

**WAHT-CG-528**

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## Transfer of Care from Kidderminster Dialysis Unit

This guidance does not override the individual responsibility of health professionals to make appropriate decision according to the circumstances of the individual patient in consultation with the patient and /or carer. Health care professionals must be prepared to justify any deviation from this guidance.

### INTRODUCTION

Renal patients receiving haemodialysis from time to time may be returned back to their parent hospital for dialysis as a temporary measure for specific treatment or review which can be planned or unplanned in an emergency, or as a permanent move because the patients situation is that they are unsuitable for dialysis at a nurse-led satellite dialysis unit.

### THIS GUIDELINE IS FOR USE BY THE FOLLOWING STAFF GROUPS :

Registered nurses working within Kidderminster Dialysis Unit

#### Lead Clinician

Liz Wittich

Lead Nurse, Renal Services

Approved by Clarisa Marquez on:

27<sup>th</sup> November 2025

Review Date:

27<sup>th</sup> November 2028

This is the most current document and is to be used until a revised version is available

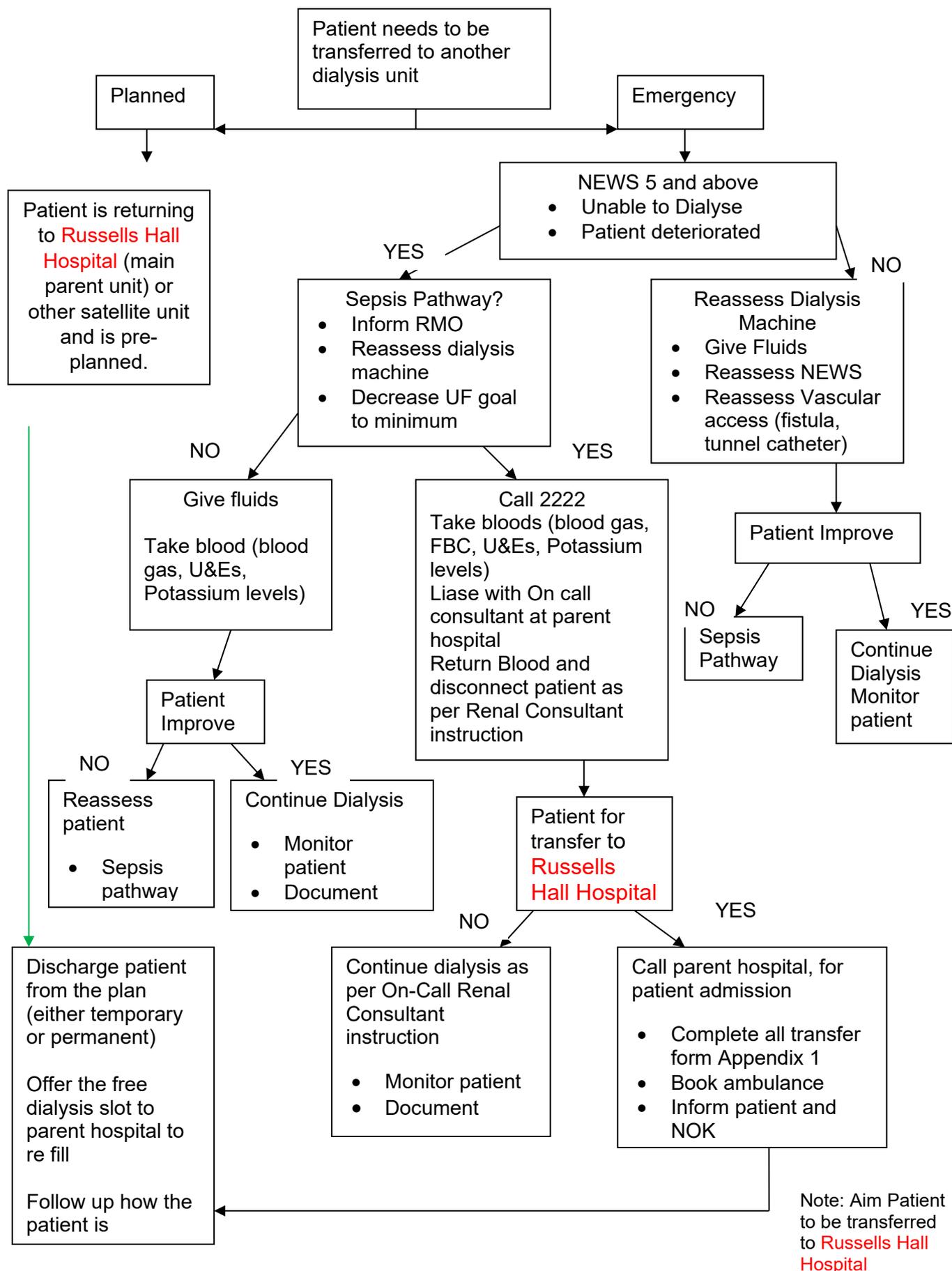
#### Key amendments to this guideline

Date	Amendment	By:
27.03.12	Extended for two years. No changes made.	Dr M Ferring
November 2017	Document amended and approved for two years	Renal Business Meeting
<u>December 2022</u>	Flow chart added	Sr Marquez
27 <sup>th</sup> November 2025	Document reviewed, no amendments required	Clarisa Marquez

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Note: Aim Patient to be transferred to **Russells Hall Hospital**

**Monitoring tool**

The monitoring of the guideline will be managed by the dialysis unit manager or renal matron and from time to time as regulations and legal arrangements are introduced, then the guideline will be altered to reflect this

STANDARDS	%	CLINICAL EXCEPTIONS
For all staff and visitors to ensure cleaning and decontamination of equipment guidelines and standards are followed and the patient environment is safe, clean and free of infection.	100%	None

Page/ Section of Key Document	Key control:	Checks to be carried out to confirm compliance with the Policy:	How often the check will be carried out:	Responsible for carrying out the check:	Results of check reported to: <i>(Responsible for also ensuring actions are developed to address any areas of non-compliance)</i>	Frequency of reporting:
	WHAT?	HOW?	WHEN?	WHO?	WHERE?	WHEN?
	These are the 'key' parts of the process that we are relying on to manage risk. We may not be able to	What are we going to do to make sure the key parts of the process we have identified are	Be realistic. Set achievable frequencies.	Who is responsible for the check? Is it	Who will receive the monitoring results? Where this is a committee the	Use terms such as '10 times a year'

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	monitor every part of the process, but we MUST monitor the key elements, otherwise we won't know whether we are keeping patients, visitors and/or staff safe.	being followed? (Some techniques to consider are; audits, spot-checks, analysis of incident trends, monitoring of attendance at training.)	Use terms such as '10 times a year' instead of 'monthly'.	listed in the 'duties' section of the Policy? Is it in the job description?	committee's specific responsibility for monitoring the process must be described within its terms of reference.	instead of 'monthly'.

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**REFERENCES:**

Critical Care Key Document:WAHT-KD-022: Recognising and Responding to Early Signs of Deterioration in Hospital Patients.

Satellite Transfer Standard Operating Procedure Dudley Group NHS foundation Trust

**CONTRIBUTION LIST**

**Key individuals involved in developing the document**

Name	Designation
Liz Wittich	Lead Nurse Renal Services

**Circulated to the following individuals for comments**

Name	Designation
Dr M Ferring	Consultant Nephrologist
Bobbie Bedford	Lead Nurse, Haemodialysis Unit
Dr Kumar	Nephrologist. DGOH
Clarisa Marquez	Ward Manager, Renal Dialysis Unit KTC

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**Appendix 1**



**Transfer to Parent Hospital  
Kidderminster Dialysis Unit**

**Patient Details**

Name	
NHS number	
DOB	
Address	
NOK	
Tel	

Reason for Transfer  <i>latest blood results</i>	
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Latest Dialysis Received  <i>Include medications given</i>	
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Special Instructions  <i>Access Mobility Transport</i>	
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Accepting Dr		Accepting Nurse
Accepting Unit		Date and time

Handover Given by	
Date/Time	

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**Supporting Document 1 - Equality Impact Assessment Tool**

**Equality and Health Inequalities Impact Assessment (EHIA) Tool**

**Herefordshire & Worcestershire STP - Equality and Health Inequalities Impact Assessment (HEIA) Form**  
Please read HEIA guidelines when completing this form

**Section 1 - Name of Organisation** (please tick)

Herefordshire & Worcestershire STP		Herefordshire Council	
Worcestershire Acute Hospitals NHS Trust	x	Worcestershire County Council	
Worcestershire Health and Care NHS Trust		Wye Valley NHS Trust	
Other (please state)			

<b>Name of Lead for Activity</b>	
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<b>Details of individuals completing this assessment</b>	<b>Name</b>	<b>Job title</b>	<b>e-mail contact</b>
	Clarisa Marquez	Ward Manager Renal Dialysis Unit	Clarisa.marquez@nhs.net
<b>Date assessment completed</b>	14.01.26		

**Section 2**

Activity being assessed (e.g. policy/procedure, document, service redesign, policy, strategy etc.)	<b>Title:</b> For policy/procedure
What is the aim, purpose and/or intended outcomes of this Activity?	Steps of how to transfer a patient from Renal Dialysis KTC
Who will be affected by the development & implementation of this activity?	<input checked="" type="checkbox"/> Service User <input checked="" type="checkbox"/> Staff <input checked="" type="checkbox"/> Patient <input type="checkbox"/> Communities <input type="checkbox"/> Carers <input type="checkbox"/> Other _____ <input type="checkbox"/> Visitors <input type="checkbox"/>
Is this:	<input checked="" type="checkbox"/> Review of an existing activity <input type="checkbox"/> New activity <input type="checkbox"/> Planning to withdraw or reduce a service, activity or presence?
What information and evidence have you reviewed to help inform this assessment? (Please name sources, eg demographic information for patients / services / staff groups affected, complaints etc.)	Existing Trust policy on admission and patient transfer. Review of deteriorating patient and SEPSIS policy. Parent hospital DOGH admission and transfer policy
Summary of engagement or consultation undertaken (e.g. who)	Renal division review Renal Dialysis staff input

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and how have you engaged with, or why do you believe this is not required)	
Summary of relevant findings	No change to existing policy

**Section 3**

Please consider the potential impact of this activity (during development & implementation) on each of the equality groups outlined below. **Please tick one or more impact box below for each Equality Group and explain your rationale.** Please note it is possible for the potential impact to be both positive and negative within the same equality group and this should be recorded. Remember to consider the impact on e.g. staff, public, patients, carers etc. in these equality groups.

<b>Equality Group</b>	<b>Potential positive impact</b>	<b>Potential neutral impact</b>	<b>Potential negative impact</b>	<b>Please explain your reasons for any potential positive, neutral or negative impact identified</b>
<b>Age</b>	X			No discrimination
<b>Disability</b>	X			Limited to patient mobility as unit unable to accommodate equipment to aid patient mobility
<b>Gender Reassignment</b>	X			No discrimination
<b>Marriage &amp; Civil Partnerships</b>	X			No discrimination
<b>Pregnancy &amp; Maternity</b>	X			No discrimination
<b>Race including Traveling Communities</b>	X			No discrimination
<b>Religion &amp; Belief</b>	X			No discrimination
<b>Sex</b>	X			Mixed sex bay
<b>Sexual Orientation</b>	X			No discrimination
<b>Other Vulnerable and Disadvantaged Groups</b> (e.g. carers; care leavers; homeless; Social/Economic deprivation, travelling communities etc.)	X			No discrimination Unit has mobility limitation
<b>Health Inequalities</b> (any preventable, unfair & unjust differences in health status between groups, populations or individuals that arise from the unequal distribution of social, environmental & economic conditions within societies)	X			No discrimination Unit has no isolation, limitation on patient with high risk of infection

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**Section 4**

What actions will you take to mitigate any potential negative impacts?	Risk identified	Actions required to reduce / eliminate negative impact	Who will lead on the action?	Timeframe
	N/A			
<b>How will you monitor these actions?</b>				
<b>When will you review this HEIA?</b> (e.g in a service redesign, this HEIA should be revisited regularly throughout the design & implementation)	3 yearly			

**Section 5 - Please read and agree to the following Equality Statement**

**1. Equality Statement**

1.1. All public bodies have a statutory duty under the Equality Act 2010 to set out arrangements to assess and consult on how their policies and functions impact on the 9 protected characteristics: Age; Disability; Gender Reassignment; Marriage & Civil Partnership; Pregnancy & Maternity; Race; Religion & Belief; Sex; Sexual Orientation

1.2. Our Organisations will challenge discrimination, promote equality, respect human rights, and aims to design and implement services, policies and measures that meet the diverse needs of our service, and population, ensuring that none are placed at a disadvantage over others.

1.3. All staff are expected to deliver services and provide services and care in a manner which respects the individuality of service users, patients, carer's etc, and as such treat them and members of the workforce respectfully, paying due regard to the 9 protected characteristics.

<b>Signature of person completing HEIA</b>	Clarisa Marquez
<b>Date signed</b>	22.01.26
<b>Comments:</b>	
<b>Signature of person the Leader Person for this activity</b>	
<b>Date signed</b>	
<b>Comments:</b>	

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**Supporting Document 2 – Financial Impact Assessment**

To be completed by the key document author and attached to key document when submitted to the appropriate committee for consideration and approval.

	<b>Title of document:</b>	<b>Yes/No</b>
1.	Does the implementation of this document require any additional Capital resources	NO
2.	Does the implementation of this document require additional revenue	NO
3.	Does the implementation of this document require additional manpower	NO
4.	Does the implementation of this document release any manpower costs through a change in practice	NO
5.	Are there additional staff training costs associated with implementing this document which cannot be delivered through current training programmes or allocated training times for staff	NO
	Other comments:	

If the response to any of the above is yes, please complete a business case and which is signed by your Finance Manager and Directorate Manager for consideration by the Accountable Director before progressing to the relevant committee for approval.