JOAN HURNELL

DOCUMENT RECORD PRINT

Officer's Report

Number: R13J

TO: REF:
STN/DEPT:

FROM: Code A REF:
STN/DEPT: FCU FLEET TEL/EXT:

SUBJECT: DATE: 21/02/2003

On 20th February 2003 (20/02/2003) I travelled to Code A to see Jill HURNELL . She outlined to me the circumstances of her mothers death on 18th May 1999 (18/05/1999) at the Gosport War Memorial Hospital .

Her mother Joan Mary HURNELL born Code A lived alone in Portchester. Prior to her illness she was fully self-sufficient.

In 1997 she was diagnosed with an aggressive form of breast cancer. She was treated at Queen Alexander Hospital with a course of chemotherapy. To the surprise of the specialist she made a good recovery and the cancer went into remission.

However in 1998 the cancer returned and her mother was taken into QA because she was experiencing breathing difficulties. After she was released from QA she returned home but while there she began to experience mental health problems. As a result of this she stopped taking her medication. This became such a problem that she was eventually sectioned.

On 14th May 1999 (14/05/1999) Joan HURNELL was placed in Mulbury C ward at the Gosport War Memorial Hospital. This was mainly a move of convenience as the hospital was nearer the family. At this time Jill and her brother were told that the cancer was out of control and that it was only a matter of time before their mother would die. Her life expectancy was about a month. Together with the specialist it had been agreed that no other preventative treatment would be given.

Jill and her brother were surprised when the consultant at GWMH insisted that their mother have a brain scan. Jill cannot remember the name of the specialist but is sure that it was not Jane BARTON .

While she was in the hospital either Jill or her brother were at the hospital with their mother.
Jill describes her mother as a little confused and frightened. She does not recall her complaining about any treatment she received. Jill recalls that her mother was prescribed morphine orally.

On 18th May 1999 (18/05/1999) their mother died suddenly. The death certificate records that she died as a result of the cancer.

Apart from the incident with the brain scan neither Jill or her brother have any specific complaints about their mothers treatment. However when they heard the publicity concerning the hospital it raised doubts in their mind

DOCUMENT RECORD PRINT

Officer's Report

Number: R7CP

TO: REF:
STN/DEPT:

FROM: Code A REF:
STN/DEPT: OP ROCHESTER TEL/EXT:

SUBJECT: DATE: 12/04/2004

I visited Mrs HURNELL at her home address on 22/01/2004 in relation to her mother Joan Mary HURNELL Code A in accordance with the policy log.

I provided her with a copy of her mothers medical records and outlined her concerns as noted in officers report 13J.

Mrs HURNELL agreed with its content and wished to add that the family were not aware of the medication her mother was on and that the family knew that Joan HURNELL was going to die but they did not expect her to die so quickly. The family were not informed at the time that Mrs HURNELL was going downhill on the night she died (she died in the early hours of the morning). Mrs HURNELL stated that she found the nurses to be very supportive and that the family hadn't made any complaint to the GMC .

Mrs HURNELL has a brother, Timothy HURNELL , Code A and a sister Patricia PARROTT Code A . Mrs PARROTT should not be contacted as she has emotional problems.

Mrs HURNELL would like to be notified by letter.

JOAN HURNELL

Joan Hurnell

Date of Birth: Code A Age: **78**
Date of Admission to GWMH: **14th May 1999**
Date and time of Death: **07.31 hours on 18th May 1999**
Cause of Death:
Post Mortem:
Length of Stay: **5 days**

Mrs Hurnell's past medical history:-

- Breast cancer diagnosed November 1998 treated with mastectomy, chemotherapy and radiotherapy

Mrs Hurnell was a widow. She had been married twice and had 2 children from her first marriage with whom she had no contact. She had 3 children from her second marriage, a son and 2 daughters. Her son lived with her Monday to Friday and one of her daughters visited at the weekends even though she was crippled with arthritis. Her other daughter lived in Northampton.

Mrs Hurnell was diagnosed with breast cancer and underwent a mastectomy followed by chemotherapy and radiotherapy. Following her discharge the district Nursing team would attend daily and redress her breast. In April 1999 Mrs Hurnell was admitted to hospital with a chest infection. On 14th May 1999 Mrs Hurnell was admitted to Gosport War Memorial hospital as her condition was deteriorating. She was acutely confused and was admitted under section 2 of the Mental Health Act.

Care plans commenced for breast wound, pressure relief, pain, acute distress and detained under section 2. A waterlow score of 15 was recorded as well as a nutritional assessment of 11. A lifting and handling assessment was also recorded. The Mental Health Act form was completed on 13th and 17th May 1999.

Daily summary

March 1999

Letter – spoke with daughter knows mother is likely to deteriorate. Life expectancy – months. In lots of pain.
Low/distressed at advancing disease. Appropriate for her to attend hospice.

May 1999

Referral letter – urgent DV with possible section required. Discharged from hospital 2 weeks ago suffering from breast CA with possible cerebral secondaries. Become very psychotic and aggressive over last 24 hours very confused and disorientated. Fall yesterday high risk of injury to herself.

11th May 1999

Letter – deterioration developed. Gross oedema of left arm and extensive ulceration of the left breast extending into the axilla.
Oedema lower limbs and short of breath. On MST 10mgs bd apart from when breast dressing were done then oral morphine taken prior to changing.

13th May 1999

Clinical notes – I/M Haloperidol given. Holezepam given.

14th May 1999

Clinical notes – a lot of help required with personal care. Dressing renewed. Agitated/little confused. Disorientated at times.

15th May 1999

Clinical notes – sitting in room running taps. Ask to leave ward. Settled. Skin bruising caused by Warfarin. Bed at Countess Mountbatten Hospital. Complaining of pain. Analgesia given with good effect.

17th May 1999

Clinical notes – much more settled/family want transfer to Countess Mountbatten Hospital. Must have CT scan – family very doubtful about value of scan. 10mg oramorph given.

18th May 1999

Clinical notes – appeared in pain. Oramorph 10mg given. Make more comfortable, all nursing care given. Son phoned re deteriorating condition. Vomited. 7.31 hours passed away peacefully. Son present. Scan cancelled.
Letter – admitted GWMH 14th May 1999 onto Mulberry Ward. Diagnosed with acute confusion. Admitted under section 2 (MHA). Acute dyspnoea noticed early 18th May 1999 and died shortly afterwards. Family did not want post mortem – cause of death – further pulmonary embolus.

OPERATION ROCHESTER
CLINCAL TEAM'S SCREENING FORM

Patient Identification | **Exhibit number**

JOAN HURNELL Code A Code A BJC-83

Care / Death/Harm	Optimal 1	Sub-Optimal 2	Negligent 3	Intend to Cause Harm 4
Natural A		Family concerned that she did not have sufficient analgesia		
Unclear B				
Unexplained By Illness C				

General Comments

81-year-old widow, twice married (2 children by first husband, 3 by second), with c/a breast

1998 Diagnosed and treated by DXT and chemo
1999 Relapse with matted nodes in the axilla
1999 SoB ?PEs > warfarin

1999-05-13	admitted to GWMH as emergency: confused, agitated; pain and weeping from breast
1999-05-17	Oramorph 10 mg 18.45
1999-05-18	'Appeared to be in pain: Oramorph 10 mg 06.30'
1999-05-18	'Sat up – breathing very poor – pale in colour.' Dies 07.30

SO: if anything, family say she was given inadequate analgesia while she was with psychs.

Final Score:

Screeners Name: R E Ferner
Date Of Screening:

Signature

BJC/83
JOAN MARY HURNELL
Code A
18/5/99 aged 77

This lady was treated for carcinoma of the left breast in 1998 and was reported to have a recurrence. In 1999 she was diagnosed as having a pulmonary embolism for which she was warfarinised. She was admitted under section 2 of the Mental Health Act for treatment of severe agitation which might have been due to cerebral metastases or a psychological response to her medical problems. She received lorazepam to control the agitation. She also had pain which required MST 15mg twice daily and oramorph at intervals but not in excessive amounts. From this point of view I consider her management to be entirely reasonable.

PL grading A1
Group grade 2A because she was admitted to and nursed in the wrong setting, but given the ward setting I think they did as well as they could.

20/08/2004 12 02089524407

Exhibit No	Patient Identification	Assessment Note	Assessment Score
BJC/83	Hurnell, Joan Mary	Acute admission to a psychogeriatric ward under section because of confusional state ?brain mets ?delirium. Care not optimal because her problems were physical, and nursing staff did not have relevant skills though they tried hard. Doctors perceived as unavailable over weekend, so drug chart not corrected, and then as communicating poorly on the Monday. Sudden death early Tuesday morning. Possible recurrence of pulmonary embolism. Opioids very modest, entirely appropriate, not changed or increased during terminal admission (MST 10mg BD + Oramorph 10mg PRN) and not in any way implicated in her death.	2A

Expert Review

Joan Hurnell

No. BJC/83

Date of Birth:

Date of Death:

Code A

Mrs Hurnell was diagnosed with breast cancer in November 1998 and treated with a mastectomy, chemotherapy and radiotherapy.

Mrs Hurnell was admitted to Gosport War Memorial Hospital on 14 May 1999 as an emergency, being confused, agitated and in pain with discharge from her breast.

The Hospital Records record that Mrs Hurnell was acutely confused and was admitted under the Mental Health Act.

Mrs Hurnell was treated with Haloperidol and Oral Morphine. She continued to appear to be in pain and deteriorated rapidly on 18 May 1999 with very poor breathing and being very pale in colour.

The experts have postulated that there may have been a possible pulmonary embolism.

The opioid drugs prescribed and administered were modest and entirely appropriate and were considered by the key clinical team not to have been implicated in Mrs Hurnell's death.

The key clinical team considered Mrs Hurnell's overall treatment to be entirely reasonable but have classified her as a 2, ie sub optimal since Mrs Hurnell was admitted and nursed in arguably the wrong setting; ie. she may have received better nursing care on a medical rather than on a psycho geriatric ward.

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