeletal and orthopaedic conditions. Have experience working within both the acute setting and in the community managing a mixed clinical caseload. Have gained Paediatric neurodevelopmental physiotherapy experience predominantly working with children aged under five in the child development centre and in their homes but have also worked in special schools and nurseries. (P IPA); and
- Occupational Therapist Occupational Therapy (PGDip), Chronic and Long-Term Condition Management (PGDip), Psychology (BSc). Over seven years of practice as an occupational therapist experiencing a number of different settings including paediatric occupational therapy. (O IPA)

I enclose the clinical advice received at Appendix two to this report.

8. The information and advice which informed the findings and conclusions are included within the body of this report. The IPAs provided 'advice'. However, how I weighed this advice, within the context of this particular complaint, is a matter for my discretion.

Relevant Standards and Guidance

9. To investigate complaints, I must establish a clear understanding of the standards, both of general application and those specific to the circumstances of the case. I also refer to relevant regulatory, professional, and statutory guidance.

The general standards are the Ombudsman's Principles⁴:

- The Principles of Good Administration

10. The specific standards and guidance referred to are those which applied at the time the events occurred. These governed the exercise of the administrative functions and professional judgement of those individuals whose actions are the subject of this complaint.

The specific standards and guidance relevant to this complaint are:

- Health and Social Care Board (HSCB) Physiotherapy Regional Pathway Guidance for a Child with Down's Syndrome, Northern Ireland undated (HSCB Down Syndrome Physiotherapy Guidance);
- Health and Social Care Board (HSCB) Speech and Language Therapy Care pathway Model Preschool Children with Special Needs (Communication) July 2019 (HSCB SLT Communication Pathway);
- Health and Social Care Board (HSCB): Speech and Language Therapy Regional Access and Care Pathway Model: Infants, Children and Young People with Dysphagia December 2019 (HSCB SLT Dysphagia Pathway);
- Health & Care Professions Council (HCPC) Standards of proficiency - Speech and language therapists January 2014 (HCPC SLT Standards of Proficiency);
- Health & Care Professions Council (HCPC) Standards of proficiency - Physiotherapists May 2013 (HCPC Physiotherapy Standards of Proficiency);

⁴ These principles were established through the collective experience of the public services ombudsmen affiliated to the Ombudsman Association.

- College of Occupational Therapists (COT) Professional Standards for Occupational Therapy Practice 2017 (COT Professional Standards);
- Royal College of Occupational Therapists (RCOT) Professional standards for occupational therapy practice, conduct and ethics 2021 (RCOT Professional Standards);
- South Eastern Health and Social Care Trust (the Trust) Guideline for management of infants with Trisomy 21 January 2021 (Trust Management Guideline for Infants with Trisomy 21)
- South Eastern Health and Social Care Trust (the Trust) Regional Pathway Guidance for a Child with Developmental Delay (< 5 years of age), Northern Ireland (Trust Pathway Guidance for a Child with Developmental Delay); and
- South Eastern Health and Social Care Trust (the Trust) Speech and Language Therapy Care Pathway for Learning Disability Outreach Service – Children attending mainstream schools (Trust Care Pathway for Children attending mainstream schools).

I enclose relevant sections of the guidance considered at Appendix three to this report.

11. I did not include all information obtained in the course of the investigation in this report. However, I am satisfied I took into account everything I considered relevant and important in reaching my findings.
12. A draft copy of this report was shared with the complainant and the Trust for comment on factual accuracy and the reasonableness of the findings and recommendations. The complainant and the Trust made a number of comments in relation to the findings of the draft report. In response to these comments I sought additional advice from the S IPA and P IPA. I have addressed the Trust's and complainant's issues where possible in the body of the report.
13. The Trust conducted reviews and assessments both in a multidisciplinary

setting via the CDC and through individual AHPs. In the CDC, AHPs individually assessed the child and presented their reviews individually within the CDC report. Therefore, for the purposes of clarity and brevity I have considered how the AHPs provided treatment on an individual basis rather than considering the actions of the CDC. Ultimately the Trust as a body is responsible for the actions of its employees.

THE INVESTIGATION

Whether the care the Trust provided to the complainant's child between June 2018 and September 2021 was reasonable and in accordance with relevant standards?

Assessment of child's needs

Detail of Complaint

14. The complainant questioned how the Trust assessed the child's needs in relation to SLT, Physiotherapy and OT. She also asked how much weight the Trust gave to the child's diagnosis of Down Syndrome in its approach to her assessment and treatment. She believed the Trust did not fully involve her in the development of the child's care plans and her ongoing assessments.

Evidence Considered

Legislation/Policies/Guidance

15. I considered the following guidance:
- HSCB SLT Communication Pathway;
 - HSCB SLT Dysphagia Pathway;
 - HSCB Down Syndrome Physiotherapy Guidance;
 - HCPC Physiotherapy Standards of Proficiency;
 - HCPC OT Standards of Proficiency;
 - HCPC SLT Standards of Proficiency; and
 - COT Professional standards.

The Trust's response to investigation enquiries

16. The Trust stated the multidisciplinary team at the CDC initially reviewed the

child in January 2018. This included Community Paediatrician, SLT and OT assessments. The Physiotherapist did not attend but had previously assessed the child and submitted a report to the CDC.

17. The Trust stated that following the assessments, it discussed a developmental plan with the complainant. The plan comprised:

- A second CDC review in 6-12 months;
- SLT to arrange an appointment for a feeding assessment. Parents invited to early foundations and Makaton⁵ courses with SLT review April 2018;
- OT to offer some direct sessions to develop child's engagement with toys;
- Continue regular physiotherapy input in group and individual settings as appropriate.

18. The Trust stated SLT determined a child's need '*holistically*'. This involved parental reports, observation, SLT assessment and discussion with any other professionals involved in the child's care. The team would need to take the child's '*functional ability*' into account.

19. The Trust stated SLT provided ongoing assessments and reviews of the child's needs at individual and multidisciplinary settings since her first appointment in January 2018. The team '*would have*' discussed the ongoing assessment of the child's language and feeding skills with the complainant at each session. However, it acknowledged the complainant '*did not at all times feel included*' in the decision-making process. It aimed to ensure the complainant felt '*included and fully involved*' in decisions around the child's assessment and development plans going forward.

20. The Trust explained Physiotherapy carried out an initial assessment to identify

⁵A communication tool with speech, signs, and symbols to enable people with disabilities or learning disabilities to communicate. Makaton supports the development of essential communication skills such as attention, listening, comprehension, memory and expressive speech and language

the child's needs. Subsequent reviews, taking account of the child's '*presentation and life factors*', would then guide its approach. While the HSCB Down Syndrome Physiotherapy Guidance provided a framework for the team, staff used their '*professional autonomy*' to ensure '*a child's needs were met*'.

21. The Trust stated the Physiotherapy Team initially assessed the child in February 2017. The team asked the complainant for her concerns and expectations during the initial assessment which it documented in the assessment record. The team documented the complainant's frustration with the child's slow rate of progress over time and explained the clinical reasoning behind its decisions to her.
22. The Trust stated OT determined a child's need through a '*comprehensive*' process of assessment and review. This involved observation of the child's play and daily activities and formal assessments of the child's functional ability and engagement. In addition, it gathered relevant information through communication with '*everyone*' involved in the child's care.
23. In relation to OT, the Trust again acknowledged that it was '*not always*' the complainant's experience that the Trust provided the '*supportive and inclusive*' approach to communication it aimed for. It stated it encouraged the complainant to raise any concerns she had with OT so it could address them.

Clinical records

24. I carefully considered the child's clinical records. A chronology containing extracts from the relevant clinical records is enclosed at Appendix four to this report.

Relevant Independent Professional Advice

SLT

25. In relation to the Trust's assessment of need of communication skills, the S IPA advised the following: the initial SLT assessment in the CDC indicated a '*developmental delay*' in the child's communication skills. The SLT's aim was to offer '*information and indirect intervention*' to the family with the purpose of

maximising '*opportunities for communication*' through parent and child interaction. This approach was '*evidence based*' and aimed to support those in '*most regular contact*' with the child. The treatment plan included referring the parents to a sign supported communication workshop (Makaton) and a programme of activities to '*encourage*' speech development and comprehension. In relation to ongoing assessments of the child's needs throughout the period, the SLT used a '*developmental*' approach based on the child's '*engagement and participation*' within her environment. The SLT's notes suggest she considered the child's diagnosis of Down Syndrome in relation to her assessment and care plans. For example, the use of Makaton is '*particularly recommended*' for children with Down Syndrome. While the notes do not refer '*explicitly*' to the diagnosis, the SLT's approach was '*reasonable*'.

26. In relation to the Trust's assessment of need of eating and drinking skills, the S IPA advised the following: after initial assessment in January 2018, the SLT referred the child for a '*specialist*' feeding assessment. This was despite her feeding patterns being '*in keeping*' with her developmental stage. The subsequent assessment in May 2018 was '*thorough and appropriate*'. The SLT took '*appropriate care*' to ensure the child's nutritional intake was adequate and that she did not have issues with swallowing or aspiration. The SLT regularly reviewed the child and updated her advice as required. The SLT conducted a number of reviews by telephone which was '*appropriate*' as '*no new risk was raised*'.
27. In relation to the complainant's input into the child's assessment and care plans the S IPA advised the following: the SLT asked the complainant how she felt the child was progressing at each stage. The SLT noted the complainant's views and concerns and '*responded*' to them. She shared the care plans and advice with the complainant in writing. The complainant's view that she did not have sufficient input was '*important feedback*', as individual families had '*different needs and expectations*.' However, the SLT's approach to involving the complainant was '*appropriate*' and '*relevant for most families in similar circumstances*'.

28. The S IPA further advised that a child's family and educators were the '*real experts*' who can help the child to progress. It was therefore important to ensure that the family understood about '*what to expect*' at each stage of a child's development. The S IPA concluded it was '*not clear*' if the SLT and the complainant discussed the complainant's '*expectations*' about the rate of progress from the outset.

Physiotherapy

29. In relation to the Trust's assessment of need, the P IPA advised the following: after initial assessment in December 2017, the physiotherapist identified four treatment aims for the child. These were: to increase her tolerance of kneeling and supported standing, to encourage independent rolling, to aid transitions from lying to standing, and to develop mobility across the floor. This was a '*reasonable approach*' to take as physiotherapy treatment is based on the identification of a child's developmental stage with the aim of progressing the child to the next stage. The Trust's assessment and treatment aims for the child were '*appropriate*' and it followed the regional guidelines for managing children with Down Syndrome.
30. In relation to the complainant's input into the child's assessment and care plans the P IPA advised the following: the complainant was present at all physiotherapy appointments except for those carried out at the child's nursery. The physiotherapist subsequently sent the complainant notes of the assessments that took place at the nursery as she felt '*out of the loop*'. The physiotherapist recorded the complainant's updates on the child's presentation and progress as well as the advice and treatment plans she gave the complainant. The Trust '*for the most part*' involved the complainant in the creation of the child's care plans and ongoing assessments. Good communication skills are '*vital*' and physiotherapists '*need to listen*' to the concerns of family members.

OT

31. In relation to the Trust's assessment of need, the O IPA advised the following: the OT team took a '*holistic*' approach to the child's '*occupational performance*

and participation.' At initial assessment the OT considered the child's fine motor and perceptual/cognitive skills. The assessment involved consideration of the child's personal/social skills. It also involved the OT's observation of how the child participated in occupation⁶ and the ways in which she was limited in doing so. The OT identified the child's principal difficulties as playing in midline⁷, initiating play activities and actively reaching for toys. These are '*consistent*' issues in children with a diagnosis of Down Syndrome. The Trust's assessment and therapeutic aims used a '*graded approach*' to target and improve the child's '*specific limitations.*' The OT's use of toys and '*play activities*' led to improvements in the child's motor and cognitive skills and her ability to '*engage and interact*' with her environment. The OT's treatment plans were '*evidence based*' and in line with the current guidance. Overall, this approach was '*reasonable and appropriate*'.

32. In relation to the complainant's input into the child's assessment and care plans, the O IPA advised the following: the OT guidelines specify therapists should work in partnership with service users. This includes agreeing objectives, priorities and timescales for intervention and discussing the outcomes of those interventions. The clinical notes '*evidence*' the OTs adhered to these guidelines and followed up with reviews, which allowed the complainant to follow the child's progress. An example of the complainant's involvement in the assessment of the child's needs was evidenced in the OT's recommendation of a self-propelling wheelchair for the child. The OT originally recommended a transit⁸ wheelchair, however following discussion with the complainant, the OT reconsidered her decision so that the child had '*more control*' over her environment. However, in general terms, the way in which the OT department communicated with the complainant was '*an area for improvement.*'

⁶ The things an individual needs, wants or has to do.

⁷ The imaginary line down the centre of the body that divides it into the right and left sides. Crossing midline is the ability to reach across that imaginary line with the arms and legs to perform a task on the opposite side of the body

⁸ A wheelchair used as a temporary, low use or short-term option. They need to be pushed by an assistant or carer

Analysis and Findings

33. I acknowledge the complainant's concern about how the Trust assessed the child's needs, especially in light of her diagnosis of Down Syndrome. The complainant said the Trust did not explain how it determined need. She felt strongly she did not have sufficient input into the creation of the child's care plans and her ongoing assessment.

SLT

34. I examined the child's clinical records which document that at initial assessment the S IPA identified the current level of the child's communication skills, her developmental requirements, her engagement with her environment, and her level of comprehension. The SLT aimed to develop the child's play and communication skills. She provided advice to the child's parents, arranged for the parents to attend Makaton training, and requested a feeding assessment with a specialist SLT.

35. The records document an SLT assessed the child's feeding skills in May 2018. The SLT made close observations of different aspects of the child's eating and drinking, the types and textures of food she could tolerate and any safety issues. She identified the child's main problem areas and documented the advice she gave to parents on how to improve the child's feeding skills and foods to avoid.

36. The records document that ongoing assessments in relation to communication and feeding skills took place during the period in a variety of locations including the multidisciplinary clinic, the child's preschool, and on the telephone. There is evidence the SLTs reviewed the child's progress and liaised with other professionals. The records do not document if the SLTs gave specific consideration to the child's diagnosis of Down Syndrome, however there are references to her cognitive and motor issues and their potential impact on her progress.

37. There is evidence in the records that the SLT kept the complainant updated and informed throughout the period. This includes documentation showing that

the SLT provided the complainant with copies of reviews and assessments. There is also evidence the SLT listened and responded to the complainant's concerns, providing advice where necessary.

38. I examined the HSCB SLT Communication Pathway which specifies that SLTs should give consideration to:

- the child's communication environment;
- the priorities for the child or their family at this time;
- the level of support available from carers/others; and
- additional factors e.g. Complex medical conditions, current health status, cognitive ability, challenging behaviours, parental anxiety.

39. The HSCB SLT Dysphagia Pathway specifies that an SLT should ensure to:

- undertake a risk assessment of feeding skills to ensure safety;
- identify a working diagnosis;
- prioritise further assessment from a local SLT feeding specialist; and
- identify strategies to optimise safety and efficiency of feeding.

40. The HCPC SLT Standards of Proficiency states SLTs have a responsibility to communicate effectively, this includes: '*communicating information, advice, instruction and professional opinion to service users, their relatives and carers, colleagues and others*'.

41. I note the S IPA's advice that the SLT took an '*evidence based*' approach to its assessment of the child's communication skills. The SLT used a '*developmental*' approach based on the child's '*engagement and participation*' within her environment in relation to ongoing assessment. The SLT's approach was reasonable. The SLT conducted a '*thorough and appropriate*' feeding assessment and ensured the child was safely swallowing food and getting sufficient nutrition. The SLT's actions suggest she took account of the child's diagnosis of Down Syndrome, though she does not refer to it '*explicitly*'. I accept the S IPA's advice. I am therefore satisfied that the Trust assessed the

child appropriately in relation to feeding and communication needs.

42. I note the S IPA advised that the complainant's view she was not sufficiently involved was '*important feedback*'. However, the SLT's approach to involving the complainant was '*appropriate*' and '*relevant for most families in similar circumstances*'. Having considered the clinical notes and the relevant guidance, I accept this advice. In her response to the draft report, the complainant said she had '*issues*' regarding the extent to which the Trust collaborated with her during the child's assessment. She questioned the SLT's recommendation that given the child's eating skills, the most appropriate diet for her was '*soft wet*' foods in bite size pieces. The complainant said she consulted with a private therapist who questioned the SLT's recommendations. She said the therapist recommended discussion around a varied diet to establish '*motor skills*'. She said the SLT was '*risk averse*'.
43. The S IPA advised it '*did not look*' as if the child would have tolerated a '*more varied*' diet at an earlier stage and that the Trust took a '*persistent*' approach to introducing new tastes and textures to her. She also advised that in 2017 the SLT noted the child coughed after eating which '*warranted*' a more '*cautionary*' approach. The S IPA advised it was her '*interpretation*' that the Trust's approach involved discussion around a more varied diet to establish motor skills.
44. I reviewed the HSCB SLT Dysphagia Pathway which emphasises that assessments of feeding skills should ensure the child's safety. In addition, I reviewed the child's therapy notes which do not record any objections from the complainant to the SLT's approach at the time the Trust carried out its assessments. I acknowledge the complainant's belief that the SLT was '*risk averse*', however having considered the S IPA's advice, the guidance and the child's medical records, I am satisfied the Trust's approach was appropriate.

Physiotherapy

45. I examined the child's clinical records which document that the physiotherapist initially examined the child in December 2017. The physiotherapist noted the child's diagnosis of Down Syndrome and her medical history. She noted

parental concerns and expectations. She carried out a physical '*objective assessment*' and documented the child's '*problems*'. The physiotherapist set a series of goals which she noted she had agreed with the parents. The notes document the child attended monthly physiotherapy sessions thereafter. The physiotherapist assessed the child's progress during these sessions and updated the review plans accordingly.

46. It is not clear from the records if the physiotherapy team shared the reports of individual physiotherapy sessions with the complainant. However, there is evidence the physiotherapist had regular discussions with the complainant about the child's care plans and treatment. She responded to the complainant's queries and kept her informed about the child's progress.
47. I examined the Trust Pathway Guidance for a Child with Developmental Delay which states that a physiotherapist should undertake generic motor assessment at initial assessment. The physiotherapist should identify the source of the '*problem*' and set goals in accordance with this. Following intervention and treatment, the physiotherapist should assess the child's gains and review.
48. The HSCB Down Syndrome Physiotherapy Guidance states that a physiotherapist should:
 - Link with other AHPs/paediatrician
 - Discuss goals with parent
 - Assess pre ambulatory motor skills
 - Provide one to one or group intervention on review
49. The HCPC Physiotherapy Standards of Proficiency states physiotherapists must be able to communicate effectively, this includes understanding '*the need to provide service users or people acting on their behalf with the information necessary to enable them to make informed decisions.*'
50. I note the P IPA's advice that the physiotherapist set four treatment goals for the child which targeted specific areas affected by her condition. The physiotherapist's aims were to move the child to the next developmental stage,

which was *'reasonable'*, *'appropriate'* and in accordance with the guidance. I accept the P IPA's advice. I am therefore satisfied the physiotherapist assessed the child appropriately and in accordance with the available guidance.

51. The P IPA advised the physiotherapy team involved the complainant *'for the most part'* in the creation of the child's care plans and ongoing assessments. The complainant was present for most of the assessments and was *'therefore involved in the intervention'*. Having considered the clinical notes and the relevant guidance, I accept the P IPA's advice.

OT

52. I examined the child's clinical records which document that at initial assessment the OT used toys and games to test the child's fine motor and perceptual skills. She assessed the child's social skills through conversation with her parents and observation. She observed the child had various difficulties during play. The OT offered intervention beginning the following month. The OT assessed the child in different settings during the period, including at her playgroup and at the clinic. She provided advice to the child's educators to improve her development and identified *'priorities'* following her assessments. The notes evidence the OT liaised with the other AHPs treating the child. The OT's assessments do not generally refer to her diagnosis of Down Syndrome but focus on her specific issues. I note the COT Professional standards state *'Through interview, observation and/or specific assessment, you identify and evaluate the service user's occupational performance and participation needs. You use assessment techniques, tools and/or equipment that are relevant to occupation and appropriate to the service users and their circumstances.'*
53. I could not identify a regional pathway specific to OT in the literature the Trust provided. However, the formal assessment documents clearly set out the processes the OT should follow. These include assessing the child's motor and cognitive skills and identifying any *'actions/outcomes'*. In the child's case the documents demonstrate the OT followed the process. The reports are supplemented with clinical notes which further detail the assessment process and the OT's contact with the complainant.

54. The O IPA advised the OT identified the child's '*limitations*', noting these were '*consistent*' with a diagnosis of Down Syndrome. She took an '*evidence based*' approach to '*target*' the child's issues which was in line with the guidance. The OT's approach was '*reasonable and appropriate*'. I accept the O IPA's advice. I am therefore satisfied that the OT assessed the child appropriately.
55. The HCPC OT Standards of Proficiency states OTs must be able to communicate effectively, this includes recognising '*the need to use interpersonal skills to encourage the active participation of service users*'.
56. I examined the child's clinical records. They document that OTs shared copies of the assessments carried out in the CDC with the complainant. It is unclear if the OT shared the assessments and reviews carried out in other locations and outside the multidisciplinary setting with the complainant. However, there is evidence the OT regularly discussed the child's reviews, targets, and progress with the complainant. There is also evidence the OT sought the complainant's views when she proposed changes to her approach to the child's care plan.
57. The O IPA advised the OT worked in partnership with the complainant in accordance with the guidelines. The OT also considered the complainant's input when considering the direction of the child's treatment. Having considered the clinical notes and the relevant guidance, I accept the O IPA's advice.
58. In summary, there is a clear consensus among the IPAs that the AHPs' approaches in assessing the child's needs initially and on an ongoing basis were appropriate. The IPAs also all concluded that the Trust, either implicitly, or explicitly considered the child's diagnosis of Down Syndrome when it planned her care and treatment and that this approach was appropriate. This view is supported by the evidence in the child's clinical notes. Therefore, I accept the IPAs' advice and I am satisfied that the Trust's approach in relation to this issue was reasonable.
59. The IPAs were also unanimous in their conclusions that each of the AHPs involved the complainant to an appropriate degree in the creation of the child's

care plans and ongoing assessments. I recognise this is not the complainant's view and in her response to the draft report the complainant reiterated this view with particular emphasis on her engagement with the physiotherapy team. She felt strongly that the team ignored her until she complained. I examined the Trust's complaint file. The complainant and her representative met with the Trust in January 2022 to discuss her complaint. When the Trust explained to the complainant how it assessed the child's needs, the complainant highlighted that her input did not '*appear to have been taken on board*'. She felt the Trust engaged in an exercise in '*information giving*' but did not meaningfully involve her in the decision-making process. I sympathise with the complainant's view. I note in its response to this office, the Trust acknowledged the complainant '*did not at all times feel included*' in the decision-making process. It also acknowledged the complainant's view that its approach to communication was not always '*supportive and inclusive*'. I note further each IPA highlighted in different ways the importance of good communication when dealing with the parents and carers of young children. I consider the S IPA's advice that families and educators are the '*real experts*' in determining a child's needs is particularly significant in relation to this issue.

60. I considered the child's clinical notes and the guidance. There is evidence the Trust appropriately followed guidelines by keeping the complainant informed about the child's progress and its aims for ongoing treatment. The IPAs also provided evidence of when the Trust changed its approach following discussion with the complainant. In considering these factors, I am satisfied on balance the Trust's communication with the complainant was appropriate. Therefore, I do not uphold this issue of complaint. However, it is my expectation that the Trust will give careful consideration to the IPAs' advice on the importance of good communication with the parents of young children with developmental delay.

Provision of developmental support

Detail of Complaint

61. The complainant said the Trust's provision of developmental support to the child was inadequate. In relation to SLT, she believed there was '*an absence of*

a *service*'. This resulted in the child eating only soft, wet foods and using a very limited range of words by the time she started primary school. The complainant said the physiotherapy team became aware towards the end of 2018, that the child was developmentally '*stuck*'. She said physiotherapists adopted an unnecessarily lengthy '*wait and see*' approach to the child's development, which caused her detriment. The complainant also had concerns about the physiotherapy team's approach to developing the child's ability to stand upright using a standing frame. She disagreed with the team's refusal to provide the child with a supported walker to help progress her ability to walk. The complainant raised concerns about the OT team's delay in providing the child with a wheelchair.

Evidence Considered

Legislation/Policies/Guidance

62. I considered the following guidance:

- HSCB SLT Communication Pathway;
- HSCB SLT Dysphagia Pathway;
- Trust Pathway Guidance for a Child with Developmental Delay; and
- COT Guidelines.

The Trust's response to investigation enquiries

63. The Trust stated the child's feeding difficulties were related to developmental issues '*in keeping*' with her diagnosis of Down Syndrome. It acknowledged there were '*gaps*' in its provision of SLT to the child. This was due to '*reduced staffing levels*' because of COVID and maternity leave. It further acknowledged '*the distress*' such a reduction in services could cause. It '*regularly*' reviewed the child's feeding skills throughout the period and it provided the complainant with '*appropriate*' advice as part of the developmental process.

64. In relation to the child's limited vocabulary, the Trust stated the service SLT provided was '*not always curative in nature*'. It explained that sometimes communication difficulties relate to the child's '*developmental/cognitive level*'

and children move through linguistic developmental stages at *'their own pace'*. It liaised with other professionals involved in the child's care and met regularly with the complainant and child to review development and provide advice.

65. The Trust stated the physiotherapy team reviewed the child *'on over 50 occasions'* until it discharged her in January 2022. In relation to the provision of a standing frame, it *'reviewed its practice'* in relation to children with low tone⁹ following the complainant's feedback. It did not provide the child with a walker as physiotherapists were concerned she could become dependent on it, and it would *'negatively'* impact her development. The child could now walk safely and *'independently'*.
66. The Trust acknowledged the OT service did not follow *'correct procedures'* in relation to providing the child with a wheelchair. It put procedures in place to ensure *'such situations would not arise again.'*

Relevant Independent Professional Advice

SLT

67. In relation to the Trust's actions to help develop the child's communication skills, the S IPA advised the following: there are multiple factors which determine a child's rate of progress. These can be *'hard to predict'*. The child's level of delay was *'not uncommon'* among children with Down Syndrome. This is *'expected'*. Some of the causes of delay in communication are linked to cognitive or motor issues and are *'unlikely'* to be changed by intervention. The SLT service provided the child with opportunities to help develop her language skills. In its approach, the SLT team took account of the way in which the child engaged and participated with her environment and other factors *'within'* the child.
68. In relation to the Trust's actions to help develop the child's feeding skills, the S IPA advised the following: the SLT gave the complainant advice on feeding *'to adapt to the developmental stage'*. The SLT's *'initial priority'* was to ensure the child was eating safely and was gaining weight *'as expected'*, which she did.

⁹ Also known as hypotonia, or low muscle tone: a condition which affects the ability of an individual to position their limbs, maintain their posture and place weight on their legs.

There are a '*range of factors*' including cognitive skills which affect how a child's feeding skills develop. Some of the developmental issues cannot be progressed at a '*faster*' rate. The SLT reviewed the child on a '*regular*' basis and updated her advice in relation to feeding '*as required*'. The SLT offered information and support to the complainant to encourage the child's development. This was a '*reasonable approach*'.

69. In her response to the draft report the complainant questioned the SLT's developmental approach to the child's eating skills. She said that she received support from a private therapist who gave the child a number of exercises and tools designed to stimulate the child's motor skills. She said that because of this the child had progressed towards '*a more typical diet*'. She believed that if she had left the child's development to the Trust, the child would have remained on a soft wet diet for '*the rest of her life*'.
70. The S IPA advised that there were a '*range of approaches*' to developing a child's eating and drinking skills. Many of the '*effective strategies*' involved using '*skills with food*' as advised by the SLT. The S IPA advised that while she had not seen reference to the exercises or tools referred to by the complainant, she believed the SLT's plans and advice were '*all relevant*'. She acknowledged the complainant's belief that the private therapist's strategies may have helped to aid the child's development but advised that this '*may have followed*' on from the SLT's approach.
71. I acknowledge the complainant's belief that the strategies employed by the private therapist helped to progress the child towards a more varied diet. It is possible that this was the case. However, I note the S IPA's advice that the SLT's approach to the child's development was '*all relevant*'. I note further the S IPA's advice that the child's progress with a private therapist may have followed on from the Trust SLT's approach. I accept the S IPA's advice. Therefore, on balance I am satisfied the Trust's approach was appropriate.
72. In relation to the gaps in the provision of SLT, the S IPA advised the following: speech and language development arises out of a child's immediate environment. This includes interactions in the home or place of education. The

family did not raise any concerns that the child's progress had '*slowed or stopped*'. Given her developmental issues, the child's progression throughout the period was not '*unexpected*' as learning '*is slower*' in this group. Maternity leave '*should not mean a service stops*.' The gaps in the service were '*not ideal*', or '*completely acceptable*', but they do not appear to have caused the child detriment, who developed and progressed at her '*own pace*'.

Physiotherapy

73. In relation to the provision of developmental support the P IPA advised the following: overall the Trust provided the child with '*regular*' interventions which mixed group and individual treatments. The frequency of monthly assessments and management was '*appropriate*' There are no standardised guidelines detailing the amount of physiotherapy a child with Down Syndrome should receive. The Trust provided interventions based on '*individual needs*' which was determined through assessment and review in accordance with its internal guidance. The treatment the Trust provided '*followed the aims*' of the initial assessment. The child made '*slow and steady progress*' with her gross motor skills and progressed from '*sitting and reaching*' to '*kneeling and standing*' with support. This placed her in the '*normal range*' for her motor milestones.
74. In relation to the complainant's concern that the Trust took a lengthy observational approach to the child's development in the six-month period after December 2018, the P IPA advised: the child made '*slow*' progress during the period. She transitioned from sitting to supported standing and was '*just*' within the normal range for a child with Down Syndrome to stand independently. Observation is part of treatment and assessment, but physiotherapists also provided '*active treatment*' during the period. There is no evidence the Trust's approach caused the child detriment.
75. In relation to the provision of a standing frame, the P IPA advised the following: the indication to introduce a standing frame comes when a child begins to '*tolerate weight through their legs and feet*'. It '*was clear*' the child made '*very*' quick progress following the introduction of the frame. It was '*possible*'

introducing a standing frame at an earlier date could have been '*beneficial*' to the child. An earlier trial of the frame would '*certainly*' have given the physiotherapist the chance to assess the child's tolerance for standing. However, it was impossible to state '*categorically*' if this would have speeded up her progress developmentally.

76. In relation to the provision of a walker, the P IPA advised the following: the physiotherapist was initially concerned the use of a walker would delay the child's progress towards independent walking. The physiotherapist trialled the walker in December 2019, but was concerned the child was too dependent on the walker's harness. The physiotherapist delayed the introduction of a walker in January 2020 so the child could improve her weight bearing skills. The physiotherapist aimed to trial the child in a walker in an appointment scheduled for April 2020 which was cancelled due to lockdown restrictions.
77. The P IPA further advised: the child's notes indicate she was ready to use a walker in January 2020. The physiotherapist '*should*' have given the child the opportunity to learn to walk by using the walker. While the child was reliant on the '*walker's accessories*' during the trial, the physiotherapist would have been able to put her in a '*functional position*' to take steps and readjust her position as she '*gained skills*'.

OT

78. In relation to the general level of developmental support the OT team provided to the child, the O IPA advised the following: '*on the whole*' the service the team provided was '*reasonable and appropriate*'. The OTs took a holistic approach to the child's development and considered her '*performance and participation*' in relation to her fine motor skills, daily activities and cognitive skills. OTs based their clinical decisions on a range of factors including specialist and carer-based assessments. The notes evidence that OTs gave the complainant advice and guidance on how to make interventions '*outside of direct contacts*'. This led to the child '*achieving*' therapeutic outcomes.
79. In relation to the provision of the wheelchair the O IPA advised the following:

the wheelchair provided the child with the opportunity to interact with '*new environments*' and take part in a '*wider*' range of activities. The child learned to manoeuvre the wheelchair herself. This '*new skill*' gave her the opportunity to decide '*where she wanted to go*' and '*what she wanted to interact with.*' It was '*difficult to commit*' to a view on '*whether the delay in providing the wheelchair*' caused the child detriment. At this stage the child's functional performance was developing in '*all aspects*'. This was '*likely*' due to OT interventions and the input from other AHPs.

Analysis and Findings

SLT

80. The complainant felt the Trust's provision of SLT was inadequate. She noted that the child's feeding and communication skills were very limited when she started primary school. She felt the child was adversely affected by the gaps in the Trust's provision of SLT.

81. The child's clinical records document the SLT reviewed the child on 14 occasions over the period. The complainant expressed concern about the child's feeding and communication during some of the appointments. She believed the child's developmental issues may have been behavioural. The notes evidence the SLT provided advice and liaised with other professionals to address the complainant's concerns. The SLT referred the child to the Trust's Developmental Intervention Service¹⁰ in September 2019 when the complainant raised a concern about her feeding skills. The Trust did not review the child between February and July 2019, and only one occasion January and July 2021.

82. The HSCB SLT Communication and Dysphagia Pathways do not specify the frequency of intervention in managing a child with developmental delay. The Communication Pathway states, '*speech and Language Therapy intervention is individual to the child. It is not always curative in nature. Some communication difficulties are related to the child's developmental /cognitive level*'.

¹⁰ A specialist early years service offered to pre-school aged children who are...experiencing significant developmental delay

83. The S IPA advised the Trust took appropriate steps to provide the child with developmental '*opportunities*' to improve her communication and feeding skills. She highlighted the Trust based its approach to developmental progression on the outcomes of reviews and assessments, which was '*appropriate*'. Issues with cognitive and motor skills hindered the child's development and the delay was not '*unexpected*' in a child with Down Syndrome. The S IPA advised the child developed at her '*own pace*'.
84. The S IPA concluded that while the Trust's provision of SLT was '*sufficient*', it was not '*optimal*.' I acknowledge the Trust was limited in the service it could provide during the period because of lockdown restrictions. However, there were significant gaps between review appointments when there were no restrictions in place. The Trust explained the gaps in the service arose in part due to maternity leave. The S IPA advised maternity leave '*should not mean a service stops*'. I agree with the S IPA. I accept the S IPA's advice that the gaps in the service do not appear to have caused the child detriment. I also acknowledge the guidance does not specify how often an SLT should review a child. However, I accept the SLT's professional judgement that the gaps were not '*completely acceptable*'. It is reasonable to expect that given the vulnerabilities of its service users, the Trust would have taken adequate steps to cover a period of maternity leave in the SLT service. I am therefore satisfied the gaps in the Trust's provision of SLT constitutes a failure in care and treatment. I will address the injustice below.

Physiotherapy

85. The complainant raised concerns about the physiotherapy team's '*wait and see*' approach to the child's development in the six-month period after December 2018. She felt the team should have given the child a standing frame earlier than it did. She disagreed with the physiotherapist's decision not to trial the child with a walker. She acknowledged that while the Trust arranged more than 50 physiotherapy appointments for the child, in terms of development '*they were a waste of time*'.

86. The clinical notes document that the physiotherapist reviewed the child on five occasions in the six-month period. The physiotherapist assessed the child's movement in a variety of positions and situations. She also gave the complainant advice on how to develop her walking and standing skills. The physiotherapist introduced the child to a standing frame in July 2019. This appears to have followed concerns the complainant raised that the child was not weight bearing and was bottom shuffling. The physiotherapist advised the complainant in January 2020 that the use of a walker could affect the child's weight bearing skills.
87. The Trust Pathway Guidance for a Child with Developmental Delay specifies an interventionist approach which is '*Targeted; Time limited*' and includes '*Active initiated movement*'. I note it also states, '*The child with severe developmental delay will require ongoing postural management. Standing frames may be used to promote bone density in the non-ambulant child*'.
88. The P IPA advised the child made '*slow*' progress in the six months after December 2018 and progressed from sitting to supported standing. The service took an '*active*' approach to treating the child which followed the aims of the care plans it drew up at the start of the process. Based on my review of the clinical notes and the guidance, I accept the P IPA's advice and I am satisfied the Trust's approach during this period was appropriate. The
89. In relation to the provision of a standing frame, the P IPA advised it was '*possible*' the earlier introduction of one would have benefited the child. She clarified that ultimately, she could not state '*categorically*' if the child would have progressed developmentally if she used a frame at an earlier stage. However, both the P IPA and the complainant noted the child's '*very quick*' progress following the introduction of the frame. In addition, the P IPA advised an earlier introduction would have enabled the physiotherapist to assess the child's tolerance for standing. I note the guidance states that standing frames '*may be used to promote bone density in the non-ambulant child*'. Therefore, I consider the Trust's failure to introduce the frame at an earlier stage was a failure in care and treatment. I will address the injustice below. I note further the Trust stated it

'reviewed it's (sic) practice' following the complainant's feedback on the issue of the frame.

90. In relation to the provision of a walker, the P IPA advised the physiotherapist *'should'* have trialled the child in a walker in January 2020. I am satisfied the physiotherapist appropriately explained her rationale to the complainant for not trialling the child in a walker at the time. I also acknowledge the guidance does not address the use of a walker for a child with developmental delay. However, I considered the P IPA's professional judgement. I accept her advice that the child was ready to use a walker and the physiotherapist should have trialled her in one in January 2020.
91. In its response to the draft report, the Trust stated there was a lack of consensus at the stage at which to trial a child with a walker. It stated the physiotherapist's approach was *a balanced one using clinical reasoning and the specific knowledge of the child'*. The Trust referenced four published papers in support of its position.
92. The P IPA advised the following: the papers referenced by the Trust were *'so diverse'* that it made it impossible to *'generalise'* about the issue. None of the papers referenced related specifically to the child's circumstances and indeed much of the data related to entirely different subject groups. While there was a *'lack of research'* into the use of walking aids for children with Down Syndrome, there was a *'consensus'* that early intervention could be *'of benefit'*. The P IPA *'still'* considered that the Trust *'should have'* introduced the child to a walker at an earlier stage. Having reviewed the papers referenced by the Trust and considered the P IPA's advice, I am satisfied that the Trust should have trialled the child in a walker in January 2020. I consider this constitutes a failure in care and treatment. I will address the injustice below.
93. The complainant said the Physiotherapy Team commenced the child on parallel bars in November 2020 to aid her walking development. This made her *'very upset'* as a private therapist had introduced the child to parallel bars in the *'Spring'* of that year. The complainant had also introduced the child to parallel

bars at home and the child had '*moved beyond them*'. The complainant questioned the Trust's decision to introduce the parallel bars at the stage it did. Although this was not addressed as one of the issues in the draft report, as I consider it relevant to the issue, I have addressed it here.

94. The P IPA advised the following: the child's notes document the Trust physiotherapist was aware of and suggested activities to the complainant in relation to the child's use of parallel bars in June 2020 during a Zoom review. The Trust was not carrying out face to face reviews in June due to COVID restrictions. As the Trust provided advice in conjunction with the use of the parallel bars provided by the private therapist the child's progress was not '*hindered*' by the fact she did not physically use the bars with the Trust until November. If restrictions had not been in place, it was '*possible*' the Trust may have introduced parallel bars earlier.
95. I acknowledge the complainant's frustration and upset that the Trust did not introduce the child to parallel bars at an earlier stage. However, it is apparent the Trust physiotherapist was aware of the child's use of the bars and provided advice to the complainant in relation to this. Taking into consideration the restrictions in place at the time and the Trust's engagement with the process, albeit virtually, I accept the P IPA's advice that the child did not experience detriment as a result of the Trust's actions.

OT

96. The complainant believed the Trust did not provide the child with sufficient developmental support in OT. In particular, she was concerned about the Trust's actions in the delay in supplying the child with a wheelchair.
97. The RCOT guidelines state OTs must '*develop personalised intervention plans, or recommendations, based on the occupational performance needs, choices and aspirations of those who access the service.*'
98. The clinical notes document the Trust provided OT to the child both individually and in group settings in a variety of locations. These included her home, her nursery and at the clinic. The reports document the child's progress and the

OT's plans to further her development. The OT first identified the child's need for a wheelchair in February 2020 when she discussed the issue with the complainant. The complainant supplied the Trust with the child's measurements during a Zoom call in June 2020. The Trust took no further action until September 2020 when the complainant asked for a progress report. This appears to be due to a change in personnel and a subsequent communication breakdown between staff. The Trust delivered the wheelchair to the complainant in November 2020.

99. The O IPA advised that apart from the wheelchair issue, the OT service provided a reasonable level of developmental support to the child throughout the period. The care it provided the child was in accordance with the guidelines in place at the time. Having reviewed the clinical notes I accept the O IPA's advice and on the whole, I consider the Trust's provision of OT over the period was not *'inadequate'*.
100. However, the Trust acknowledged that the OT department did not follow *'correct procedures'* in relation to the provision of a wheelchair. The clinical notes and the complainant's correspondence with the Trust document the delay in providing the child with a wheelchair caused the complainant a considerable degree of frustration and distress. I note the O IPA's advice that a wheelchair would have enabled the child to have a wider range of interactions and explore new environments. I accept his advice.
101. I refer to the RCOT guidelines which require professionals to *'act to reduce, delay or prevent future needs where possible'*. The guidelines also state, *'you understand how occupational performance and participation affects, and is affected by, a person's health and wellbeing'*. In addition, *'you work and communicate with colleagues and representatives of other organisations to ensure the safety and wellbeing of service users'*. In its response to the draft report, the Trust stated there was a 13-week response time for the provision of a wheelchair. It stated the wheelchair *'was handed over'* within 20 weeks of assessment. I acknowledge the Trust's response. In her response to the draft report, the complainant said that the provision of a walker or a wheelchair

'would have been life changing for us'. I consider this finding should remain unchanged.

102. I consider that by not providing the child with a wheelchair in a timely fashion due to poor internal communication, the Trust failed to act in accordance with these guidelines and standards. I am satisfied the Trust's failure constitutes a failure in care and treatment. I will address the injustice below. Injustice

103. As a result of the failures identified above, I am satisfied the child sustained the injustice of the loss of opportunity to be provided with a level of SLT appropriate to her developmental requirements. I am also satisfied as a result this failure the complainant sustained the injustice of upset, uncertainty and anxiety. In addition, I am satisfied the child sustained the injustice of opportunity to be provided with a standing frame at an earlier stage, to have the use of a walker, and to be provided with a wheelchair in a timely fashion. I am also satisfied the complainant sustained the injustice of frustration and distress. Therefore, I partially uphold this element of the complaint.

104. The complainant said in her response to the draft report that she had spent over £22,000 in obtaining private therapy for her child as she felt the Trust's provision of therapy was inadequate. I consider this would also have added to her frustration.

Residual issue

105. In addition to her complaints about the individual therapeutic services within the Trust, the complainant questioned the role and the function of the CDC. She it did not coordinate or oversee a child's development. She believed that if the Trust had an adequate in place, her daughter *'would not have been let down as she was'*. I acknowledge the complainant's view.

CONCLUSION

106. I received a complaint about the actions of the Trust. The complainant raised concerns about the care and treatment the Trust provided to the child between June 2018 and September 2021.

107. The investigation established failures in the care and treatment in relation to the following matters:

- The gaps in the provision of SLT;
- The failure to provide the child with a standing frame in a timely fashion;
- The failure to trial the child with a walker; and
- The failure to provide the child with a wheelchair in a timely fashion;

108. I am satisfied the failures in care and treatment caused the child to sustain the injustice of the loss of opportunity to be provided with an appropriate level of SLT, to be provided with a standing frame at an earlier stage, to have the use of a walker and to be provided with a wheelchair in a timely fashion. In addition, I am satisfied the complainant sustained the injustice of frustration, upset, uncertainty, anxiety and distress.

Recommendations

109. I recommend that the Trust provides the complainant with a written apology in accordance with NIPSO 'Guidance on issuing an apology' (August 2019), for the injustice caused as a result of the failures identified within one month of the date of this report.

110. I further recommend for service improvement and to prevent future recurrence:

- The Trust remind relevant staff of the importance of arranging sufficient cover for those staff on long term leave to ensure it continues to provide the required level of service to its users;
- The Trust provides training for OT practitioners on the importance of communication when transferring a patient between therapists;

- The Trust undertakes an audit using a random sample of OT and physiotherapy records from January 2023 to date. The audit should assess if the records contain evidence that children with developmental delay in walking skills due to low tone are being provided with the necessary equipment to help progress their standing and walking skills.
- The Trust shares this report with staff involved in the child's care. It should also discuss the case and my findings with relevant staff at their next appraisal and ask them to reflect on the failures identified.

111. I recommend that the Trust implement an action plan to incorporate these recommendations and should provide me with an update within three months of the date of my final report. That action plan should be supported by evidence to confirm that appropriate action has been taken (including, where appropriate, records of any relevant meetings, training records and/or self-declaration forms which indicate that staff have read and understood any related policies).

SEAN MARTIN
Deputy Ombudsman

July 2024

Appendix 1

PRINCIPLES OF GOOD ADMINISTRATION

Good administration by public service providers means:

1. Getting it right

- Acting in accordance with the law and relevant guidance, with regard for the rights of those concerned.
- Acting in accordance with the public body's policy and guidance (published or internal).
- Taking proper account of established good practice.
- Providing effective services, using appropriately trained and competent staff.
- Taking reasonable decisions, based on all relevant considerations.

2. Being customer focused

- Ensuring people can access services easily.
- Informing customers what they can expect and what the public body expects of them.
- Keeping to its commitments, including any published service standards.
- Dealing with people helpfully, promptly and sensitively, bearing in mind their individual circumstances
- Responding to customers' needs flexibly, including, where appropriate, co-ordinating a response with other service providers.

3. Being open and accountable

- Being open and clear about policies and procedures and ensuring that information, and any advice provided, is clear, accurate and complete.
- Stating its criteria for decision making and giving reasons for decisions
- Handling information properly and appropriately.
- Keeping proper and appropriate records.
- Taking responsibility for its actions.

4. Acting fairly and proportionately

- Treating people impartially, with respect and courtesy.
- Treating people without unlawful discrimination or prejudice, and ensuring no conflict of interests.
- Dealing with people and issues objectively and consistently.
- Ensuring that decisions and actions are proportionate, appropriate and fair.

5. Putting things right

- Acknowledging mistakes and apologising where appropriate.
- Putting mistakes right quickly and effectively.
- Providing clear and timely information on how and when to appeal or complain.
- Operating an effective complaints procedure, which includes offering a fair and appropriate remedy when a complaint is upheld.

6. Seeking continuous improvement

- Reviewing policies and procedures regularly to ensure they are effective.
- Asking for feedback and using it to improve services and performance.
- Ensuring that the public body learns lessons from complaints and uses these to improve services and performance.

