OXFORD BROOKES UNIVERSITY

FACULTY OF HEALTH AND LIFE SCIENCES

PRACTICE EDUCATION GROUP

Writing statements: student guidance

Supporting pre-registration health and social care students in the process of writing a statement about an incident or issue in practice.

Introduction:

This guidance is to help you in writing a statement which may be required for investigations following accident or incidents, complaints, or disciplinary investigations, in which you have been involved or witnessed.

In all cases, you need to inform your Link Lecturer so they are aware, and can support and advise you.

It is important that you keep a record of any incidents to aid your memory if a written statement is required at a later date. You are advised to seek support from your Link Lecturer BEFORE submitting verbal or written statements in relation to any investigation. You are also advised to seek support and advice from your union, particularly if there is any potential legal action.

In all cases, the aim of a witness statement is to preserve the information that is not apparent from the either patient case notes or in relation to information that you have directly witnessed; in a form that can be given in evidence for any investigation, inquest or trial.

Key points

- A statement once signed and `on the record' is difficult to retract.
- **Use the template provided to write your statement.** You should provide an unsigned draft of your statement to your link lecturer who will provide you with support to make sure that it is a factual account of **your** experience and to limit any misinterpretation.

Drafting a statement: key principles

1. Ensure you have access to appropriate local policy and guidance. If protocols or procedures were not followed, explain first what the agreed or usual procedure is and then state whether there was a departure from this and why this may have been.

2. Do not write in haste or from memory. Ensure that you write your statement based on the notes that you kept at the time of the incident.

3. Assume that the reader knows nothing about the facts of the matter. Write an account of precisely what you recorded at the time of the event, what you did and did not do, whom you spoke to, who you contacted, and at what stage you ceased to be involved. Give full names and job titles of others that you mention.

4. Record the facts only, do not include hearsay or opinion. Carefully consider what you write. Do not offer opinions or comment on practice that is outside your area of expertise. Do not be afraid to be over detailed. If it is fact then it can only help.

5. Account for your actions, why you did what you did, who else was involved, who did you inform, what policy did you follow

6. Consider whether sensitive or potentially distressing information is relevant to the investigation (e.g. allegation of abuse, difficult family or working relationships.) before including such detail in the statement.

7. It is important that your statement is legible, clear and concise. Explain any acronyms or diagrams that you may use. Use plain English, without abbreviations (or abbreviations fully explained), do not use jargon;

8. The total number of pages should be noted on the front page and the pages stapled together;

9. Timing of events may be crucial. You will need to state how you are sure of the time of the events you are reporting e.g. your own watch; ward clock, routine activities etc.

10. Keep a copy of any statements submitted to investigations for your own records.

11. If you genuinely cannot remember the particular patient or incident of care involved, it is acceptable to state this, e.g. " I do not have a clear recollection of this patient or incident, and I am therefore making this statement/report from the records that were made by me

at the time and my usual practice". Be clear in such situations to state whether you are interpreting the records without direct memory or just stating your usual practice.

If the incident is related to direct patient care, it may be helpful to:

- Remind yourself of the case/incident by referring to the medical/nursing notes (if applicable), and keep a record of the patient NHS number, if the issue is in relation to patient contact. UNDER NO CIRCUMSTANCES ALTER THE NOTES AFTER THE EVENT. UNDER NO CIRCUMSTANCES SHOULD YOUR STATEMENT BE FILED IN THE PATIENT'S NOTES
- Your statement should contain a paragraph that states whether or not you have had sight of the relevant health records prior to making your statement or report;

Please seek advice from your link lecturer to help make sure you provide a clear factual account. You should present your link lecturer with a draft statement. Lecturers **must not** influence the factual content of any statement written by you. The following links may be helpful:

RCN Statements: How to write them

https://www.rcn.org.uk/get-help/rcn-advice/statements

HCPC Information for Witnesses

http://www.hcpc-uk.co.uk/assets/documents/10002D1CInformationforwitnesses.pdf

Other useful links for support:

Brookes Student Central

https://www.brookes.ac.uk/students/support-services/student-central/

Student support coordinator

studentsupport-marston@brookes.ac.uk,

hls-swindon-ssc@brookes.ac.uk

STATEMENT TEMPLATE

Only sign the statement or report once you have obtained advice about presentation.

The Statement of (Name of student)	
Incident ID Number (if known)	
Age (if under 18 years old)	
Student University Number	
Programme of study	
Placement area name	
Start date of your placement	
Date placement due to end/has ended	
Link Lecturer (name and email address)	
Statement of Incident	

Continue on separate sheet if necessary

This statement (consisting of…….pages each signed by me) is true to the best of my knowledge and belief.

Date: Signature: