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WALES

Bwrdd Iechyd Prifysgol
Aneurin Bevan
University Health Board

30th January 2026

Caroline Saunders
Senior Coroner (Gwent)

Dear Ms Saunders

Re: Regulation 28 Report received by Aneurin Bevan University Health Board further to the inquest touching on the death Phillip Lawrence Hoggarth which concluded on 10 December 2025

Thank you for your Regulation 28 Report of 16 December 2025.

I am writing to provide you with the Health Board's response to the Regulation 28 Report to Prevent Future Deaths, which was issued following the inquest into the death of Mr Phillip Lawrence Hoggarth.

As requested, the information presented below is intended to describe the actions which have been taken/are being taken by Aneurin Bevan University Health Board to mitigate the risk of future deaths.

You require the Health Board to provide you with the following information:

1. Whether there are clinical guidelines which determine the pre-operative administration of iron therapy
2. Whether there is a process which supports these guidelines
3. Whether there is an agreement between Health Boards in these circumstances with regard to funding, to prevent potentially damaging delays in surgery

With regard to points 1 and 2.

Please find attached to this response the Health Board's Standard Operating Pathway (SOP) for the management of surgical patients presenting to preassessment clinic with anaemia or iron deficiency.

This links directly to the NHS Wales Preoperative Anaemia Pathway from the Blood Health National Oversight Group (BHNOG), which is embedded within the SOP. This outlines the process for preoperative Intravenous (IV) iron.

In figure 2 of the BHNOG pathway it states:

"IV iron should be given as soon as possible or preferably at least 4 weeks prior to surgery.

With urgent surgery, IV iron should be considered until the day prior to surgery to reduce the need for perioperative transfusion."

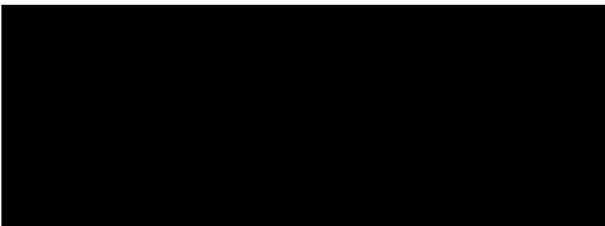
Our standard IV iron pathway in preassessment includes a blood test at 6 weeks post iron transfusion (where sufficient time is available before surgery) to confirm improvement or inform decision making if a further iron transfusion is required.

With regard to point 3.

The Health Board confirms that the cost of IV iron is charged to the relevant clinical area or responsible clinician. When the IV iron service was set up, it was agreed that the drug cost of IV iron would be paid for by the surgical specialty the patient belonged to. The service has been running for over two years, with funding provided by the Health Board regardless of patient residence or Health Board boundaries.

I trust that this information reassures you about the Health Board's processes, guidelines and funding position with regard to the pre-operative administration of iron therapy. However, if you require any further information or assurance, please do not hesitate to contact me.

Yours sincerely



Prif Weithredwr | Chief Executive