

SPSO decision report

Case: 201301612, Western Isles NHS Board
Sector: health
Subject: clinical treatment / diagnosis
Outcome: upheld, recommendations

Summary

Mrs C was expecting a baby. When she was 35 weeks pregnant, a routine scan raised concerns about her baby's heart rate and it was suggested that she be flown by air ambulance to the mainland for an emergency caesarean section (an operation to deliver the baby). Mrs C's husband (Mr C) and young child were with her at the appointment, and she asked if they could travel with her. She was told that, whilst Mr C would be permitted to travel with her as an escort, the board would not agree to provide travel arrangements for their child. As there was no-one available locally to look after their child, Mrs C had to travel alone in the air ambulance while her husband and child followed separately on a commercial flight. Because of this, Mr C was not with her for the birth. Mr and Mrs C's baby died three days after being born.

Mrs C complained about the board's decision about the travel arrangements. She said that for the return journey, whilst the board arranged return flights for her and Mr C, they could only provide her with the phone number of the airline and a booking reference so that she could make her own arrangements for their child to travel back with them. She did not feel that the board took account of her circumstances or the physical and emotional stress she was under at the time. She also raised concerns about their handling of her complaint.

We upheld both of Mrs C's complaints. We found that the board's decisions were made with reference to their patient travel policy, which is primarily designed to reclaim relevant expenses incurred when travelling to and from mainland hospital appointments. This was appropriate for the return element of the travel, and we were satisfied that the policy was correctly applied for that journey. However, the policy specifically says that it does not apply in emergencies, or cases where the patient is being transferred between hospitals. Both of these criteria applied to the outward journey in Mrs C's case, and we concluded that it was not appropriate to refer to the policy for decisions about the air ambulance journey. Our investigation found that it was the board's patient transport staff who took the decision not to allow Mr and Mrs C's child to travel in the air ambulance. Although the ambulance service specifically asked if Mrs C would be accompanied by an escort, they were told that she would be travelling alone. The ambulance service told us that they would have tried to take Mr C and the child, had they been asked to do so and had there been capacity on the aircraft. However, we noted that they were not asked to decide this. We considered that, under such circumstances, there should have been scope for the patient transport staff to use their discretion. This would have meant referring the decision to the ambulance service, so that they could decide whether they could carry all three passengers in the air ambulance.

We found that the board's complaints handling was reasonable in most regards. However, they failed to properly investigate who had reached the decision that Mrs C's husband and child could not travel on the air ambulance. This led to inaccurate information in the board's response to her complaint.

Recommendations

We recommended that the board:

- apologise to Mr and Mrs C for failing to pursue the option of their child travelling in the air ambulance with

them;

- refund to Mrs C all reasonable costs incurred for her family's outward flight; and
- consider introducing a policy to cover situations such as that encountered by Mrs C.