

## **A guide to statement writing**

As a healthcare professional, there are a variety of reasons why you could be asked to write a statement. These include:

For example:

- If a patient or their family makes a complaint. An employer must always investigate, and as part of this process, you and other members of staff that may have been involved in their care may be required to write a statement. This will enable your employer to collect information and address any concerns raised by the patient. Every employer should have a policy for managing patient complaints;
- If an untoward incident has occurred;
- As part of a grievance or disciplinary investigation;
- If there is a legal case – this would be a statement for a coroner's report or court case.

## **STATEMENT WRITING**

If your Trust/Board has an agreed format for statement writing this should be used.

### **A statement should include the following information:**

1. Full name, qualifications (with dates), status, pay band, employer's address, length of employment at the time of the incident and also at present if this is now different.
2. Your involvement, for example (e.g.), nurse or paramedic treating patient or in charge of shift.
3. State the purpose of this statement writing, e.g.: This statement is prepared at the request of..... I have been made aware that (client's name/or name of complainant) has made a complaint against the Trust/me. I write this statement having reviewed the records of.... I also have a personal recollection/or no personal recollection of my involvement in this client's care.'
4. Relevant period of duty, date of the incident and names of staff on duty.

5. Relate any exceptional points e.g. ward in process of redecoration, staffing levels, dependency, clinical incident/Unsafe Conditions of Practice form submitted, management was made aware of the high activities and staffing levels.
6. A factual narrative of your role in the patient's care written in consecutive and logical sequence, making it clear which parts are constructed from memory, the client's records or from evidence or your recollection of standard practices at the time. It should be a factual account of your involvement. Please avoid statements of opinion or personal comments on treatment given by other health professionals.
7. No statement should be written entirely from memory. Reference should always be made to the client's notes.
8. Identify other staff involved in the client's care if possible by their names and status, e.g. Mr John Smith, Consultant , or Mary Jones, nurse, especially if the signatures are illegible.
9. Your comments on any allegations concerning your involvement that may have already been made on behalf of the patient.
10. Please give details of the conclusion of your involvement in the client's care, e.g. care was passed to another clinician.
11. Also remember that persons who may read your statement may not be familiar with technical midwifery or medical terminology, so you will need to explain clearly any technical or clinical terms using words that a lay person would understand.
12. All paragraphs should be numbered and all pages must be numbered including any clearly labelled appendices. Please check for correct spelling and punctuation. It is advisable to type the statement using a font that is easily read using double line spacing.

13. Each page should have your signature and date of signing. Sign the last page immediately after the end of your text and not at the bottom of the page. Any alterations should also be signed and dated.
14. It isn't advisable to refuse to make a statement but you can insist on the time to seek professional advice and assistance from your local RCM steward in writing your statement or you may also wish to seek support from your supervisor.
15. You must cooperate with internal and external investigations (NMC The Code 2008). Your statement can be used as factual evidence for internal and external processes including legal cases.
16. It is recommended that you only submit your statement when you are satisfied with the contents and you have shared it with your union steward.
17. It is recommended that if you submit your statement in an electronic format it as a PDF or read only to ensure that a third party cannot amend it. You should also submit a signed paper copy.

**DO REMEMBER:**

- To be completely honest and state if you cannot remember something
- Avoid ambiguity or subjective statements
- Avoid opinion or speculation; state facts only
- Avoid abbreviations or jargon
- Explain why you made the decisions you did or took a particular form of action
- To state the practice/or clinical guidelines at the time of the incident (this is important as sometimes you will be asked to provide a statement of your involvement in an incident that goes back several years) and to attach the relevant guideline if it is appropriate
- Retain a copy for yourself
- Seek advice from your local union steward before submitting your statement

## HOW TO WRITE YOUR STATEMENT

Name

Occupation or job title

Professional address

Subject of statement (for example, patient/client X at what incident/location.)

### Then add an introduction:

'I am employed by [insert your employer]. I qualified as [profession] in [month/year of qualification]. My previous experience includes... I have worked in my current job for months/years].'

'This statement is based on [personal recollection/review of records - or combination].'

'I have been involved in the care of Patient X since [date].'

'I am responding to allegations [you could list them for ease of reference] / a request for a written statement.'

### Write your narrative ensuring it is:

#### Clear

- Use the first person (e.g. 'I').
- Avoid jargon or official language. Be as brief as possible while covering all the essential points needed to address the allegations.
- Relate the facts from the beginning and keep them in chronological order, giving precise dates and times. Be consistent in using 'am' or 'pm' or the 24hour clock.
- State the times you were on and off duty on the days in question.
- Give brief details of the work environment at that time including your responsibility and the number of patients in your care.
- State what is personal recollection and what can be corroborated as fact with reference to, for example, health care records, reports, clinical guidelines or standards.
- Be clear about what you did, saw and heard. Include your professional involvement, as appropriate, based on clinical records.
- Where known, please use full names and job titles of colleagues
- Explain clinical or health care procedures and avoid general statements such as 'routine observations were made'. If normal procedures were not followed, explain what is normal and why there was a departure from the accepted procedure.

- Always write the subject of an abbreviation or acronym in full at first mention.

### **Relevant**

- It is acceptable to form a view based on your professional judgement. Document the facts or evidence on which you based your conclusion. Relate how this impacts on patient care or service levels.
- Don't assume that the reader knows anything of the facts of the case, such as a patient's medical history, your environment or clinical routines and procedures. Any intelligent lay person should be able to understand the content.
- Don't speculate, elaborate or exaggerate or use emotional language – you may be called as a witness to give oral evidence based on your statement.
- Avoid giving opinions or making judgements that you cannot support by factual evidence or corroboration. You can reflect on what you have observed to be usual practice or experience.
- Hearsay is second-hand, rather than first-hand evidence, for example: 'I heard Susan say that she had seen Jill give the injection'. It can be admissible in certain legal proceedings, but it must be clear that it is hearsay evidence. Only relate what you were told by another/ others - you have no way of verifying the accuracy of others' accounts.
- In any summary, recap the main points and avoid adding new information or comments.

### **Compliant**

- Keep patients' and relatives' identities anonymous - for example, use 'Patient X' throughout the statement. Record your justification for any 'public interest disclosures' and speak to us before disclosing any information.
- Follow any professional codes, local policies and confidentiality guidelines.
- Remember that you could be challenged on the content of your account, and your statement could be used in criminal proceedings or disclosed to all parties in a disciplinary or grievance hearing.

### **Add the following statement of truth and sign and date your statement:**

'This statement is true to the best of my knowledge and belief.'

Name

Job title

Signature

Date

**List all documents referenced in your statement and, if possible, where to find them, such as:**

Patient records, notes, and departmental documents

Local policies or procedures

National standards or evidenced based information

Professional codes and guides

**Format your statement**

Add page and paragraph numbers. Double space your lines and ensure pages have clear wide margins at each side.

**Check it**

Review each paragraph carefully, checking that your statement only communicates exactly what was asked for or required. Look at whether the facts can be evidenced. Check that the facts you provide are clearly and objectively explained.

Remember: if you feel your practice or conduct is under investigation, call us for advice.

**Keep a copy**

Always keep a copy of your statement for future reference. If any oral evidence you are asked to give at a later date is significantly different from your written statement, this might affect your credibility.