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6 January 2025

Ms Linda Lee
Assistant Coroner for Coventry and Warwickshire
Warwickshire Justice Centre
Newbold Terrace
Leamington Spa
CV32 4EL

Dear Ms Lee

Regulation 28 Report – Mr John Doyle

Thank you for your email of 12 November 2024 enclosing a Regulation 28 Report to Prevent Future Deaths which is addressed to a number of organisations which include University Hospitals Coventry and Warwickshire NHS Trust (UHCW) following the inquest into the death of Mr Doyle.

As you are aware from the evidence of the medical witnesses at the inquest on 8 November 2024, the renal team at UHCW have been developing guidelines to assist George Eliot Hospital (GEH), a non-renal specialist hospital, in the management of acutely unwell kidney transplant renal inpatients. We are pleased to report that these guidelines have been finalised and agreed between the Trusts and we enclose a copy.

These guidelines have been shared and cascaded within the respective clinical teams which includes discussion as the Trust's Renal Quality Improvement and Patient Safety meeting (QIPS). Once ratified through the usual governance processes these guidelines will be placed on the Trust's intranet to be accessible to all staff.

In addition, both Trusts have agreed a Service Level Agreement (SLA) which means that a member of UHCW's renal team will attend GEH and review their renal inpatients on GEH request up to twice a week.

One of our senior Transplant Nephrologists has liaised with UK Kidney Association who are in agreement with the measures taken by UHCW and GEH in response to this report.

We believe these combined measures address the 6 concerns set out in your Report and will undoubtedly improve patient care and lead to better collaborative working.



Chief Executive Officer: [REDACTED]

Chair: [REDACTED]

Taking the concerns that you have raised in turn we respond as follows:

Concern 1: Contacting Specialist Centres

The SLA between the Trusts enables GEH to contact the UHCW renal team and request an on-site attendance. This will mean that a UHCW nephrologist will attend to review renal patients where their input is required up to twice a week.

In addition, the current processes for GEH to contact specialist have been outlined in the guidelines, including contacting the renal team and also the virology team.

Concern 2: Information Sharing with Specialist Centres

The SLA and guideline set up a clear framework to ensure good communication between the Trusts including timely investigation and treatment. Additionally, processes to document communication between renal department and other hospitals, "referapatient.org" is being considered.

Concern 3: Accessibility to Renal Care Guidelines

The guidelines have been agreed with the relevant departments and shared with GEH. Both UHCW and GEH have worked closely to ensure the guidelines communicate the relevant information in an easily understandable manner, whilst ensuring the urgency is conveyed. Guidelines have been cascaded within the respective clinical teams and will be placed on the UHCW intranet once they have been through the governance process for ratification.

Concern 4: Transfer Responsibility

The SLA which provides that a renal specialist will attend GEH on request should help identify those patients requiring urgent transfer. UHCW will be responsible to accept all renal patients admitted to GEH, regardless of their parent hospital. In addition, the internal processes to highlight which patients need urgent transfer have been changed (we now have a daily huddle at 11.30am with the UHCW Medicine Operational team where a renal doctor is present, so that interhospital transfers can be highlighted and appropriately prioritised).

Concern 5: Decision-Making for Patient Location

The SLA will support decision-making for patient location by ensuring face to face communication between senior medical staff from UHCW and GEH. We anticipate that the guideline will also support this, in that investigations and results will be more timely available and reviewed.

Concern 6: Coordination Between Specialist and Non-Specialist Hospitals

It is usually the case that a non-specialist hospital will contact the parent specialist hospital where that particular patient has been having their routine renal care. However, following this Regulation 28, UHCW will now be the primary specialist transfer centre for all renal patients admitted to GEH regardless of their parent specialist unit. The agreed shared guidelines and SLA will ensure closer working and improved patient care.

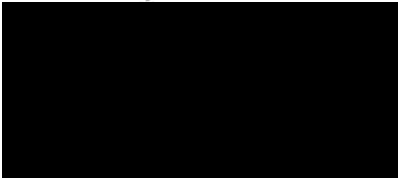


Chief Executive Officer: [REDACTED]

Chair: [REDACTED]

Please do not hesitate to get in contact should any further information be required.

Yours sincerely



Chief Executive Officer

