

Medical Governance
The York Hospital
Wigginton Road
YORK
YO31 8HE

13 January 2026

Mr Thomas Crookes
Assistant Coroner for the area of Newcastle and North Tyneside

Dear Sir

Thank you for raising your concerns following the inquest surrounding the death of Mr Thomas Morrell following his treatment at Scarborough Hospital. York & Scarborough Teaching Hospitals NHS Foundation Trust (the Trust) recognises the seriousness of your concerns outlined at Section 5 of the Report to Prevent Future Deaths (PFD). Following further review of this case I write to outline our response to your concerns.

In response to your first matter of concern, Mr Morrell's urgent admission was atypical, with concerns of infection in the abdomen. Abdominal imaging and review by abdominal specialists could not rule out an infective process. Intravenous antibiotics were utilised. On cardiology review, heart failure was thought to be a major contributor, and appropriate management commenced.

Intra-abdominal infection is an absolute contra-indication to heart transplantation and this important differential, whilst delaying definitive management, was vital to fully investigate and manage him appropriately.

We recognise that timely referral of appropriate patients to a transplant centre is an important step in management and have circulated this message to relevant clinicians. We have a well-established working relationship with the transplant centre in Newcastle including open communication on cases where we have concerns. For example, as part of this relationship, members of the Newcastle team presented to our cardiology governance meeting in autumn 2025.



In response to your second matter of concern, Mr Morrell was treated on a number of occasions for symptoms of heart failure caused by atrial fibrillation since 2020. Each decompensation was due to an onset of fibrillation and resolved by rhythm control. More definitive management of rhythm control with AV nodal ablation had been planned for October 2024, the reason for this was due to a deterioration in his symptoms. Unfortunately, Mr Morrell was admitted as an emergency, one week prior to this elective treatment.

Consideration of heart transplantation would require that the major treatable causes of heart failure are properly addressed prior. Heart function at echocardiography does not drive the need for heart transplantation, rather the ongoing symptom level once optimal therapy is in place would be the driver to consider heart transplant. As such echocardiography showing a deterioration in the function of the left ventricle on its own would not have prompted consideration of heart transplant. Mr Morrell was still undergoing optimisation of therapy, hence urgent referral for transplant assessment would not have materially advanced his management.

On further review when drafting this response, it was noted that Mr Morrell did in fact have an echocardiogram on 1/8/22, which showed improved heart function with an ejection fraction of 53%.

Conclusion

We hope that this information provides you with assurance that Mr Morrell's management was appropriate and that the Trust has reviewed your concerns thoroughly.

Yours faithfully

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 Medical Director & Responsible Officer