



Our vision is to EXCEL at patient care



George Eliot Hospital
NHS Trust

George Eliot Hospital NHS Trust
College Street
Nuneaton
Warwickshire
CV10 7DJ

Your Ref.: 10718704
Our Ref.: RN/LJW – Doyle

2 January 2025

PRIVATE & CONFIDENTIAL

Ms L Lee
HM Assistant Coroner
Warwickshire Justice Centre
Newbold Terrace
Leamington Spa
CV32 4EL

Dear Ms Lee

RE: REGULATION 28 REPORT – JOHN DOYLE

Further to your report dated the 12 November 2024, in accordance with paragraph 7, Schedule 5 of the Coroner’s and Justice Act 2009 and the regulations 28 and 29 of the Coroner’s (investigations) Regulations 2013, I offer the following response:-

As reported on the day of the inquest (8th November 2024) the University Hospitals of Coventry & Warwickshire (UHCW) were compiling guidelines to assist the George Eliot Hospital (GEH) should the Trust have an inpatient with similar health conditions in the future as there is no renal specialist service at the GEH.

The Trust has now received management guidelines from the Renal Team at UHCW and below is a table showing what actions the Trust has taken to embed the information received.

Description	Action Taken
New guidelines to be made easily accessible on the Trust’s intranet	Guidelines have been developed and are currently going through the Trust’s ratification process prior to uploading on to the Trust’s intranet.
Quick reference guidelines for management of acute unwell kidney transplant recipients have been produced (a laminated poster will be displayed in clinical areas)	Posters have been shared for dissemination with the Directorate Governance Leads on the 12 December 2024. These will be discussed at the Directorate Governance Meeting.
Guidelines to be discussed at the daily doctors briefing	Information on the new guidelines and how to access them formed part of the daily brief for wards and departments from the 16 to the 20 December 2024. On the 17 December the guidelines and quick reference was e-mailed to all doctors and consultants. This will be reiterated at the Doctors Grand Round
To be discussed at all Trust wide Governance meetings for them to share with all consultants/relevant members of staff	Shared with all Directorate Governance Leads on the 12 December 2024 for dissemination.





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Making staff aware of the referral process asking UHCW renal staff to visit a patient on the ward	This is in the guidelines and is a consultant to consultant referral process. The process has been shared as per above.
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Your concerns were:-

1. Contacting Specialist Centres

Following the inquest on 8 November 2024, our Consultant Governance Lead for the Medicine Directorate has continued to liaise with the Consultant Renal Specialist at UHCW to develop robust joint clinical guidelines. GEH will take every case individually as they present and will also contact the appropriate Trust where the patient is receiving their renal care. As well as guidelines from UHCW a laminated quick reference guide has been produced which contains the emergency contact numbers for renal services at UHCW. This will be displayed across the Trust.

Patients who are pregnant with on-going renal conditions/transplant would be transferred to UHCW as part of the Maternal Medicine Pathway.

2. Information Sharing with Specialist Centres

The guidelines (enclosure 1) illustrate the sample collection requirements, together with what to do if the results are positive and the telephone numbers to be used. Clinical staff will liaise at the earliest with the specialist centre as results dictate. This is documented on the enclosed guideline.

3. Accessibility to Renal Care and Guidelines

The guidelines provided by UHCW will be available on the intranet once the Trust's ratification process has been followed. Guidelines have already been shared with all Directorates to make sure that the relevant clinical staff are aware of the guidelines.

4. Transfer Responsibility

Consultant to consultant clinical conversations will take place if there is a requirement to transfer the patient to the renal centre. There is a Service Level Agreement (SLA) in place for a renal specialist from UHCW to visit renal patients being cared for a GEH, twice a week. This patient familiarisation will assist in the timely transfer process should the patient need to be relocated to the specialist centre.

5. Decision Making For Patient Location

There is a consultant to consultant referral process in place where decisions are made on the location based on the patients clinical need.

6. Co-Ordination Between Specialist and Non-Specialist Hospitals.

The guidelines from UHCW are very clear on when they should be invoked and the quick reference guides will make it easier for GEH staff.

I hope this answers your outstanding concerns, but please do not hesitate to contact me if you require any clarification.

Yours sincerely

Dr Najam Rashid
Chief Medical Officer

enc.1 Guidelines for Management of Acute Unwell Kidney Transplant Recipients - For use at GEH – in consultation with UHCW Renal Service

