HOUSE OF COMMONS

# Justice Committee

## Oral evidence: The Coroner Service: follow-up, HC 490

Tuesday 19 March 2024

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Watch the meeting

Members present: Sir Robert Neill (Chair); Tahir Ali; Rachel Hopkins; Dr Kieran Mullan; Edward Timpson.

Questions 118 - 195

### Witnesses

I: Mike Freer MP, Minister for Courts and Legal Services, Ministry of Justice; Terry Davies, Deputy Director at Death Management, Miscarriages of Justice Compensation, Inquiries and Coroners Division, Ministry of Justice.

The Ministry of Justice (TCS0054)

### Examination of witnesses

Witnesses: Mike Freer and Terry Davies.

Q118 **Chair:** Welcome to this session of the Justice Committee and our evidence session in relation to our inquiry on the coroner service. Welcome to Mr Freer and Mr Davies. I will ask you to introduce your roles in a moment. We have to do our declarations of interest. I am a non-practising barrister, former consultant to a law firm.

**Edward Timpson:** I am a barrister with a current practising certificate but not undertaking any direct court work. I am a former Solicitor General, former chair of CAFCASS and former chair of the national Child Safeguarding Practice Review Panel. My brother is chair of the Prison Reform Trust, and I am currently giving informal advice to Ministers on family justice policy.

Q119 **Chair:** Nothing else from anybody? Okay. Mr Freer, thank you for coming. I know you are the Under Secretary of State for the Department, and you have responsibility for the policy issues here. Mr Davies, what is your role?

***Terry Davies:*** I am the deputy director at the death management, miscarriages of justice compensation, inquiries and coroners division.

Q120 **Chair:** Thanks very much for coming to give evidence. Mr Freer is a regular—nice to see you again, Minister. Can I just start by going back a little in time, Minister? Back when the Lord Chancellor was doing your job in 2021, when we did our earlier report, he gave evidence to us that the coroner service in England and Wales was "operating really positively." Earlier this year we had the Chief Coroner—Judge Teague—give evidence to us and he said the service is "chronically under-resourced and underfunded," to the extent that the rule of law is under threat. A rather different analysis from two perspectives there. What is your analysis, now you are in the post?

***Mike Freer:*** I have to say that is a rather surprising comment, because those were not the contents of the conversations I have had with the Chief Coroner. It is certainly true that the coroner service is dealing with increased demand. The amount of time it takes to get through the process is not as fast as we would like, for a variety of reasons, which I am more than happy to touch on. I would have thought the Chief Coroner probably would say more resources would always be welcome—I have never met a public servant who would not always welcome more resources—but broadly speaking, I think that the coroner service is working well. There are things we need to do to deal with demand into the system and to streamline some of the issues. I am more than happy to touch on things like the number of post-mortems being requested, and the lack of pathologists that is causing the problem to slow down. Broadly speaking, I would not characterise the service the way the Chief Coroner has, but perhaps he is closer to it than I am.

Q121 **Chair:** Perhaps in fairness I will give you the full quote that he gave us in January, "In my view, the coroner service in England and Wales is, with very few exceptions, chronically under-resourced and underfunded…There comes a point at which underfunding imperils the rule of law. That is not an exaggerated statement. A judge in whatever jurisdiction has to know that he or she can decide the case on the merits of the case, on the justice of it. If as a result of chronic underfunding you get to a situation where a coroner's decisions are partly dictated by economic necessity, judicial independence no longer exists, and that imperils the rule of law. That, I am afraid, is a point which we have already reached in some areas." That is a very grave assessment from the Chief Coroner. That must worry you, surely?

***Mike Freer:*** Where I would agree with him is that, because of what is known as the triangle of responsibility, the funding mechanism is a little complex. Certainly, in London, we have some strains in recruitment

through the Met. I am not in a happy place with the way the Met is approaching its responsibilities to the coronial service in London. But more broadly speaking, I accept that we have problems of recruitment in some areas, including investigation, particularly in London, and we have problems with pathology and the volume of PMs. There is a big debate to be had as to whether changes like those to the MCCD—the medical cause of death certificate—but also the way we handle what is called the 28-day rule, will then reduce the flow of demand into the system. I would not characterise it the way the Chief Coroner has, but I would accept there are strains in parts of the system.

Q122 **Chair:** As you said, the Chief Coroner is perhaps closer to the ground than any Minister, with the best will in the world, can be.

***Mike Freer:*** Yes, indeed.

Q123 **Chair:** I will come to the triangle of responsibility in a minute, but you made the point about post-mortem delays. We have also made a point of visiting coroners in our own areas to get a sense of the feeling. We found, and we have all been given evidence, quite starkly in some cases, the delays to the post-mortems are so bad that you cannot get a meaningful assessment of the cause of death. Frankly, it is because of the state of the bodies when they have been waiting for so long to be dealt with. That cannot be right, can it? That has to be an urgent matter to deal with, where the bodies have decayed to such an extent you cannot find out the cause of death any more, which is the whole purpose of the coroner's inquest.

***Mike Freer:*** I have to say, I have not had a direct conversation with the Chief Coroner where he has expressed it as forcefully as that. In the coroner areas I have visited, the biggest impact in Westminster was a lack of investigators that was slowing things down; that goes back to the point I touched on about resources in London. I think it was Exeter I visited, and again, the issue down there was a shortage of pathology, and most acute in paediatric pathology. I accept that those are areas that are causing strain. But in conversations that the Chief Coroner has raised directly with me—and I get on well with the Chief Coroner—he has not expressed it in quite such forceful terms. I will happily go back and find out exactly what his concerns are.

Q124 **Chair:** That would be sensible, and I am very happy to send the full transcript of his evidence, which was very detailed, to your officials. Mr Davies, have you had any discussions to that effect?

***Terry Davies:*** We are obviously aware of the challenges facing coroners, in terms of getting pathology provision and the impact of delays. This is why we have had a cross-ministerial group and an official level steering group, which is looking at putting in place an action plan that has been agreed. One of the things that we are taking forward, and we have had a call for evidence on, is the level of pathology fees. As part of the action plan we are also looking at training provision, in terms of increasing the

number of pathologists, and having engagement with DHSC on the extent to which it might be helpful to bring coronial pathology into the NHS contract. That is work that is being taken forward because these are complex issues and, as you rightly say, they are creating challenges in certain geographical areas.

Q125 **Chair:** Has the Chief Coroner been involved in the development of the action plan?

***Terry Davies:*** I believe he has been sighted on that, yes.

Q126 **Chair:** Has he been involved in its development? That is different from being sighted. Has he had a say and a hand in steering the action plan?

***Mike Freer:*** I would have to double-check, so unless someone has—

Q127 **Chair:** A basic point, if I might say, Minister.

***Mike Freer:*** I always take the view that our teams work—

***Terry Davies:*** He has.

Q128 **Chair:** So one would hope, yes. It might be worth having further conversations.

***Mike Freer:*** Certainly, I know our teams work very closely together.

Q129 **Chair:** The other situation that was raised was this; you talked about the triangle of responsibility, Minister, and there is a particular problem in London. I understand that the Metropolitan police have carried out an internal review but are so far refusing to disclose the contents of that review. Have you had any luck in getting access to it?

***Mike Freer:*** Have they not given evidence to you yet?

**Chair:** No, they have not.

***Mike Freer:*** Okay. That is a surprise.

Q130 **Chair:** I find that a wholly unsatisfactory situation, and unacceptable behaviour, on the Metropolitan police's part, and I intend to write to them.

***Mike Freer:*** I would share your anger. If any part of the public service does not co-operate with a Committee, I would take a very dim view, as you do. Certainly, I know the Chief Coroner and I wrote to the commissioner asking for a meeting to discuss the particular issues in London. That meeting was downgraded to the assistant commissioner. The Chief Coroner gave very firm views to the assistant commissioner that he thought that was disrespectful, and I share that view. If a senior member of the judiciary asks to see the commissioner in London, that meeting should be granted, especially on such an important topic. People forget that the coroners are judicial office holders, and the Chief Coroner is a senior member of the judiciary in this country and should be dealt with accordingly.

Regarding the internal report from the Met, sadly, the only thing I can share is that they are, as yet, unwilling to meet their responsibility to staff the London region. In my view, that is a great shame—I will put it as gently as that—because all we are asking for in terms of the vacancies is about 1% of the police staff in London. That is not warranted officers; there are 10,000 police staff in London, and the vacancy is 1% of their establishment. That is all we are asking for to ensure that the coronial service in London is met. It is disappointing that, so far, they are not willing to do so. I am now liaising with the Chief Coroner as to how we can escalate that lack of support from the Met, because I think it is causing us problems in London.

Q131 **Chair:** That certainly is something the Committee would agree with. I must say I share your concern at the discourtesy shown by the commissioner, it seems, personally. I hope there will be some explanation forthcoming to you and to the Chief Coroner as to why that behaviour took place, which is surprising, if I may say.

Can I just drill down to one other point now? One of the suggestions, of course, is that it is this three-way involvement that causes the problem. One suggestion that was made is you could have a national service, and there is a difference of view perhaps between us and Government on that. Somewhere partway will be the idea of taking the police out of the equation and transferring the responsibility for the coroner's offices and so on to the local authorities. Is that something that is going to be examined as perhaps a future practice?

***Mike Freer:*** Certainly in London one of the options I have thought about is, if the Metropolitan police are unable to fulfil their statutory obligations to the service, I am not suggesting it should be disaggregated down to the 32 London boroughs and the City—that fragmentation would not be helpful—but there is no reason why perhaps it could not be transferred to City Hall. Because, of course, the police and crime commissioner for London is the Mayor, and there is no reason why we could not suggest it be transferred to City Hall. That might provide a bit more focus, and it might provide that level of direct access that perhaps the Chief Coroner needs, particularly in London. Across the rest of the country, if it were to be entirely in the remit of local authorities, we would have to ensure that the money followed it because there is no point in transferring the responsibility unless the budgets follow.

Q132 **Chair:** There might have to be some transitional funding, for example.

***Mike Freer:*** It is certainly worth looking at. My personal view on a national service is I am not convinced. If it evolves over time as we get through more and more area mergers—we have seen several this year—and is more organic, then that is fine. But I would be a bit wary of, if you like, adding a national layer of bureaucracy on to the coronial service, not least because there is an additional cost—I am not quite sure where I would find the money. But equally, particularly where you have very large faith communities, if I can speak with my local knowledge, the

ability in my patch and in other parts of London for a coroner to be able to respond quickly to religious needs is important. As you know, some religions require a very rapid turnaround on the coronial decision, but also there is quite a large pushback on invasive PMs. That level of nuance, that level of local knowledge, could be lost with a national service. That is why I am a little sceptical as to whether a national coronial service would be appropriate.

Q133 **Chair:** There is, of course, the point that there has been a matter of controversy with one of the London coroners, under our current localised system, and their approach towards faith-sensitive deaths and post-mortems.

***Mike Freer:*** I would be careful not to strain judicial independence, but the Chief Coroner has been exemplary in ensuring that all his coroners are fully aware of the religious sensitivities and to take them into account as they should.

Q134 **Chair:** The issue perhaps being this: under our current set-up there is a variation which goes beyond the purely local circumstances, it might be suggested.

***Mike Freer:*** Given coronial independence, or judicial independence, having a national system would not change that. You would still have the ability of the post holder to have that fierce independence whether you have local management or national management. The purpose of having local management is it allows your local leadership to exert some influence on how the service is run locally to meet those local needs. The coronial independence as a judicial office holder is fundamental, and a national body would not make that better. But having that local knowledge and, if you like, the local nagging of elected representatives—that nuance—is an important benefit of a local service.

Q135 **Chair:** There is a national court service; that has not impinged upon the independence of the judiciary?

***Mike Freer:*** It is a matter of debate as to whether that has improved the service.

Q136 **Chair:** What about the levels of variation in the amount of time it takes to have inquests heard? That varies greatly, does it not, in various parts of the country? Is that not a matter of concern?

***Mike Freer:*** If you look at a national service, I am not always sure it gives us the powers to change, or the powers to manage, that perhaps we think it does. You mentioned the court service; we have variance in how the courts operate—despite having a national HMCTS—because of the way judges operate their courts fiercely independently. Having a national body does not always deliver an equal national service.

Q137 **Edward Timpson:** If I could just pick up on that very quickly. The Government's current view is that a move towards a more regional,

national-scale coronial service should happen by evolution rather than being done directly from the centre. I went to see the Warrington coroner's office; it has new courts opening, for instance, but it will not always have enough coroners to hear the cases, and this is one of the advantages of being able to scale up the resource for a local area where it may be in a similar situation. But it is not able to draw on coroners from other areas, because they are providing service in Manchester, or wherever else it may be. Is there not a case, first through the mergers, for widening the ability to use the resource of coroners more smartly so that we do not get delays, but also looking at potentially having a national pool of coroners who can help where there are issues of capacity, cognisant of the fact that local knowledge is still important?

***Mike Freer:*** Of course, the business case that underpins any merger that is approved will include that level of flexibility of resource. Does it bring economies of scale? Does it bring flexibility? Does it put the service closer to the user group? And so on. They are not all approved. Sometimes you find either the business case does not stack up, or local opposition to the merger from elected Members is such that it does not proceed. But it would be worthwhile investigating with the Chief Coroner, in terms of seeing whether there is an ability to have a kind of pool. Of course, as we know from the court system, it is not always easy to get judicial office holders to move around the country.

Q138 **Tahir Ali:** Minister, you mentioned faith-related deaths; there is a difference between what you, as a Minister, have been told, and what actually is happening in reality, in terms of the release of bodies for faith-related deaths. Nineteen days or more is not uncommon in Birmingham. Where does the accountability sit? Because the judicial officer is used as a barrier to stop the coroner being approached. That is right and proper while the investigation is happening, but once that investigation has happened and a body has been released, you do not get an annual report from your local coroner, and you do not get told how long it has taken to release. How is the Chief Coroner going to know and how you are going to find out? What mechanism do we have as elected Members if families come to us after the event, and this is by no means trying to interfere in the process, where it has taken 19 days for a body to be released, and it could perhaps have been released on day two or three?

***Mike Freer:*** I said that it will always be difficult when none of us can know the circumstances in the local area at that time. The Chief Coroner has expended a considerable amount of time issuing guidance and best practice to his coroners, so that they should, wherever they possibly can, expedite the process where there is a faith requirement. That does not mean every one. I have them in my own patch; I have a very religious constituency, and I know it does not always happen. But the Chief Coroner has made it very clear, within the bounds of his role, that local coroners should use their discretion to make the process as fast as possible, because they are aware. But it will not be every one; there may be other factors as to why a particular case is going slowly. The option, of

course, is that you can always write to me, and within the bounds of our constitutional requirements, we can inquire as to what the problem is. There may be problems that we are not aware of, but if we can find out what has caused a delay, that will at least allow the families some understanding, even though they are not happy about it.

Q139 **Tahir Ali:** What do you expect the family members, who are waiting for the body to be released on faith-based reasons, to inquire with the coroner's staff? After a week they are told, "We can't tell you anything." Then they call back three days later, and they say, "You're being awkward now, we can't tell you nothing, you've just got to wait." Is that good enough?

***Mike Freer:*** That is not the kind of service I would expect. The whole process—

Q140 **Tahir Ali:** That is the level of service that is being provided to the bereaved families in the Birmingham and Solihull coronial area.

***Mike Freer:*** We have done quite a bit of work at trying to improve the way the bereaved are informed of how the coronial process happens. Historically, it has been done to them rather than having them alongside. It is an official and quite formal process, but that does not mean it needs to be officious. We have done work on trying to ensure that coroners keep families informed as to what is going on; even if they do not like the process they should at least understand it. I will take that away to the Chief Coroner and try to find out why your constituents are not getting the right level of service.

Q141 **Tahir Ali:** If you want the details, and it is more than one case, I am happy to share them.

***Mike Freer:*** Please do.

**Tahir Ali:** Family members are happy to write to you, so you can fully ask the questions equipped with the facts.

***Mike Freer:*** The other thing if I could add: I have met the various faith burial groups, and I meet them to ensure that their concerns are met. In fact, only just yesterday I visited the Gardens of Peace in east London, to understand the challenges facing the Islamic community. There is a regular dialogue, so I am very happy to take cases up if you write to me.

Q142 **Chair:** I am very grateful for that, Minister; that is much appreciated by us all. The final thing, from my point of view, is this: what happens in reality, certainly in London and probably most other places, is there is a lead local authority for the coronial area. Quite a number of local authorities, perfectly on the public record—Croydon, for example, which is the lead authority in south London—have issued section 114 notices. Birmingham is not in an easy position either. Perhaps you, Minister, or Mr Davies, can help us; what steps do you take to ensure that the lead authorities are financially viable and are in a position to meet their

statutory obligations? Because the concern must be, if they are serving section 114s, what could you do to ensure that they are able to do it?

***Mike Freer:*** Interesting. I have to say, I had not given that a lot of thought. It is a very fair challenge. I am not sure whether Mr Davies has an answer; it is something we will have to look at.

***Terry Davies:*** We will need to take that away.

Q143 **Chair:** Would you like to take that away and perhaps come back to us?

***Mike Freer:*** Yes, it is a very fair challenge.

**Chair:** We are both local government people; we know the consequences of this.

Q144 **Rachel Hopkins:** It appears the coroner service has not recovered from the pandemic as well as hoped. There are still serious delays in some areas, and the Chief Coroner told us they are due to get worse. In your view, what are the main causes of these ongoing delays?

***Mike Freer:*** If I can answer that in reverse. We are looking to try to take out some of the volume; that sounds a bit clinical, I apologise. Part of the problem, as we have discussed, is the lack of pathologists, which is why we are currently consulting on the fee. That is not just general pathology, but it is especially acute in paediatric pathology. We are consulting on increasing the fee, and we are consulting with colleagues at the Department of Health and Social Care, because it has perhaps slipped down the training rota for junior doctors, and they need to learn pathology. I apologise if I have the wrong terminology, but broadly speaking, trainee doctors used to have a stint and that has kind of fallen away. We are talking to Department of Health and Social Care colleagues about getting that back up on to the teaching agenda.

In addition, there is something called, I think, section 28—I can just check which Act it is. I apologise, it is the 28-day rule, not section 28. If you have died and you have not seen your doctor within 28 days, it automatically gets referred to the coroner. With the new medical certificate of cause of death, that should then go to the medical examiner, who may find some cases that should go to the coroner that would not have done, but it is most likely to find that those cases that would have automatically gone to the coroner, because of the 28-day rule, no longer will. We are hoping that should see a reduction in the volume.

So the medical examiner, the new MCCD—which will impact on the 28-day rule not being applied—and pathology should mean that the volume of post-mortems going into the system should reduce. It is an interesting challenge, I do not have the data to hand, but certainly we have more post-mortems per head of population in the UK than any other European country. It would be interesting to look at why that is. It may be because our systems are very different, and so we generate more. But certainly,

what we are seeing is more people going into the coronial system that perhaps should not be. Those measures we are taking should see the volume drop.

Q145 **Rachel Hopkins:** Just to push that, the main causes of the ongoing delays, notwithstanding your reply saying, "Here are some answers to try and reduce it," is simply that we are having more post-mortems per head. Are there any other reasons for the delays?

***Mike Freer:*** More people are dying. Certainly, we will find the death rate has not dropped post-covid. More broadly speaking, if you look at the statistics, the actual death rate across the UK has not declined post-covid, it has remained high. Just as a pure factor of statistics, it will inevitably generate more people going into the post-mortem system. But there is no specific reason that I am aware of; it is just pure volume, and then slowing down by those other factors that I have mentioned.

Q146 **Rachel Hopkins:** There was £6.15 billion given to local government to help with the pandemic recovery, but it has not really resolved the backlog of inquests that built up over the pandemic. Is there going to be any further funding to help the coroner service in particular?

***Mike Freer:*** I am not aware of any additional funding in the same quantum as the £6.15 billion. What we have to do is understand what is now, if you like, a steady state in the coronial system, and ensure that that is correctly funded rather than just throw a large amount of money into post-covid recovery. What we really need to understand is what is the new norm, and then see what needs to be funded, rather than just saying we need another £6 billion, because I am not sure that is especially helpful.

Q147 **Rachel Hopkins:** That links into the next question. When the Chief Coroner spoke with us, he provided us with some quite striking evidence of where and how his office had targeted a coroner area to help reduce its backlog. The areas that were targeted saw a net overall reduction of nearly 18% in old cases, as opposed to a net overall reduction of only 2.5% elsewhere where they were not targeted. Have you considered providing the Chief Coroner with more staff to do some of this surge targeting to help reduce the backlog, Particularly while the current delays are brought under more control?

***Mike Freer:*** The operational side of the service is entirely down to the Chief Coroner. Our role is policy and obviously providing funding, but if the Chief Coroner has a business case as to how the backlog can be brought down quickly, then we will always look at it. I cannot say I would be able to get the cheque book out, but I can always—

Q148 **Rachel Hopkins:** That was going to be my next question. If there is evidence to show that with this additional resource, we could reduce the delays we are seeing in some of these—

***Mike Freer:*** If we have a strong business case, there is always then a business case to go to the Treasury with. That does not necessarily mean that it will be looked on kindly.

Q149 **Rachel Hopkins:** Even though we all want to hope that families and the bereaved are at the heart of this process. Does it simply come down to money?

***Mike Freer:*** I agree. Well, all systems come down to money. We cannot operate any system without money. If there is a proper business case that we can show will transform the service, I am always happy to go to bat with the Treasury to see what I can do to secure more money.

Q150 **Chair:** It is a question of priorities. One might think the families ought to be quite a priority.

***Mike Freer:*** Yes. But as you know across HMCTS lots of parts of the system are under strain.

Q151 **Dr Mullan:** I just wanted to pick up on the questions from Ms Hopkins, and you mentioned yourself about death rates, and so on. One of the things we asked the charities when we spoke to them about this issue last week, is whether the MoJ models population change. What you might expect is increased mortality rates at certain times, more people dying as an ageing population comes to the end of its ageing period. Do you do that? Does anyone essentially look at capacity and modelling and what we might need in the future? Is that an MoJ responsibility?

***Terry Davies:*** That is not something that we do within my policy area, but it is right that we link in, in terms of understanding death management capacity across government, to understand trends and demands, and what might be happening and where future pressures might be coming from. We are having those conversations with colleagues, but there is certainly more we can do to make sure that we are ahead of the curve in terms of understanding what those trends might look like.

Q152 **Dr Mullan:** On a simpler level, when it comes to individual coroners and their local population, are you able to point to higher or lower ratio coroners? Who would have a higher rate of cases they have to look at for their resources, essentially? Does anyone do that?

***Terry Davies:*** That is not something that we routinely do, but obviously we can pick up with the Chief Coroner and his office to see what we can do to understand local trends in that regard.

Q153 **Dr Mullan:** Okay, thank you. I will just pick up then on some things we have talked about already around pathologists, specifically in the cross-Government action plan, which I think was published last year, 2023, is that right? Do you know what month that was published?

***Terry Davies:*** I do not, off the top of my head. I think it was last summer, but I can clarify that.

Q154 **Dr Mullan:** You have touched on it to some extent, Minister, but do you want to add any particular progress you have made on any of the five domains of that action plan?

***Terry Davies:*** Yes. The main one that we have been progressing, and obviously this links to a recommendation of this Committee a couple of years ago, is in relation to pathology fees. We recognise that this is a complex issue, there is not one particular solution that will resolve this issue generally. But the thing that is within our gift as the MoJ is to look at the level of fees. We undertook a call for evidence in December to look at, and ask a range of questions in relation to, levels of fees and issues that were happening at a local level, and we had a number of responses to that call for evidence. At the current time we are assessing those before we provide advice to Ministers, potentially with a view to having a consultation in due course where we can set out what our recommendations are for fees.

In addition to that, there are medium-term and longer-term discussions that we are having with colleagues, the Home Office, and DHSC—Minister Freer alluded to this—around the training and what additional training can be provided, how we can incentivise that, what the implications of that might be for other areas. We have to be conscious and mindful of that, but yes, around both training and the structural arrangements, and whether that should be part of the formal NHS contract, as part of the call for evidence there were mixed views on that, so obviously we need to give careful consideration to those. But that gives you an indication of the types of work that we are looking to try to progress as quickly as we can.

Q155 **Dr Mullan:** Okay. If you just look at the fee issue specifically—I think it was in 2021 that we said it needed to be looked at—you agreed that it should be looked at in summer 2023, and we are not even at a consultation yet. Would you describe that as swift action?

***Terry Davies:*** No, there are a number of competing priorities. As I say, this was initially one of those that was rejected, but, on reflection, we recognise that there is an important role here in fees, and that it is right that we take it forward and look at that. We are mindful of the funding implications of it, and that is something that we continue to engage with DLUHC and others on. But we are keen to try to progress that as quickly as we can now.

***Mike Freer:*** If I may just answer on the swiftness. The death management team, which is a lovely term, is a small team in the MoJ, and it has quite a lot of cross-MoJ work to do. The problem with pathology became very clear in my visit to Exeter, and it was following that visit that we set up the inter-ministerial working group, spoke to the policing Minister about the forensic side, and spoke to the hospitals Minister who was responsible—it was then Will Quince, now Andrew Stephenson—about the role of pathologists in NHS training. When it became very acute, certainly from my point of view, we put a lot more oomph behind getting this job under way.

Q156 **Dr Mullan:** You touched on the fee implications and talking to DLUHC: would I be correct in saying that actually it is not a Home Office budget issue, that it would be a fee you set that local government then are obliged to pay? What is the ministerial understanding between Departments around having to consent to that? Would it be a joint agreement with DLUHC? Would it have to agree to it, or could the Home Office say, "Well, actually, we have to put the fee up, it's just not reasonable"?

***Mike Freer:*** I do not think we can impose it.

***Terry Davies:*** Yes, there are all sorts of new burden implications that we need to take into account.

Q157 **Dr Mullan:** Have there been any discussions with Treasury about whether they would support—

***Mike Freer:*** It's too early.

Q158 **Dr Mullan:** Too early?

***Mike Freer:*** We do not know the size of the gap yet.

Q159 **Dr Mullan:** Just picking up on the NHS contract, it seems bizarre that most of these people are full-time working in the NHS. Why would we think that there would be a decent amount of pathology service out there for us, if the people who do this job are primarily employed full-time for somebody else? Is there resistance from the Department of Health and Social Care saying that they think they are busy enough in the NHS? Would that be their position, perhaps?

***Terry Davies:*** I would not necessarily say that there is resistance. They are very keen to understand the implications of that. This would have additional resource implications on already overburdened practitioners, and we just need to be mindful of that and conscious of the implications. That is stuff that we are continuing to engage with them on.

Q160 **Dr Mullan:** When do you think we might hear positive progress on both the fee and working arrangements?

***Terry Davies:*** As I say, we are currently reviewing all the responses to the call for evidence, of which there was a significant number. I would like to think that we would be in a position to be able to make progress on that in the next couple of months, with advice to Minister Freer very shortly.

***Mike Freer:*** It is on the agenda at every meeting.

Q161 **Dr Mullan:** We have discussed a little about a national coroner service versus the local service, and I think you were right to say, Minister Freer, that a national service does not guarantee uniformity of standards just because it is national. But one of the areas where I felt there was more common ground, again relating back to our 2021 report, was on a national inspector. You could still have judicial independence and

variation in approach, but you might have a national inspector who could pick out some of these issues that my colleague highlighted in terms of instances where the service potentially is not where it should be. Previously, the Government had said they were giving consideration to our views that there should be a national inspector. Have you considered it, and if not, when might you finish or even begin your considerations?

***Mike Freer:*** The position has probably shifted away from a no to something that we would now actively consider. The issue will be how it is done. We tend to rush to have an inspector for this or a commissioner for that, and we just add layers of complexity. There is a strong argument for inspection. However, I want to understand how it would mesh with the other levels of inspections that are going on across the health and death—I hate the word, sorry, it is all buzzwords—landscape; the NHS has different levels of inspections as well. It is worth looking at, and it is one that I am keen to look at, but I also want to ensure how it would mesh with other inspectorates. What I do not want is to just have another inspector going around, with another inspector, an overlap. It needs to be a bit more co-ordinated to make sure we do not duplicate, and it is effective. Our position has shifted, but I want to make sure that it is done properly rather than just rush to inspect.

Q162 **Dr Mullan:** If the remit was sufficiently narrow to the operationalisation of the coroner's process, what would be the overlap? What inspector would overlap with that specifically?

***Mike Freer:*** We would need to see how it would interact with the medical examiners, because the new medical examiner role is going to be quite crucial and almost like a gateway to the post-mortem. I would want to understand how that is operating. But you also have other inspectors—no, I will not talk about them in case I get it completely wrong; I would rather say nothing than get it wrong. But the medical examiner is a good example of how you have a new regime that acts in some elements as a gateway into the coronial service, and we need to see how that would interact with inspection.

Q163 **Dr Mullan:** Again, considering it was a 2021 recommendation, and we previously had a promise that it was going to be given consideration, when do you think you might have actually finished your considering?

***Mike Freer:*** The starting point will be once we see the medical examiner position rolled out on a statutory basis, so we can see how that lands, and see how the new MCCD process lands. Once they are bedded in, then we will know how that inspection regime, or that regime, is working. I would not say that is going to be done by summer recess because I do not think we will see the medical examiner on a statutory basis until later this year. So, it is, as Ministers always say, soon, but I cannot give you a hard deadline.

Q164 **Edward Timpson:** I am going to ask you about the experience of bereaved families. Just before I do that, to pick up on Dr Mullan's

question about the inspectorate—just to try to be helpful if that can possibly be achieved—I want to pray in aid the joint inspection of special educational needs and disability services where we looked at setting up an inspection regime that involved both the CQC and Ofsted working in tandem in developing a new framework. So, rather than trying to create something from scratch, it may be worth looking at the experience they had in trying to pull together what may already be available to provide the level of inspection that is necessary for the coronial service.

***Mike Freer:*** If I can, I will grab you in the lobby, as they say.

Q165 **Edward Timpson:** Absolutely. We had a roundtable as part of this inquiry and spoke to a number of bereaved families about their individual experiences of the coronial service. I would like to pick up on one or two of the themes that came out of that, if I may.

The first is about the level of information and guidance they are given about the service and what they can expect. As part of your written evidence to the Committee, there has been an explanation around "A Guide to Coroner Services for Bereaved People". I have seen it myself: I was given a copy of it when I was in Warrington. I think it is about 50-odd pages long, so it is quite a lot for someone to get through. You have said that you are going to be publishing an update of that guide early this year; when can we expect to see that updated guide?

***Mike Freer:*** We are waiting to see the new legislation on the IPA because that will have an important role in terms of working with the bereaved. We need to make sure that it reflects the role of the IPA. In terms of whether we have a specific date, Mr Davies may have one.

***Terry Davies:*** We would be looking to have the draft ready in the next couple of months. As Minister Freer says, we are planning to do a more fundamental review off the back of the introduction of the IPA and the medical examiner scheme. As part of that, we are keen to learn lessons from Birkbeck research that will be publishing its findings imminently, and they have submitted evidence to this Committee.

Just to touch on the point that you made about the length of the document, as part of this we might be considering small, more targeted pieces of guidance rather than one large piece, so it is slightly more accessible and easier to read depending on the circumstances of the bereaved. That could be something we look at.

***Mike Freer:*** I am quite keen to get this right because I met some families from the Manchester Arena bombing; it was a deeply distressing experience, not least because as a Government we could not deliver what they wanted. Hearing their experiences of how the criminal system was done to them was very striking. We heard that they felt completely powerless. We know the system is formal, officious and you are excluded from it, but the whole attitude of the service to push the families away and treat them as if they are an afterthought—this is all well

documented; I am not speaking out of turn—and hearing from the families themselves was incredibly distressing.

We will not get it perfect because it is a judicial process, but if we can soften the edges and make people understand how it works, and give them a voice, then we will have made significant progress. As Mr Davies was saying, having a 50-page document is ridiculous; something simple is needed which signposts further details, if people want those further details. But trying to hand somebody a phone book and hoping they will absorb it in a time of grief is wishful thinking.

Q166 **Edward Timpson:** Have bereaved families been consulted as part of this redraft of the guidance in order to take fully into account the types of ways that they would find this information presented in a meaningful way—in a way that they are able to absorb it—and that actually enhances their experience going through the process?

***Terry Davies:*** Certainly for the more fundamental rewrite that we are planning for the IPA and the medical examiner, and looking to what extent they could be targeted, one of our plans would be to make sure that we are utilising the Birkbeck research, and looking at the role of the bereaved and how their experiences are. It is quite possible that we would want to do some engagement with the bereaved to understand their experiences and to get their feedback on areas of the guide that could be improved.

Q167 **Edward Timpson:** Finally on this point, as good as the guide can be, unless bereaved families are aware of it, it will not serve any useful purpose to them. We heard about a huge range of experiences where many did not even know about it until we told them, let alone after the process had finished, so there is a real inconsistency around what information is made available to them. Is there anything that you can do, or would undertake to do, to first establish why that is; why in some courts they are given this information, and in others they are not? But also different ways that information could be imparted, not necessarily just in a physical guide, but maybe other ways that they would find it easier, in the circumstances, to understand what is going to happen?

***Mike Freer:*** I will take that away and discuss it with the Chief Coroner. There are two ways it could be done. First, is how we get the local office holders to engage with bereaved families. Alongside that, I am aware that it is not a national service, and it will vary, and there are a variety of charitable organisations and voluntary groups that provide grief support. Perhaps we can engage with those more to ensure that it is available in a variety of sources and not just from the local coroner's office. Let me take that away, and I will write back to the Committee with some practical steps.

Q168 **Edward Timpson:** Thank you very much. On the support that is provided by charities to bereaved families, you will be aware of the Coroners' Courts Support Service that we have met and spoken to, and I

think they have given evidence to this Committee. There are about 400 volunteers across 44 of the 80 coroner areas in England and Wales, I believe. Clearly, both the current Chief Coroner and his predecessor were extremely supportive of their role and were keen to see them rolled out everywhere. In response, you have agreed to look into this further, according to the written evidence to this inquiry. But on the basis that we are told that it costs about £5,000 to set up one of these services in a new coroner area, and about £5,000 to run it every year, we are not talking in the vernacular megabucks for what is clearly a very valuable service for many of these bereaved families, as we have heard from them directly. Is turning it into a service that is available in all courts something that you are actively considering? As part of your comprehensive engagement plan that you have put in your written evidence, can you explain what that is trying to achieve?

***Terry Davies:*** Essentially, we would absolutely support extending support services across them all. As you say, CCSS provide it in 44 of the 80 areas, we are hoping to lower that down to 77 and then 75 coronial areas. We want to support that in any way we can to make sure those support services are available. We have obviously not been able to progress that work as quickly as we would have liked due to affordability concerns, but I note the points you make that the volume and amount of money suggested for this is not insurmountable.

We are also mindful that it is at the discretion of the local coroner in terms of whether they want support services in their area. At the moment, it is funded in part by both local authorities and donations, but we remain committed to trying to ensure that there are support services across all coroner areas. CCSS also provides a national helpline and website whereby people can reach out for information and advice, both nationally and internationally, if they should wish. It is something we are very keen to progress.

Q169 **Edward Timpson:** It would be remiss of me not to point out that in the Committee's report of 2021, the recommendation: "The Ministry of Justice should as a matter of urgency provide funding for support services for bereaved people at inquests, (such as those provided by the Coroners' Court Support Service), so that this support is available in every Coroner Area." Could we see perhaps a little more urgency now there is a common view that this is a good thing?

***Mike Freer:*** Subject to availability of resources.

Q170 **Edward Timpson:** It is £200,000 to kick-start it in the other 40 areas: that is a little ask there.

***Mike Freer:*** It is not money I have down the back of the sofa in the office.

**Chair:** The Ministers' salaries.

***Mike Freer:*** One director less.

**Chair:** Exactly.

Q171 **Dr Mullan:** Building on the discussion around families and the experience of the coroner's court, I want to talk in particular about what has been described as the inequality of arms. Of course, the proposition put forward is that the coroner's process is an inquisitorial process and is non-adversarial. If it is purely inquisitorial and a neutral finding of the facts, why do public bodies take lawyers to these hearings and use them to prepare their participation?

***Mike Freer:*** Taking that last point first, I understand that the Chief Coroner has made it very clear that he expects, through his coroners, that it is not an adversarial process, and the level of representation needs to be significantly scaled back. He has made that very plain.

In terms of trying to level the playing field, providing legal aid broadly would be the wrong step given the role of the coroner. We have reduced the means test on the exceptional case funding mechanism, which makes it more available to more people, but particularly, we are looking at what level of legal aid should be provided to support the independent public advocate process when a major incident is set up. We are looking at extending access to legal aid without making it simply fuel the arms race of representation in the coroner's court.

Q172 **Dr Mullan:** I welcome, as you mentioned, the Chief Coroner's view on this, but he does not have any power to make that happen, and the individual coroners, as far as I am aware, might be able to control who turns up on the day, but they cannot stop a public body spending huge amounts of public money in preparation. So again, do you think that in itself betrays the fact that in many circumstances it is by default becoming an adversarial process where public bodies, and private companies, are seeking to protect their reputations? Can it really be considered a purely neutral process?

***Mike Freer:*** The Chief Coroner does have a lot of influence, but that is the price we pay for judicial independence; each coroner runs their court as they see fit. Of course, I believe the Chief Coroner does have significant influence, alongside the local coroner, to push back on representation in the court. It is something we have to keep an eye on, but I do not want to just say that because they are doing it, we must give it to other people, and then all we end up with is an arms race. We should try to push back and see if we can ensure that it goes back as much as we can. The work we have done on the exceptional case funding mechanism, and through the IPA, will address some of the biggest causes of imbalance.

Q173 **Dr Mullan:** I recognise that you are understanding the problem and giving words of comfort, but I would say that NHS trusts, for example, are overwhelmingly very well represented by legal teams, as are private companies, so it is not as if these are just occasional things that go on. At the bog standard inquest at which a public body or a private company is

represented, there will be an inequality of arms. It is the default setting rather than the exception that we have to push back on. Would you accept that?

***Mike Freer:*** I do not want to accept it. We need to look at how we can push public bodies to wind their neck in a bit on this, if you like. Opening up legal aid just fuels the arms race, and that is not something I am keen to do. I accept the facts on the ground, but that does not mean that we have to accept defeat.

Q174 **Dr Mullan:** Does the MoJ have engagement with, for example, the Department of Health and Social Care on this issue? Do you have discussions with the civil servants who look after litigation and public expenditure on these types of things?

***Mike Freer:*** I have not, not directly.

***Terry Davies:*** Coming off the back of the Government's response to Bishop James Jones's report on Hillsborough, there was discussion about the use of legal representation, and, obviously, there are contractual requirements that if someone has to attend an inquest or an inquiry, they should be having legal representation. We need to make sure that that is proportionate.

The other thing I just wanted to flag was that there has been training involved—the Chief Coroner, the Bar Standards Board and the SRA—about lawyers that attend inquests and how they should behave, and the types of questionings, to try to encourage a more inquisitorial rather than adversarial nature. There is that movement as well in terms of expectations about lawyers and how they should behave, and how they question witnesses, and so on, because it is not a criminal trial; it is an inquisitorial process, a fact-finding process. Therefore, the lawyers that are participating in that should approach it with that ethos.

Q175 **Dr Mullan:** It is not just the lawyers; the lawyers are acting on instruction really because, as I said, inherently, do you think any public body entering into an inquest process does not seek to protect its reputation? Would that not just be the ordinary thing for a public body or private company to do if they are involved in an inquest? So why do you think it is going to work if what we would all assume is common sense goes against what we say it is supposed to be?

***Terry Davies:*** The Government signing the Hillsborough Charter, among other things, and all the rules around the civil service code and the Nolan principles—people should be approaching these openly and transparently. It should not be about protecting your own interests. That is a culture we are trying to create across Government, and I think that is only right.

***Mike Freer:*** Maybe have a Health Minister at your next meeting.

Q176 **Edward Timpson:** What happens after there has been an inquest, and what routes are there for family members to challenge the decision? You

will be aware that, as things stand, there is no right of appeal to an inquest. There is the Coroners and Justice Act 2009, which originally contained a right of appeal, but that was never brought in and was eventually repealed. So, the routes are essentially to the High Court under section 13 of the Coroners Act 1988, or by judicial review.

When the Committee last looked at this, one of the recommendations in 2021 was to revisit this and look at any new mechanisms to appeal or challenge the decision of coroners, which is less unwieldy and complex, and potentially expensive. In your written evidence to this inquiry, you explain that work has not yet happened; three years on, and that work has not been done. Could you explain why, and what your plans are to do so?

***Mike Freer:*** As you have outlined, the current process is there; it can work but is not the slickest of processes. It is simply that the team is stretched in terms of the other work it is undertaking. The team is small; there are about five FTEs that do this kind of work, and it has been stretched doing other pieces of work. So, it is purely a question of other work programmes that have taken a priority.

Q177 **Edward Timpson:** Is it still your intention as a Department to carry out that work when you are able to and, hopefully, off the back of this report?

***Mike Freer:*** Yes, certainly. The team have been heavily involved in the preparation on the independent public advocate, which has been quite comprehensive. It has been dealing with Bishop James' report and advising on online safety harms and the requirement for data storage, so there has been quite a lot of hefty work that the team have been involved in. It is not that we have sought to just not do it; it is still on the workstream. It is just there are some chunky pieces of work in the queue in front of it, but we are still committed to doing it.

Q178 **Rachel Hopkins:** When we met with many bereaved families, and others who have been in touch, they told us about their frustration when coroners' prevention of future death reports seem to disappear into a black hole, and they do not see what happens. Do you think the prevention of future deaths process is working as well as it could?

***Mike Freer:*** I did a check before I came here to make sure that the MoJ has its house in order, and it has. From the point of view of the MoJ, broadly speaking, they are useful, and the system is working well. My personal view is that they add to the narrative. Is there then an expectation that you end up with a body that enforces them or inspects them? Again, I am a bit wary of constantly creating more and more bodies. The PFDs can inform decision making. I am not saying it is perfect but, broadly speaking, it is working.

Q179 **Rachel Hopkins:** Just to push a little bit on that, you say they are working well in that they are created, but in many instances there needs to be action to prevent a future death from occurring. Are you saying that

is working well in all or most instances?

***Mike Freer:*** I do not know whether it is officially, but—

Q180 **Rachel Hopkins:** How is that monitored, for example?

***Terry Davies:*** There is more that can be done to ensure that lessons are learned both at a local and national level, that is true, and we are committed to doing that. We expect respondents to take them seriously and to respond. We will continue to commit to undertaking more work to see what we can do to improve that, and make sure that that is happening. One thing could be further guidance to coroners around whether we can better utilise the existing scrutiny, the regulatory bodies that already exist across the country, to make sure that where reports are written, they are targeted to the right national regulators and scrutiny bodies, so that there is national oversight and learning. There is stuff that can be done to improve the process.

Q181 **Rachel Hopkins:** I thank you for that because the biggest thing that we heard from the family members we spoke to is they just did not want what had happened to their loved one to happen to somebody else's family. In that respect, it is all well and good saying, "Ensure lessons are learned," but we need to see how those lessons are learned and potential future deaths are prevented.

The Chief Coroner told us that "there is a gap in what happens if somebody does not respond or puts in an inadequate response." This is to a PFD. Where do you think this responsibility for oversight and enforcement of PFDs should sit? Should it sit with the MoJ, or are you saying it is purely dispersed with those other bodies you mentioned?

***Terry Davies:*** Those other bodies have a role. We can have conversations with those bodies that receive a larger volume of PFDs, and make sure that they are treating them seriously and responding within the 56-day window. There is more we can do to make sure that coroners have the guidance on how best to target those responses; that national bodies are properly scrutinising them and learning lessons to avoid future deaths wherever possible.

The conversations we have been having with the Chief Coroner as part of increasing awareness and learning lessons from these is about making them more easily accessible, and they are being made more available on the website of the Chief Coroner's office so that academics, researchers and others can access those reports and do analysis and understand trends.

Q182 **Rachel Hopkins:** On the national picture about trends and analysis, do you see some merit in INQUEST's proposal for a national oversight mechanism, given what you have just said?

***Mike Freer:*** I personally do not. I am not going to keep making promises that there will be another national body, another national inspector, another national framework.

Q183 **Rachel Hopkins:** We said national oversight mechanism. It does not have to be a body.

***Mike Freer:*** But what does that mean?

Q184 **Rachel Hopkins:** A potential responsibility for someone actually pulling together these themes. If I may come back on the point you said about improving the PFDs that are submitted by coroners; if there are recommendations, who oversees that those recommendations are then carried out to prevent the future death? Otherwise it is just a paper exercise, is it not?

***Mike Freer:*** It is not the coroner's role to implement the recommendations.

**Rachel Hopkins:** Indeed.

Q185 **Chair:** Whose is it?

**Rachel Hopkins:** Who is ensuring the recommendations are implemented to prevent the future deaths?

***Mike Freer:*** The organisations that need to learn from them, but I am not going to commit the MoJ to—

Q186 **Chair:** Is this not a Pontius Pilate approach—"It is not my problem; I wash my hands"?

***Mike Freer:*** If you are being blunt, then yes, but it is equally a matter of resources. I have priorities. I appreciate it is an important issue, but in terms of the limited amount of resources I have to address the issues facing my portfolio, I have to prioritise. The PFDs are published; the learning is there to be used—they are published on the Chief Coroner's website—people can learn from them, the organisations can learn from them. The bottom line is I do not have the resources to create another mechanism to force bodies to learn from them. The system is there, the learning is published, it is transparent, it is open, people need to get on and do that. I cannot find the resources to create another national oversight body to force people to act on them.

Q187 **Chair:** The increase in bodies is going to be the bodies of the people that are dying as a consequence of these not being implemented, is it not?

***Mike Freer:*** That is unfair. The learning is there to be had, to be read, and to be learned from, but equally, as Ministers and politicians, it is too easy just to say, "Yes, let me look at it." Sometimes, a bit of candour is needed, and I recognise there are strong views on this, but equally within the priorities of my budgets, what is there and out in the public domain is there to be learned from. I do not have the resources to create another oversight mechanism. I appreciate that people will disagree with me, but sometimes it is important to be honest.

Q188 **Dr Mullan:** Just following that, this Committee has a diversity of opinion. I am hugely sympathetic to everything that you have just said in terms of

creating another body and all the rest of it. There are other regulators, such as the CQC for healthcare, and the Health and Safety Executive for building sites, and to me it is the obvious thing to implement one in this instance. I am slightly surprised to hear, "To be done—we could do that," because to me it is the obvious thing to do. How is it not already a job of the MoJ to ensure that these regulators are either directly or through the relevant Government Department looking at these issues? It is their job; they are paid to do exactly this.

***Terry Davies:*** It is happening, and the challenge is just making sure it is consistently happening. Do coroners at a local level need further advice on who the regulatory bodies are in terms of who they then seek a response from? We need to ensure greater consistency, not just at a local level but at a national level, and make sure that that is happening more consistently. It does happen, but that was the point I was making.

Q189 **Dr Mullan:** The message I would take from the meeting with the families, and how strongly they feel about it, and the legitimate concern they are raising, is that you need to be incredibly muscular on that issue. It is the job of the CQC, and the Health and Safety Executive, to find these things, to act on these things; it is not necessarily for the coroners even, and it might be at ministerial level that those Government Departments need to make sure they are following these things up. The whole answer can then be given because it is someone's job to do it. I do not know if there are parts of the system that do not have a regulator, but certainly our experience, overwhelmingly, was in healthcare, and there is someone whose job that is to follow those sorts of things up.

***Mike Freer:*** I am more than happy to raise it with the relevant Ministers for those bodies —

**Dr Mullan:** For free, it does not cost you a penny, Minister.

***Mike Freer:*** My whole approach to Committees and my portfolio is to be helpful where I think I can be helpful. I am not standing in the next election, so it would be much easier for me to say, "Yes, I'll look at that, and in the fullness of time will report back," and then it is somebody else's problem. I will be helpful where I think I can deliver, but equally, I want to be honest and say, "I appreciate the point, but I do not think I can deliver it for you."

Q190 **Dr Mullan:** That latter suggestion is perhaps the sweet spot that you can actually deliver, and it would make a difference and does not cost anything.

***Terry Davies:*** As an example, we have responded to all who have come through to the HMPPS on the prison side, as Minister Freer alluded to. We take them seriously, and that is our expectation of others who are recipients of them. As a result of those, significant changes have been made at local prisons in prioritising training to staff on suicide and self-harm prevention; it is happening at a local level. Lessons are being learned that are being adopted, and that will make a difference.

Q191 **Edward Timpson:** Looking at this from another perspective and ways that we can try to enhance the ability for those on the ground to ensure that the same mistakes in practice are not made again in the future, and that is around data and understanding what actually is happening in cases where there may be preventable death. As a comparator, in Australia and New Zealand, you may be aware, they have a data repository which contains information on deaths reported to a coroner in both countries, which is an essential data tool for many coroners and researchers to obtain nationally standardised information about the cause of preventable death. I think they do injury as well. They record all sorts of information: demographic information about the deceased, contextual details on the circumstances of the death, searchable reports including the coronial finding autopsy, toxicology reports, police notification of death reports and so on.

Do you think that if creating another body is not the answer to try to provide some way of getting consistency and good learning across the system, there is more that could be done to give those working in the coronial system the information, the data, that they can then interrogate and use to improve their own practice, potentially reflecting what is being done in Australia and New Zealand?

***Mike Freer:*** There is no reason why not. In fact, I have scheduled a visit to Australia in May, and I intend to visit and have a look at it for myself while I am there. If the system is replicable, I do not see why we should not look at it. I committed to it to the academic I met at Oxford, but I cannot remember her name.

***Terry Davies:*** Georgia Richards.

***Mike Freer:*** When she mentioned it, I said, "As luck would have it, I am, hopefully, going to visit Sydney, and I will have a look at it and see if there is any learning that I can bring back."

Q192 **Edward Timpson:** Good, because one of the potential advantages is they have done a lot of the donkey work, so when it comes to potential implementation in the UK, perhaps there is a good cost-effective route to delivery.

***Mike Freer:*** That would be far too easy.

**Edward Timpson:** We live in hope.

Q193 **Tahir Ali:** I just want to come back to the medical examiners, because they will be going live in less than two weeks' time, and the MCCD is going to be altered to update it for certain things, but there is a delay in that going live online. Can that be brought forward? It is often the writing that is on the certificate that causes the delay in the release of the body.

As every death has to go to the medical examiners, will that now not cause a delay for faith-related deaths and the release of the bodies? If it is a 9 to 5 job and a death happens on the weekend, there will be no

medical examiner to certify the release of that body until Monday or Tuesday, and inevitably in certain areas there is going to be a backlog. So rather than help the process, that will actually prevent bodies from being released.

***Mike Freer:*** Understood.

Q194 **Tahir Ali:** What is being done to provide adequate resources to make sure there is no delay?

***Mike Freer:*** A couple of broad answers to that. Certainly, the implementation of the new MCCD will rely on a rewrite of the IT system that underpins it, and that will take a minimum of 12 weeks, and we are not at that stage. So, as you mentioned, there is a delay to the implementation. When I was at the Gardens of Peace yesterday, there was some debate whether the MCCD should actually record the religion rather than just the ethnicity, and that is worth working through because it gives more data on disparities of cause of death.

It is a very genuine concern about whether this is a 9 to 5 job. It does not have to be, of course, and certainly the implementation, the programme board, is now being chaired by Minister Caulfield and me to make sure that there is some additional impetus to getting this over the line. I will commit to taking that away to make sure the service has times of operating that are as flexible as possible to ensure the faith communities are not disadvantaged. I cannot give you an exact answer today, but I will give you the commitment to that. I will add it to the workstream.

Q195 **Chair:** You have been very frank with us, and I appreciate you want to get things right and that resources are finite. But equally, I think you were a bit surprised at some comments from the Chief Coroner. Is there a need perhaps to look at this with a bit more urgency, given the way things have moved on since 2021? Make the case for that perhaps.

***Mike Freer:*** Yes, certainly, given the comments that you have conveyed from the Chief Coroner, I will beat a path to his door to have that full and frank conversation that he has clearly had with you.

**Chair:** Thank you very much, Minister and Mr Davies. Thanks for your time and your evidence today. This session is concluded.