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1. Disclosure

***R (Secretary of State for Transport) v. HM Senior Coroner for Norfolk (British Airline Pilots Association intervening)* [2016] EWHC 2279 (Admin); (2017) 181 JP 59**
(Links: [BAIIII](#); [Lexis](#); [Westlaw](#))

Coroner's power to order disclosure where independent bodies have overlapping investigatory jurisdictions; no need for duplication of investigations.

***Worcestershire County Council and another v. HM Coroner for the County of Worcestershire* [2013] EWHC 1711 (QB)**
(Links: [BAIIII](#); [Lexis](#); [Westlaw](#))

The two-stage approach to disclosure in inquests.

2. Public Interest Immunity and National Security

***Secretary of State for the Home Department v. HM Senior Coroner for Surrey* [2016] EWHC 3001; [2017] 4 WLR 191**
(Links: [BAIIII](#); [Lexis](#); [Westlaw](#))

The approach to be taken in an application for PII where the material concerns national security. Normally a judge will be appointed as coroner. The judge will have access to the material, as will the judge's advisors where they hold appropriate security clearance. The disclosing party will then raise any objections to proposed onward disclosure by making a PII claim by way of application to the judge.

***Secretary of State for Foreign and Commonwealth Affairs v. Assistant Deputy Coroner for Inner North London* [2013] EWHC 3724 (Admin)**
(Links: [BAIIII](#); [Lexis](#); [Westlaw](#))

Paragraphs 53 to 61 cover the nine key principles applying to national security and PII claims in inquests.

***R (Secretary of State for the Home Department) v. Assistant Deputy Coroner for Inner West London and others* [2010] EWHC 3098 (Admin); [2011] 1 WLR 2564**
(Links: [BAIIII](#); [Lexis](#); [Westlaw](#))

- Rule 17 of the Coroner's Rules does not permit excluding Interested Persons from hearings.
- Undisclosed material must be disregarded in reaching and reasoning conclusions in inquests.

- Coroners or judges hearing inquests may nevertheless refuse questions they know to be based on a false premise given the undisclosed material they have seen.

R (Mohamed) v. Secretary of State for Foreign and Commonwealth Affairs (No 2) (Guardian News and Media Ltd and others intervening) [2009] EWHC 152 (Admin); [2009] 1 WLR 2653
(Links: [BAIIII](#); [Lexis](#); [Westlaw](#))

Paragraph 34 sets out the four questions to pose when addressing a PII claim.

R (Amin) v. Secretary of State for the Home Department [2003] UKHL 51; [2004] 1 AC 653
(Links: [BAIIII](#); [Lexis](#); [Westlaw](#))

In an Article 2 case, the public interest in an inquest is that "the full facts are brought to light; that culpable and discreditable conduct is exposed and brought to public notice; that suspicion of deliberate wrongdoing (if unjustified) is allayed; that dangerous practices and procedures are rectified; and that those who have lost their relative may at least have the satisfaction of knowing that lessons learned from his death may save the lives of others."

R v. Chief Constable of West Midlands Police, ex parte Wiley; R v. Chief Constable of Nottinghamshire Constabulary, ex parte Sunderland [Consolidated Appeals] [1994] UKHL 8; [1995] 1 A.C. 274
(Links: [BAIIII](#); [Lexis](#); [Westlaw](#))

The balancing act for the Court to undertake when considering PII.

3. Anonymity and Special Measures

R (Dyer) v. HM Assistant Coroner for West Yorkshire (Western Area) [2020] EWCA Civ 1375; [2021] 1 WLR 1233
(Links: [BAIIII](#); [Lexis](#); [Westlaw](#))

Open justice is relevant both to anonymity and to special measures that fall short of anonymity (such as screening). Members of the press may be entitled to see screened witnesses upon application.

Fishmongers' Hall Inquests: First Ruling on Case Management and Directions (5 June 2020)
([Link](#))

Detailed example of a ruling on anonymity given by the (then) Chief Coroner of England and Wales.

In re Officer L and others [2007] UKHL 36; [2007] 1 WLR 2135
(Links: [BAIIII](#); [Lexis](#); [Westlaw](#))

Anonymity should be approached first by considering the Article 2 ECHR duty owed to the witness and then, if that does not provide a determinative answer, by addressing the common law duty of fairness. Paragraph 26 sets out the factors to be applied in that balance.

***R v. Newcastle-upon-Tyne Coroner, ex parte A* (1998) 162 JP 387; [1997] 12 WLUK 433**
(Link: [Lexis](#))

There is no inconsistency between the duty to hold an inquest in public and the coroner's case management powers to order a person's anonymity.

4. Article 2

***Dove v. HM Assistant Coroner for Teesside and Hartlepool and another* [2021] EWHC 2511 (Admin)**
(Links: [BAILII](#); [Lexis](#); [Westlaw](#))

The Article 2 investigative duty arises if there is an arguable breach of an arguable operational duty to protect life.

***R (on the application of Morahan) v Her Majesty's Assistant Coroner for West London* [2021] EWHC 1603 (Admin); [2021] Q.B. 1205; [2021] 3 WLR 919**
(Links: [BAILII](#); [Lexis](#); [Westlaw](#))

Provides a detailed overview of the law as to the engagement of the enhanced Article 2 duty, summarised at paragraph 122. In cases where the duty does not arise automatically, the assumption of responsibility by the state is to be analysed in relation to the harm for which the state assumed responsibility and not other risks.

***R (Maguire) v. Blackpool and Fylde Senior Coroner and others* [2020] EWCA Civ 738; [2021] QB 409**
(Links: [BAILII](#); [Lexis](#); [Westlaw](#))

Article 2 duty may be owed for some purposes but not others.

***R (Parkinson) v. Kent Senior Coroner* [2018] EWHC 1501 (Admin); [2018] 4 WLR 106**
(Links: [BAILII](#); [Lexis](#); [Westlaw](#))

Article 2 in medical cases (applying *Lopes de Sousa Fernandes v. Portugal* (2017) 66 EHRR 1011
(Links: [BAILII](#); [Lexis](#); [Westlaw](#)))

***Rabone and another v. Pennine Care NHS Trust (INQUEST and others intervening)* [2012] UKSC 2; [2012] 2 AC 72**
(Links: [BAILII](#); [Lexis](#); [Westlaw](#))

Article 2 for informal mental health inpatients, and the three indicia for determining whether Article 2 applies to new categories of cases (paragraphs 22-24).

R (Humberstone) v. Legal Services Commission (Lord Chancellor intervening) [2010] EWCA Civ 1479; [2011] 1 WLR 1460
(Links: [BAILII](#); [Lexis](#); [Westlaw](#))

Article 2 and systemic failures.

Savage v. South Essex Partnership NHS Foundation Trust [2008] UKHL 74 [2009]; [2009] 1 AC 681
(Links: [BAILII](#); [Lexis](#); [Westlaw](#))

Article 2 and detained patients.

R (Middleton) v. West Somerset Coroner and another [2004] UKHL 10; [2004] 2 AC 182
(Links: [BAILII](#); [Lexis](#); [Westlaw](#))

The effect of Article 2 on the inquest process, including on scope and conclusions.

R (Amin) v. Secretary of State for the Home Department [2003]; UKHL 51 [2004] 1 AC 653
(Links: [BAILII](#); [Lexis](#); [Westlaw](#))

The nature of an investigation when Article 2 is engaged.

Jordan v. United Kingdom (App. No. 24746/94) [2001]; (2003) 37 E.H.R.R. 2; ECHR 24746/94
(Links: [BAILII](#); [Lexis](#); [Westlaw](#))

The procedural requirements of an effective Article 2 investigation.

Osman v. United Kingdom (1998) 29 EHRR 245
(Links: [BAILII](#); [Lexis](#); [Westlaw](#))

The nature of the operational duty imposed by Article 2 ECHR including the “real and immediate risk to life” test.

5. Scope

R (Hambleton and others) v. Coroner for the Birmingham Inquests (1974) [2018] EWCA Civ 2081; [2019] 1 WLR 3417
(Links: [BAILII](#); [Lexis](#); [Westlaw](#))

A decision on scope represents a coroner’s view about what is necessary, desirable, and proportionate by way of investigation in order to enable the statutory functions of an inquest to be discharged.

***R (Speck) v. HM Coroner for the District of York* [2016] EWHC 6 (Admin); [2016] 4 WLR 15**
(Links: [BAILII](#); [Lexis](#); [Westlaw](#))

A coroner determining scope is entitled to conclude that a particular issue is so remote from the cause of death that it cannot even arguably be said to have contributed to the death and so exclude it from consideration.

***R (Smith) v. Secretary of State for Defence* [2010] UKSC 29; [2011] 1 AC 1**
(Links: [BAILII](#); [Lexis](#); [Westlaw](#))

A coroner has a wide discretion in setting the scope of an inquest.

***R (Paul and others) v. Deputy Coroner of the Queen's Household and Assistant Deputy Coroner for Surrey; R (Al Fayed) v. Same* [2007] EWHC 408 (Admin); [2008] QB 172**
(Links: [BAILII](#); [Lexis](#); [Westlaw](#))

As a matter of principle, a coroner should determine the scope of an inquest before considering whether to summon a jury.

***R v. HM Coroner for North Humberside and Scunthorpe, ex parte Jamieson* [1995] QB 1**
(Links: [BAILII](#); [Lexis](#); [Westlaw](#))

In non-Article 2 cases, the Coroner must ensure that the relevant facts are fully, fairly and fearlessly investigated.

***R v. Inner West London Coroner, ex parte Dallaglio and another* [1994] 4 All ER 139**
(Link: [Lexis](#))

A decision on scope is a matter of discretion.

6. Juries

***Shafi v. East London Senior Coroner* [2015] EWHC 2106 (Admin); [2016] 1 WLR 640**
(Links: [BAILII](#); [Lexis](#); [Westlaw](#))

Factors to consider in exercising the discretion to summon a jury under section 7(3) *Coroners and Justice Act 2009*.

R (Deana Fullick) v. HM Senior Coroner for Inner North London and another [2015] EWHC 3522 (Admin)
(Links: [BAILII](#); [Lexis](#); [Westlaw](#))

Factors to consider in exercising the discretion to summon a jury under section 7(3) *Coroners and Justice Act 2009*.

R (Paul and others) v. Deputy Coroner of the Queen's Household and Assistant Deputy Coroner for Surrey; ***R (Al Fayed) v. Deputy Coroner of the Queen's Household and Assistant Deputy Coroner for Surrey*** [2007] EWHC 408 (Admin); [2008] QB 172
(Links: [BAILII](#); [Lexis](#); [Westlaw](#))

Factors to consider in exercising the discretion to summon a jury under section 7(3) *Coroners and Justice Act 2009*.

R (Secretary of State for Justice) v. HM Deputy Coroner for the Eastern District of West Yorkshire [2012] EWHC 1634 (Admin)
(Links: [BAILII](#); [Lexis](#); [Westlaw](#))

read with

R v. Galbraith [1981] 1 WLR 1039
(Links: [Lexis](#); [Westlaw](#))

Test to be applied when determining whether to leave a conclusion to a jury.

7. Discretion of the Coroner

R (Hambleton and others) v. Coroner for the Birmingham Inquests (1974) [2018] EWCA Civ 2081; [2019] 1 WLR 3417
(Links: [BAILII](#); [Lexis](#); [Westlaw](#))

The higher courts are loath to interfere with coroners' powers but may do in certain circumstances.

R (Lepage) v. HM Assistant Deputy Coroner for Inner South London [2012] EWHC 1485 (Admin)
(Links: [BAILII](#); [Lexis](#); [Westlaw](#))

Discretion as to witnesses includes the calling of expert witnesses.

R (Mack) v. HM Coroner for Birmingham and Solihull & Ors [2011] EWCA Civ 712
(Links: [BAILII](#); [Lexis](#); [Westlaw](#))

It is for coroners to decide which witnesses are called, but their determination must be *Wednesbury* reasonable, and a proper inquiry must be conducted.

***R (Middleton) v. West Somerset Coroner and another* [2004] UKHL 10; [2004] 2 AC 182**
(Links: [BAILII](#); [Lexis](#); [Westlaw](#))

The coroner's role in determining how best to elicit the jury's conclusion on the central issue(s).

***R v. HM Coroner for North Humberside and Scunthorpe, ex parte Jamieson* [1995] QB 1**
(Links: [Lexis](#); [Westlaw](#))

The duty placed on coroners during investigations and when exercising their discretion.

***McKerr v. Armagh Coroner and others* [1990] 1 WLR 649**
(Links: [Lexis](#); [Westlaw](#))

Coroners may determine how necessary evidence should be adduced.

8. Causation

***R (on the application of Chidlow) v HM Senior Coroner for Blackpool and Fylde* [2019] EWHC 581 (Admin).**
(Links: [BAILII](#); [Lexis](#); [Westlaw](#))

The use of statistics on survival in inquests.

***R (Speck) v. HM Coroner for the District of York* [2016] EWHC 6 (Admin); [2016] 4 WLR 15**
(Links: [BAILII](#); [Lexis](#); [Westlaw](#))

A coroner conducting an article 2 inquest has a discretion to investigate matters which may possibly have contributed to the death, but the only duty is to investigate those matters which caused, or at least arguably appear to have caused or contributed to, the death.

***R (Dawson) v. HM Coroner for East Riding and Kingston upon Hull Coroners District* [2001] EWHC Admin 352; [2001] Inquest LR 233**
(Links: [Lexis](#); [Westlaw](#))

In order for an event or conduct to be said to have caused the death it must have contributed more than minimally, negligibly, or trivially to the death.

***R (Lewis) v. HM Coroner for Mid and North Division of County of Shropshire, Secretary of State for the Home Department (Interested Party)* [2009] EWCA Civ 1403; [2010] 1 WLR 1836**

(Links: [BAILII](#); [Lexis](#); [Westlaw](#))

A coroner is not obliged to leave to the jury a fact or circumstance which could have caused or contributed to the death but cannot be shown probably to have done so.

9. Non-causative factors

***R (Worthington) v. HM Senior Coroner for the County of Cumbria* [2018] EWHC 3386 (Admin)**

(Links: [BAILII](#); [Lexis](#); [Westlaw](#))

Even a matter not causative of death may be lawfully entered in box 3 of the Record of Inquest as part of the answer to how a person came by their death if the Record would be deficient without it.

***R (Tainton) v. HM Senior Coroner for Preston and West Lancashire* [2016] EWHC 1396 (Admin); [2016] 4 WLR 157**

(Links: [BAILII](#); [Lexis](#); [Westlaw](#))

Admitted failings should form part of the Record of Inquest if leaving them unmentioned would render the conclusion inadequate to describe properly the circumstances in which the deceased met their death.

***R (Wiggins) v. Her Majesty's Assistant Coroner for Nottinghamshire* [2015] EWHC 2841 (Admin)**

(Links: [Lexis](#); [Westlaw](#))

In an Article 2 case, the question of the circumstances in which death occurred is answered by investigating what caused, or may have caused or contributed to the death and not non-causative factors; The Coroner has no duty to leave possibly causative factors to the jury.

***R (Lewis) v. HM Coroner for Mid and North Division of County of Shropshire, Secretary of State for the Home Department (Interested Party)* [2009] EWCA Civ 1403; [2010] 1 WLR 1836**

(Links: [BAILII](#); [Lexis](#); [Westlaw](#))

A coroner is not obliged to leave to the jury a fact or circumstance which could have caused or contributed to the death but cannot be shown probably to have done so.

***R (Allen) v. HM Coroner for Inner North London* [2009] EWCA Civ 623**

(Links: [BAILII](#); [Lexis](#); [Westlaw](#))

Coroners are required to do no more than focus investigations and inquisitions on the central issues in the case.

10. Conclusions (Generally)

R (Maughan) v. Oxfordshire Senior Coroner (Chief Coroner of England and Wales and another intervening) [2020] UKSC 46; [2021] AC 454
(Links: [BAILII](#); [Lexis](#); [Westlaw](#))

Standard of proof in inquests.

R (Middleton) v. West Somerset Coroner and another [2004] UKHL 10; [2004] 2 AC 182
(Links: [BAILII](#); [Lexis](#); [Westlaw](#))

Conclusions in Article 2 cases; Coroner's discretion as to the means of eliciting the jury's conclusion.

R v. HM Coroner for North Humberside and Scunthorpe, Ex parte Jamieson [1995] QB 1
(Links: [Lexis](#); [Westlaw](#))

"How" connoted "by what means" not "in what broad circumstances" the deceased came by his death (NB reversed in respect of Article 2 cases by *Middleton*).

11. Neglect

R (Khan) v. Her Majesty's Coroner for West Hertfordshire and another [2002] EWHC 302 (Admin)
(Links: [BAILII](#); [Lexis \(digest only\)](#); [Westlaw](#))

There must be a sufficient level of fault to justify a finding of neglect.

R v. HM Coroner for Coventry ex parte Chief Constable of Staffordshire Police (2000) 164 JP 665
(Links: [Lexis](#); [Westlaw](#))

The touchstone in cases of neglect is whether there was the opportunity to render care which would have prevented the death.

R v. HM Coroner for North Humberside and Scunthorpe, Ex parte Jamieson [1995] QB 1
(Links: [Lexis](#); [Westlaw](#))

The meaning of neglect and the requirement that there must be a clear and direct causal connection between the conduct described and the death.

12.Unlawful killing

R (Maughan) v. HM Senior Coroner for Oxfordshire (Chief Coroner of England and Wales and another intervening) [2020] UKSC 46; [2021] AC 454
(Links: [BAILII](#); [Lexis](#); [Westlaw](#))

Standard of proof for unlawful killing is balance of probabilities.

R (Wilkinson) v. HM Coroner for the Greater Manchester South District [2012] EWHC 2755 (Admin); (2012) 176 JP 665
(Links: [BAILII](#); [Lexis](#); [Westlaw](#))

Offences covered by conclusion of unlawful killing.

R (O'Connor) v. HM Coroner for Avon (Visser intervening) [2009] EWHC 854 (Admin); [2011] QB 106
(Links: [BAILII](#); [Lexis](#); [Westlaw](#))

All elements of manslaughter required to be proven for a conclusion of unlawful killing, including mental element.

R v. Kennedy (No 2) [2007] UKHL 38; [2008] 1 AC 269
(Links: [BAILII](#); [Lexis](#); [Westlaw](#))

Supply of drugs to informed adult not unlawful act manslaughter.

R (Anderson and others) v. Coroner for Inner North Greater London [2004] EWHC 2729
(Links: [BAILII](#); [Lexis](#); [Westlaw](#))

No conclusion of unlawful killing may name person responsible.

R v. Matthews and another [2003] EWCA Crim 192; [2003] 2 Cr. App. R. 30
(Links: [Lexis](#); [Westlaw](#))

Intent for murder and perpetrator's appreciation of the consequences of actions.

R v. Woollin [1998] UKHL 28; [1999] 1 AC 82
(Links: [BAILII](#); [Lexis](#); [Westlaw](#))

Intent for murder and perpetrator's foresight of harm.

R v. Adomako [1995] 1 AC 171
(Links: [BAILII](#); [Lexis](#); [Westlaw](#))

Elements of gross negligence manslaughter.

***R v. Cheshire* [1991] 1 WLR 844**

(Links: [Lexis](#); [Westlaw](#))

Causation requires significant contribution.

***R v. Wolverhampton Coroner, ex parte McCurbin* [1990] 1 WLR 719**

(Links: [Lexis](#); [Westlaw](#))

Jury must consider unlawful killing first.

***R v. Cato and others* [1976] 1 WLR 110**

(Links: [Lexis](#); [Westlaw](#))

Unlawful act manslaughter the context of deliberate drugs injection of another.

13. Narrative Conclusions

***R (Smith) v. HM Assistant Coroner for North West Wales* [2020] EWHC 781 (Admin)**

(Links: [BAILII](#); [Lexis](#); [Westlaw](#))

Even in Article 2 cases, narratives must be brief and include conclusions of fact as opposed to expressions of opinion; when a coroner is sitting without a jury, admitted failures can be included in the reasons rather than in the conclusion.

***R (Tainton) v. HM Senior Coroner for Preston and West Lancashire* [2016] EWHC 1396 (Admin)
[2016] 4 WLR 157**

(Links: [BAILII](#); [Lexis](#); [Westlaw](#))

Admitted failings should form part of the Record of Inquest if leaving them unmentioned would render the conclusion inadequate to describe properly the circumstances in which the deceased met their death.

***R (Allen) v. HM Coroner for Inner North London* [2009] EWCA Civ 623**

(Links: [BAILII](#); [Lexis](#); [Westlaw](#))

Coroners are required to do no more than focus investigations and inquisitions on the central issues in the case.

***R (Middleton) v. HM Coroner for the Western District of Somerset and another* [2004] UKHL 10; [2004] 2 AC 182**
(Links: [BAILII](#); [Lexis](#); [Westlaw](#))

Guidance on narrative conclusions in Article 2 cases.

***R (Longfield Care Homes Ltd) v. Blackburn Coroner* [2004] EWHC 2467 (Admin)**
(Links: [BAILII](#); [Westlaw](#))

Narrative conclusions are available in non-Article 2 cases.

***R v. HM Coroner for North Humberside and Scunthorpe, ex parte Jamieson* [1995] QB 1**
(Links: [Lexis](#); [Westlaw](#))

In non-Article 2 cases, a narrative conclusion but this must be a brief, neutral, factual statement and express no judgment or opinion.

14. Regulation 28 (Reports to Prevent Future Deaths)

***R (Sreedharan) v. HM Coroner for the County of Greater Manchester (Manchester City District) & Ors* [2013] EWCA Civ 181**
(Links: [BAILII](#); [Lexis](#); [Westlaw](#))

Evidence may be admitted even it is relevant only to the issue of preventing future deaths.

Coroners Inquests into the London Bombings of 7 July 2005, Ruling 6 May 2011 (per Lady Justice Heather Hallett at p. 15 Transcript)
([Link](#))

“Giving rise to a concern” (for the purposes of determining whether the coroner has a duty to report) is a low threshold.

15. Miscellaneous

***R (on the application of Lin and others) v Secretary of State for Transport* [2006] EWHC 2575 (Admin) [2006] EWHC 2575 (Admin)**

Submissions on the law and reports to prevent future deaths would merely be beating the wind unless they were founded on the facts of the instant inquiry.

