Royal College of Surgeons of England
ADVANCING SURGICAL CARE

Mr Graeme Irvine
Acting Senior Coroner, East London
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3 March 2022

Dear Mr Irvine,

Thank you for sending your *"Regulation 28: report to prevent future death"* letter to the RCS England, and for giving us the opportunity to respond.

We were deeply saddened to read the circumstances of Mrs Shivalkar's tragic death and we offer our sincere condolences to her family.

Your report highlights a number of concerning issues in relation to multidisciplinary team (MDT) working that occurred in the perioperative care of this patient. Although we have no regulatory powers, the College provides extensive advice and guidance to the surgical care team on all aspects of their practice, including matters around communication and team working. As part of our ongoing development of this advice and guidance, during 2022 we aim to develop dedicated guidance on MDTs that will specifically take into account the issues you highlight, and we will seek to consult with both the RCoA and Barts Health Trust as we take forward this activity. Once completed we will also work with the relevant Colleges, associations and regulators to increase and improve the wider dissemination and implementation of our guidance.

More specifically in relation to our existing published advice and guidance:

- With regard to preoperative assessment, the College, in collaboration with other Colleges and relevant specialty associations recently (in June 2021) produced guidance on the Preoperative Assessment and Optimisation for Adult Surgery. This guidance emphasises the need for individualised risk assessment as an essential part of patient selection for surgery to reduce risk of complications and death, and presents an assessment of various tools that can be used for this purpose.

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In collaboration with the RCoA, we have also completed the production of a dedicated, easily accessible risk assessment tool to enable surgeons, patients and the wider MDT make decisions about operative risk during COVID-19.

- We were concerned to read of the problems with communication between members of the surgical team during this patient's operation, and that an important piece of information was not shared. The College currently has guidance on The High Performing Surgical Team that addresses the importance of clear communication in the operating theatre. The matter of specific, fact-seeking questions and factual answers raised in the report is one that we will be particularly focusing on in our upcoming guidance on MDTs later this year.

- In terms of the surgeon's presence in the operating theatre during surgery, Consultant surgeons can occasionally leave the operating theatre before the end of an operation, provided it is safe to do so. In such circumstances, the team remaining must have the experience and skills to complete the procedure. There must also have been clear communication and agreement on this that is well documented and the Consultant Surgeon should always be available to return to theatre immediately should an unforeseen problem occur. Matters of proximal supervision are covered in our guidance for the Surgical Care Team, but we intend to address this issue in much more detail, taking into account your findings, in our upcoming guidance on MDTs.

We hope that this response is clear and helpful and provides you with reassurance in relation to the serious consideration we have given to these matters and the actions we shall be taking in response.

Yours sincerely,

[redacted]
Chief Executive