University Hospitals of North Midlands NHS Trust

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[redacted] [redacted]

23 June 2023

STRICTLY PRIVATE & CONFIDENTIAL
Mr D Ritchie
H M Assistant Coroner
Stoke on Trent and North Staffordshire

[redacted]

[redacted]

Dear Mr Ritchie

Roy WALKLET
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 Roy Walklet.

Recorded Circumstances of the Death
Roy Walklet died on 9 April 2022 at the Royal Stoke University Hospital, Stoke on Trent of multiorgan failure caused by a massive gastroduodenal haemorrhage which was contributed to by the taking of ibuprofen. Mr Walklet had attended hospital on 12 March 2022 complaining of abdominal pain. Gallstones were identified and these were assumed to be the cause of the abdominal pain. An endoscopy test which could have been administered to check for an ulcer was not carried out at that stage. Mr Walklet was re-admitted to hospital on 7 April 2022 suffering from a bleeding duodenal ulcer. Despite attempts to stem the bleeding he suffered multiple large bleeds which caused his death.

Concerns
During the course of the inquest you felt that evidence revealed matters giving rise for concern and whist you heard some evidence in relation to these concerns from [redacted], it was not enough to satisfy you without further clarification. The matters requiring clarification are:

1. There was a failure to carry out an urgent/emergency OGD on 7 April 2022 - the reason given in evidence was that there was no medical bed available for Mr Walklet at the time (post OGD) – he should have attended for OGD from ED but the current system prevents patients from going back to ED and requires a medical bed ‘in waiting’ post procedure – he had the procedure the following morning.

2. Roy was not seen on the ward round on 8 April 2022 – evidence in this regard was a little unclear with [redacted] advising that the patient was not on his 'new patient' list, however, the family believed that Mr Walklet was still in ED on the morning of 8 April 2022; this requires clarification.

Action Taken

1. The issue of why Mr Walklet did not have his gastroscopy on 7 April 2022 was discussed in the Gastroenterology Mortality and Morbidity Meeting on 18 May 2022; at that meeting, the Clinical Lead for Gastroenterology agreed to discuss further with the endoscopy manager to develop a system that facilitates an 'in-patient' bed space for those awaiting urgent or emergency gastroscopy.

   A Standard Operating Procedure has been developed and this essentially sets out a pathway for patients such as Mr Walklet in that it prioritises in-patient bed spaces for those requiring a hospital bed following an urgent or emergency gastroscopy. The pathway will be monitored by the bed management team.

2. A review has been undertaken of Mr Walklet's care in the Emergency Department and it identifies that he was transferred to Ward 230 at 11pm on the evening of 7 April 2022. In addition to this, the review also found that the patient was reviewed in a timely manner whilst in ED and was cared for appropriately.

   I understand that evidence at the inquest heard that [redacted] did not review Mr Walklet on Ward 230 because he has not been added onto the 'new patient' ward list. [redacted] confirmed at the inquest that this matter had been rectified and that he would now be aware of all new patients. A board round is held every morning in Ward 230 with the Consultant of the ward, junior doctor team, nursing manager/charge nurse, discharge co-ordinator, physiotherapist, pharmacist. A quick update is made on all patients who are under the Gastroenterology Team in ward 230 before starting the formal ward round. Hence a process has been developed which should minimise the risk of a patient being missed during the daily morning ward round.

I do hope that the above information provides assurance that the Trust has taken the issues raised seriously and that in the future, patients who require a bed following urgent gastroscopy will be prioritised accordingly.

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

Yours sincerely

[redacted]

[redacted]
CHIEF EXECUTIVE