

Your Ref: AAH/sasg/1574-2016

Our Ref: INQ/067/17

Date: 30 January 2018

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**STRICTLY PRIVATE & CONFIDENTIAL**

Mr A Haigh  
No 1 Staffordshire Place  
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ST16 2LP

Email: 

Dear Mr Haigh

**Gwendoline HALFPENNY**

Further to my letter dated 18 December 2017, I am pleased to provide a response to your report under paragraph 7 of Schedule 5 of the Coroners and Justice Act 2009 and Regulations 28 and 29 of the Coroners (Investigations) Regulations 2013, addressing your concerns surrounding the death of Gwendoline Halfpenny.

**Recorded Circumstances of the Death**

On 1 September 2016 Mrs Halfpenny fell and broke her left arm. Treatment included codeine. On 6 September 2016 she was admitted to County Hospital with bowel problems. A decision was made for her to be transferred to the Royal Stoke University Hospital but no bed was available there until the afternoon of 8 September. Her condition deteriorated and at about 6.00am on 9 September she underwent major surgery. She did not recover and died at the hospital on 13 September 2016.

**Concerns**

During the course of the inquest you felt that evidence revealed matters giving rise for concern. In your opinion, matters for concern are as follows:

1. Soon after her arrival at County Hospital Mrs Halfpenny would have benefitted from surgical input. There was no surgical cover at County Hospital. Remote advice from RSUH is not the same as a surgical presence and I wonder if there should be a mid-grade surgical doctor at County Hospital.

2. Back in September 2016 when this death occurred the MEWS systems operated at County Hospital and RSUH differently. This has subsequently been remedied. However, I was told at the inquest that there are still different policies and equipment at County Hospital than those at RSUH. The hospitals have been part of the same Trust for a considerable period now and I wonder if there should be greater efforts to achieve consistency.

You reported this matter under Paragraph 7, Schedule 5 of the Coroners and Justice Act 2009 and Regulations 28 and 29 of the Coroners (Investigations) Regulations 2013.

### **Action Taken**

The University Hospital of North Midlands NHS Trust has taken the issues highlighted during the inquest seriously and indeed, I am grateful to you for raising potential for areas of improvement.

1. At the time of the integration of UHNS and MFST and the re-modelling of services following the closure of MFST, the University Hospitals of North Midlands undertook a substantial amount of work to ensure that services were reviewed and realigned to those sites more suitable to provide the best environment. As a result of this, with effect from 9 February 2015 there were to be no in-patient services at the County Hospital under the care of general surgery (including gastro-intestinal (GI), breast and vascular surgery). However, day case surgeries under other specialities continue to provide a service from this site, so senior surgeons are available.

In February 2015 a Standard Operating Procedure (SOP) to address the surgical referral system was introduced and provides the following:

- a. Whilst consultant surgeons will no longer have County Hospital as their main base site, there will be consultant GI and urology surgeons on site daily Monday to Friday with vascular and breast surgeons on site up to 4 days a week.
- b. Efforts will be made to see non-urgent in-patient referrals on the same day that they are received.
- c. Referring clinicians are able to find out which consultant is on-site and where they are via contacting extension 4541; following this, referrers will be asked to make verbal contact with the on-site consultant and follow this up with a written referral.

In light of the concerns that you have raised, this SOP will be re-shared and re-communicated to all staff via our daily and weekly communications.

2. As outlined above, on integrating what were two separate hospitals, much work was undertaken to standardise and formalise processes and policies as far as possible with the assistance of external agencies. Nevertheless, it is recognised that this is an on-going process. It should also be noted that County Hospital and Royal Stoke University Hospital have very different surgical functions so efforts regarding consistency need to be balanced against these functions taking to account the available funds.

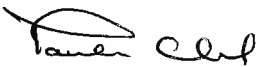
We have now appointed a Deputy Medical Director with specific responsibility for County Hospital and it is hoped that this will speed up any remaining issues.

I sincerely hope that this report provides you with assurance that the University Hospital of North Midlands NHS Trust has taken the matters arising from the inquest touching upon the death of Gwendoline Halfpenny seriously. The Trust strives to provide a high standard of care to all patients and I am grateful to you for raising these matters on this occasion and I am grateful for the subsequent opportunity for us to review our processes.

I understand that Mrs Halfpenny was a volunteer at what was Mid Staffs NHS Foundation Trust and my sincere condolences are extended to the family at this very difficult time and my apologies are also heartfelt as Mrs Halfpenny didn't receive the standard of care and dignity at the end of her life that she deserved.

Should you wish to discuss any aspect of this report further, please do not hesitate to contact me directly.

Yours sincerely



**PAULA CLARK**  
**CHIEF EXECUTIVE**

