1st Floor
30 Cannon Street
London
EC4M 6XH

[redacted]
circlehealthgroup.co.uk

Dr Karen Henderson
HM Assistant Coroner for West Sussex, Brighton and Hove

[redacted]

Tuesday 11 November 2025

Dear Dr Henderson

Response to Regulation 28 Report to Prevent Future Deaths

I write on behalf of Goring Hall Hospital (**GHH**) and Circle Health Group (**CHG**) (which GHH forms part of) following the conclusion of the inquest into the death of Mr Keith Hankin and, specifically, in response to your Regulation 28 report dated 17 September 2025.

At the outset, may I extend my deepest sympathies and condolences to Mr Hankin's family for their loss. I recognise that this remains an extremely challenging time for them and I reiterate the commitment conveyed previously by my CHG colleagues to addressing, as far as possible, all areas for improvement identified through internal and coronial review of this case.

In your Regulation 28 report, you identify two matters on which it is appropriate for CHG to respond, and which I address under the respective headings below. I do, however, wish to note here that no enquiries were made of CHG to enable us to address these concerns at the time of the inquest hearings. This was disappointing as, had such an opportunity been provided, CHG would have readily supplied evidence to allay the concerns. I nonetheless recognise the importance of providing that information now, and hope that this provides full reassurance that CHG deploys robust systems to ensure it is operating safely and in line with best practice across the sector.

Practising privileges within the private sector

You raised concerns that:

- *there is a lack of robust assessment and guidelines, both locally and nationally, as to how clinicians are given practicing privileges to work independently outside of the NHS to the potential detriment of patient care; and*

- *that patients are not being fully informed of the relevant experience of such clinicians thereby breaching the statutory duty of candour responsibility of all hospitals*

While the first of the above listed concerns was not specifically directed to GHH, we understand it was prompted by the use of the title "consultant" by Mr Hankin's treating surgeon at GHH when he had not held a consultant post in the NHS. As was clarified at the inquest hearing, the surgeon in question had worked in the NHS for approximately 18 years, prior to retiring to focus on his private practice. He has been registered on the GMC Specialist Register since 23 April 2008. The GMC-designated terms of the surgeon's registration confirm that he *"may work at any grade in the NHS including consultant*". We therefore see no fair basis on which it can be deemed inappropriate for the surgeon to adopt the title of "consultant" for his private practice.

It should also be noted that CHG has in place, and stringently applies, a *Practising Privileges* policy which requires those seeking practising privileges to provide robust evidence of their qualifications, experience and competencies to ensure it is suitable for them to practise at our hospitals using the title of "consultant". These include a requirement to provide evidence of:

- their inclusion on the GMC's Specialist Register
- that they hold, or have held (within the last 5 years (at the date of application)), a substantive consultant post within the NHS, or have held a long-term locum post within the NHS, or can demonstrate experience of independent practice over a sustained period applicable to working in the independent sector
- all procedures to be performed under the practising privileges, demonstrating adequate numbers in line with the national clinical data for the specialty performed in each procedure over the previous two years and the competence to carry out the procedure(s) competently and effectively in their clinical practice.

These requirements, and others set out within CHG's *Practising Privileges* policy, were met by the treating surgeon and we remain satisfied that he appropriately holds practising privileges at CHG as a consultant.

I can further confirm that CHG's *Practising Privileges* policy, along with other relevant CHG policies and governance framework, aligns with the IHPN's Medical Practitioners Assurance Framework ("MPAF"), refreshed in September 2022. By doing so, CHG is fully assured that its systems for the engagement and oversight of medical practitioners meet the appropriately high standards required. CHG ensures that these policies are regularly reviewed under its medical governance framework to remain in-keeping with best practice in the sector.

Turning to the second part of the concern, which suggests a breach of the statutory duty of candour placed on all hospitals regulated by the CQC. This duty requires healthcare providers to be open and transparent with their patients. For the reasons stated above, I have found no basis on which it can fairly be asserted that CHG is breaching the statutory duty of candour or otherwise failing to be transparent. It should also be noted that CHG's website publishes personal profiles for all consultants who provide services at CHG facilities. This is in addition to the detail provided on the GMC Specialist Register, which confirms their registration and any restrictions on it. Taking the example of the treating surgeon in Mr Hankin's case, the personal profile on CHG's website is detailed and fully transparent about his extensive experience.

Having considered your concerns carefully, CHG is satisfied that no additions or changes to its current processes are required, and that medical practitioners working within its facilities have the necessary qualifications, expertise and experience to do so, and that this is fully transparent to CHG patients.

Management of Mr Hankin at GHH

Specifically, you raised a concern that "*there was a lack of understanding by the senior clinicians (in the absence of any local and national guidelines provided at the inquest) requiring them to remain responsible for the care of patients throughout their time in a private hospital rather than delegating the care to a Resident Medical Officer*."

I can confirm that GHH, as with all CHG sites, operates a consultant-led care model which is adopted across the private sector. Consultants' responsibilities are clearly and robustly identified in CHG's *Practising Privileges* policy, which draws upon the GMC's Good Medical Practice and associated national guidance with which all doctors are expected to comply. CHG's policy explicitly states: "*The practitioner retains responsibility for patients they have treated during the patient's entire clinical pathway in the relevant CHG hospital*".

Consultants' responsibilities are further reiterated within the comprehensive suite of clinical policies that are implemented across the CHG estate. Of particular relevance in this case is CHG's *Care of the Deteriorating Patient* policy, which plainly sets out the expectations of both consultants and RMOs when managing patient deteriorations, and is incontrovertibly clear that consultants remain responsible for clinical care throughout a patient's stay in a CHG hospital. Further, the policy mandates that a failure by a consultant to respond in line with their responsibilities must be escalated to the senior management team within the hospital.

Consultant compliance with their responsibilities is monitored and ensured through a combination of incident reporting and monitoring, appraisal, biennial review, a wider-reaching and robust audit programme and Freedom to Speak Up escalation channels. Any concerns about consultant performance are addressed appropriately under CHG's *Responding to Concerns about Medical Practitioners* policy. I can therefore confirm that CHG has given careful consideration to the concerns identified and is satisfied that its policies are clear, effective in their aim, and that no revision or further action is required at this time. As is the case with all policies and, as mentioned above, these are reviewed regularly to ensure ongoing compliance with best practice.

Yours sincerely

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Chief Medical Officer