



Public – To be published on the Trust external website

Title: Trust responses to Regulation 28 reports from Coroners

Ref: CORP-0047-v4

Status: Ratified

Document type: Procedure

Contents

1	Introduction	3
2	Purpose	3
3	Who this procedure applies to	3
4	Related documents	3
5	Process	4
5.1	Scope	5
6	Definitions	5
7	How this procedure will be implemented	6
7.1	Training needs analysis.....	6
8	How the implementation of this procedure will be monitored	6
9	References	7
10	Document control (external).....	7
	Appendix 1 - Equality Analysis Screening Form	8
	Appendix 2 – Approval checklist.....	11

1 Introduction

- This procedure is to ensure that the Trust is fully compliant when responding to Regulation 28 requests issued as part of the coronial process. It is critical to the delivery of [Our Journey To Change \(OJTC\)](#), supporting our ambition to co-create safe care for our patients by ensuring safety concerns from inquests are addressed within 56 days of the date in which the regulation request was sent to the Trust by the Coroner.

2 Purpose

Following this procedure will help the Trust to:

- Respond to all requests from Her Majesty's Coroners (HMC) in respect of Regulation 28 reports in accordance with paragraph 7, schedule 5 of the Coroners and Justice Act 2009 and Regulations 28 and 29 of the Coroners (Investigation) Regulations 2013
- Assure the full cooperation of the Trust with HMCs in every area of the Trust in respect of the implementation of this protocol relating to the Regulation 28 reports
- Clarify for relevant Trust staff the expectation of them when a Regulation 28 report is issued by HMC and the need to act on them accordingly and in the timeframe
- Ensure a response to Coroner who issued the report is within 56 days of the date on which the report was sent to the Trust in line with Regulation 29(4)

3 Who this procedure applies to

All Trust staff who need to provide administration or respond to Regulation 28 reports issued by HMC

4 Related documents

When a Regulation 28 is issued by HMC to the Trust the report/letter is sent direct to the Chief Executive and the process identified in Section 2.1 is put into place.

Regulation 29(3) sets out what the Trust's response to the Coroner's report must be and that it must contain the following:

- Details of any action that has been taken or which it is proposed to be taken by the person giving the response or any other person whether in response to the report or otherwise and set out a timetable of the action taken or proposed action taken;

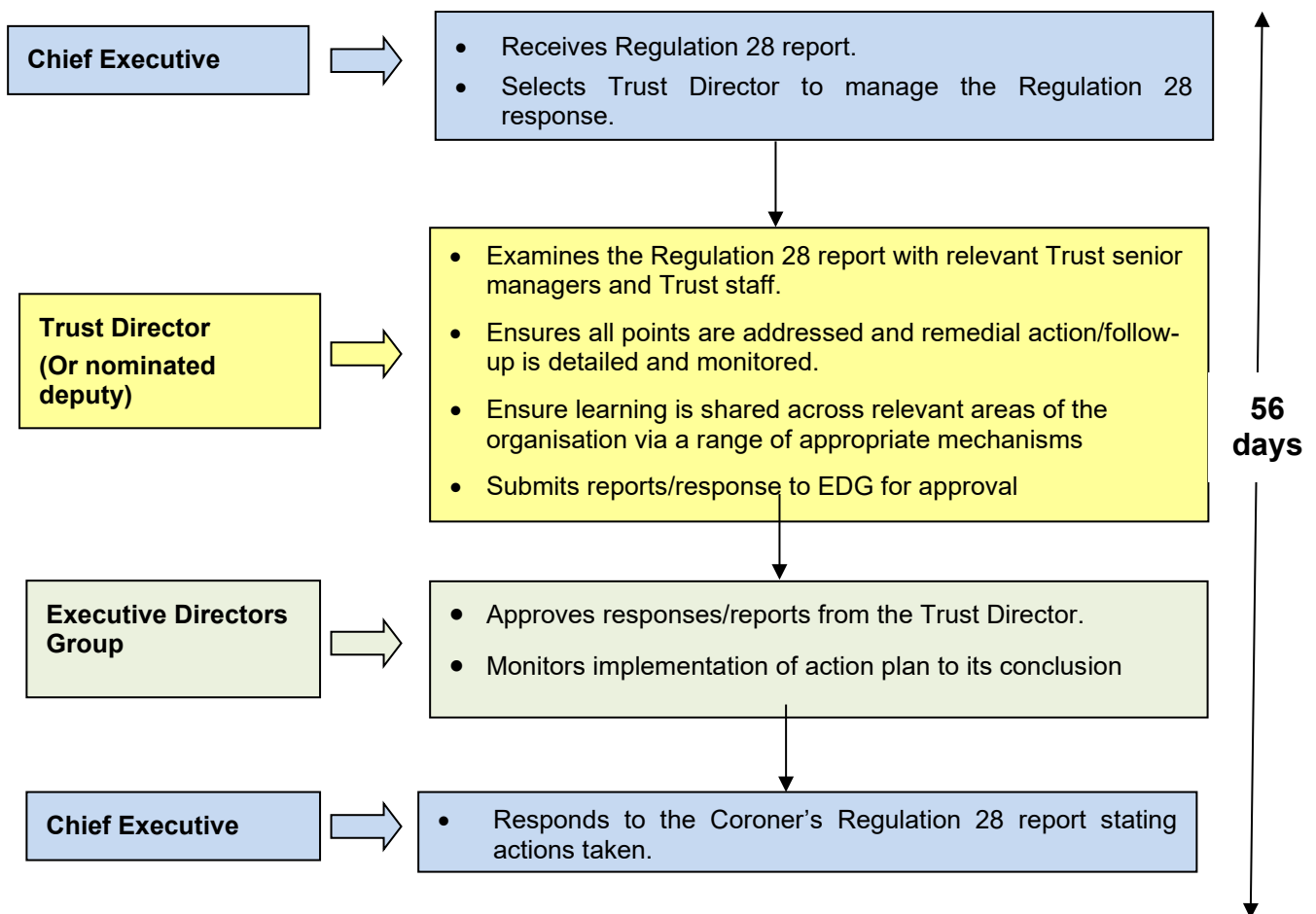
Or

- An explanation as to why no action is proposed

The Coroner may send a copy of this report and the Trust’s response to those whom he deems to be “interested persons”.

The Coroner is also under a duty to send to the Chief Coroner a copy of the Trust’s response. The Chief Coroner may publish as is seen fit in either the complete, redacted, or summary form.

5 Process



A response must be received by the Coroner within **56 days** of the date on which the report was sent to the Trust

5.1 Scope

The Coroners and Justice Act 2009 and Regulations 28 and 29 of the Coroners (Investigations) Regulations 2013 provide that a Coroner may make a report to an organisation if, in his opinion there is a risk that future deaths will occur unless action is taken.

“Where –

- Senior Coroner has been conducting an investigation under this Part into a person’s death
- Anything revealed by the investigation that gives rise to a concern that circumstances creating a risk of whether deaths will occur or will continue to exist in the future and
- In the Coroner’s opinion, action should be taken to prevent the occurrence of continuation of such circumstances or to eliminate or reduce the risk of death created by such circumstances”

The Coroner must report the matter to a person who the Coroner believes may have power to take such action. This will normally take the form of a letter or email to the Trust’s Chief Executive.

All responses and reports will be collated centrally within the Trust to enable any trends to be identified and monitored nationally. In this way lessons learned can be shared widely.

6 Definitions

Term	Definition
Regulation 28	<ul style="list-style-type: none"> • References to Regulation 28 mean that specific regulation relating to paragraph 7, schedule 5 of the Coroners and Justice Act 2009 and Regulation 28 and 29 of the Coroners (Investigations) Regulations 2013.
Interested Persons	<ul style="list-style-type: none"> • Includes bereaved families and any personal representative of the deceased identified by a Coroner as having a key interest in the proceedings and their outcome.

7 How this procedure will be implemented

- Line managers will disseminate this policy to all Trust employees through a line management briefing.
- This procedure will be published on the Trust’s intranet and external website.
- This procedure will be used alongside any Regulation 28 the Coroner issues to the Trust.

7.1 Training needs analysis

Staff/Professional Group	Type of Training	Duration	Frequency of Training
No training is required at present			

8 How the implementation of this procedure will be monitored

Number	Auditable Standard/Key Performance Indicators	Frequency/Method/Person Responsible	Where results and any Associate Action Plan will be reported to, implemented and monitored; (this will usually be via the relevant Governance Group).
1	CEO allocates Reg 28 to relevant director for action	On receipt of Reg 28 process step sheet commenced and continuous monitoring until completion by the Patient Safety Team (Associate Director of Patient Safety)	EQAIG/ QUAC
2	Reg 28 response is approved at EDG	Associate Director of Patient Safety	EQAIG/ QUAC
3	Reg 28 response is received at EDG QuAC for assurance	Associate Director of Patient Safety	EQAIG/ QUAC
4	The coroner has a response within the 56 days.	Associate Director of Patient Safety	EQAIG/ QUAC

9 References

- Coroners and Justice Act 2009; schedule 5, paragraph 7
- Regulations 28 and 29 of the Coroners (Investigations) Regulations 2013

10 Document control (external)

To be recorded on the policy register by Policy Coordinator

Date of approval	26 April 2023
Next review date	26 April 2026
This document was approved by	EQAIG
This document was approved	25 April 2023
This document was ratified by	Executive Directors Group
This document was ratified	26 April 2026
An equality analysis was completed on this policy on	25 April 2026
Document type	Public
FOI Clause (Private documents only)	N/A

Change record

Version	Date	Amendment details	Status
3	12 June 2019	New Version	Published
3	12 April 2021	Review date extended to 12 December 2022	Published
4	26 April 2023	Full review with changes including - minor changes to align with governance changes; Amended Section 5 Process to include ensure learning is shared; and section 8 "How the implementation of this procedure will be monitored" updated to clarify process, updated to current template.	Pending approval and ratification.

Appendix 1 - Equality Analysis Screening Form

Please note: The Equality Analysis Policy and Equality Analysis Guidance can be found on the policy pages of the intranet

Section 1	Scope
Name of service area/directorate/department	Patient Safety Legal and Claims, Nursing and Governance Directorate
Title	Trust responses to Regulation 28 reports from Coroners
Type	Procedure/Guidance
Geographical area covered	Trust wide
Aims and objectives	The aim of this protocol is to ensure that there is a response within 56 days and the objective is to assure full cooperation of all requests from HM Coroners in respect of Regulation 28 reports across the Trust.
Start date of Equality Analysis Screening	06/12/2022
End date of Equality Analysis Screening	25/04/2023

Section 2	Impacts
Who does the Policy, Service, Function, Strategy, Code of practice, Guidance, Project or Business plan benefit?	This procedure benefits the Trust to assure that when a Regulation 28 letter/report is received by the Trusts Chief Executive the required actions are taken and monitored by the appropriate assurance processes resulting in a timely response back to the Coroner.
Will the Policy, Service, Function, Strategy, Code of practice, Guidance, Project or Business plan impact negatively on any of the protected characteristic groups?	<ul style="list-style-type: none"> • Race (including Gypsy and Traveller) NO • Disability (includes physical, learning, mental health, sensory and medical disabilities) NO • Sex (Men, women and gender neutral etc.) NO

	<ul style="list-style-type: none"> • Gender reassignment (Transgender and gender identity) NO • Sexual Orientation (Lesbian, Gay, Bisexual, Heterosexual, Pansexual and Asexual etc.) NO • Age (includes, young people, older people – people of all ages) NO • Religion or Belief (includes faith groups, atheism and philosophical beliefs) NO • Pregnancy and Maternity (includes pregnancy, women who are breastfeeding and women on maternity leave) NO • Marriage and Civil Partnership (includes opposite and same sex couples who are married or civil partners) NO • Armed Forces (includes serving armed forces personnel, reservists, veterans and their families) NO
Describe any negative impacts	
Describe any positive impacts	The procedure assures that in the event of an unexpected death and a serious incident review going to Inquest that if the Coroner stipulates a Regulation 28 that all actions required are taken forward in the same way.

Section 3	Research and involvement
What sources of information have you considered? (e.g. legislation, codes of practice, best practice, nice guidelines, CQC reports or feedback etc.)	<ul style="list-style-type: none"> • Feedback from equality bodies, Care Quality Commission, Equality and Human Rights Commission, etc. • Investigation findings • Trust Strategic Direction • Data collection/analysis • National Guidance/Reports • Staff grievances • Media • Community Consultation/Consultation Groups • Internal Consultation

	<ul style="list-style-type: none"> • Research
Have you engaged or consulted with service users, carers, staff and other stakeholders including people from the protected groups?	No
If you answered Yes above, describe the engagement and involvement that has taken place	
If you answered No above, describe future plans that you may have to engage and involve people from different groups	There are no future plans to engage others due to the legal aspect of the procedure and the limited number of Trust staff it applies to and the sensitive nature of circumstances of the Trust receiving.

Section 4	Training needs
As part of this equality analysis have any training needs/service needs been identified?	No
Describe any training needs for Trust staff	n/a
Describe any training needs for patients	n/a
Describe any training needs for contractors or other outside agencies	n/a

Check the information you have provided and ensure additional evidence can be provided if asked

Appendix 2 – Approval checklist

	Title of document being reviewed:	Yes / No / Not applicable	Comments
1.	Title		
	Is the title clear and unambiguous?	Yes	
	Is it clear whether the document is a guideline, policy, protocol or standard?	Yes	
2.	Rationale		
	Are reasons for development of the document stated?	Yes	
3.	Development Process		
	Are people involved in the development identified?	Yes	
	Has relevant expertise has been sought/used?	Yes	
	Is there evidence of consultation with stakeholders and users?	No	Due to the legal aspect of the procedure and the limited number of Trust staff it applies to.
	Have any related documents or documents that are impacted by this change been identified and updated?	N/A	
4.	Content		
	Is the objective of the document clear?	Yes	
	Is the target population clear and unambiguous?	Yes	
	Are the intended outcomes described?	Yes	
	Are the statements clear and unambiguous?	Yes	
5.	Evidence Base		
	Is the type of evidence to support the document identified explicitly?	Yes	
	Are key references cited?	Yes	
	Are supporting documents referenced?	Yes	
6.	Training		
	Have training needs been considered?	Yes	
	Are training needs included in the document?	No	No Training required.

	Title of document being reviewed:	Yes / No / Not applicable	Comments
7.	Implementation and monitoring		
	Does the document identify how it will be implemented and monitored?	Yes	
8.	Equality analysis		
	Has an equality analysis been completed for the document?	Yes	
	Have Equality and Diversity reviewed and approved the equality analysis?	tbc	tbc
9.	Approval		
	Does the document identify which committee/group will approve it?	Yes	
10.	Publication		
	Has the policy been reviewed for harm?	Yes	No harm
	Does the document identify whether it is private or public?	Yes	public
	If private, does the document identify which clause of the Freedom of Information Act 2000 applies?	N/A	