Writing Statements for an Inquest



Section 1 - When does the Coroner hold an inquest?

- The Coroner has a duty to investigate deaths if they have reasonable cause to suspect that:
 - The cause of death is unknown.
 - o The deceased died a violent death, which will include accident and self-harm.
 - The deceased died in custody or otherwise in state detention. This will include deaths in prison and deaths that occur in police custody or when a patient is detained under the Mental Health Act.
 - There is reasonable cause to suspect that the death is unnatural. This will include deaths
 that were due to a recognised complication of medical treatment or where the death was
 more than minimally contributed to by shortcomings in the medical treatment received by the
 deceased before he or she died.
- An inquest is a fact finding investigation process led by the Coroner to establish the answer to four statutory questions:
 - Who the deceased was.
 - Where the deceased died.
 - When the deceased died.
 - How the deceased died.
- We usually know who has died and when and where the death occurred. For that reason,
 inquests usually focus on 'how' the person died. This goes beyond establishing the medical
 cause of death and the Coroner will scrutinise the circumstances surrounding the death and will
 also explore whether any delays or shortcomings in medical treatment have more than minimally
 contributed to the death.
- It is not the Coroner's role to apportion blame and the Coroner's conclusion will not name any
 individual or organisation as being negligent or criminally liable for the death. However, during
 the inquest the Coroner will scrutinise the evidence of the medical treatment that the patient
 received and will consider whether there were any delays or shortcomings in care which more
 than minimally contributed to the death.
- The Coroner also has an important patient safety role. If something is revealed during the investigation or inquest which makes the Coroner concerned that there is a risk of future deaths then he or she must issue a Prevention of Future Deaths Report to the Chief Executive of the organisation concerned. For that reason, in cases where there have been shortcomings in care, the Coroner will explore organisational learning with witnesses during the inquest and it is important that witnesses are prepared to answer questions about lessons learned from a death and steps that have been taken to address these.
- The Coroner will lead the investigative process, deciding what evidence they require for their investigation. This will often include requesting witness statements to assist the Coroner in their investigation.

Section 2 – Why is your witness statement important?

- First and foremost a witness statement provides the Coroner with important evidence to consider as part of their investigation.
- It is important to ensure that all of the relevant information is included in your statement and that the statement is clear, thorough, truthful and accurate.
- Your statement should be written in your own words and cover all relevant issues.
- There can be very serious consequences if you sign a statement which is not truthful or contains inaccuracies.
- It is likely that the Coroner will send a copy of your statement to the family in advance of the
 inquest. This is an important opportunity to communicate your evidence in clear and
 straightforward language with the bereaved family. This may be the first time that they have
 seen any medical evidence relating to the death of their loved one.
- An inquest is a **public hearing**, anyone is entitled to attend and observe an inquest, including the press. If a statement is read onto the record by the Coroner in open court, then aspects of that statement could be reported by any press in attendance.
- Producing a good statement at the outset can sometimes avoid you being called to attend the
 inquest and having to give evidence in person, because the Coroner can decide to read your
 statement into evidence rather than calling you to give oral evidence in court.
- If you are asked to attend Court to give evidence in person your statement will form the basis of
 your evidence. The Coroner and all the interested parties (including their lawyers) will question
 you on its content and if there are discrepancies between your statement and the evidence you
 give in person this can have very serious consequences for you.
- It is for all of these reasons that when a request is made for a statement to be provided to assist a Coroner, that request should be taken seriously.

Section 3 – When might you be asked to write a statement?

- If you were involved in treating a patient then you may be asked to provide a witness statement to assist the Coroner.
- Clinicians can be requested to write a statement for various reasons:
 - To detail your own direct involvement with the patient.
 - To provide an overview of the care and treatment. This may require you to detail reviews of the patient that you didn't personally carry out. You should document these factually taking the information from the medical records.
 - To address family concerns.
 - To summarise any organisational learning that has taken place following the individual's death.

Section 4 – What should your statement contain?

Your statement should be a factual report, based on the records and your recollections.

- It should contain neutral and unbiased facts, not offer speculation or hearsay.
- Generally, your statement should run chronologically from the first input with the patient to the date of death. Include dates and times wherever possible.
- Do not identify other patients.
- It should not contain any opinion, unless you are providing your opinion on the medical cause of death.
- Generally, it is helpful for the Coroner if you are able to provide your clinical opinion on the
 cause of death. Where it is available you should review the Post Mortem Report and records
 and consider whether you are able to assist the Coroner on reaching a conclusion on the cause
 of death.
- Ensure that you do not comment on matters which are outside your clinical expertise.
- If you refer to colleagues, use their full name and professional title.
- Prior to drafting your statement make sure that you have reviewed all of the relevant documents which will assist you in providing an accurate and detailed statement. These include (not exhaustive):
 - Medical records.
 - Local and national policies in place at the relevant time.
 - NICE guidelines in place at the relevant time.
 - Any investigation reports relating to that patient and any statements or other documents generated during the investigation.
 - Any complaints documents.
 - Any of your own notes relating to the patient.
 - Minutes of internal meetings where the case was discussed.
 - · Audit or other data that is relevant to the death.
- Remember that all of these documents are disclosable to the Coroner and he or she is likely to refer to them in court.
- All parties to an inquest are under a duty of disclosure, this means that any documents that are relevant to the Coroner's investigation must be sent to the Coroner. Medical records, investigation reports, guidelines, organisation polices etc. are all sent if relevant. The Coroner will also search for relevant national guidance. You should ensure that you have reviewed these carefully prior to drafting your statement to ensure you have all the relevant information before you put pen to paper. You do not want to be ambushed with new information for the first time in court and realise at that stage that your witness statement does not address all of the issues.
- You statement will be shared with other parties to the inquest, including the family. Make sure
 that you are sensitive to this when drafting your statement, using appropriate language.

- A lot of Coroners are not medically trained and it is unlikely that the family will be. Try and avoid
 using medical jargon and make sure that you explain medical terms and procedures in layman's
 terms. If it's helpful you can include anatomical diagrams.
- Consider whether there is / has been any concerns with care identified, and if so you should
 escalate these through the usual governance channels in your organisation so they can be
 investigated prior to the inquest. Do not wait until the inquest to raise concerns for the first time.
- You may be asked about changes to practice that have been implemented following the death. If
 you do not feel confident talking about this, flag this with your legal team as someone else will
 need to address organisational learning in a separate statement.

Section 5 – Format of a statement

- Use numbered paragraphs and make sure each page is clearly numbered. This assists others
 when reviewing your statement and will also help you to navigate your statement if you are
 called to court to give evidence.
- Write in the first person, as this is a statement which is coming directly from you as its author. So say, "I prescribed Enoxaparin" rather than "Enoxaparin was prescribed".
- Begin your statement by setting out your name, job title and description, qualifications and experience.
- Set out the documents you have reviewed when drafting your statement.
- Describe your involvement with the deceased, for example, "I was the Consultant with overall responsibility for this patient on X date" or "I was the Paramedic working on the ambulance which transported Mr Smith to hospital on X date".
- Then set out a detailed chronology of events, including dates and times.
- Your statement should make the source of your information clear.
- Express condolences at the end if you feel it is appropriate.
- Finish with a statement of truth. "I believe the facts stated in this statement are true to the best of my knowledge and belief" signed and dated.
- We have included a **template witness statement** at the end of this guide. However, organisations will often have their own precedents for statements which has been agreed with your local Coroner so you should check with your legal team to see if one is available.

Section 6 – Finalising a statement

- Accuracy! Once information is committed to a signed statement, anything incorrect or
 misleading will take explaining in the witness box and can affect how the credibility of a witness
 is viewed by the Coroner and other parties.
- Once you have produced a draft statement, it is a good idea to send this to your legal team for an accuracy check. The legal team will advise on whether you need to include additional detail or address other issues in your statement before it is shared with the Coroner.
- It is often helpful to seek guidance from more senior colleagues who have experience of drafting statements for the Coroner to ensure that your statement does cover everything it needs to.

Having a senior colleague review your statement after a first draft is usually beneficial and they can also cross check this to the medical records and advise on whether you have missed anything in your review of the case.

- When asking a colleague or your legal team to check and test your statement, this is to ensure
 you have not missed anything important and to test the accuracy of your statement. It is
 important to remember that your statement should be expressed in your own words and should
 reflect your evidence. You should never be influenced to include something you are not happy
 with.
- Your statement is a public document once it is disclosed to the Coroner, and it will be seen by other interested parties including the family and other clinicians from different organisations (if involved).
- Remember this is your statement and you must be completely comfortable with what is contained within it. Only sign and date the statement once you are happy that it is in its final form.
- Always keep a copy of your statement for future reference.

Section 7 - Common pitfalls

- Getting important basic information wrong make sure you double check the deceased's name and date of birth. It can be very distressing to a deceased's family if this is incorrect.
- Be sensitive in how you refer to the deceased refer to them by name rather than as "the deceased" or "the patient".
- Lacking detail, with key details missed out.
- Lacking structure, making it difficult to follow.
- Speculation and hearsay keep your statement factual, do not speculate.
- Spelling mistakes re-read your report to ensure there are no spelling or grammatical errors.
- Poor formatting numbered paragraphs make it easier for the Coroner to follow your report and will help you when you re-refer to your report in the future.
- Inaccuracy do not assume that if you prescribed a drug it was administered, check the drug chart!
- Never write from memory check, check and check again the medical records.
- Do not make sweeping generalisations or raise concerns about care without taking steps to ensure these are investigated through the organisation's governance channels.
- Lack of professionalism in the way that colleagues, the patient and family are referred to.
- Tone be careful that your report does not appear dismissive, defensive or lacking compassion.
- Using medical terminology remember the Coroner is not always medically trained so it is important to explain medical jargon in layman's terms. Avoid abbreviations or medical terms where possible but if they are necessary, explain them.

- Confusing timeline events should be presented in a chronological order (if appropriate) so it is easy for the Coroner and family to follow.
- Not attaching key documents if you refer to your organisations policy/procedure, make sure you attach a copy with your statement.
- Straying outside your area of expertise do not comment on other areas which are not within your expertise, this can open you up to difficult questions in court.

Section 8 – What happens next?

If, during the course of drafting your statement, you have identified any concerns with care or treatment, these should be escalated through the relevant channels to ensure they are properly investigated.

Once all the statements have been received by the Coroner, these will then be reviewed and the Coroner will determine who they need to call as a witness to the inquest itself, to give oral evidence

If you are called to give evidence, you will be supported and advised by your legal team on the next steps during pre-inquest meetings.

For more information on the inquest process after providing your statement, please see our **Inquest Guide for Witnesses**.

Section 9 - Template statement

CORONER'S RPEORT

To:

HM Coroner for [insert which Coroner's Court]

[Address of Coroner's Court]

INQUEST REPORT ON THE DEATH OF: [Insert patient's name and DOB]

REPORT PREPARED BY: [Insert your full name, job title and qualifications]

- I am a [insert job title] employed by [insert organisation]. I have held this position since [insert date and set out details of your qualifications and relevant experience].
- I have prepared this report to assist the Coroner at the inquest into the death of [insert patient's name].
- I do/do not have a clear/good/some recollection of [insert patient name].
- 4 Prior to drafting this report, I carefully reviewed [insert list of the documents you have reviewed as set out in Section 4 of the guide]
- 5 [Insert patient's name] first came to my attention on [insert date and explain your involvement].
- [Now insert a detailed factual chronology of events in the order that they happened, including times and dates wherever possible. Identify clearly where the report is based on the records and where it is based on recollection.]
- 7 [Answer any questions specifically raised by the Coroner.]
- 8 [Any comments on cause of death if appropriate and within your area of expertise.]
- 9 May I conclude by expressing my condolences to [] family.

Statement of Truth

I understand my duty to the Court and confirm that this report is a truthful and accurate account of all relevant circumstances surrounding this death to the best of my knowledge and belief.

Signed
Insert your name, qualification and job title]
Dated



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