



Department  
of Health &  
Social Care

Minister of State for Health (Secondary Care)

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London  
SW1H 0EU

HM Coroner Dr Karen Henderson  
Record Office,  
Orchard Street,  
Chichester,  
PO19 1DD

14<sup>th</sup> November 2025

Dear Dr Henderson,

Thank you for the Regulation 28 report of 4<sup>th</sup> July 2025 sent to the Secretary of State for the Department of Health and Social Care about the death of Mr Keith James Hankin. I am replying as the Minister with responsibility for secondary care.

Firstly, I would like to say how saddened I was to read of the circumstances of Mr Hankin's death, and I offer my sincere condolences to his family and loved ones. The circumstances your report describes are concerning and I am grateful to you for bringing these matters to my attention.

The report raises concerns over numerous issues, namely a lack of clinical governance of the Community Urology Service (CUS) by either the commissioning Integrated Care Board (ICB) or Sussex Medical Chambers (SMC) who provided the service; a lack of integration between the CUS and NHS hospital urology services; a lack of mandatory appraisals or assessments of clinicians while working hours at CUS; how private hospitals decide who to give practicing privileges to and whether patients are being misled over the level of experience medical staff and clinicians have; concerns about a lack of immediate external review of the CUS service following Mr Hankin's death; and the management of Mr Hankin at Goring Hall, particularly post-operatively by the consultant anaesthetist and surgeon.

In preparing this response, my officials have made enquiries with NHS England to ensure we adequately address your concerns.

Regarding the commissioning of the CUS, Care Quality Commission (CQC) Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 requires effective governance processes are in place to complete registration of a regulated service, and the ICB have a contracting checklist that confirms provider governance is in place. As such, SMC have these processes in place, but this was unfortunately not shared at the inquest. Their current overall CQC rating is good.

NHS Sussex have issued a Contract Performance Notice which has now been closed, and governance processes which existed at the time of the incident have been reviewed. SMC remains in enhanced quality oversight with a further quality review in November 2025.

With view to the siloing of CUS and NHS hospital urology work, the CUS is part of the Urology Pathway and manages “low risk” individuals. There are referral routes to the NHS pathway as clinically required. An issue was raised by the NHS Consultant giving evidence at the inquest for University Hospitals Sussex, but no formal concerns were raised to the ICB and this remains the case. The CUS service specification was met by the Provider, and all recruitment checks are managed by the Providers of the service.

The safety of all patients, whether they are treated in the NHS or the independent sector, is a top priority for the government. All providers of healthcare are regulated by the CQC and follow a set of fundamental standards of safety and quality, below which care should never fall.

Those providers in receipt of NHS contracts must meet additional requirements, including meeting the provisions of the NHS Provider License and the NHS Standard Contract. These additional measures put in place specific standards which must be met. Contracts to private providers can be and are terminated where these are not met. ICBs are responsible for enforcing contracts with providers, including independent sector providers in their area, and are best placed to ensure providers are meeting the needs of their patients.

The General Medical Council (GMC) is responsible for ensuring that doctors have the necessary skills and knowledge to join its UK registers. All doctors must register with the GMC, and meet the expected standards set out in the GMC’s Good medical practice to work in the UK: <https://www.gmc-uk.org/professional-standards/professional-standards-for-doctors/good-medical-practice>. Doctors must also hold a licence to practice medicine.

Good medical practice states that doctors must recognise and work within the limits of their competence, and must provide a good standard of practice and care. The GMC’s guidance on Trust and Professionalism states: “You must always be honest about your experience, qualifications, and current role. You should introduce yourself to patients and explain your role in their care.” Failure to uphold and adhere to the principles within Good medical practice and related guidance will put a professional’s registration with the GMC at risk.

The Medical Profession (Responsible Officers) Regulations 2010 defines designated bodies and sets out connections for doctors to a designated body. The regulations state that designated bodies, including those independent of the NHS, should ensure that regular appraisals are carried out on doctors connected to them, and the appraisal should consider all the work carried out by the doctor, including work for any other organisations. Any fitness to practise concerns should be recorded by the designated body, with procedures in place to investigate any concerns, and recommendations made to the GMC.

Cases where appraisals are not carried out for doctors who have prescribed connections with a designated body should be referred to the responsible officer for the designated body.

The responsible officer has a role in helping ensure the designated body fulfils its clinical governance legal obligations.

You also raised concerns about privileges to practice in private hospitals. In response to Recommendation 3 of the Paterson Inquiry report (published in 2020), this Department is currently completing clear, patient-focused information that explains the differences

between care provided by the NHS and the independent sector. This will help patients make informed choices whether they choose to be treated privately or to receive NHS-funded treatment (directly or in the independent sector).

The draft guidance informs patients about how consultants are engaged at private hospitals (including practising privileges and indemnity), emergency and intensive care arrangements and handover of care between the NHS and the independent sector. It also provides a list of questions patients would benefit from asking their independent sector provider before opting to seek treatment with them. Such information should equip patients to better scrutinise the providers with which they come into contact.

As part of the concerns raised around this point, there were references to whether the consultant leading the CUS was appropriately qualified. All checks and balances have been undertaken, and NHS England have assured me that [REDACTED] is appropriately registered under the GMC to provide the CUS services. Goring Hall have processes in place to recruit staff members and ongoing checks to ensure competency and adequate registration. NHS Sussex have visited this provider and are also following up on your recommendation that they refer themselves to GMC.

Regarding reviewing the causes of Mr Hankin's death and the risk of a lack of transparency, Mr Hankin's case was reviewed by the provider under the National Serious Incident (SI) framework as it occurred in 2023. NHS Sussex have reviewed the SI as per ICB scrutiny process and the SI has been closed. This provider review is the same process that any provider would undertake following the SI Framework. The ICB would consider an independent review if the quality of the provider report was an issue or did not elicit appropriate learning. The provider SI identified appropriate learning and subsequent actions.

The use of Goring Hall is via patient choice and through a different contract from the CUS. I am sure they will be responding separately, but my officials have let me know that the main learning points there are in recognition and management of sepsis. I was informed key areas were around pre and post assessment checks, administration of antimicrobial therapy and compliance with the sepsis 6 pathway.

I hope this response is helpful. Thank you for bringing these concerns to my attention.

Yours sincerely,

[REDACTED]

[REDACTED]

**MINISTER OF STATE FOR HEALTH**