

CHAPTER EIGHT

The Role of the Coroner's Officer

Introduction

- 8.1 In Chapter Seven, I dealt in detail with the position of coroners in England and Wales and mentioned the role performed by their officers. In this Chapter I shall expand upon the role played by coroner's officers. It will become apparent that there is an enormous degree of variation in the tasks performed by those who work on behalf of the coroners and that there is a lack of uniformity with regard to their employment terms, conditions and circumstances. There is also no consistency in the nomenclature of the posts that they hold. By way of illustration, the coroner's officers who work in the office of Mr John Pollard, HM Coroner for the Greater Manchester South District, are essentially secretarial or clerical staff. In some districts, the coroner's officer has an investigative role. Mr Pollard also has available to him the services of coroner's liaison officers (CLOs), who are employed by the Greater Manchester Police (GMP), albeit in a civilianised post, and who perform some enquiries of an investigative nature on Mr Pollard's behalf. Other such enquiries are performed by GMP officers.

Historical Background

- 8.2 It has long been recognised that, in order to fulfil the many functions ancillary to his/her office, the coroner needs support and assistance. In 1893, the Select Committee on Death Certification explained the position at that time:

'The preliminary inquiries in a case referred to a coroner are usually made by his officer, who frequently is a parish beadle or police officer. In practice it is not unusual for it to be left to this official to decide after his own personal inquiries in the matter, whether an inquest is necessary. He also, in some cases, has the selection of the witnesses to be called, and it sometimes happens that a coroner does not know what witnesses are coming before him until they are called.'

It may be doubted whether this important part of the work connected with a coroner's inquiry should be entrusted to an official who cannot be expected to possess the requisite qualifications for its proper performance.'

- 8.3 In 1971, the Brodrick Committee described the coroner's officer as occupying the position of **'general factotum'** in the coroner service. The Committee's view was that the coroner service had undergone a shift away from its concentration on crime towards a wider medical and social function, with the result that many of the tasks performed by the coroner's officer should not be performed by police officers. The Committee commissioned a survey, which was carried out by the Organisation and Methods Branch of the Home Office. The overwhelming majority of coroner's officers at that time were found to be serving police officers, seconded to serve the coroner. The paradox of the officer

being employed by the police but controlled by the coroner was noted, as were the possible problems that might flow from this arrangement.

- 8.4 The Brodrick Committee recommended that police officers should no longer serve in the capacity of coroner's officers and that the involvement of police officers in that role should gradually be phased out. This fitted in with their view of the shift in function of the coroner service. It also fitted in with the Committee's intention that there should be greater reliance on doctors for the reporting of deaths and its expectation that there would be a corresponding reduction in the investigative function of the coroner and his officer. However, as with other recommendations of the Brodrick Committee, no substantive changes were made in the arrangements for coroner's officers.
- 8.5 In 1985, a further survey by the Organisation and Methods Branch of the Home Office on the work of coroner's officers was circulated by the Home Office to coroners, chief executives of county councils, chief officers of police and others concerned. This echoed the Brodrick Committee's recommendation that police coroner's officers should be replaced by civilian staff employed by local authorities. The Home Office Steering Committee was of the view that this step would enable police officers to be re-deployed on work more relevant to their police powers and training.

Recent Developments

- 8.6 In 1998, the Home Office published Research Study 181 on the Coroner Service, undertaken by Mr Roger Tarling. The Study recorded a gradual shift towards full civilianisation of the post of coroner's officer. However, it also recorded that, although many posts were civilianised, the majority of post-holders were former police officers. The Study noted that very little formal training was provided for coroner's officers, apparently on the grounds that little was needed because of the officers' previous employment. In all the police areas surveyed, training was provided **'on the job'** by **'shadowing'** a coroner's officer, usually the present incumbent of the post. Only ten of the 40 police forces who responded stated that they provided their officers with written guidance as to how to perform their duties. Although it was recorded that most police forces intended to continue to provide coroner's officers, this was not universal. There was noted to be a tension in some areas about who 'owned' the coroner's officers and who had the final say in directing their work. The Study identified a shift towards direct employment by the local authority or the coroner.
- 8.7 As a result of the publication of the Tarling Study, the Association of Chief Police Officers (ACPO) General Policing Committee set up a small working group to consider the issues raised in the Study. The conclusion of that group was that responsibility for the employment of coroner's officers should no longer rest with the police, but should be assumed by local authorities. It confirmed that the degree of responsibility conferred on coroner's officers, and the tasks required of them, varied significantly from one force to another and were very **'ad hoc'**. The group found it impossible to obtain a clear or consistent picture of what roles and functions had been handed over to local authorities and what residual tasks had been left with police forces. The training needs of coroner's officers, said the group, had to be addressed. Training at that time was still **'on the job'**.

- 8.8 The variation in provision throughout the country at this time is well illustrated by work done by Mrs Christine Hurst, the senior coroner's officer for Cheshire. In 1999, she produced a report entitled 'Survey of Standardisation of Duties and Practices of Coroner's Officers in England and Wales'. Upon assuming her post some time earlier, she had set about assessing how the practice of coroner's officers in Cheshire might be standardised. As part of that task, she circulated a questionnaire to coroner's officers all over the country. She received 200 replies which formed the basis of her survey.
- 8.9 The survey revealed that 184 coroner's officers were employed by police authorities and 15 by county councils. One did not know by whom s/he was employed. One hundred and fourteen coroner's officers were based at police stations, 36 in council offices and the rest in hospitals, the coroner's office or in solicitors' offices (presumably the offices of part-time coroners). The majority of coroner's officers received a salary of between £15,000 and £18,000 a year. One hundred were on a paid on-call rota, four were on unpaid on-call rota. Ninety six were not expected to work out of hours but almost half of these could be contacted at home out of hours and at weekends for advice and assistance in cases involving organ donation; some also attended the scene of road traffic accident deaths out of hours. Although the majority of coroner's officers have no formal medical training, 176 coroner's officers reported that they examined hospital medical notes during the investigation of deaths occurring in hospital. About 40 said that they attended all autopsies. Almost all had attended at least one autopsy. The most common tasks performed were the formal identification of the deceased, the completion of a report form for the coroner and/or pathologist, the taking of witness statements and some duties akin to those performed in a civil or criminal court by the court clerk or usher. A relatively high number, 152 in total, sometimes attended the scene of a death, whether at the time of the initial report or subsequently.
- 8.10 It is clear from this brief analysis of these various reports and surveys that the current arrangements in relation to the provision of coroner's officers are far from satisfactory. The shift in the coroner service from concentration on crime towards a wider medical and social function noted by the Brodrick Committee has, in my view, continued. Yet there is still, in some areas especially, a tendency to appoint, without providing further relevant training, retired police officers who have only a layman's understanding of medical issues and no real experience of investigation or file preparation.
- 8.11 In a letter to the Inquiry, Mr John Coopey, Chairman of the Coroner's Officers Association, explained that the reason for the setting up of the Association in 1997 was a perception on the part of coroner's officers that, following civilianisation of the role of coroner's officer, the lack of formal recognition by the Home Office of their role and the absence of structured training were operating to prevent coroner's officers from providing an adequate and uniform level of service. Although the Association has now been recognised by the Home Office and although it organises regular training days, Mr Coopey says that there is scope for considerable improvement. The Association advocates fundamental changes to the coroner service.

Inquiry Evidence: Training

- 8.12 Mrs Hurst is the Deputy Chairman of the Coroner's Officers Association. I was impressed during her oral evidence by Mrs Hurst's obvious enthusiasm for her work. In her capacity

as Deputy Chairman, she has been instrumental in setting up national continuing education and training programmes for coroner's officers. The Coroner's Officers Association, with a membership of only about 120, has, until recently, had to organise such training itself and has had to fund it from subscriptions. Mrs Hurst said that funds available for training are very limited, although lectures are given by speakers from outside the Coroner's Officers Association and some funding from the Home Office has been promised. Mrs Hurst recently collaborated in setting up a four-day course in Liverpool, adapted for the needs of coroner's officers from a Regional Health Authority course for medical coders. Medical coders are employed to interpret medical records and code diseases and medical procedures for epidemiological and other purposes. The object of the adapted course was to instruct coroner's officers in basic medical terminology. Mrs Hurst told me also of another course for coroner's officers, set up at the instigation of ACPO, at Teesside University. She has hopes and plans for the further development of more comprehensive courses.

- 8.13 Whilst it is commendable that Mrs Hurst and the Coroner's Officers Association have taken these initiatives, it is disappointing (and an undoubted product of the fragmented arrangements that currently exist) that such initiatives had first to come from the Association and not from, for example, the Home Office. I heard evidence, from various sources, of difficulties for many coroner's officers in securing funding to attend such courses. This problem results, in part at least, from the fact that coroner's officers work for the coroner but are very often employed by the police.
- 8.14 I heard evidence about a two-week training course provided by the GMP following the civilianisation of the coroner's officer post in 1998, which focussed on the relevant areas of law and issues such as grief counselling, interviewing witnesses, statement taking and file preparation. Those issues are, of course, very relevant to the work of the coroner's officer. However, the course did not offer any medical instruction, even though the majority of those attending had no medical background.

Inquiry Evidence: Variability of Support

- 8.15 The following description of the position in five areas illustrates the variability in the nature, extent and quality of support available to coroners from their coroner's officers.

Surrey

- 8.16 Mr Michael Burgess, HM Coroner for Surrey, has nine civilian coroner's officers, employed by the police. Three are ex-police officers and the others come from different employment backgrounds. These officers work out of four separate police stations and one hospital. Neither they nor the Coroner have any clerical or administrative support; all accounting work is done by the local authority.
- 8.17 The job description for the Surrey coroner's officer requires the officer to assist the Coroner and to enquire into specified categories of deaths, to arrange and manage inquests and to present witnesses, reports and statements to enable the Coroner to arrive at a verdict. All Mr Burgess' officers perform an investigative role. Although they are under no

obligation to attend deaths that occur or are reported outside normal office hours, Mr Burgess said that they tend to do so out of a sense of professional responsibility. Although it might have been expected that the former police officers would be most skilled in investigative work, his experience is that it is a former paramedic who stands out. The police officers who work for him had attained only a relatively junior rank in the police force and had acquired little experience of forensic investigative techniques.

- 8.18 Mr Burgess' officers do not normally attend the scene of a crime under investigation by the police. They do, however, attend the hospital or mortuary where the body is being held and liaise between the police and the coroner over the arrangements for the autopsy. Otherwise, they have no role during a criminal investigation and only a small role, if any, in the police investigation of a road traffic accident death.
- 8.19 In cases where there is no suspicion of criminal wrongdoing, the extent of the officers' involvement is variable. For example, in the case of the discovery of a body in circumstances suggestive of suicide, the police will attend, but their investigation ends if they exclude the possibility of third party involvement. The case is then taken over by the coroner's officers, who will make enquiries of witnesses and seize anything of evidential value.
- 8.20 The job description for Mr Burgess' coroner's officers states that it is desirable that the post-holder should understand, or have the ability to acquire an understanding of, medical procedures and terminology. In common with the practice in many other coroners' offices, however, many of Mr Burgess' officers have no medical background and the way in which they acquire an understanding of medicine is by 'learning on the job', by looking in medical dictionaries and by seeking help, when available, from Mr Burgess' assistant deputy coroners, who are medically qualified. Mr Burgess said that there is some cross-fertilisation of skills between his officers; no doubt the presence of a paramedic in his team is of some value. Mr Burgess said that he had perceived an increase in the number of deaths reported to his office that require some form of investigation into a medical mishap or an allegation of lack of medical or nursing care. It is clear that there is an increasing need for medical knowledge for coroner's officers, just as was observed by the Brodrick Committee in 1971.

South Yorkshire (West)

- 8.21 Mr Christopher Dorries, HM Coroner for South Yorkshire (West), has three coroner's officers, two based in Sheffield and one in Barnsley. Two are serving police officers and the third is a retired police officer. The office has the benefit of separate administrative and secretarial support. Mr Dorries' officers are paid by the police but their expenses are reimbursed by the relevant local authorities.
- 8.22 Unlike Mr Burgess' coroner's officers, Mr Dorries' officers are office-bound and the burden of their office duties is such that there is, according to Mr Dorries, no prospect of their being able to visit a scene of death or to take statements, save in the most exceptional case. The effect of this is that, although the officers are or have been serving police officers, they do no investigative work and the skills required for their job are not what would traditionally be regarded as police skills.

- 8.23 All investigations are carried out for the Coroner by serving police officers of the South Yorkshire Police. Mr Dorries acknowledges that the investigations and the reports upon them are of variable quality and he has no direct control over how the work is done. It is, however, always open to him to revert to the reporting officer where necessary.

Nottinghamshire

- 8.24 Dr Nigel Chapman, HM Coroner for Nottinghamshire, has six coroner's officers under his jurisdiction, provided and employed by the City Council. They include two ex-police officers, but otherwise come from a variety of non-medical employment backgrounds, including school secretaries and the former manager of a cotton mill. As with Mr Dorries, Dr Chapman's officers perform no investigative role. This is undertaken by the police. The coroner's officers might discuss an investigation with the police and report back to the Coroner. As a result, the police might be asked to carry out further investigations. However, that is the limit of the coroner's officers' investigative role in Nottinghamshire.
- 8.25 Dr Chapman also reported that the quality of investigation by police officers attending the scene of the death was variable. He was of the view that it would be far preferable if investigating officers were answerable directly to him, rather than to their police employers.

Cheshire

- 8.26 The evidence relating to Cheshire came from Mrs Hurst. Mrs Hurst has been a coroner's officer since 1993. She had previously trained and worked as a nurse and medical secretary. When she first began working as a coroner's officer, she was given no specific training and felt particularly ill equipped for those areas in which she had no relevant experience, such as taking statements and the other investigative aspects of her job. On the other hand, she observed (accurately, I am sure) that she was at a considerable advantage over some police officers who were at that time in post and who did not have a good grasp of the medical issues with which they frequently had to grapple. Mrs Hurst expressed the view that a proper system of death investigation required a blend of skills that would be offered by a team with different backgrounds and experience. Mrs Hurst said that, in her capacity as Deputy Chairman of the Coroner's Officers Association, she had observed the growing trend towards recruitment of candidates from a non-police background.
- 8.27 The work of the coroner's officers, as carried out in Cheshire, is largely of an investigative nature. The coroner's officer receives reports of deaths from police officers. I have already observed in Chapter Four that the sudden death report form used by the Cheshire Constabulary is more comprehensive than that used by the GMP and many other police forces and I think that the actual system of reporting is correspondingly more robust. The coroner's officer checks the contents of the form and often speaks to a doctor about some aspect of the medical history. He or she also often speaks to a relative of the deceased to check or supplement some aspect of the information about the circumstances of the death. He or she takes that opportunity to discover whether the deceased's family has any concern about the death or about any medical treatment given. He or she liaises with

families over arrangements for autopsies and their results. He or she frequently has to examine medical records when investigating a death in hospital. Plainly, Mrs Hurst's medical background is invaluable when she undertakes these tasks. It was clear from Mrs Hurst's description of the way in which she works that, unlike many other coroner's officers, she undertakes investigations for the coroner both before and after he has made his decision whether to accept that he has jurisdiction over the death.

- 8.28 Mrs Hurst said that the Cheshire Coroner's office is somewhat understaffed and that such understaffing is a common problem, resulting possibly from the uncertainty as to who will in future take over the responsibility for coroner's officers. Because of this understaffing, Mrs Hurst performs a 'hands on' role, as well as the supervisory role required of her as senior coroner's officer.

Greater Manchester South

- 8.29 Procedures in the office of Mr John Pollard, HM Coroner for Greater Manchester South District, appear to differ significantly from those in place elsewhere in the country. As I briefly mentioned at the beginning of this Chapter, those whom he describes as his coroner's officers perform no investigative role. They deal with telephone reports of deaths and queries from doctors, registrars and members of the public. They generally started work in the office as clerk/typists and gained promotion to the position of coroner's officer when those previously so employed retired or left. The staff received no training but learned the job by following the example set by their seniors. None had any medical expertise, other than that picked up in post. No written advice or guidance was available until February 1999, when the then first coroner's officer, Mrs Joan Collins, assembled some information sheets for the newly appointed third coroner's officer. However, these have since become out of date and, when Mr Pollard gave evidence in November 2002, had not been up-dated or used for some time. On taking up his position in 1995, Mr Pollard made no formal enquiry into the procedures operated by his staff but said in oral evidence that, in order to ensure that his staff were on the right lines, he contented himself with listening to one side of telephone conversations, as he moved about the office.
- 8.30 Until 1998, Mr Pollard had available to him also the services of a small number of police coroner's officers, who were serving police officers, seconded to work for the Coroner. These posts were civilianised in 1998 and the job title became 'coroner's liaison officer'. Mr Pollard now has three such officers working for him, one for each of the three police divisions within his coronial district. All are former police officers. Two work from police stations and the third, the Tameside (G Division) CLO, is nominally based at Ashton police station but spends most of his time at the Tameside General Hospital mortuary.
- 8.31 There has been some confusion in the GMP area as to the extent to which CLOs should perform investigative work. Prior to civilianisation, the police coroner's officers' job description included the investigation and reporting of sudden death. Since 1998, however, the job description describes an essentially administrative function, with police officers carrying out the investigative role. It is not at all clear whether the CLO has or has not an investigative role. Mr Pollard said that the CLO's job 'has remained something of a mystery to many people' following civilianisation. In practice, the responsibilities attaching

to the post do not seem to have changed significantly, if at all, since 1998. Mr Pollard said that, when opening an inquest, he tells the CLO what investigation he wants and the CLO attends to it. He told the Inquiry that some officers regard the post as involving administration, liaison and preparation for the coroner of information that has been gathered by others. Other officers take a far more proactive view and will undertake investigations largely upon their own initiative.

- 8.32 The current CLO for G Division is Mr Christopher Gaines. He was appointed in April 1998 and was the first divisional appointment to the newly civilianised post. He had previously retired from the police force in 1994 on the grounds of ill health. His police experience had been mainly in the performance of uniformed, non-investigative duties. He had had limited experience of preparing and submitting police investigation files. He has had no medical training; he told the Inquiry that he has purchased a medical dictionary and looks up the meaning of medical terms where he is unsure. For the investigation of deaths in G Division, therefore, Mr Pollard is dependent upon a retired police officer who undertook little investigative work before retirement and who has no medical background or training. There is no opportunity for any cross-fertilisation of skills, since Mr Gaines works largely alone. Mr Pollard acknowledged that Mr Gaines would find medical training of use in respect of much of the work he has to carry out.
- 8.33 Mr Gaines explained that, of 11 GMP appointees to CLO posts in 1998, all but three had formerly been police officers. He said that his workload has become so great that he requires assistance. He has now been provided with an assistant, who is a police officer with some 14–15 years' experience but no medical training or other training specific to his responsibilities as an assistant to the CLO. It is likely that this assistant will replace Mr Gaines' current deputy, Police Constable (PC) Peter Napier, in due course.
- 8.34 Mr Gaines spends most of his time at Tameside General Hospital mortuary but maintains frequent contact with Ashton police station. Although he carries out some investigative work, many of his duties are of a purely clerical nature. His working day normally begins with the collection and checking of the police reports of sudden death forms deposited in the mortuary overnight or over the weekend. He might expect to find between eight and twelve such forms on a Monday morning and between one and three such forms on other weekdays. Until July 2001, it was his practice to ascertain from the deceased's general practitioner whether s/he was in a position to certify the cause of death, but this task is now performed by the coroner's officers based in Mr Pollard's office. Mr Gaines faxes Forms 751 and 751A to the coroner's office and leaves the original Form 751A at the mortuary for the pathologist. During his working day, Mr Gaines will undertake interviews of the next of kin of a deceased and witness the identification of the body.
- 8.35 During the morning, Mr Gaines travels to Ashton police station, where he liaises with his former police colleagues and collects messages from his internal electronic mail system. He then goes to the coroner's office in Stockport to open inquests, transfer files and discuss cases with the Coroner. There is no fixed time for the opening of inquests and between one and six inquests might be opened at one time. Mr Gaines swears an oath, confirming the correctness of the information that he puts before the Coroner, which

includes Form 751 and any witness statements. He will receive instructions from the Coroner as to any enquiries he is to make or witness statements he is to take. Mr Gaines very rarely attends autopsies, although he might occasionally be called in by the pathologist, if the latter wishes something to be drawn to the attention of the Coroner. When he attends inquests, he does so as a facilitator or link between the witnesses, the family and the Coroner.

- 8.36 In respect of hospital deaths, Mr Gaines' duties are very limited. He receives reports of hospital deaths from the coroner's office. At the mortuary, he will ensure that the body has been properly identified and will complete Form 751, in effect repeating the information that he has been given by the staff in the coroner's office who will, in turn, have received that information from the hospital. Of course, although Form 751 is a GMP **'Report of Sudden Death'**, the police are not involved in the report of the death and Mr Gaines is not a police officer. Presumably, the GMP form is used because no alternative form has been devised and produced by the coroner's office. The extent of Mr Gaines' involvement, apart from repeating that which he has learnt from the coroner's office, is to fill in the details of the deceased's general practitioner and certain other information concerning the next of kin. His role is, therefore, almost entirely clerical and, given his lack of medical training, it could hardly be expected to be otherwise. Mr Gaines would not normally visit parts of the hospital other than the mortuary, except occasionally to take a witness statement from a member of staff when, for example, a deceased has previously suffered an injury on a ward.
- 8.37 PC Napier is Mr Gaines' deputy. He first deputised in 1990 for the erstwhile police coroner's officer, Police Constable (PC) Theresa King, who retired in 1997. He was the police coroner's officer himself, between 1997 and 1998, until civilianisation. He is still a serving police officer. During Mr Gaines' absence, PC Napier 'holds the fort' but he can do no more than that because he has other responsibilities as the police warrants officer. PC Napier has no medical training at all and the only instruction he has had with regard to the fulfilment of his duties was when working alongside PC King and thereafter 'on a casual basis'. PC King had no medical training. In a statement to the Inquiry, PC Napier expressed the view that access to medical advice is not necessary for his role, a comment which may well be accurate insofar as it relates to the role as he performs it. However, I am quite sure that a degree of medical knowledge and access to medical advice would be extremely valuable to coroner's officers performing the type of role that might be expected of them by many coroners. Mr Pollard readily accepted this.

Comment

- 8.38 Without intending any disrespect to the coroner's officers or CLOs whose work I have described, it is abundantly clear that there is an urgent need for change in the provision of suitable and properly trained support staff for coroners. Although the advantages of close contact with the police must be recognised and maintained, the time has come to accept that police officers or former police officers are often not well suited or equipped to carry out the wide range of functions which a coroner's officer ought to perform. To a large extent, the evidence gathered by the Inquiry has only served to confirm that which had already been recognised, as I shall shortly explain.

Inquiry Evidence: the Employment Position of Coroner's Officers

- 8.39 Problems flowing from the split responsibility for the employment of coroner's officers between local authorities and the police have been acknowledged in the past and were confirmed by numerous witnesses who gave evidence to the Inquiry.
- 8.40 Mr Burgess, who is also the Honorary Secretary of the Coroners' Society and has knowledge of practice in many parts of the country, confirmed that a number of police forces have sought to divest themselves of responsibility for coroner's officers. In his district, tensions arise because his officers are employed and paid by the police but work for him. Employment law and health and safety issues arise out of this hybrid status. He is not troubled by the fact that, although in charge of the investigation of a non-criminal death, he cannot ultimately direct those who are investigating it; however, I can easily envisage how problems could arise.
- 8.41 Mr Pollard said that tensions can arise because he cannot require his CLOs, who are employed by the GMP in a 'civilianised' post, always to act in accordance with his wishes. For example, he has recently been unable to insist that one of them attend a training course organised by the Coroner's Officers Association. Moreover, there are problems with deputising cover on G Division, in that PC Napier, the deputising officer for Mr Gaines, is still a serving police officer with other duties to perform when he is standing in as CLO.
- 8.42 Mrs Hurst said in terms that she finds it 'quite a difficult situation to be in', being employed by the police but working for the coroner.

Recognition of the Need for Change

- 8.43 I described in paragraph 8.7 above the findings of the small ACPO working group, set up following publication of the Tarling Study in 1998. The findings of the working group were brought to the attention of the Home Office Coroner Service Consultative Committee (CSCC) in 1999. This Committee is chaired by a representative of the Home Office and consists of representatives of the various Government Departments and agencies with a responsibility for, or an interest in, the coroner service. The Home Office invited views from the Association of Police Authorities and the Local Government Association. Although both bodies accepted that there was a case in principle for a transfer of responsibility for employment of coroner's officers from the police to local authorities, they could not agree on funding arrangements. In the meantime, the Home Office proposed to the CSCC that yet further work would be helpful in clarifying the duties of coroner's officers and a Working Party with wide Terms of Reference relative to the role of coroner's officers was established in early 2001. The Working Party consisted of representatives of the Home Office, the Coroners' Society, ACPO, the Metropolitan Police, the Local Government Association and the Coroner's Officers Association.
- 8.44 At about the same time, in the summer of 2001, the Coroners Review was established. The CSCC Working Party considered whether there was still a need for it to report and decided that there was. In April 2002 it provided its report entitled 'Report on the Provision of Coroners' Officers' to the CSCC. The Home Office accepted the report and, on 30th August 2002, issued it together with Home Office Circular 46/2002.

- 8.45 I do not propose to lengthen this Report by a detailed discussion of the findings and recommendations of the CSCC Working Party. Suffice it to say that they have undertaken the first ever detailed nationwide analysis of the work which is and should be done by a coroner's officer. Of course, their report is based upon the existing law relating to coroners and the deaths that they investigate and I shall make recommendations for changes in that law. However, there is a great deal in the Working Party's report that is valuable and will remain so, whatever changes are made to the coronial system. Any new system will depend heavily for its successful operation upon a well-trained and properly resourced cadre of coroner's officers.
- 8.46 The Working Party identified seven main functional areas of responsibility of the coroner's officer. These are administration, medical investigation, forensic investigation, the gathering of evidence and the taking of statements, family liaison, inquest duties and public relations. The report demonstrates that the members of the Working Party have a wealth of experience of what is entailed in the work and what is required to provide proper support for coroners and a suitable service to the public, especially the bereaved.
- 8.47 The report lays particular stress upon the need for training and adequate resources. I endorse the views expressed. I note also that the report envisages the provision of an 'out of hours' service. As I mentioned in Chapter Four, there is at present no service primarily responsible for dealing with deaths in the community, whether they occur in or out of normal working hours. In my view, there should be such a service and coroner's officers should provide it.
- 8.48 The report also advocates the recruitment of officers with a police or medical background (though not exclusively so) and suggests that a balance of such experience should be available within a coroner's district. I agree. Induction training and continuing education will be needed.
- 8.49 The report recognises the need for close co-operation between the police and the coroner service but also advocates a clear division between the tasks that are to be performed by coroner's officers and those to be performed by police officers. These tasks will vary according to the nature of the death under investigation. For example, the police will plainly be responsible for the investigation of crime. However, once suspicion of criminality has been ruled out, coroner's officers should take responsibility for investigating the death. The police should continue to play a major role in the handling of disasters and multiple fatalities. The police should have no role to play in the administrative duties connected with inquests or many of the other miscellaneous duties performed by coroner's officers under the direction of the coroner. Coroner's officers alone should perform the administrative duties involved in the case of deaths occurring abroad.
- 8.50 The authors of the report considered that it was not possible, on the basis of the information or research available, to assess the number of officers that an individual coroner might need. A list of key criteria, including numbers of deaths reported, numbers of inquests held, geography and topography and the availability of administrative and clerical support, was drawn up. I agree that it is not yet possible to estimate how many coroner's officers will be needed and would add that the uncertainty in this regard will be

increased by any changes in the coronial system. However, it seems inevitable that there must be a substantial increase on the present provision.

- 8.51 The report recognised the need for adequate provision of transport and equipment and I endorse the relevant recommendations. I also endorse their suggestion that standard operating procedures or service level agreements should be negotiated to manage the interface between coroner's officers and the police.
- 8.52 In summary, this report will be an invaluable aid to those charged with the task of organising a service that will provide proper administrative and investigative support for coroners in the future.

Conclusions

- 8.53 The functions of coroner's officers vary from district to district. It is inevitable that the service they provide must also be of variable quality. It appears that, everywhere, the coroner would benefit from the support of a team of well-trained officers, preferably drawn from a wider variety of backgrounds than is presently the case. If the coroner were further able to direct and manage their work and working conditions, many of the current inadequacies would be avoided.
- 8.54 Fortunately, a great deal of preparatory work has already been done towards the standardisation of the role of the coroner's officer. The duties have been analysed and the need for training fully established. The need for close co-operation with, but clear demarcation from, the police has been recognised. Provided the resources can be made available, there is no reason why the performance of coroner's officers should not be greatly improved. For too long, coroner's officers have been expected to perform tasks requiring the application of skills which they do not possess and in which they have not been trained. It is likely that they will have to assume an enhanced role under a new coronial system to be recommended by the Coroners Review and by this Inquiry. Accordingly, the provision of such resources will become an urgent necessity.
- 8.55 I have in mind that each coroner should have a team of support staff, some of whom will be trained in investigative work. Others will supply administrative support. All will require appropriate training. I shall describe my proposals in greater detail later in this Report.