

**STANDARD OPERATING PROCEDURE
AUTISM ASSESSMENT HYBRID MODEL COLLABORATION
(BETWEEN HUMBER CHILDREN NEURODIVERSITY SERVICES AND
OWL THERAPY CENTRE (HULL AND EAST RIDING))**

Document Reference	SOP24-011
Version Number	1.0
Author/Lead Job Title	Michelle Field- Transformation Lead Demi Parker – Service Manager
Instigated by: Date Instigated:	Michelle Field August 2023
Date Last Reviewed:	11 April 2024
Date of Next Review:	April 2027
Consultation:	Team agreement (Owl and Humber) Clinical Network Agreement Children and LD Governance meeting
Ratified and Quality Checked by: Date Ratified:	Children and LD Clinical Governance Group 11 April 2024
Name of Trust Strategy / Policy / Guidelines this SOP refers to:	

VALIDITY – All local SOPS should be accessed via the Trust intranet

CHANGE RECORD

Version	Date	Change details
1.0	April 2024	New SOP. Approved at Children and LD Clinical Governance Group (11 April 2024).

Contents

1.	INTRODUCTION	3
2.	SCOPE	3
3.	DUTIES AND RESPONSIBILITIES.....	3
4.	PROCEDURES	3
4.1.	Process Summary	3
5.	PROCESS DETAILS	4
5.1.	Identifying the Child/Young persons	4
5.2.	Administrative processing of the referral.....	4
5.3.	First Appointment – face to face clinic appointment to conduct ADOS.....	5
5.4.	The Second Appointment.....	5
5.5.	The Diagnostic Outcome MDT Process.....	6
5.6.	Outcome	7
5.7.	Child/Young Person Safety	7
5.8.	Discharge Planning	7
6.	IMPLEMENTATION AND MONITORING.....	7
7.	EVALUATION.....	8
8.	SAFEGUARDING	8
9.	TRAINING AND SUPPORT	9
10.	CQC REGISTRATION.....	9
11.	DISCLOSURE AND BARRING SERVICE (DBS) CHECKS	9
12.	INFORMATION GOVERNANCE.....	9
13.	REFERENCES	9
	Appendix A – Information Sharing Agreement	10
	Appendix B – Process Map.....	10
	Appendix C – Service Specification	10
	Appendix D – Example report	10
	Appendix E – Service Evaluation Form	10
	Appendix F – Equality Impact Assessment	11

1. INTRODUCTION

The Humber Children's Neurodiversity Services provides a service that assesses children for autism diagnoses. The service has experienced a surge in referrals over the last 2 years, in order to meet the demand independent providers have been contracted. Currently the main contract sits with a company called The Owl Centre (theowltherapycentre.co.uk). Within this arrangement, children receive virtual diagnostic assessments. A small part of the contract also allows for face-to-face assessments.

Over the past 2 years the strengths and limitations of using independent providers have been realised. One particular limitation was the lack of face to face assessment options. Best practice indicates that children under 6 years old and children and young people who have specific complexities, i.e., learning disabilities, language disorders, require a face to face assessment. On the current waiting list there remain a large number of children and young people who will require a face to face assessment.

Using a hybrid model of assessment is an effective way of providing timely assessments to those requiring face to face assessment. The hybrid assessment is whereby specific parts of the assessment are completed by another provider in this case the Owl Therapy Staff, and the face to face element of the assessment is completed by Humber Teaching NHS Foundation Trust (referred to as the internal team).

2. SCOPE

This SOP outlines the procedure for both parties, Owl therapy Staff and Humber Teaching NHS Foundation Trust staff to complete a hybrid autism assessment.

3. DUTIES AND RESPONSIBILITIES

Each organisation is responsible for ensuring their staff have a good understanding of the process and have the right skills and experience to fulfil the tasks they are completing in line with NICE Guidance autism spectrum disorder in under 19s: recognition, referral and diagnosis. Clinical guideline [CG128].

A communication plan is in place to ensure families and young people are aware of the process and can provide informed consent.

This process has been agreed within a contractual agreement between Humber Teaching NHS Foundation Trust and Owl Therapy Centre.

An Information Sharing Agreement has been signed by both parties (Appendix A).

4. PROCEDURES

4.1. Process Summary

Applying a basic principle, most Autism assessments can be framed into four parts.

- Clinical interview/developmental history assessment
- Observation assessment, i.e., ADOS*
- Formulation and MDT discussion
- Assessment outcome feedback session to family/young person.

For each part, Child/Young person notes are reviewed, and notes/reports completed and saved on the approved IT system.

	Task	Company	Notes
1	Face to face observation/ assessment ¹	Humber staff	Staff will complete clinic session, ADOS or play based assessment. Add in findings to Owl report. Add to MDT grid.
2	Clinical interview/ Dev. History	Owl	Owl will collect pre assessment information inc. school feedback. Owl will complete the clinical assessment including developmental history. Input information into report and map on MDT grid. Share report via portal to Humber internal team
3	MDT meeting ¹	Owl staff and possibly Humber staff	Clinicians involved will form an MDT which is overseen by psychiatry and/or psychology. Findings will be discussed, and assessment concluded or next steps
4	Feedback/outcome session	Owl	Owl will finalise report and complete feedback/outcome session with parents/YP. Report sent to Humber for recording.

¹ Occasionally, further assessment, for example, school observations, are required. A process has been developed to request this from Owl Therapy staff to the internal team. The internal team will complete all additional assessments.

The process has been developed in line with NHS Framework/NICE guidance

- [NHS England » National framework and operational guidance for autism assessment services](#)
- [Overview | Autism spectrum disorder in under 19s: recognition, referral and diagnosis | Guidance | NICE](#)

A process map detailing the process, including when each provider has responsibility to manage and identify risks is attached (Appendix B). This process map also indicates when to document in the notes and time scales for parts of the assessments. A service specification for the contract has been developed (Appendix C). An example report template is included in Appendix D.

5. PROCESS DETAILS

5.1. Identifying the Child/Young persons

The MDT Triage that happens on receipt of the referral will indicate the suitability of the Child/Young persons for the hybrid assessments. Any queries about suitability will be resolved by the clinical team leads. The suitable referrals are uploaded onto the access plan assigned for hybrid assessment. Although no formal exclusion criteria are set, children age 3 and under will be seen by Humber Teaching NHS Foundation Trust staff only, this is due to the involvement required by the paediatricians and system sharing of information. Children who are unable to attend a clinic base will also be seen by Humber Teaching NHS Foundation Trust only because these children are likely to have higher levels of complexity, i.e., unable to leave the house due to anxiety. Consent for engagement in assessment with Humber Teaching NHS Foundation Trust and independent providers and the sharing of relevant information is gained at the point of referral. In addition, an opt out letter, detailing the hybrid model is sent to carers/parents and young people with a 2 week opt out period before the referral is uploaded. Those who have opted out of engagement with independent providers will have a note indicating this on Lorenzo and will be assessed by Humber Teaching NHS Foundation Trust only.

5.2. Administrative processing of the referral

The referral will be uploaded by Humber Teaching NHS Foundation Trust administration team onto hybrid portal of the nest (Owl admin SOP). Any risks that need considerations or reasonable adjustments will be highlighted on referral documentation. Other relevant information attached to the

referral or identified by the clinical lead/Front door triage team will be added onto the Nest, i.e., Speech and language therapy report.

Owl admin then send out an activation request to parents to access the nest. This communication will include information about being selected for a hybrid autism assessment, what to expect from the process and who to contact to discuss this with if necessary. This communication also gives parents Owls contact details. The nest will then send pre assessment questionnaires to school and home.

Once returned the nest Humber admin will arrange the face to face assessment. The appointment letter will be sent out and include contact details and where possible details on the clinician/s that will be completing the assessment. This letter also informs of what the appointment will entail.

Due to NHS Mail blocking / quarantining emails and not having to inform the sender or receiver, we have an Auto reply on all Humber Neuro Mailboxes and send appointment letters physically. Due to most of the administrative processing being done via the NEST (OWLS clinical system), this should not interfere with this section of the process.

5.3. First Appointment – face to face clinic appointment to conduct ADOS.

Humber Teaching NHS Foundation Trust neuro hybrid clinics. Communication to parents/young people will include date/time/location and what to expect. The use of outlook diary (shared) enables Humber admin to put the Child/Young person NHS and initials onto the clinic slots observable by the Humber Teaching NHS Foundation Trust clinicians and Owl admin staff.

The Humber Teaching NHS Foundation Trust clinicians will look onto the nest and review the notes from the pre assessment packs, original referral info and recent/relevant entries from others involved in the child's care (info available 2 weeks before clinic date). If the Child/Young person is known to other services that relate to co-existing or comorbidity condition that could affect the outcome of the assessment the internal team will contact that service to support an appropriate level of information exchange, ideally this should occur before the clinic appointment. Prior to the clinic The Humber Teaching NHS Foundation Trust clinicians will check regarding changes in circumstance/ presentations since initial referral. Clinicians will adapt the risk assessment accordingly.

The clinics will last 45-60mins and will enable observational assessment, in most cases use of the Autism Diagnostic Observation Schedule- 2(ADOS -2). The clinics must include the child being assessed and a person with parental responsibility. Clinical notes will be added to Lorenzo and to the report on the nest. The MDT tool/diagnostic map will also be added to the report documentation. At the end of the clinic day the Humber Teaching NHS Foundation Trust clinicians will review the notes, complete the ADOS scoring and MDT tool/diagnostic map to support formulation of findings.

At this stage it may become apparent that additional assessment, for example, school observations, are also required. The internal team will complete all additional assessments.

If any risks are identified at the initial assessment a risk assessment will be developed and risk flags on both the Owl nest and Lorenzo used. Risks will be highlighted on the report and MDT notes. In some cases a verbal discussion will take place between Owl clinicians and Humber foundation staff.

The next steps including time frames will be discussed with the families and young people in the initial assessment.

5.4. The Second Appointment

The clinical assessment/interview will be carried out by 1 or 2 Speech and language therapist, occupational therapy or psychologists with relevant experience and training. This will happen within 4 weeks following first appointment. *The clinical interview/ assessment will last about 1-2 hours and include the developmental history and overview current function, mental and physical health. The Clinical interview/developmental history assessment can be conducted without the child present.

Young people are encouraged to participate unless it is thought that the information discussed may be distressing.

The Owl clinician/s will insert the Clinical interview/developmental history assessment and other relevant information noted in referral bundle onto the report and MDT tool/diagnostic map onto the nest, they will highlight any areas for further assessment. If any risks are identified, they will put a risk alert on the Child/Young person file and notes. If significant risks are identified (in addition to following safeguarding protocol) Owl will contact Humber Teaching NHS Foundation Trust neuro team to hold clinical discussion about concerns before sending for clinic appointment. Owl will also send safeguarding clinical notes to Humber Teaching NHS Foundation Trust to add onto Lorenzo.

During the assessment it may become apparent that additional assessment, for example, school observations, are also required, a process has been developed to request this from Owl to Humber. The internal team will complete all additional assessments.

The assessments require input from paediatrician, and/or Psychiatrist and/or Clinical Psychologist. If these professions have not been involved in the assessment process up until this point the documentation must be sent to Owl for input of a Clinical Psychologist- there is a box on the MDT form to indicate this is what is required

It may also be the case that clinicians note other services involvement, including but not exclusively CAMHS, LAC and current child protection services, and require input from these services for formulation. Where appropriate and with parents / young person's consent, the services will be invited to MDT by Humber Teaching NHS Foundation Trust admin.

If consent is not given Owl will liaise with Humber about the information available on the clinical systems to provide an overview of the young person e.g. CAMHS reports etc. If there is no consent for other service involvement in MDT a clinical discussion between Owl and Humber will occur to discuss the feasibility of reaching an accurate conclusion without input from a wider MDT. This may result in an inconclusive diagnosis.

For all other cases:

5.5. The Diagnostic Outcome MDT Process

A) information highly indicative of autism or highly not indicative of autism Owl will put the suggested outcome on the MDT note and upload to Owl nest.

or

B) Information not highly indicative by one party only - Humber Teaching NHS Foundation Trust admin will be instructed to liaise with Owl admin to arrange MDT. A note may be sent to other system partners involved in the child's care to input into the MDT- this will be actioned by the assessing clinician.

Owl clinicians will review and:

1) if in agreement – see outcome and discharge.

or

2) if not in agreement Owl admin will liaise with Humber Teaching NHS Foundation Trust neuro admin to book slot in MDT, all clinicians involved in the case will be invited to attend.

Possible outcomes of MDT - further assessment required Humber Teaching NHS Foundation Trust clinicians to complete. Following further assessment- return to MDT. It is also possible that

watchful wait will be encouraged, for reasons including – awaiting stability in mental health, awaiting outcomes of other assessments/investigations.

Agreement reached on outcome (Outcome and discharge)

5.6. Outcome

- Owl clinicians will finish the report and contact the family to arrange outcome appointment.
- Owl clinicians will complete outcome appointment.
- Owl will take forward any actions identified in the recommendations.
- Owl will send final copy of report (and cover letter if requested) and DSM/MDT notes to Humber Teaching NHS Foundation Trust neuro admin.
- Humber Teaching NHS Foundation Trust admin will upload onto Lorenzo and SNOMED code.
- Child/Young person will be closed to both services- evaluation forms sent.

5.7. Child/Young Person Safety

If a risk is identified at any point (from screening the referral to discharge), the appropriate level of response will be actioned by the provider, including completion of a risk management plan. Actions within this plan can be shared if both parties agree or if the safeguarding policy requires disclosing information with consent. The provider will follow the procedure to manage any immediate risk. The provider will initiate a handover of this plan to the trust.

5.8. Discharge Planning

Owl sends a letter to the GP, Health visitor or ISPHN Service and the carer of child or young persons. The service users will usually be discharged from Owl Therapy to the Humber Teaching NHS Foundation Trust. The Trust will then discharge the Child/Young person if all outstanding actions have been complete.

In the event that the child was not brought (WNB), or the young person was not brought/did not attend (DNA) the appointment the Trust policy would be followed. In all cases the family/young person would be contacted to re arrange the appointment, difficulties regarding attending the appointment would be addressed, a reminder would be sent prior to the next appointment. In the event that the child/young person WNB/DNA a second time Owl would discuss this with the clinical lead who would check for risks pose by the DNA/WNB. Appropriate actions would be taken in accordance with this risk assessment. Humber staff would contact the family, in most cases to either arrange another appointment or agree discharge.

A Second Opinion SOP is in place to support the process required should a young person or their parent/carer wish to query the outcome of a triage or assessment.

6. IMPLEMENTATION AND MONITORING

The Operational Manager and Clinical Team lead will support the implementation of this SOP, and the clinicians and administration staff will work to follow this process. The Transformation lead and Owl therapy will work with the clinical leaders, Operations Manager and Clinical Team to support monitoring this process and any clinical need to consider alternatives in the future.

The initial trial case of 10 children/YP will receive their assessment using this model. For these children, extra safeguards will be implemented to support the process and evaluate the efficiency, quality, and safety. The model will be amended accordingly. Safeguards include, for example, the service lead and senior clinical and admin staff, who will remain closely linked to the child throughout the assessment process. A service evaluation form has been completed but will only be submitted if the hybrid model is approved (Appendix E).

The provider will demonstrate continuous service improvements and work towards improving the service to the highest standard.

The Service will have policies and procedures in place to deal with Adult and Child safeguarding issues as appropriate. It will comply with Hull and East Riding Adults and Children's Safeguarding Boards. Any communication or referrals will be recorded per local policies and best practices. All written policies and procedures should safeguard service users from abuse or exploitation, and staff members should follow these procedures.

Any information given by service users in confidence or provided about service users and any access to a service user's file will be handled following the Data Protection Act 1998, the Service's written policies and procedures, and in the best interests of the people accessing the service.

Several methods will be imbedded to monitor quality assurance, including:

- Key Performance Indicators will be reviewed within monthly contract meetings. These include time waiting for assessment, diagnostic conversation rates, DNA and incomplete assessments.
- Monitoring of complaints and compliments
- Monitoring of second opinion requests
- Feedback via Owl and Humber FT, feedback from system partners
- Within initial contracts and contract variations, the initial 5-10 Child/Young persons transferred will be done with additional scrutiny on the process; any required changes will be actioned before further parents are transferred. The assessment process and reports are reviewed.
- Joint working is encouraged within the assessments - including one-to-one consultation and collaborative Multidisciplinary team meetings.
- If Child/Young person is requiring ongoing referrals to mental health services, they are given guidance on how to access them. When Child/Young persons need crisis mental health services, they are supported by Owl therapy or Humber Teaching NHS Foundation Trust staff to access this referral.
- Monthly sample of reports to be sent by admin to service manager/clinical lead for review (i.e., checking report quality and assessment process against NICE)

7. EVALUATION

Owl therapy will agree with the HTFT on the level of service evaluation required. In most cases, Owl therapy must perform at least one complete assessment of the service against performance against NHS standards within the NHS commissioning guidance, within twelve months of operation. Other monitoring and audit activities may be required more frequently in agreement with HTFT.

The complete evaluation should also use appropriate data to assess whether the service is delivering the objectives set out in the service specification and providing value for money while also evaluating the processes involved in running the service.

The specified KPIs will be used within the evaluation and service user and staff feedback.

The service evaluation is expected to inform the ongoing development and commissioning of the service. As a result of the review, parts of the service may cease, change, or increase.

8. SAFEGUARDING

Owl Therapy has a direct communication link with the Humber Foundation Trust Children's Safeguarding Lead. This direct link is used when safeguarding concerns arise Monday – Friday 9-5. Owl Therapy Safeguarding Policy is followed by their staff, Humber Teaching NHS Foundation Trust Safeguarding policy and procedure is followed by Humber clinicians. Policy includes process for out of hours safeguarding enquiries.

The Hybrid Model Process Map attached, highlights risk assessment points, symbolised by red triangle, and states which party has the responsibility at each part of the assessment. Owl and Humber Teaching NHS Foundation Trust internal team already have a process in place for multidisciplinary team meetings.

9. TRAINING AND SUPPORT

All staff access (including Humber and Owl Centre staff), line management from the Clinical Team Lead, and clinical supervision from appropriately qualified practitioners within neurodiversity services. PADRs are completed per Trust Policy, and individual training needs are identified as part of this process.

10. CQC REGISTRATION

Owl therapy and Humber Teaching NHS Foundation Trust service are registered with the CQC; the service should comply with CQC fundamental standards.

11. DISCLOSURE AND BARRING SERVICE (DBS) CHECKS

Owl therapy must ensure all staff within the service have all received Enhanced DBS checks and appropriate safeguards are in place to prevent unsuitable people from working with vulnerable people.

12. INFORMATION GOVERNANCE

Owl therapy has contributed to and signed up for the information sharing protocols developed by Humber Teaching NHS Foundation Trust.

Owl Therapy must comply with all Information Governance (IG) standards, NHS standards for record-keeping, the Data Protection Act 2018, the Data Security and Protection Toolkit, Caldicott principles, Department of Health standards and the common law duty of confidentiality.

13. REFERENCES

<https://imosphere.com/care-and-support-tools/risk-assessment-toolset/>

<http://www.rcgp.org.uk/clinical-and-research/>

<https://www.nice.org.uk/guidance/ng87>

<https://www.humber.nhs.uk/downloads/Trust Board/Board Papers 2023/policies/Complaints and Feedback Policy N-047.pdf>

<https://www.nice.org.uk/guidance/cg128>

Appendix A – Information Sharing Agreement

[Information Sharing Agreement](#)

Appendix B – Process Map

[Process Map](#)

Appendix C – Service Specification

[Service Specification](#)

Appendix D – Example report

[Example Report](#)

Appendix E – Service Evaluation Form

[Service Evaluation Form](#)

Appendix F – Equality Impact Assessment

For strategies, policies, procedures, processes, guidelines, protocols, tenders, services

1. Document or Process or Service Name: Autism Assessment Hybrid Model Collaboration
2. EIA Reviewer (name, job title, base and contact details): Michelle Field
3. Is it a Policy, Strategy, Procedure, Process, Tender, Service or Other? SOP

Main Aims of the Document, Process or Service
To outline the procedure for both parties (Owl therapy Staff and Humber Teaching NHS Foundation Trust staff) to complete a hybrid autism assessment.
Please indicate in the table that follows whether the document or process has the potential to impact adversely, intentionally or unwittingly on the equality target groups contained in the pro forma

Equality Target Group 1. Age 2. Disability 3. Sex 4. Marriage/Civil Partnership 5. Pregnancy/Maternity 6. Race 7. Religion/Belief 8. Sexual Orientation 9. Gender re-assignment	Is the document or process likely to have a potential or actual differential impact with regards to the equality target groups listed? Equality Impact Score Low = Little or No evidence or concern (Green) Medium = some evidence or concern (Amber) High = significant evidence or concern (Red)	How have you arrived at the equality impact score? a) who have you consulted with b) what have they said c) what information or data have you used d) where are the gaps in your analysis e) how will your document/process or service promote equality and diversity good practice
--	--	--

Equality Target Group	Definitions	Equality Impact Score	Evidence to support Equality Impact Score
Age	Including specific ages and age groups: Older people Young people Children Early years	Medium	Diagnosis can make a difference to the care and support a person receives. It is important diagnostic outcomes are accurate.
Disability	Where the impairment has a substantial and long term adverse effect on the ability of the person to carry out their day to day activities: Sensory, Physical, Learning, Mental health (including cancer, HIV, multiple sclerosis)	Medium	Process adapted to support inclusion
Sex	Men/Male Women/Female	Low	Process not impacted by sex/gender.
Marriage/Civil Partnership		N/a	N/a
Pregnancy/ Maternity		N/a	N/a
Race	Colour Nationality Ethnic/national origins	Low	
Religion or Belief	All religions Including lack of religion or belief and where belief includes any religious or philosophical belief	Low	Reasonable adjustment adaptation can be accommodated if required.
Sexual Orientation	Lesbian, Gay men, Bisexual	Low	Process not affected by sexual orientation
Gender Reassignment	Where people are proposing to undergo, or have undergone a process (or part of a process) for the purpose of reassigning the person's sex by changing physiological or other attribute of sex	Low	Process not affected by gender identity Adjustments can be accommodated if required.

Summary

Please describe the main points/actions arising from your assessment that supports your decision.

The operational procedure described above can be adapted if required whilst remaining within clinical guidelines and diagnostic assessments. Reasonable adjustments are embedded when required.

EIA Reviewer: Michelle Field

Date completed: February 2024

Signature: *M Field*