1 February 2007

Ms Vivienne Clarke
Lead Inspector
HM Inspectorate of Court
Administration
2nn Floor, City House
New Station Street
Leeds
LS1 4JR

By email: ist@hmica.gsi.gov.uk

Dear Vivienne Clarke,

Inspection of the Coroners Service for Northern Ireland (CSNI) 2007

Thank you for inviting comments on the planned Inspection of the Coroners Service for Northern Ireland (CSNI).

As an organisation committed to protecting the interests of injured people and preventing avoidable deaths or injuries, APIL has long worked to improve Coroners' Services in all parts of the UK. Representing injured people and their families, some of our members regularly deal with the CSNI, on behalf of bereaved families.

I would like to begin by congratulating the CSNI on the general approach and attitude of the coroners' support staff. 'Helpful', 'compassionate', 'courteous', 'accessible' and 'approachable' are all terms in which our members have described the service. We feel that any review of CSNI should recognise the positive and appropriate culture that seems to exist within CSNI.

The single biggest problem in the provision of coroners' services in Northern Ireland is, in our view, often inordinate delays.

It would appear that it is not uncommon for bereaved families to have to wait up to 18 months or 2 years for an inquest to take place. One of our members gave the example of clients of his who are still waiting to be given a date for the

inquest into the death of an elderly relative who died in a nursing home in August 2003.

APIL feels that every effort should be made to reduce the overall time that elapses between deaths and inquests, and minimise any avoidable delays as these cause unnecessary distress to bereaved families.

In particular, we would suggest the introduction of time limits or targets. Just as specific time limits rightly exist for many other judicial and administrative processes, we believe maximum times should be set for processes of CSNI. APIL would submit that every inquest should be heard within 12 months of the death at the very most, unless specific circumstances (such as ongoing Crown Court proceedings) do not permit this.

Where inquests are, for whatever reason, held up, it would be of the utmost importance for CSNI to proactively update families and explain the reasons for any delays. This is not currently done. It is very often not clear to APIL members where or why such delays occur. While solicitors representing bereaved families may find this frustrating, the feeling of being kept in the dark will add further to the pain and distress of grieving families.

APIL would therefore recommend that a role similar to that of 'police liaison officer' or 'witness care adviser' be created as part of CSNI. That is to say, officers in CSNI should be assigned a caseload of families who they will keep updated throughout the process, from the moment CSNI becomes aware of a case to the conclusion of an inquest. These officers might need to liaise with other organisations on whom any hold-ups depend, and feed this information back to bereaved families regularly until the case is listed for an inquest hearing.

The need to keep families informed and updated in our view also extends to the day of an inquest hearing. It would appear that in some courts, all inquests are listed for the same time of day. As a consequence, bereaved families can, on the already stressful day of an inquest hearing, find themselves outside a courthouse alongside a number of other grieving families awaiting their turn. APIL feels that better communication and coordination in this respect could go a long way towards reducing the distress of bereaved families in what is already an experience little short of traumatic for many.

In relation to CSNI working with other bodies, APIL feels that there is a particular need to review the way coroners work with the medical profession, in order to ensure that best practice for each case as a whole is followed by both.

At present, we feel that difficulties arise in particular types of cases because legal aspects and medical aspects of the same cases are separated in procedure where they are part of one and the same process in practice.

One example in which this problem arises are asbestos related deaths. If the context and the entirety of these cases are considered, it would be sound and sensible to carry out a post-mortem examination in every such case as a matter of course.

At present, the coroner will, however, sometimes dispense with the need for a post mortem in asbestos disease cases if a doctor is satisfied as to the cause of death.

This may be satisfactory in so far as the coroner's role in the narrowest sense is concerned. In terms of the death and the deceased's family's case as a whole, however, it will generally cause difficulties. As families go on to claim compensation for their loved one's death from an industrial disease, disputes as to whether the asbestos disease was responsible for the death in whole or part, and if so to what percentage, will almost inevitably arise.

While some doctors are prepared to diagnose mesothelioma during a victim's lifetime, it is exceptionally difficult to assess the detail of such an illness to the required degree before death.

These problems for bereaved families could, in our view, be resolved if some kind of policy or protocol for asbestos related deaths were agreed between the CSNI and medico-legal experts.

Conversely, we understand that the Chief Medical Officer may refuse the family's wishes for a cremation, if the circumstances of a death may be subject to an inquest or judicial proceedings. As a result, funeral arrangements may be held up while families are fighting to obtain permission to follow the deceased's wishes, or families may feel compelled to go against their loved one's request to be cremated altogether.

Where the Coroners' Service has no objections to a cremation, it is entirely inappropriate for a different public body to stand in the way of arrangements a family is trying to make at such a difficult time on that basis.

Again, we feel that better co-ordination between the medical and the legal, and between CSNI and other bodies with whom bereaved families come into contact, could avoid unnecessary upset to grieving families in such instances.

In both examples, bereaved families face substantial additional difficulties and distress, because what is one and the same process for the family is divided into two separate processes by the authorities. For this reason, APIL feels that processes should be designed and coordinated around the needs and wishes of bereaved families, rather than the procedures and logic of separate professions and public bodies.

In order to achieve this, we believe the interaction between CSNI and the medical profession should be improved, designing policies for specific types of cases which ensure that the cases progress as smoothly as possible for grieving families.

I trust the above is self-explanatory. Should you, however, wish to discuss any of our comments further, please contact me on 0115 9388710, or email me at almut.gadow@apil.com.

Yours sincerely

Almut Gadow
Policy Research Officer