



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

The Queen Elizabeth Hospital
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08 May 2019

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

Dear Mrs Lake

Regulation 28 – in the matter of Mr Peter Knight (deceased)

I'm writing to say that I am now able to respond to your Regulation 28 report dated 18 March with respect to the Transfer of Patients Policy. In order to do this I attach a timeline of the key events which have taken place since Mr Knight's sad death and a copy of the policy itself which was ratified at the Clinical Governance Committee meeting on 7th May.

I can also advise that I have visited the Knight family to apologise for the care and subsequent death of Mr Knight and for the way the family was treated. It was totally unacceptable. I have asked Mrs Knight and the family to attend our next Board meeting to share their experience if they feel they can do so. We have also promised to keep in close touch with the family throughout this difficult time.

I hope that this reply gives you some level of assurance of the seriousness the Trust has applied and the learning needed in going forward.

Yours sincerely

C. Shaw

Caroline Shaw
Chief Executive Officer

cc CQC – Emma.Schofield@cqc.org.uk

Re Peter Knight (dec) – died 6 June 2018 – The Transfer policy

Timeline of the development of the Transfer Policy

1. 7th September 2018 – Transferring the Critically Ill Patient Training study event – Facilitated by [REDACTED] – Attended by Anaesthetic Doctors, Operating department assistants, Nurses from all areas. The “Do not transfer patients on Hi Flo airvo2 machine due to no battery back-up” decision post Mr Knight’s case was added in to the programme information.
2. 9th October 2018 – Julie attended clinical governance meeting with the proposed Transfer of the critically ill Patient Policy. It was discussed at this meeting that the Transfer of patients (Trust-wide policy) required review as well and it was decided that the two policies should be combined as well as improved.
3. Julie met with Tracy Oats (senior management nurse) to discuss the Transfer of Patients policy. [REDACTED] suggested that it needed to reflect intra- (within) hospital transfers much more. [REDACTED] (retired Associate Director Patient Experience) had previously worked on the policy so [REDACTED] set up meeting with [REDACTED] for as soon as possible.
4. 16th October 2018 – [REDACTED] sent out Risk Assessment Matrix for transferring patients to all Ward managers and Matrons.
5. 25th October 2018 – [REDACTED] met with [REDACTED] to go through the policy. Suggestions were made and taken away to look for information to go in to the Policy. We discussed which items could be added – Red Bags from nursing homes, DNAR status on transfer, Mental Health Patients, Obstetric patients.
6. Julie contacted Project Management Office to find out about Red Bags for patient from nursing homes to see if this needed to go in the policy.
7. 2nd, 15th, & 26th November 2018 – email discussions about the Escort Flow Chart and documentation used for transfer of patients was shared amongst key personnel for comment. It was decided that there was so much to look at that a Task and Finishing group should be set up – Julie to lead on this.



8. Julie contacted other hospitals to obtain different transfer policies across the region as it had been discussed at the Clinical Governance meeting that the policy might be better split in to Intra and Inter hospital policies. This view was overturned after great discussion within the Task finishing group set up to move things forward.
9. 17th December 2018 – A meeting was finally set up following several attempts in order to ensure attendance of key personnel in the group as a Task & finishing group. It was felt imperative that the medical Associate Chief Nurse (ACN) [REDACTED] ACN [REDACTED] [REDACTED] Corporate Nurse, Consultant [REDACTED] [REDACTED] Respiratory Specialist Nurse were all needed which delayed the initial meeting date.
10. 15th January 2019 – The Inquest hearing took place. Conclusion – Accidental Death. HM Coroner for Norfolk required the hospital to write in March 2019 with regard to the up-to-date position in respect of the outstanding policy that is being reviewed.
11. Meetings were arranged on 24th December, 7th January, 21st January (postponed due to clinical pressures), 28th January, 4th February, 10th February, 14th March, 15th March, and 21st March 2019. Input from areas such as Assessment areas, X-ray, Porters, Respiratory ward, Critical Care, and the Practice Development Team were included.
12. The group researched and designed a handover sheet for all intra-hospital patients as the current documentation did not meet requirements. The guide for registered nurses to assess if the patient requires an escort was also amended and more detailed for patients with a lower News 2 score. The guide also suggests equipment for transfer of patients. The group decided that one document for all transfers would be of benefit and add in electronic links to specific documents separate from the policy would work well. This will enable specific documents to change and the policy link will always be as up to date as possible. This has delayed completion of the policy due to some policies being accessible on the intranet. Many emails were shared between meetings with various versions of documents for comment.



13. 28th March 2019 – [REDACTED] met to appraise where the policy is at and recommendations given to Julie to assist with electronic versions of documents for the policy.
14. 1st April 2019 – 'Guide for Escort required for patient Transfers in hospital' and 'Patient Transfer Handover SBAR¹ tool' out to trial during April in the high risk areas of Assessment Zone, Acute Medical Unit, Surgical Assessment unit and A&E before going Trust Wide. These areas found that the SBAR forms are working well and will to continue using the new forms beyond the pilot stage.
15. 26th April, the new Transfer of Patients Policy (Inter- and Intra-Hospital Transfer) reached the final draft stage for approval at the Clinical Governance Committee for ratification on 7th May.
16. Full launch of the adapted SBAR patient transfer tool Trust-wide in June following the pilot feedback and audit results (audit completed audit 3rd May). In addition a further compliance audit and use of the document will be carried out two months after the Trust-wide launch.

Additional Points

- The task and finish group has been meeting regularly with various subject matter experts since 17th December 2018 to review all internal documentation and current practice regarding patient transfers.
- During the review it has escalated in to a huge amount of work which involved reviewing all the documentation used, requesting documentation from other acute trusts to use as comparisons, including a review of the Oxygen use policy, what the risks were and what was needed to improve and educate staff throughout the Trust.
- Part of this was the review of the current transfer stickers which are used by staff when transferring patients and the redesign of these using an SBAR format for safe handover of patient care, now been completed.

¹ Situation, Background, Assessment and Recommendation



- The transfer policy involves inpatient transfers and transfers out of hospital to various locations so have required a lot of input from a number of key people. We needed rigour when correlating all the information required and wanted to make sure it was safe and accurate so have needed the time to do this.
- Benchmarking during this review period has revealed that other acute trusts have been using battery packs for oxygen–necessary transfers and these have proved problematic and given rise to incidents, leading to the conclusion that there is no easy cure–all technical solution.
- Initial feedback from the acute areas referred to above has been positive and identified that although the new SBAR handover sheet and system has slowed the transfer process a little it has been agreed that it has flagged up problems that could have become incidents.
- None of the feedback from the acute areas will mean that the finalised policy will need to be altered in any way.
- The Medical Records Committee have approved the SBAR form and have adopted and barcoded it.

The Transfer Policy Task and Finish Group

3rd May 2019