



MR NEIL ROBERTS
CONSULTANT IN CARDIOTHORACIC SURGERY
MB, CHB, MRCS, MD, FRCS
GMC NO: 4328445
Barts Heart Centre, London
(2015 - Present)



EXPERT INFORMATION

SPECIALIST AREAS:

- Coronary surgery
- Valve replacement
- Aortic dissection
- Atrial fibrillation

CASES ACCEPTED:

Claimant age: 18+

Clinical assessments
Remote assessments
Home visits
Prison visits
Criminal cases
Screening reports
Desktop reports
Family cases*



*Case-by-case



SCAN ME



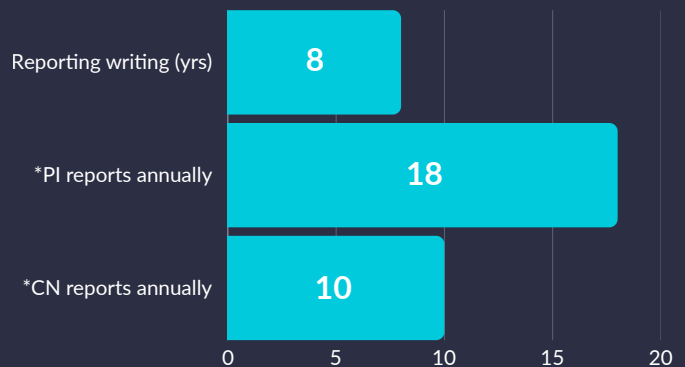
EXPERT RATIO



CLAIMANT **55%**
DEFENDANT **45%**



PI **50%**
CLIN NEG **50%**



*Annual report from 2024

VENUES:



- 88 Harley Street, London, W1 7HR
- Devonshire Diagnostic Centre, W1G 7AF

FURTHER INFO:

Court experience
Bond Solon trained
Legal aid (LAA)*
NHS contracted
Weekend and evening appointments
Personal Injury
Clinical Negligence:

- Causation
- Liability
- Breach of Duty
- Condition & Prognosis



*Case-by-case

CONTACT

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Medical & Legal
Admin Services



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CASES RELATING TO:

Coronary artery bypass grafting (CAGB)

- Inappropriate patient selection
- Graft failure or technical error
- Inadequate post-operative monitoring

Valve surgery (aortic, mitral tricuspid)

- Incorrect valve choice or sizing
- Failure to repair vs replace
- Post-operative valve dysfunction or infection

Adult congenital cardiac surgery

- Surgical planning errors
- Failure to recognise residual defects

Thoracic (Non-Cardiac) surgery case

- Lung cancer surgery
 - Delayed referral for surgery
 - Inappropriate operability assessment
 - Complications after lobectomy or pneumonectomy
- Pleural disease
 - Management of empyema or recurrent effusions
 - Complications from thoracoscopy of chest drains
- Chest wall surgery
 - Post-operative infection or instability
 - Nerve or vascular injury

Peri-operative & critical care issues

- Failure to recognise or manage post-operative complications:
 - Bleeding or tamponade
 - Infection or mediastinitis
 - Stroke or neurological injury

- Renal failure or multi-organ dysfunction
- Inadequate handover, escalation or ICU management

Diagnostic and referral failures

Cases may arise before surgery occurs including:

- Missed or delayed diagnosis of:
 - Severe coronary artery disease
 - Valvular heart disease
 - Aortic aneurysm or dissection
- Failure to refer urgently for specialist surgical assessment

Consent & Governance cases

Focus on professional standards rather than technique:

- Inadequate or misleading informed consent
- Failure to discuss risk, alternatives, or non-surgical options
- Breach of national or local clinical guidelines
- Surgeon competence, supervision, or training issues

Coroner's inquest and fatal cases

- Cause of death following cardiac or thoracic surgery
- Whether earlier intervention would likely have changed outcome
- Standards of care in emergency vs elective settings

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MEDICO LEGAL EXPERIENCE:

Mr Roberts is a Consultant Cardiothoracic Surgeon and Expert Witness for over eight years, with excellent feedback from instructing solicitors. He has completed Bond Solon expert witness training alongside formal medico-legal training and regularly accepts instructions from both Claimants and Defendants, demonstrating a balanced and objective approach to expert opinion.

His specialist clinical expertise encompasses coronary surgery, coronary heart disease, aortic surgery, heart valve surgery, coronary artery bypass grafting, and the surgical management of atrial fibrillation. He is frequently instructed on cases involving complex operative decision-making, peri-operative complications, and long-term outcomes following cardiac surgery.

Mr Roberts has a particular professional interest in clinical governance, surgical safety standards, and WHO surgical safety checklist compliance. He has served as Clinical Governance Lead within his cardiothoracic department for over five years, during which time he developed extensive experience in serious incident investigations, root-cause analysis, complaint handling, and the application of NHS governance frameworks to improve patient safety and surgical outcomes.

Mr Roberts provides fully CPR Part 35-compliant Expert Witness reports, and is experienced in producing joint statements, responding to Part 35 questions, he has experience in providing evidence in court when required.

CLINICAL EXPERIENCE:

Mr Neil Roberts is a substantive Consultant Cardiothoracic Surgeon with over 10 years' consultant-level experience, working across both NHS and private practice. He has performed in excess of 1,500 open-heart operations, encompassing a broad range of complex adult cardiac surgical procedures.

He was awarded an MD by the University of London in 2007 for his research thesis on Endothelial Progenitor (stem) cells in cardiac surgery, reflecting a strong academic foundation and ongoing interest in translational cardiovascular science.


Mr Roberts passed the FRCS (Cardiothoracic Surgery) examination during his fourth year of specialist training in 2008, achieving the highest score in the UK and Ireland and receiving the prestigious McCormack Medal in recognition of this achievement.

He is a committed educator and trainer, serving as faculty on a number of national and international cardiothoracic surgery courses. In 2019, he was elected Postgraduate Dean by the Society for Cardiothoracic Surgery, and he is a full Examiner for the Royal College of Surgeons for the FRCS (C-Th) examination.

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In addition to his clinical and educational roles, Mr Roberts has held significant clinical governance leadership responsibilities. He served as Clinical Governance Lead for Cardiac Surgery at Barts Heart Centre for over four years, during which time he led governance processes, serious incident reviews, mortality and morbidity programmes, and quality improvement initiatives within one of the UK's largest cardiac centres.

PUBLICATIONS:

- **Roberts N**, Ghosh S, Boehm M, Galinanes M. The radial hyperaemic response- a new and objective assessment of ulnar collateral supply to the hand. *Eur J Cardio-Thoracic Surg* 2002;21(3):549-552.
- Ghosh S, **Roberts N**, Firmin RK, Jameson J, Spyt TJ. Risk factors for intestinal ischaemia in cardiac surgical patients. *Eur J Cardio-Thoracic Surg* 2002; 21(3):411-416
- **Roberts N**, Westrope C, Pooboni SK, Mulla H, Peek GJ, Sosnowski AW, Firmin RK. Venovenous ECMO for respiratory failure in inotrope dependent neonates. *ASAIO J* 2003; 49(5):568-71
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- Ranasinghe A, Peek GJ, **Roberts N**, Chin D, Killer H, Sosnowski A, Firmin RK. The use of transesophageal echocardiography to demonstrate obstruction of venous drainage cannula during ECMO. *ASAIO J* 2004;50(6):619-620.
- Khoshbin E, **Roberts N**, Harvey C, Machin D, Killer H, Peek GJ, Sosnowski AW, Firmin RK. Poly-methyl pentene oxygenators have improved gas exchange capability and reduced transfusion requirements in adult extracorporeal membrane oxygenation. *ASAIO J.* 2005; 51(3) 281-7.
- Griffiths J, **Roberts N**. Do junior doctors know where to insert chest drains safely? *Post Grad Med J.* 2005; 81 456-458.
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- Cordell-Smith JA, **Roberts N**, Peek GJ, Firmin RK. Traumatic lung injury treated by extracorporeal membrane oxygenation (ECMO). *Injury.* 2006 37(1); 29-32
- **Roberts N**, Matuszewski MJ, Morgan-Hughes NJ, Wilkinson GAL. Shelhigh No-React Pulmonic Valved conduit for Pulmonary Valve Endocarditis. *Asian Cardiovasc Thorac Ann.* Jan 2007; 15 (1) e14-e15.
- Wilton E, **Roberts N**, Bunce N, Jahangiri M. Saccular aneurysm of the left sinus of Valsalva in a Freestyle((R)) bioprosthesis. *Eur J Cardiothorac Surg* 2006. 29(4);608
- **Roberts N**, Boehm M, Bates M, Brailley PC, Cooper GJ, Spyt TJ. Two centre randomised control trial of Blake drains versus Portex drains following cardiac surgery. *J Thorac Cardiovasc Surg.* 2006 ; 132(5) 1042-6

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- Mayr M, Yusuf S, Weir G, Chung YL, Mayr U, Yin X, Ladroue C, Madhu B, **Roberts N**, De Souza A, Fredericks S, Stubbs M, Griffiths JR, Jahangiri M, Xu Q, Camm AJ. Combined metabolomic and proteomic analysis of human atrial fibrillation. J Am Coll Cardiol. 2008 Feb 5; 51(5) 585-9

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