HCO001647-0001



THOMAS JARMAN

Thomas Jarman

Date of Birth: Code A Age: Code A Date of admission to GWMH: 27th October 1999 Date and time of Death: 14.50 hours on 10th November 1999 Cause of Death: Post Mortem: Cremation

Length of Stay: 15 days

Mr Jarman's past medical history:-

Code A Code A

Code An May. Mr Jarman was admitted to the Queen Alexander Hospitaland then transferred to Gosport War Memorial Hospital on 27th October 1999withCode Aand for continuing care and rehabilitation.

On admission a handling profile was completed noting that Mr Jarman was confused and in no obvious pain. It noted that his skin was intact and that he was to be nursed on a pressure relieving mattress and needed the help of two nurses and a hoist for transfers.

Care plans commenced on 27th October 1999 for personal hygiene, night care, nutrition and pressure sores.

Waterlow score 24 was noted on admission. Barthel ADL index completed on 27th and 31st October and 7th November 1999 all scoring 1.

27th October 1999

Clinical notes – transferred from Queen Alexander House to Daedulus Ward Veran of poor prognosis not for "999". Happy for any nurse to verify death. Mainly for TLC.

	ctober 1999	Code A		
29th ()	ctober 1999			
		Code A	••••••••••••••••••••••••••••••••••••••	
1 st No	vember 1999			
		Code A		
$2^{n\alpha}$ No	ovember 1999	Code A		J Honny
l				Нарру
7 th No	for nursing staff to con wember 1999	firm death.	15 20	
		Code A		
L	8 th November 1999	6 wr	· · · · · · · · · · · · · · · · · · ·	
	C	Code A		
	9 ^m November 1999		.	
	Code	e A		
	10 th November 1999			
	Co	de A		
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		Operation Rochester. linical Team's Assessment Form		

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OPERATION ROCHESTER CLINCAL TEAM'S SCREENING FORM

Patient Identification Code A 0735139 Exhibit number BJC-29

Care	Optimal 1	Sub-Optimal 2	Negligent 3	Intend to Cause Harm 4
Death/Harm Natural A	Reasonable treatment in frail man with stroke, sepsis & leukaemia		CONSENSUS WAS 3A	
Unclear B				
Unexplained By Illness C				

General Comments

97-year-old widower, X-decorator, smoker for > 60 years 1999-05-17 A. with diarrhoea & falls. 'Already very weak from age.' Neuts 1.7, spleen 20cm D. hairy cell leukaemia + C diff 1999-06-11 D. to Red House Rest Home 1999-10-08 Re-admitted - unwell for 5d. Rt hemi, dehydration, septicaemia Becomes very confused and cries out constantly 1999-11-02 'not very well'...please make comfortable Oramorph 5-10 mg/every 4 h Then diamorphine 20 mg/day, then ? increased, then +

1999-11-10-14-50 +

drug chart from 1999-10-09: 'Augmentin', cefaclor ECG: SR 60; axis 0; non-specific ST-T flattening SO – NO CHANGE

Final Score:

Screeners Name: R E Ferner Date Of Screening:

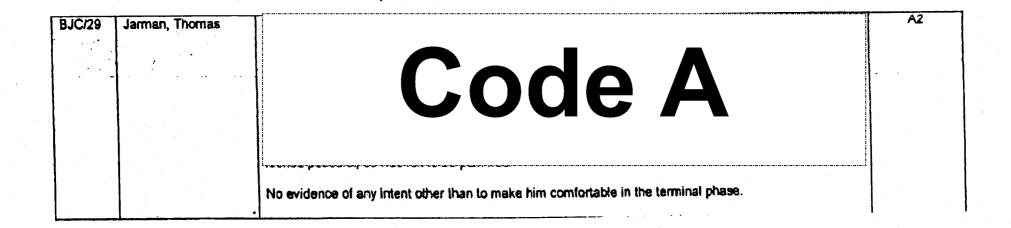
Signature

BJC/29 THOMAS JARMAN 97

Hairy cell leukaemia. Possible stroke and infection on admission. In his last few days he was distressed and agitated with some pain/discomfort on being turned. The difficulty is knowing how much of the distress and agitation was due to pain. Trying midazolam and low dose diamorphine via syringe driver seems reasonable to me but the dose escalation at the end seems excessive. The underlying medical problems were enough to account for his death.

PL grading A3

No obondo



	a the standard transfer	No change
	Only 1 drug chart from QAH prior to transfer	and the second secon
BJC/29 JARMAN Thomas	to GWMH which has no problematic drugs.	
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DOCUMENT RECORD PRINT

Officer's Report

Number: R8G

TO: STN/DEPT: REF:

FROM: Code A STN/DEPT: MCIT W REF: TEL/EXT:

SUBJECT:

DATE: 15/11/2002

Sir

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th fr th

On the 15th November 2002 (15/11/2002) I spoke with Alec Edwin JARMAN re his father Thomas Edwin Hine JARMAN, DOB Code A DOD 10/11/1999.

Thomas JARMAN was a painter and decorator by trade, he had one son from his marriage but was widowed after 35 years. He remarried and was again widowed after 35 years.

Following a stay in the QA Hospital for a bowel disorder Mr JARMAN was transferred to the GWMH on the 27/10/1999. His condition was reasonable for a man of his age. Mr JARMAN was not in pain but would occasionally cry out, the family feel this was a sign of dementia. Mr JARMAN did find it difficult to eat and walk and also had difficulty in speaking.

Code A

He was last seen by the family on the 09/11/1999 and seemed fine. One of the nurses even gave him a small glass of beer. When the family returned the following day they were told Mr JARMAN had had a very bad night and was now on Diamorphine. When they saw Mr JARMAN he was in a light coma and died shortly afterwards.

The family think that the nurses looked after Mr JARMAN very well. They have two concerns, firstly why was Mr JARMAN on Diamorphine, he seemed quite well prior to this and secondly they wished to say goodbye to their father prior to him being put on Diamorphine.

The death certificate shows cause of death as bronchopneumonia and hairy cell leukaemia. It was signed by Dr BARTON. Mr JARMAN was cremated.

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DOCUMENT RECORD PRINT

Officer's Report

Number: R7BO

TO: STN/DEPT:			REF:	
FROM:	MCD E	 Code A	 REF: TEL/EXT:	
SUBJECT:			DATE:	21/01/2004

I visited Alec JARMAN at 1330 hrs on Wednesday 21st January 2004 (21/01/2004) at his home address in accordance with the police log.

I gave Mr and Mrs JARMAN a copy of the medical records relating to his father, Thomas Edwin JARMAN Code A and outlined their concerns as per officers report 8G.

Mr JARMAN wanted to clarify the following points.

That on 17th May 1999 (17/05/1999) his father was discharged from the QA Hospital to the Kingsclere Rehabilitation Unit at St Mary's Hospital.

On 11th June 1999 (11/06/1999) Mr JARMAN moved into the Red House Rest Home.

On 8th October 1999 (08/10/1999) Mr JARMAN was admitted to the QA Hospital with a bowel disorder and was moved to the GWMH on Wednesday 27th October 1999 (27/10/1999) for rehabilitation.

The family visited Mr JARMAN daily and would wheel him around the hospital.

Approximately four days before he died Mr JARMAN was enjoying a glass of beer. When the family returned to visit the following day he was in a coma. The family were informed by a male nurse that Mr JARMAN had a bad turn during the night and had been put on diamorphine.

A 'dark' male doctor and a tall lady doctor told them that Mr JARMAN would probably last five days. The family requested that the medication be halted in order for Mr JARMAN to regain consciousness so that they could say their goodbyes. They were told that wasn't possible and that they 'wouldn't like what they saw if he had a funny turn'.

The lady doctor said "he's 97 yeas old, he had 35 years with his first wife and 35 years with his second wife, he hasn't done badly".

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Approximately one hour before he died, Mr JARMAN was violently sick, the family describe it as being like vile custard that reeked. A nurse brought a large air freshener into the room.

The family had asked from the onset that in the event any changes of turns for the worse that they were to be notified. They were not informed of Mr JARMAN's deterioration nor were they consulted about the administration of diamorphine.

The family would like to be notified by way of a letter and would like the opportunity to have a meeting if they feel they require one.

Mr JARMAN has supplied an outline of the events and it is attached to this report.

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Thomas Jarman

No. BJC/29

Date of Birth:



Date of Death: 27 October 1999

Prior to his move to the Red House Residential Home in June 1999 Mr Jarman was a widower who lived alone in his own house.

Mr Jarman had been diagnosed with hairy cell

leukaemia in May 1999.

Mr Jarman was admitted to Queen Alexandra Hospital and then transferred to Gosport War Memorial on 27 October 1999 for rehabilitation following an episode of bronchopneumonia.

Mr Jarman was recorded, on admission, to be choking on his feeding and was seen by the speech and language therapist.

On 7 November 1999 Mr Jarman was noted to be distressed and agitated and was given oral Morphine with no effect. That night Mr Jarman remained distressed and screaming louder; a syringe driver was commenced with Midazolam and low dose Diamorphine.

Further deterioration was noted on 8 and 9 November 1999 and the doses of Diamorphine were increased. Mr Jarman became unresponsive and was felt to be pain free.

Although there was some concern expressed by the experts in reviewing this case at the escalating levels of Diamorphine, it was felt that the underlying medical problems would account for his death and there was no evidence of any intent other than to make Mr Jarman comfortable in his terminal phase.

