



P S Cooper
Her Majesty's Acting Senior Coroner for South Lincolnshire

REGULATION 28: REPORT TO PREVENT FUTURE DEATHS (1)

*NOTE: This form is to be used **after** an inquest.*

	<p>REGULATION 28 REPORT TO PREVENT FUTURE DEATHS</p> <p>THIS REPORT IS BEING SENT TO:</p> <p>1. United Lincolnshire Hospitals NHS Trust</p>
1	<p>CORONER</p> <p>I am Paul S Cooper, Acting Senior Coroner for the Coroner's area of South Lincolnshire.</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 2nd March 2016 I commenced an investigation into the death of Olive DAYNES, age 87. The investigation concluded at the end of the inquest on 14th March 2017. The conclusion of the inquest was narrative.</p>
4	<p>CIRCUMSTANCES OF THE DEATH –</p> <p>Mrs. Daynes was an 86 year old lady who presented to A & E at Pilgrim Hospital on 4/1/2016 with an altered mental state and a suspected fall. She had a past history of heart failure and hypertension and was in receipt of various medications including Warfarin. One of the major issues identified was over the prescription Warfarin with antibiotics and lack of apparent monitoring.</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>



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	<p>The MATTERS OF CONCERN are as follows. –</p> <ol style="list-style-type: none">1 On 28/12/2015 Mrs. Daynes was admitted to Accident and Emergency at the Pilgrim Hospital, Fishtoft, and Boston following painful / sore legs/ulcers.2 Her INR was recorded at 3.6, her medication changed and the matter was referred back to the GP.3 A doctor from the GP's surgery saw Mrs Daynes the next day on 29th December 2015 but was unaware of the advice provided by the hospital, change in medication or increased IRN levels.4 The hospital wrote to the surgery and the letter arrived on 4/2/2016 (date stamp verified by the Coroner).5 In the intervening period the patients INR increased to over 9 and she passed away on 5/1/2016.
6	<p>ACTION SHOULD BE TAKEN</p> <p>In my opinion action should be taken to prevent future deaths and I believe you and/or your organisation have the power to take such action.</p> <p><u>In these days of technology</u> could not such communication be sent primarily by email (where known)? Surely, the hospital will have a database of GP surgery email addresses. All parties at the Inquest commented if they were aware of the hospital visit and change of medication sooner following admission the deceased's life could possibly have been extended if more appropriate medication, care and monitoring were provided.</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, namely by 23rd May 2017. I, the coroner, may extend the period.</p> <p>Your response must contain details of action taken or proposed to be taken, setting out the timetable for action. Otherwise you must explain why no action is proposed.</p>
8	<p>COPIES and PUBLICATION</p>



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	<p>I have sent a copy of my report to the Chief Coroner and to the following Interested Persons:</p> <p>██████████ - Daughter</p> <p>I am also under a duty to send the Chief Coroner a copy of your response.</p> <p>The Chief Coroner may publish either or both in a complete or redacted or summary form. He may send a copy of this report to any person who he believes may find it useful or of interest. You may make representations to me, the coroner, at the time of your response, about the release or the publication of your response by the Chief Coroner.</p>
9	<p>Date 28/3/2017</p> <p>Paul S Cooper..... <i>Paul S Cooper</i></p> <p>H M Acting Senior Coroner for South Lincolnshire</p>