



REGULATION 28: REPORT TO PREVENT FUTURE DEATHS (1)

	<p>REGULATION 28 REPORT TO PREVENT FUTURE DEATHS</p> <p>THIS REPORT IS BEING SENT TO: The Chief Executive Officer East Lancashire Healthcare NHS Trust Trust Headquarters The Royal Blackburn Hospital Haslingden Road Blackburn BB2 3HH</p>
1	<p>CORONER</p> <p>I am Michael Singleton, Senior Coroner for the Coroner area of Blackburn, Hyndburn & Ribble Valley.</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 the 9th day of June 2016 I commenced an Investigation into the death of Alfred Grimshaw aged 93 years. The Investigation concluded at the end of the Inquest which was heard on the 25th day of October 2016. The conclusion of the Inquest was that Alfred Grimshaw had died from Natural Causes contributed to by a fall followed by surgery.</p>
4	<p>CIRCUMSTANCES OF THE DEATH</p> <p>On the 26th May 2016 Alfred Grimshaw had an unwitnessed fall at the residential care home and was admitted to the Royal Blackburn Hospital. On assessment in the Emergency Department it was noted that since the accident he had been unable to mobilise and that because of his dementia it was not possible to take a history from him. He was admitted onto the acute medical unit but then discharged on the 28th May back to the care home. He was then re-admitted on the 1st June 2016 when x-rays revealed that he had a fractured hip. He underwent surgery but died from bronchopneumonia on the 6th June 2016.</p>
5	<p>CORONER'S CONCERNS</p> <p>During the course of the Inquest the evidence revealed matters giving arise to concern. In my opinion there is a risk that further deaths will occur unless action is taken. In the circumstances it is my duty to report to you the MATTERS OF CONCERN being as follows: -</p>

	<ol style="list-style-type: none"> 1. On being assessed in the emergency department on the 26th May, despite the history of an unwitnessed fall and the fact that he was 93 years of age and had been subsequently unable to mobilise no x-ray was carried out in order to rule out the possibility of a fracture to his hip. 2. On the 27th May 2016 an x-ray of the abdomen was requested to rule out a sub-acute intestinal obstruction. Although that was an x-ray of the abdomen it covered part of the right hip, which disclosed a significant displaced fracture through the right lesser trochanter that was visible on the lower limit of the film. Despite the fracture being disclosed on the x-ray, the report made no reference to it. 3. On the 27th May a request was made for physio and O T review which was clearly documented, there was however no evidence that physio or O T was carried out prior to discharge. 4. On the discharge summary that was printed on the 28th May 2016 at 16:21 is a handwritten note "Patient off his legs. Pain ++ right hip and during movement. Physio advises x-ray to exclude hip fracture prior to any physiotherapy." That handwritten note is not signed or dated.
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.</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 December 2016. I, the Coroner, may extend this 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> <p>I have sent a copy of my report to the Chief Coroner and to the following interested person, namely:</p> <p></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>28 October 2016</p> <p>Signed by: </p> <p>Michael J H Singleton</p> <p>H M Senior Coroner for Blackburn, Hyndburn & Ribble Valley</p>