

THE CORONERS SERVICE & DEATHS IN THE WORKPLACE

Andrew McNamara

Barrister, Ropewalk Chambers,
Nottingham

Assistant Coroner, Nottinghamshire

Coroner



INTRODUCTION

- Ancient role (1194: Richard I): largely as a tax collector!
- Retain role as investigator re. finds of treasure
- Silent witness
- Quincy
- Reality can be dramatic (except it's rare to pinpoint death down to the minute)

Local Service

- All Senior Coroner and assistants appointed but not employed by LAs
- Notts is largest Coronial jurisdiction in England and Wales: 6252 reported deaths in 2013
- Council House base along with all Registration services
- Senior Coroner: MC
- 10 Assistants
- Officers
- Team of witness support volunteers
- Pay us a visit!

Recent Changes

- Coroners and Justice Act 2009
 - Putting the family at the centre of the process
 - Chief Coroner
 - Aim of greater uniformity (JC training) and CC's involvement in recruitment
 - End to appointment of medics unless dual qualified
 - Time limits imposed

Referral

- Officers receive telephone calls or electronic referrals (NUH)
- Early contact with family wherever possible
- Q's to family regarding occupational exposure to pathogens

Investigation I

- In 90% of cases no autopsy/post mortem examination
- Autopsy/Post mortem examination
- Pathologist: improvements in CT scanning likely, in time, to reduce the numbers of extensive invasive autopsies (cost)
- Cultural sensitivities borne in mind but not to the exclusion of all else.
- That may conclude our involvement OR we can choose to investigate

Investigation II

- Few cases do result in Inquest: 14% nationally and 9.5% in Notts
- Cause of death established, 3 options:
 - Sign off
 - Investigate
 - Inquest
- Change from previous position

Inquests I

- Obvious ones in this context:
 - All reportable deaths (i.e. here RIDDOR)
 - Industrial diseases
 - Notts/East Midlands coalfield
 - Significant numbers of COPD sufferers
 - Asbestos

Inquests II: the questions

- What is the function of an Inquest?
 - Who was the deceased?
 - Formal ID necessary
 - When did s/he die?
 - Usually straightforward if someone dies following medical care
 - Where did s/he die?
 - How did s/he come by her/his death
 - And, if the case is one which arises from a death by reason of the involvement of a systemic failing by an instrument of the state then one must also look at the circumstances

Evidence Gathering & Reportage

- Statements & reports from:
 - Witnesses
 - Experts
 - Family
 - Investigating agencies (HSE, ORR, RAIB, AAIB, etc)

Hearings

- Open court: Council House in Nottingham
- Concerned only with the Four Questions
- Not about issues of blame
- Coroner decides the witnesses & poses most of the questions
- Interested parties can, if they choose, be represented & question witnesses
- Jurors can also raise questions

Conclusions/Determinations

- No longer verdicts
- Most likely in the industrial situation are ‘industrial disease’ or ‘accident’, or possibly a narrative conclusion

Conclusions

- Must be neutral: cannot be seen to decide either criminal or civil liability
- Can add a rider to say that neglect, not negligence, contributed to the death (tends to be in care/medical sphere)

Responsibilities (in relation to the workplace)

- To investigate all deaths where:
 - The deceased died a violent or unnatural death (e.g. deaths at work)
 - The cause is unknown (e.g. exposure to pathogens such as asbestos)
 - *Prevention of future deaths (may be of particular concern in the context of the workplace)*



Deaths in the Workplace

- MOU
- CPS
- HSE
 - 12 months from assumption of primacy
- ORR
- RAIB/AAIB/MAIB
 - Problematic:
 - 2009 Act imposed time limits
 - 6 months from death to inquest
 - 12 months' longstop failing which Senior Coroner must justify why it has not been concluded
 - If you are from one of the agencies above you can expect to be pressed!

Prevention

- Regulation 28 Coroners (Investigations) Regulations 2013
- Report to Chief Coroner to prevent other deaths
- Coroner's statutory duty
- Bear in mind that it is of a public nature: aim is to spread learning



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