



**The Queen Elizabeth  
Hospital King's Lynn**  
NHS Foundation Trust

27 SEP 2019

The Queen Elizabeth Hospital  
Gayton Road  
Kings Lynn  
Norfolk  
PE30 4ET  
[www.qehkl.nhs.uk](http://www.qehkl.nhs.uk)

25 September 2019

Mrs J Lake  
HM Coroner for Norfolk  
Carrow House  
301 King Street  
Norwich  
NR1 2TN

Dear Mrs Lake

**Inquest – Carol Anne Jennings (deceased) – Regulation 28 Report**

In response to your Report under Regulation 28 of the Coroner's Rules I wish to set out our reply below. You raised two concerns, the first being about patient referrals to our Tissue Viability Nurse (TVN) service and the second relating to the completion of nursing records.

1. Referrals to the TVN service

A new electronic referral system will be in place during the first week of next month. As compared with the previous system involving telephone referrals and the practice of answering machine use, which is being discarded, there is now a new e-form which must be used in all cases. The e-form must only be emailed to the TVN nurse as indicated and the referral form's design means that correct and accurate information about the patient must be included so that the referral and response is efficiently conducted by the TVN. A copy of that form is attached for your information.

2. Nursing documentation

We have a number of initiatives in relation to nursing documentation as a result of our recent CQC inspections and these changes are being overseen by our Conditions Notices and Oversight Group. Under the heading of nursing documentation the key improvements put in place are:

- The Department responsible for the area in which Mrs Jennings was treated has a new divisional leadership team (Division 2) which has been in place since August.

- A weekly Documentation Task and Finish Group was set up and commenced business on 21<sup>st</sup> August 2019. The Chief Nurse is the executive lead and has oversight of this meeting and it is attended by the Matrons and Ward Managers.
- The weekly documentation and risk assessment audits are to be maintained and for Division 2 overall the most recent recorded compliance rate is 90.5%.
- The Stop the Clock and SBAR (Situation, Background, Assessment, Recommendation) campaign continues within Acute Medicine. "Stop the Clock" is an initiative started by our Assessment Zone nursing staff which advocates stopping the time to gain situational awareness of risk pertaining to a task. It allows staff to check and challenge potentially unsafe practice when transferring and receiving patients before it happens. This is enhanced by using the SBAR tool as a prompt to ensure that appropriate information is relayed. I understand that Mrs Jennings was moved twice within the Acute Medicine Department and that loss of continuity may have been a factor in the problems with the associated record keeping.
- Training for core and clinical induction now covers record keeping alongside the NEWS2 early warning system.
- The Rapid Assessment Team has introduced a checklist for aiding communication among the acute medical teams and this will be in use in October.
- Our acute medical wards have started a roll-out of new standardised blue folders which contain the most active parts of the nursing medical records. This encompasses our most acute clinical areas, including the Acute Medical Unit and the Assessment Zone. Wound assessment documentation also falls within the scope of this change. In addition, bespoke training on the ward is given to new staff who may be unfamiliar with the blue folder documentation. The intention is that standardisation means that regardless of the patient's movement through the Acute Medicine Department, the documentation will be continuous and consistent.

Yours sincerely



Caroline Shaw  
Chief Executive