

SPSO decision report

Case: 201700618, A Health Board
Sector: health
Subject: policy / administration
Decision: upheld, recommendations

Summary

Ms C has type 1 diabetes and needed a consultant-led maternity unit for the delivery of her baby. The board (Board 1) have a service level agreement (SLA) with another health board (Board 2) for the provision of specialist care, which meant Ms C would deliver her baby there. Ms C asked Board 1 if she could instead deliver her baby at a hospital in a different board area (Board 3), where she would have access to greater support from her family. Board 1 refused this request as they did not consider there to be any clinical need for Ms C's care to be transferred to Board 3. Ms C complained that this decision was unreasonable and was taken without consideration of her individual needs.

We took independent advice from a consultant obstetrician (a doctor who specialises in pregnancy, childbirth and the female reproductive system), who was critical that the initial decision was taken at senior midwife level with no apparent medical input. The board indicated that treatment outside the SLA can be approved when there are deemed to be compelling clinical grounds. We were of the view that they should, therefore, have a more robust process in place to fully assess individual medical needs. Medical input was later obtained, but only when Board 1 investigated the complaint. This showed that Ms C's consultant physician was becoming concerned that the stress from the situation was impacting on her health and diabetic control. We considered that these ongoing and developing medical reasons might reasonably have led Board 1 to reconsider their position.

We considered the reasonableness of Board 1's overall refusal, further to Ms C's complaint and their review of the position. We considered that Board 1 had not provided sufficient evidence that they took full account of all Ms C's relevant medical needs (which we noted had evolved with the passage of time). Ms C subsequently registered as a patient in Board 3 and delivered her baby there. We found that Board 1 had sent a letter to Board 3 regarding her diabetic care but her obstetric information did not appear to have been passed on despite the clearly noted requirement for a carefully planned delivery. Overall, we considered that the board unreasonably refused to request for Ms C's maternity care to be transferred to Board 3 and upheld her complaint.

Recommendations

What we asked the organisation to do in this case:

- Apologise to Ms C for failing to take full account of all her relevant clinical needs when refusing her request to deliver her baby in Board 3; and for failing to formally transfer all of Ms C's clinical information to the team when she decided to register as a patient there. The apology should meet the standards set out in the SPSO guidelines on apology available at: <https://www.spsso.org.uk/leaflets-and-guidance>.

What we said should change to put things right in future:

- The board should ensure that they have a robust process in place for considering future requests for out of area maternity referrals, ensuring that patients' clinical needs are fully considered at an appropriate level and in partnership with the patient.

- The board should ensure that all relevant clinical information is passed on to the appropriate hospital when they become aware that out of area maternity care is being delivered to one of their patients, especially where the need for a specialist care plan has been identified.

We have asked the organisation to provide us with evidence that they have implemented the recommendations we have made on this case by the deadline we set.