British Orthopaedic Association

Caring for Patients; Supporting Surgeons

Your Ref: EEC/LJB

13th February 2018

Dr EE Carlyon
Senior Coroner for the County of Cornwall and the Isles of Scilly,
The New Lodge,
Newquay Road,
Penmount
Truro TR4 9AA

Email: cornwallcoroner@cornwall.gov.uk

Dear Dr Carlyon,

Regulation 28: Report to prevent future deaths Re: Pamela Margaret Hands aka Horner

Thank you for your letter dated the 18th December, received by us in January and discussed at our monthly Executive Board Meeting. I apologise for the late arrival of our response.

The BOA recognises the importance of learning from past events and understands that the events in question which are relevant to our associations occurred in December 2015.

The BOA supports a multidisciplinary approach to the management of this group of vulnerable patients with a fracture of the femoral neck. We have advocated for and been actively involved in the development of a prompt MDT approach to the assessment and management of these patients, the development of dedicated trauma lists for patients with hip fractures, written standards for the management of such fractures and the instigation of a National Hip Fracture Database that monitors the process for and outcome of these patients. We feel that the care of this group of patients has improved significantly over recent years. Outcomes are discussed regularly at our annual national meeting as well as amongst our Specialist Societies (such as the Orthopaedic Trauma Society – OTS). Relevant updates are cascaded to our membership via regular emails to the members of our association.

We appreciate your recognition that a multidisciplinary team is involved in patient care but we note that you have only contacted the BOA and the Royal College of Emergency Medicine with respect to this incident. It is often the Anaesthetists and the Pain Team who are involved in the local guidelines for management of pain in patients (including post procedural pain) and the Nursing Staff who take prime responsibility for the monitoring of such patients following the administration of analgesic medication in any format. We feel that it important that your advice is distributed to all involved and we would like to suggest that you also seek input from the relevant bodies for nursing and anaesthesia, namely the RCN and the AAGBI.

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On our part, we intend that our BOAST (BOA Standards for Trauma) document that covers the management of hip fractures will be updated to reflect and emphasise the need for appropriate monitoring of all patients particularly those in pain pre or post procedure. This document is due for renewal within the next 12months.

Should you feel that this letter does not cover all the issues that you are causing you concern, please do contact us again.

Yours sincerely,

Honorary Secretary BOA