

REGULATION 28: REPORT TO PREVENT FUTURE DEATHS

	<p>REGULATION 28 REPORT TO PREVENT FUTURE DEATHS</p> <p>THIS REPORT IS BEING SENT TO:</p> <p>The Chief Executive Officer, Tameside Hospital NHS Foundation Trust</p>
1	<p>CORONER</p> <p>I am John Pollard, senior coroner, for the coroner area of South Manchester</p>
2	<p>CORONER'S LEGAL POWERS</p> <p>I make this report under paragraph 7, Schedule 5, of the Coroners and Justice Act 2009 and regulations 28 and 29 of the Coroners (Investigations) Regulations 2013</p>
3	<p>INVESTIGATION and INQUEST</p> <p>On 29th October 2013 I commenced an investigation into the death of John Joseph Malone dob 16th January 1932. The investigation concluded at the end of the inquest on 8th January 2014. The conclusion of the inquest was that Mr Malone suffered two falls at his home address, the first several weeks before his death and the second on the 24th October 2013 which led to his sustaining a subdural Haematoma and I concluded that he had died an accidental death.</p>
4	<p>CIRCUMSTANCES OF THE DEATH</p> <p>As paragraph 3 above</p>
5	<p><u>CORONER'S CONCERNS</u></p> <p>During the course of the inquest the evidence revealed matters giving rise to concern. In my opinion there is a risk that future deaths will occur unless action is taken. In the circumstances it is my statutory duty to report to you.</p> <p>The MATTERS OF CONCERN are as follows. –</p> <p>I took evidence from the two GP's caring for the deceased and they showed to me, inter alia, a discharge letter from your hospital dated 21st October 2013 a copy of which I append hereto. You will note that this document is woefully short on detail and has significant omissions of vital information for the GP's. On page one of the report there are no details given as to Admission date, admission ward, admission method, admission source, discharge destination or discharge date. The patient sustained a fall within 3 days of his discharge and this led to or exacerbated his subdural haemorrhage.</p>
6	<p>ACTION SHOULD BE TAKEN</p> <p>In my opinion action should be taken to prevent future deaths and I believe you have the power to take such action. It is essential that full information is passed promptly to the GP practice of a patient being discharged.</p>
7	<p>YOUR RESPONSE</p> <p>You are under a duty to respond to this report within 56 days of the date of this report,</p>

