## East and North Hertfordshire Mass

NHS Trust

Email:

Lister Hospital Coreys Mill Lane Stevenage Herts SG1 4AB

Mr T Osborne Senior Coroner for Bedfordshire and Luton The Court House Woburn Street **Ampthill** Bedfordshire MK45 2HZ



15th September 2015

Dear Mr Osborne

## Lorraine Joyce Bird (deceased)

I am writing in response to your Regulation 28 letter dated 10 August 2015, regarding the above named.

I was saddened to learn of the death of Mrs Bird on 13 September 2014. In addition to Claims and Inquests Manager, has advised me of reading your letter. the pertinent issues raised at the Inquest, in particular the concerns you have regarding Mrs Bird's attendance to the Plaster Room at QEII hospital on 10 September 2014.

The practitioners at both the Lister and QEII hospitals have undertaken the required 'British Casting Certificate and Examination in Casting Technique' training at the Royal National Orthopaedic Hospital and are very experienced. As a result the practitioners have always been aware of the need to refer patients to medical staff for review in situations where it is assessed and perceived to be anything other than a straightforward problem with the plaster cast. At both the QEII and Lister hospitals the plaster rooms are integrated in the Fracture Clinic where Orthopaedic surgeons are present assessing patients. In addition, the practitioners always have access to the oncall Orthopaedic team and can refer patients straight to the Emergency department.

Nonetheless, Mrs Bird's tragic death has had a profound effect on the Plaster Room practitioners, it has highlighted the importance of directing patients to medical staff in appropriate circumstances and identified a need for further guidance.

Prior to this incident there was no written guidance available to the Plaster room technicians. Current venous thromboembolic (VTE) guidance (incorporating NICE and Royal College of Emergency Medicine recommendations) is under review with full compliance with all recommendation currently anticipated for March 2016. Pending approval and ratification of this new overarching policy, the Clinical Director for Orthopaedics has issued immediate interim guidance to all plaster room technicians and fracture clinic medical staff.

Chief Executive: Mr Nick Carver

This guidance is attached as Appendix 1 and stipulates the circumstances under which medical review must be sought. It should ensure that Orthopaedic surgeons are involved in the care of any patient care who attends with symptoms that may suggest a DVT, that a thorough review is undertaken and that any indicated medical treatment is given in a timely manner.

Please be assured that the relevant departments in the Trust are reviewing the situation in order to see how we should proceed in order to prevent a similar tragedy from occurring.

In addition to the staff guidance that has been put in place, the patient information leaflets issued by the Plaster Room have been reviewed. The current information given to patients includes an instruction to make contact with the plaster room / emergency department if there is any increase in pain/swelling, any change in sensation (tingling or numbness) or the extremities change colour. In this case the existing patient leaflet was effective as the contained information caused the patient to return to the Plaster room.

However, the leaflets do not specifically mention the risk of a deep vein thrombosis. In addition, the leaflets do not currently include specific information regarding the importance of maintaining mobility whilst having a limb in a cast. I will therefore ensure that the leaflets are updated in line with the NPSA guidance on suggested minimum mobilisation time which in turn can help prevent the complications of immobility, including thrombosis.

I am also aware that due to the nature of ad hoc attendances, patient's medical records are usually not available when the practitioners review patients with cast issues. Previously the practitioners were only making a brief record of the attendance detailing the name, date of birth and the action taken. Following this case, the practitioners are now recording more clinical detail in their notes including the presenting concerns, any assessment made, the discussion with the patient, the intervention required and the advice given. This improved documentation will have the added advantage of demonstrating the thorough nature of the practitioners review.

I hope you will agree that the above measures will minimise the risk of a recurrence of the tragic outcome to Mrs Bird and reassure you of our commitment to improving services for our patients.

Yours sincerely

Nick Carver Chief Executive

cc NHS England

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