



Chief Executives, HSC Trusts  
Medical Directors, HSC Trusts,  
Directors of Nursing, HSC Trusts  
Directors of Social Services, HSC Trusts  
Chief Executives, HSS Boards  
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Date: 14<sup>th</sup> December 2007

cc. Ms Paddie Blaney  
Mr D Sissling  
Ms Anne-Marie Telford  
HSC Councils

**Dear Colleague**

**REGIONAL AUDIT OF CONSENT PRACTICES IN THE EXAMINATION, TREATMENT OR  
CARE OF PATIENTS.**

**Status: Best Practice Guidance**

The Regional Consent Audit Steering Group, set up following the review of lessons arising from the death of Mrs Janine Murtagh has reported to the Chief Medical Officer. The final report includes the results of their audit and recommendations on how to enhance current practice. The purpose of this circular is to disseminate the audit's key findings and recommendations.

The report is available at [www.dhsspsni.gov.uk/index/phealth/sqs.htm](http://www.dhsspsni.gov.uk/index/phealth/sqs.htm)

Three key areas were audited:

- information leaflets;
- existing Trust consent audits; and,

- the patients' experience.

The findings show high levels of patient satisfaction, with 97% of those asked indicating they felt they had received the right amount of information on their procedure. Existing Trust consent audits were also found to demonstrate good practice in patient identity, professional signatures, and the recording of risks and benefits. The quality of information leaflets was shown to be good in most Trusts with 91% giving post-operative advice and 97% providing an explanation of the procedure to be undertaken.

As well as demonstrating good practice across the service, the report also makes recommendations on where current practice can be enhanced. These include:

### **Recommended Actions: General**

- Trusts should ensure good practice in consent is embedded in health and social care practice;
- Trusts and training organisations should ensure consent is included in training for all relevant staff, with training for intervention-specific consent as well as the consent process;
- Emphasis should be placed on the fact that consent is a process of providing information and agreeing a decision;
- Professionals should be aware of the importance of patients' capacity to give consent and appropriate action to take if there are capacity issues;
- Information about alternative management options, anaesthetic and recovery should be included in the consent process, as well as information about proposed management and the benefits and risks of procedures; and
- The current consent form should be reviewed to ensure it supports good practice and provides evidence of issues discussed in the consent process.

### **Recommended Actions: Information Leaflets**

- Ownership of information leaflets should be clear, e.g. produced by Trust or leaflet provider. Trusts should ensure that commercially provided leaflets provide unbiased information for patients;
- Date or version control should be on each leaflet;

- Contact details should be available on all information;
- Information leaflets should provide information covering the key areas, e.g., benefits, risks and alternatives available;
- Language used in leaflets should be easy to understand. Consideration should also be given to patients' cultural diversity and disability; and
- Leaflets should be audited to ensure consistency and accuracy of information. (Appendix 8 of the report includes a model audit tool)

### **Recommended Actions: Trust Audits**

- Trusts should ensure the whole consent process, and its context, is included in audit. This should be across all services and include policy, practice, training, staff and patient opinion;
- An agreed standardised set of audit tools should be used regionally to maximise consistency. This could still be supplemented by specific audits tailored to meet local requirements; (Appendices 8, 9, 10 and 11 of the Report offer additional model audit tools).
- Audits of consent forms should include appropriate use of Form 2 (Children) and Form 4 (Adults who are unable to Consent);
- Trusts should show the completeness of the audit cycle through re-audit on a regular basis; and
- There should be regional sharing of learning from audits to include problem areas as well as areas of good practice.

### **Recommended Actions: Patient Experience**

- Trusts should obtain patient feedback on the consent process. This could be through focus groups or questionnaires;
- Trusts should ensure that where written patient information is available, it is offered to patients;
- Trusts should ensure that information about interventional procedures should include alternatives, anaesthetic and recovery as well as the proposed procedure and its risks and benefits; and
- Patients should be given a copy of the consent form.

You will wish to bring the contents of this circular to the attention of all relevant staff within your organisation and put the necessary arrangements in place to comply with the recommendations. Organisations need to be aware of this safer practice notice in order to assist in complying with the *Quality Standard for Health & Social Care* –

- criterion 5.3.1(f)(iii) (effective and efficient procedures for obtaining informed consent for examination, treatment and/or care)
- criterion 5.3.3(h) (systems in place to prioritise, conduct and act upon the findings of clinical and social care audit and to disseminate learning across the organisation and the HPSS, as appropriate).

Yours sincerely

A handwritten signature in cursive script that reads "Maura Briscoe".

**MAURA BRISCOE**

Director