

Your ref: [REDACTED]

Our ref: [REDACTED]

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30 January 2025

Direct Line: [REDACTED]

[www.uhcw.nhs.uk](http://www.uhcw.nhs.uk)

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 9 January 2025. In response to the additional points raised by the UK Kidney Association (UKKA) and the British Transplantation Society (BTS) in their letter dated 21 December 2024, we comment as below:

#### **Contacting off-site specialists and sharing information**

- **We recommend that all hospital switchboards, Emergency Departments and relevant personnel have a master copy of local specialist centre contact details so any query at any time can be appropriately directed.**

Whilst this is a question that is best answered by our local non specialist hospitals, we are aware that both South Warwickshire NHS Foundation Trust and George Eliot Hospital switchboards and their Emergency Departments have local specialist centre contact details.

- **We recommend that all staff are advised of internal escalation routes. Relevant clinical colleagues should be aware of internal escalation routes to clarify whether off-site specialist input is required. We would expect this to be achieved by asking the Consultant responsible for the patient's care or their deputy.**

We confirm that staff at UHCW are aware of internal escalation routes. The escalation of concerns is via the renal registrar and renal consultant. We confirm that UHCW has shared and agreed with George Eliot Hospitals the indications for referral to us as a specialist unit, and the routes for referral.

- **We advise that electronic information sharing in real-time should be the gold standard for information sharing. In the case of kidney patients, we would expect to be informed about all patients admitted for care in another hospital or elsewhere in our own hospital who have chronic kidney disease stage 5 (CKD G5) or who are receiving dialysis treatment or who have a kidney transplant.**



Chief Executive Officer: [REDACTED]

Chair: [REDACTED]

There is an established and effective process for referring patients who are receiving dialysis to their parent unit. UHCW has Service Level Agreements with George Eliot Hospital and with South Warwickshire Foundation Trust that UHCW will provide onsite Renal Consultant Specialist inpatient review at GEH and SWFT upon request up to twice a week. Additionally, UHCW has worked with UK Kidney Association and agreed to be the primary specialist transfer centre for all renal transplant patients admitted from referring hospitals regardless of their parent specialist unit.

Electronic patient sharing of blood test results in real-time exists for patients who are already known to UHCW Renal Department, whether admitted to GEH or SWFT. In addition, "referapatient.org" is being considered as a means of recording communication between referring centres and UHCW in real time.

- **We advise that Trusts review their processes to ensure that CMV results are available in a timely fashion. This involves considering the transport and turnaround of samples with prompt reporting in specialist virology laboratories as well as how to ensure that blood is taken in the correct blood tubes.**

Following the sad death of Mr Doyle, UHCW Renal and Virology teams have reviewed processes. Guidelines have been developed which describe: the correct blood tubes, how to ensure urgent turnaround, who to contact, when, and how to escalate to. These have been shared with GEH. Turnaround times for all pathology labs are published in [CWPS Handbook V16 May 2024.pdf](#).

#### **Accessibility to Renal Care Guidelines**

- **As access to Guidelines could lead to a misunderstanding of the significance and urgency of required actions; the critical action in this case would be to contact the Specialist Centre**

We agree with the UKKA and Royal College response.

- **Whilst we acknowledge that being well-informed can help with communication and care delivery, in this case we would advise that care be delivered by a Specialist who should not necessarily need to refer to the Guidelines.**

We agree the UKKA and Royal College response. In addition to our established process of contacting the specialist team by phone, reinstating the SLAs ensures that referring centres can ask for specialist consultant review onsite. Both communications support early and appropriate treatment and transfer if needed.

#### **Transfer of responsibility, care coordination and decision-making for patient location**

- **We recommend that when a Specialist Team is managing the care of a particular condition at a distance or on-site, they assume responsibility for recommending the best location for care delivery. This may require careful negotiation in cases where multiple conditions are being managed.**

We accept the responsibility for recommending best location for all patients referred to Renal Services. Based on the clinical requirements patients could be transferred to UHCW or reviewed by the UHCW renal consultant at the local hospital and transferred over later if necessary.

- **We recommend that the responsible Specialist Team is from the local specialist renal centre rather than the renal centre usually caring for the patient. If necessary, local specialists can liaise directly with the relevant renal centre.**



Chief Executive Officer: [REDACTED]

Chair: [REDACTED]

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

**Action points for the UKKA and BTS**

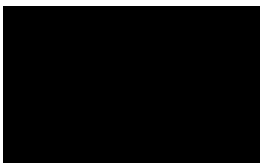
Each organisation is to take the following actions.

1. Share recommendations with the kidney care and transplant communities.
2. Contact patient associations to assist with considering the role of patients and their carers in highlighting where their specialist care is undertaken/provided and who to contact.
3. Share with the Royal College of Physicians Patient Safety Committee.

We note that the 3 points above are for consideration of the UKKA and the BTS and therefore make no comment.

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

Yours sincerely



**Chief Executive Officer**

Chief Executive Officer: 

Chair: 

