

MISS K J GOMERSAL LLB
HM SENIOR CORONER
County of Cumbria



Allerdale House
Workington
Cumbria
CA14 3YJ
Tel 0300 303 3180
Email hmcoroner@cumbria.gov.uk

FAO: Chief Executive
Cumbria, Northumberland Tyne & Wear NHS Foundation Trust
BY EMAIL ONLY

Date: 13 July 2026

Dear Sirs

Re Inquest into the death of Grace Hopkins

I write further to the inquest into the death of Grace Hopkins, which took place at Cumbria Coroners Court on 29 June to 1 July 2026.

In the inquest, I returned the following narrative conclusion:

Mrs Grace Hopkins resided at 2 Botany Court, Workington. Mrs Hopkins had a past medical history that included chronic obstructive pulmonary disease. On 15 March 2025, Mrs Hopkins suffered a fall at home and was taken to West Cumberland Hospital, where a fracture to her left ankle was diagnosed. Mrs Hopkins was transferred to Cumberland Infirmary, and further testing revealed the development of type 2 respiratory failure. Mrs Hopkins required surgical intervention for the ankle fracture, and external fixation took place. Further surgery was planned but could not be undertaken due to the multifactorial development of acute psychosis, which required a section under section 2 Mental Health Act to be put in place.

Owing to the development of the psychosis, Mrs Hopkins sustained further orthopaedic injury to the left ankle, and a second orthopaedic operation was required. The condition of Mrs Hopkins had been deteriorating and Mrs Hopkins died 9 April 2025 from ketoacidosis, the development of which was multifactorial but included chronic obstructive pulmonary disease, hypoxia and surgical stress, such surgery being necessary to treat the fractured left ankle.

During the course of the inquest, I heard evidence in relation to the attendance at the Best Interest Meeting that was held in advance of the second surgery performed upon Mrs Hopkins. The meeting was attended by various medical professionals involved in the care of Mrs Hopkins, and also by one member of her family. I did find that it was adequate for one family member to be present at this meeting.

This was however a complex case and presentation, and as discussed with the legal representative for CNTW, please can it be considered whether, in more complex cases, it is possible to strengthen the attempts made to contact families to gain their input into the Best Interests Meetings. I do pay note to the evidence that I received that the trust has to balance contact with trying to contact multiple

members of a family, with the need to ensure that staff are still available to carry out their clinical duties with other patients. I would be grateful if the issue regarding such communication with families could be considered in light of this case and the factual circumstances of it.

If there is anything unclear in relation to the above, please could you contact my office by return.

Your faithfully

Andrew Cousins LLM MRes
Assistant Coroner County of Cumbria