

24 January 2020

PRIVATE & CONFIDENTIAL

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Chief Medical Officer

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Dear Ms Hewitt

RE: Regulation 28: Report to Prevent Future Deaths

I write in response to the recent Regulation 28: Report to Prevent Future Deaths notice regarding the consent process that preceded a cardiology intervention procedure being undertaken on Mrs Marian Hoskins. I acknowledge that there are improvements that need to be made in order to ensure that patients are fully briefed and able to provide their informed consent before undergoing elective surgical or interventional procedures and we need to ensure that sufficient time is allocated in outpatient clinics to allow for consent to be fully discussed before the day of a procedure.

From a Trust perspective work on this matter has been led by the Surgery Network board who established a task and finish group to review consent processes and pathways for elective procedures across the Trust.

The outcome of this group has been a proposed new Trust policy 'Informed Consent and Supported Decision Making for Elective Surgical Procedures'. The draft policy is currently out for consultation and we anticipate this will be taken for approval at the Trust Policies Committee within the next 2-3 months.

The policy clarifies that informed consent is a process that takes place over time in the outpatient clinic via interaction with health professionals and that "Surgeons and health professionals must be satisfied that their patient has received and understood sufficient information about their diagnosis – as well as the proposed treatment and its implications – to allow them to decide what they deem to be in line with their own values and wishes. Different options for treatment, including the option of no treatment, should be presented side by side and the benefits and material risks should be given objectively".

I have included the defined pathway for consent as an appendix.

Following approval of this policy there will be on-going audit of performance, via the trust internal audit schedule, Quality and Safety meetings, hospital boards and via the surgical networks and the surgery board. Training and resource will be given where there are areas for improvement



St Bartholomew's Hospital, where Mrs Hoskins was cared for, has already committed to a programme of improvement for consent. This commitment has been included as one of their Key Objectives for 2019/20 and as such progress against this will be closely monitored by both the Hospital Management Board and by the Trust Executive team as part of our schedule of performance reviews.

We have already discussed the implications of proposed changes to the consent policy at St Bartholomew's Hospital (extended outpatient clinic times, consent documentation, revised Job Plans etc.). We realise how profound a change the shift in Consent process and policy will be, and are determined to introduce at pace and ensure its rigorous implementation.

Yours sincerely



Chief Medical Officer
Barts Health NHS Trust

CC:



Appendix 1: Barts Health Process for obtaining consent for elective treatment

