

Bringing matters to rest

Considering the delays created for grieving families and funeral providers by the further scrutiny of Medical Certificates of Cause of Death, following related changes to regulations



Funeralcare

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Executive summary

The purpose of this report

Prepared by Co-op Funeralcare, this report has been driven by our members and our colleagues.

Both continue to see significant and repeated delays to the certification of deaths, without which funerals cannot go ahead.

These delays can have a deep impact upon friends and families grieving a loss, during an emotional and vulnerable time. As time goes on in each case, our Funeral Directors and Embalmers are left with fewer options in terms of how they can preserve and present the deceased. Families can also find themselves faced with greater costs, as their loved ones require extended care before a funeral can go ahead.

We recognise that this has become an issue across the whole sector. That includes smaller, independent and family-run businesses which depend on efficient processes to facilitate new business and support more families.

This report has been prepared to supplement relevant official data and offer credibility to trends shared anecdotally within the funeral sector.

Where our clients and our colleagues have experienced delays to arranging and executing funerals, this report seeks to shed light on the role played by the independent scrutiny of the Medical Certificate of Cause of Death (MCCD) by Medical Examiners (MEs). This process, which was introduced in September 2024, has been frequently cited within Co-op Funeralcare as interrupting funeral planning and delivery. It is by no means the only source of delays within the certification process. But colleagues say it has had – and continues to have – a marked impact on the ability to deliver funerals promptly in many parts of the country.

Official data from the Office of National Statistics (ONS) supports an increase in delays over the first few months of ME scrutiny. 'Bringing matters to rest' aims to offer insight into the rest of 2025, presenting more than a year's worth of new data. It includes data sourced from hospital trusts across England and the National ME's Office, as well as case studies from people who have seen related delays impact them personally and professionally.

We want this report to start conversations about what more can be done to expedite this process, alleviate the burden it may be putting on our NHS and for UK Government to take action based on its findings.

Key findings

All data used in this report includes weekends and bank holidays in addition to traditional working days.

- The process of ME scrutiny appears to **regularly take several days**. While it is not the only step on the death certification pathway, it appears to materially contribute to the total interval from death to certification.
- Turnaround times for MCCDs appear to **show little to no improvement** by the end of December 2025. By some measures, **turnaround time has deteriorated** over the course of the reporting period (September 2024 to December 2025). This aligns with the experience of many of our Funeralcare colleagues, who have continued to report delays since the introduction of the ME process.
- ONS data previously suggested initial delays to death certification following ME reforms might be resolving as of summer 2025. Co-op's new data suggests this represents **seasonal variation, rather than sustained improvement**, with pockets of delay clustered around bank holidays and pockets of improvement clustered around periods of less strain on general hospital services.
- There appears to be little consistency in improvements and delays. While many ME offices have made improvements (and some of them impressive), **almost as many have seen their turnaround times increase**.
- There appears to be **considerable regional variation in turnaround times for MCCD scrutiny**, with the North West, South East and North East and Yorkshire reporting consistently longer results. Nonetheless, slow turnaround times are widespread.

Recommendations and next steps

At Co-op, we are keen to work alongside Government to bring about meaningful change. We are advocating for review and reform of the current MCCD process via the Department of Health and Social Care (DHSC) which provides the national framework for MEs, oversees the system and funds it.

Our recommendations are clear. We are calling for the Government to conduct a national system review, including all operators in the process as necessary, with a commitment to publish and action an improvement plan.

We are calling for ME offices to be adequately funded and resourced, to support a more efficient review of MCCDs – and there must be special consideration given to those offices currently taking the longest time to review.

The system must put families at the heart of its operations. We would like to see a commitment to improve communication between ME offices and those who have been bereaved.

This report is an open invitation to key political stakeholders, industry bodies, other funeral providers and any other interested parties. Please reach out to us at Co-op Funeralcare and be part of meaningful change for vulnerable families and businesses.



Forewords



Caoilinn Hurley - Managing Director, Co-op Legal and Life Services

When the ME system was introduced, it promised a significant reform to death certification, strengthening independent scrutiny and improving safeguards for bereaved and vulnerable families.

But this new system brought unintended consequences with it; consequences that have had persistent and often devastating impacts on groups of people who have recently lost a loved one.

This report speaks to more than a year of frequent delays in the certification and registration of deaths, since the system was introduced. On behalf of Co-op Funeralcare - the UK's largest provider of funeral services - I believe this is one of the most comprehensive pictures available right now of how the ME system is working in practice.

And the findings are beyond concerning. They point to sustained delays, significant variation between hospital trusts, and sensitivity to seasonal pressures. Crucially, the data does not suggest a consistent return to the performance levels seen before the ME system was introduced.

My amazing colleagues across Co-op and Co-op Funeralcare have long been champions for bereaved families, supporting people at a time when they need it most. We believe all families deserve the reassurance that, when their loved one passes away, they can provide a compassionate and respectful funeral to their own timeline.

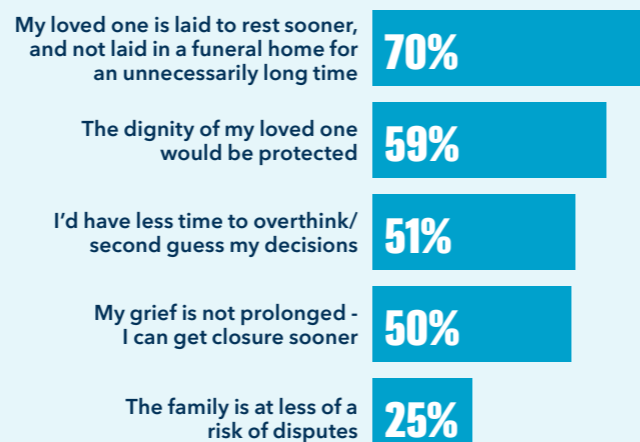
Beyond the data in this report, our colleagues are seeing delays play out routinely in real life, affecting real people. We have listened to them, and our members and customers, and it is plain to us - any delays related to an MCCD create issues for families and for funeral providers.

Clients are routinely experiencing undue stress, having to wait long periods of time for the certificate that will allow them to finalise their arrangements and bid their final goodbye to a loved one. Prompt funerals are consistent with good clinical care - but also seen as a sign of respect for those that have been lost.

In 2024, Co-op Funeralcare surveyed 253 Co-op members and clients.

Respondents were asked how much they agree with these statements, in relation to the timeline between an arrangement meeting and a funeral being shortened.

Data showed that clients preferred for their loved ones to be laid to rest sooner in support of their dignity but also the grief and personal complications endured by the client.



And there are operational consequences for those supporting bereaved people. Some hospitals release a loved one to Funeral Directors without a completed 'green form'. But preparation cannot begin until it's achieved, which can cause backlogs and increased costs, including for smaller businesses.

All the while, as clients remain confused by what is taking so long, it is Funeral Directors who are often held responsible for circumstances out of their control, impacting referrals and customer satisfaction. Jessica Edmundson's case study on page 26 covers this further.

When we look to our neighbours, such as the Republic of Ireland, we often see funerals conducted within a couple of days as part of a process similar to the UK's pre-reform system. We wonder why, under changes meant to create peace of mind and certainty, have we gone backwards and made the MCCD process longer and more opaque?

We believe we owe it to our clients and colleagues to act now - to address these issues and to take steps to improve the system. We want to build confidence and trust that delays will not be 'as standard' and that loved ones can be both visited and laid to rest as quickly and respectfully as possible.

That's why our Co-op has produced this report. The purpose of 'Bringing matters to rest' is not to question the principle of the ME system, underpinned by our brilliant NHS. We want to start conversations on how this system is operating, as supported by these findings, offering constructive builds and positive action towards better outcomes.

We also recognise that, where we've focused on the ME's contribution as much as possible, the MCCD process and some of our data is dependent upon the actions of several professionals, which could all incur delays. Coroners, for example, may be required to investigate further while the MCCD is under review by an ME. Registrars also have their part to play in ensuring

timely appointments for bereaved families and swift issuing of paperwork.

We hope that this evidence offers a meaningful starting point for discussions with policymakers, NHS England and ME leadership about resourcing, accountability and system resilience.

This report marks an important step towards change sector wide, with new opportunities to address hotspot areas and limit the growing number of people experiencing devastating delays at a difficult time. It could also go some way to creating greater efficiency out of respect for our multicultural society and different beliefs, where there is no 'one-size-fits-all' approach to a funeral.

To anyone and everyone reading, our Co-op remains open to working collaboratively with others, to seek resolution and drive critical improvements.

Caoilinn Hurley



Andrew Judd - CEO, The National Association of Funeral Directors (NAFD)

NAFD members represented across England and Wales, including Co-op Funeralcare, have consistently reported significant delays across the entire death management pathway.

These often include delays in the ME service and the Coronial system; delays in the release of MCCDs from attending medical practitioners; a lack of available appointments at registry offices; public and private mortuary capacity crises; and increased wait times for funerals, since the wider death certification reforms in September 2024.

NAFD members have also reported considerable regional variation in the length of time taken to complete ME scrutiny, and inconsistent approaches to communication with Funeral Directors and the bereaved families they serve.

While the ME reforms were introduced to strengthen safeguards, we believe that ongoing shortages of MEs and additional administrative pressures continue to cause delays that directly impact bereaved families.

These delays expose a wider issue: the pathway from death to a funeral is more complex than ever, with greater scrutiny and investigation, for good reason. However, the system is now at capacity at every stage. We would like to see a comprehensive review of the entire pathway, with a clear focus on improving the experience for the bereaved.

Funerals matter. They are a vital part of the grieving process, and the bereaved only get one chance to say goodbye. Therefore, when funerals are delayed unnecessarily, it compounds distress at an already painful time.

Andrew Judd

Established in 1905, the NAFD is the UK's largest trade body for the funeral profession, representing approximately 3,800 funeral homes that range from small, independent family-owned businesses to co-operatives and large PLCs. Processes and operations at Co-op Funeralcare are designed to align to The National Association of Funeral Directors' code and best practice, to achieve the best possible outcomes for our clients and our business.

Overview of the process

The role of an ME when registering a death

An ME is usually a senior medic from general practice, surgery, cardiology or another specialism. They investigate deaths where needed to determine how and why a person died. Following a change in regulations across England and Wales in 2024, they became a routine part of the process for registering all deaths.

The process of registering a death¹

A death is recorded by a medical practitioner, usually a GP or hospital doctor, who completes an MCCD. If the death is considered straightforward, the practitioner prepares an MCCD.

The death is referred to the Coroner if needed, when the death is unexplained, unexpected, violent or occurred without medical attendance. The Coroner may order a post-mortem or inquest.

An ME (an independent senior doctor) reviews the MCCD and checks proposed cause of death, medical records and any other relevant circumstances. The ME may also speak directly with the family.
When the ME reviews the MCCD, if they are unhappy or unsure, they can refer the case to Coroner. If they are satisfied, they will forward on the MCCD.

This stage was introduced as part of the 2024 reform to regulations.

Before, the medical practitioner would normally send the MCCD directly to the Registrar. The next of kin were then told to contact the Registrar to arrange registration of the death.

Before 2024 reforms, the statutory requirement for registering a death was within five days of the date of death.

The process in Northern Ireland resembles the pre-reform process: Following a death, a registered medical practitioner who attended the deceased completes a form, including the MCCD. This form is given to a relative or civil partner to then register the death. In Northern Ireland, deaths must be registered within 3 months of their occurrence.

The MCCD is sent to the Registrar once approved by the ME, and the family are advised that they can proceed with registering the death. The MCCD is typically sent the same day as it is approved.²

Before ME reform, families had a statutory period of five days to register a death. Although this period is still five days, the clock no longer begins at death. Instead, it starts once a ME has told the bereaved they can register the death.³

A loved one or relative will contact a register office to register the death.

The Registrar will issue a death certificate and give the bereaved a 'green form' (also known as 'The Registrar's Certificate for Burial or Cremation'). **This form gives permission for a burial or cremation.** Funeral Directors can now finalise arrangements with families and proceed with their service, including processes such as embalming.

It is important to note that delays can appear and compound at any point in this process. Many actors are involved in the death registration system in addition to MEs.

¹ NHS England (2024) Overview process for death certification. Last accessed 2 June 2026. Available at: <https://www.england.nhs.uk/wp-content/uploads/2024/07/death-certification-reform-A4-v1.pdf>

² In later sections of this report, we use the term 'MCCD approval' to refer to either approval or sending. This is because some trusts record data slightly differently. Several trusts told us these steps typically happen on the same day.

³ UK Government (2024) What to do after someone dies: Register the death. Last accessed 2 June 2026. Available at: <https://www.gov.uk/after-a-death>

Before the ME system (pre-2024)

Before September 2024, the death certification process in England and Wales was based largely on a system whereby an attending doctor would complete an MCCD and send it directly to a Registrar.⁴

There was no independent medical scrutiny and, in ordinary non-coronial cases (roughly 80% of deaths), the attending medical practitioner completed an MCCD and sent it to the Registrar. The bereaved were then notified they could get in touch with the Registrar to register the death.

Between 2019 and 2023, it took between **four to seven days on average to complete the death registration process, with most doctor-certified deaths registered within a working week, according to the ONS.**⁵

Further delays were often attributed to Coroner and inquest backlogs, doctor availability and a death falling upon a weekend or bank holidays (or other pandemic-related closures, where relevant).

The median interval between death and certification has been increasing since the Covid pandemic, outpacing growth in the number of deaths. It's likely ME reforms were introduced into an already fragile system still recovering from the pandemic.

The change in regulations

New MCCD Regulations and ME Regulations were laid before Parliament in April 2024 and came into effect in England and Wales during September of the same year.

The introduction of a senior independent review of MCCDs was intended to significantly reform a process that had been in place for around 50 years, including while Harold Shipman was a working doctor. It closed the loophole of single doctor certification with a two-stage check, ensuring the cause of death is accurate and uncontested.

This stage was introduced to safeguard against falsifying of death certificates, oversights or other serious wrongdoing. It was also intended to support greater accuracy across death records and public data, while improving patient safety and giving families peace of mind that every death would be properly scrutinised.

MEs' offices are based in NHS trusts across the country, and their performance is monitored by the National ME's

Office within NHS England.

In the months following the reform, the median interval between death and registration rose to eight days from six for the same period the year before (October 2023 to June 2024), according to the ONS.^{6,7} But in the final weeks of the reporting period (June 2025), the proportion of deaths taking place within 7 and 14 days of death returned to pre-reform levels.

Commenting on the findings in its latest annual report,⁸ the National ME's Office wrote that the two-day median increase in time to register death was not "substantial" and that implementation "went smoothly in most areas." For those areas which did face initial challenges, the report said these "have largely been resolved by local agencies and stakeholders."

Leaders at Co-op Funeralcare recognised a disparity between such conclusions and the delays seen by its 3,600 colleagues working across the UK. Co-op Funeralcare decided to investigate to further understand the situation and what more could be done.

In answer to a parliamentary question raised by MP Darren Paffey on death certification, the Department of Health and Social Care stated on Monday 8 June 2026 that "MEs and their officers are expected to complete their work without unreasonable delay and for straight-forward cases this should normally be completed within 24 hours."

According to FOI data from NHS England, only a small proportion of trusts completed the ME scrutiny process within 24 hours of the referral of a death on average, per quarter.

Out of 125 ME Offices:

- **22** met this standard in Oct - Dec 2024;
- **19** in Jan - Mar 2025;
- **22** in Apr - Jun 2025;
- **16** in Jul - Sep 2025 and
- **13** in Oct - Dec 2025.

⁴ NHS England (2024) An overview of the death certification reforms. Last accessed 2 June 2026. Available at: <https://www.gov.uk/government/publications/changes-to-the-death-certification-process/an-overview-of-the-death-certification-reforms>

⁵ Office of National Statistics (2025). Impact of registration delays on mortality statistics dataset. 2024 edition. Last accessed 29 May 2026. Available at: <https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/datasets/impactofregistrationdelaysonmortalitystatistics>

⁶ ONS (9 October 2025). Impact of registration delays on mortality statistics. 2024 edition. Last accessed 22 May 2026. Available at: <https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/datasets/impactofregistrationdelaysonmortalitystatistics>

⁷ ONS (9 October 2025). Death Certification Reform, England and Wales: 9 September 2024 to 30 June 2025 (provisional data). Last accessed 22 May 2026. Available at: <https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/articles/deathcertificationreformenglandandwales/9september2024to30june2025provisionaldata>

⁸ NHS England (2025). National ME report 2024. Last accessed 3 June 2026. Available at: <https://www.england.nhs.uk/long-read/national-medical-examiner-report-2024/#implementation-of-the-death-certification-reforms>

Commentary from Michael Pengelly, Head of Client Operations, Co-op Funeralcare

Our Funeralcare business operates more than 800 funeral homes, trusted by our members and our clients in their local communities.

Each funeral home is approached for the peace of mind they offer, when it comes to understanding nearby crematoriums; celebrants in the area; everything that makes the funeral feel 'right'.

The most important thing a Funeral Director can provide is smooth sailing and reassurance. But since the 2024 reform to process, there are cases where both are out of our control and impact those families we support, dealing with upheaval and emotional distress.

There are many times where families cannot complete their arrangements as quickly as they would like, or even simply say a final goodbye to their loved one. Delays

to the 'green form' our teams need to proceed can complicate the embalming process and limit the options we have, when it comes to presenting the deceased before a funeral or on the day.

Holding the deceased for an extended period can also incur further costs for families, as our colleagues make efforts to preserve and then maintain the loved one's condition before arrangements can be finalised.

And as our colleagues engage with other local providers, there's a consensus that these delays can have a serious impact upon small, independent businesses with limited space. Often, funeral providers need to work through in-process funerals before they can support new clients.

Co-op Funeralcare recognises our hard-working NHS, with professionals doing everything they can to optimise the MCCD process. However, we must unlock greater efficiency and expedite a final farewell for grieving families.

Co-op Funeralcare's research

In March 2026, Co-op Funeralcare sent a Freedom of Information (FOI) request to 125 hospital trusts across England which host ME offices. They were asked to share details on the turnaround times between deaths and the approval of related MCCDs by the ME offices including:

1. The number of MCCDs **approved within or beyond five days** of death, per month from September 2024 to December 2025.
2. The **mean number of days** between death and the approval/sending of MCCDs, per month, from September 2024 to December 2025.

More than 65 trusts responded to our FOI requests, returning data that pertains to more than 176,000 deaths.⁹

NB: this data includes the time taken between a death and referral to the ME office, which can – particularly in community settings – add days to the total. Trusts did not provide entirely equivalent data, with some including community deaths and more complicated cases which may have been referred to a Coroner's office for further scrutiny.

Like the ONS data, this FOI data cannot be used to measure the specific performance of ME offices. Many factors can influence the interval between death and the approval of an MCCD, including delays in the referral of deaths to MEs.

NHS England also provided quarterly data showing the mean interval between referral of a death into each trust's ME office and the dispatch of corresponding MCCDs to a Registrar. This provides greater insight into the specific period in the death registration process involving MEs. Nonetheless, other factors can still influence the length of this window, including difficulties in contacting next of kin. The data cannot be used to definitively assess the performance of an ME office, only to shed light on those which appear to be experiencing the greatest delays.

Latest ONS data

In October 2025, the ONS released its initial report into the impact of Death Certification Reform on the time taken to certify deaths. This reviewed the average length of time between death and death certification for deaths between 9 September 2024 and 30 June 2025, and compared it to equivalent results over previous years.¹⁰ It did not distinguish between hospital and community deaths.

The ONS data shows:

The median time taken to register a death certified by a doctor in England and Wales was stable at four days from at least 2015 to 2020. It then grew to six days between 2021 and 2022, potentially reflecting pandemic pressures.

For deaths between 9 September 2024 and 30 June 2025, the median time taken to register a death certified by a doctor increased to eight days, compared to six for the same weeks in 2023/24.

In England, this figure **peaked at 11 days** in late 2024, **falling to seven days** by June 2025. In Wales, it peaked at 15 days that December.

In England, the region that saw the highest median time to register a death during this period was the **South East of England**. This was **13 days** in December 2024.

The proportion of deaths registered within 14 days **fell from 92.6%** at the start of the reporting period to 85.5% by June 2025.

The ONS report states that the proportion of deaths registered within 7 or 14 days had begun to return to pre-reform levels by late June 2025.

⁹ The majority of these trusts (but not all) provided complete data for the entire period. Some provided data on both community and hospital deaths, while others only provided results for hospital deaths.

¹⁰ Office for National Statistics. (2025) Death Certification Reform, England and Wales: 9 September 2024 to 30 June 2025 (provisional data). Last accessed 4 June 2026. Available at: <https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/articles/deathcertificationreformenglandandwales/9september2024to30june2025provisionaldata>



Findings and data

More than 65 trusts returned data that pertains to more than 176,000 deaths between September 2024 and December 2025. NHS England provided data for all ME offices.

Analysis of this **does not support the view that delays are reducing back to a pre-death certification reform level**. Improvements over summer 2025 appear to have been short-lived, with national results for December 2025 at a similar level to December 2024 across several measures.

The shorter times reported at the start of summer 2025 appear to represent seasonal variation, rather than sustained improvement. This aligns with the experience of many of our Funeralcare colleagues, who continue to report delays in death certification.

Key findings:

- The process of ME scrutiny appears **to regularly take several days**. While it is not the only step on the death certification pathway, it appears to materially contribute to the total interval from death to certification.
- Turnaround times between deaths and MCCDs appear to **show little to no improvement** by the end of December 2025. By some measures, **turnaround time has deteriorated** over the course of the reporting period (September 2024 to December 2025). This aligns with the experience of many of our Funeralcare colleagues, who have continued to report additional delays since the introduction of the ME process.
- ONS data previously suggested initial delays to death certification following ME reforms might be resolving as of summer 2025. Co-op's new data suggests this represents **seasonal variation, rather than sustained improvement**, with pockets of delay clustered around bank holidays and periods of improvement clustered around periods of less strain on general hospital services. It's possible that industrial action in summer 2025 also affected the timeliness of ME performance.
- There appears to be little consistency in improvements and delays. While many ME offices have made improvements (and some of them impressive), **almost as many have seen their wait times increase**. The overall degree of improvement also appears to be small. According to NHS England data from October 2024 to December 2025, 'improved' trusts saw their total mean turnaround time reduce by 68.1 days. Those trusts whose turnaround worsened saw a total average lengthening of 64.45 days. This leaves a total national improvement of less than four days.
- There appears to be **considerable regional variation in turnaround times for MCCDs**, with the North West, South East and North East and Yorkshire reporting consistently longer results. Nonetheless, slow turnaround times are widespread.
- Trends suggest that **overall performance continues to deteriorate at a national level**. For example, weighted average turnaround times for October, November and December 2024 (3.5, 3.69 and 4.63 days) were shorter than those for October, November and December 2025 (4.08, 4.32 and 4.77 days).
- Over the entire reporting period, **it took more than five days from death to approve MCCDs in more than a quarter of cases** (26.62%). In December 2025, this was 32.40%, a small deterioration compared to December 2024 (29.46%). This period does not include the time taken for the MCCD to be processed by a Registrar. Before reform, bereaved families had a five-day statutory limit to register deaths.

Viewpoint

"I found it upsetting that my Mam was in a temperature controlled room. Untouched for eight days, not due to the Co-op but the length of time it was taking in County Durham for the ME to sign off her death.

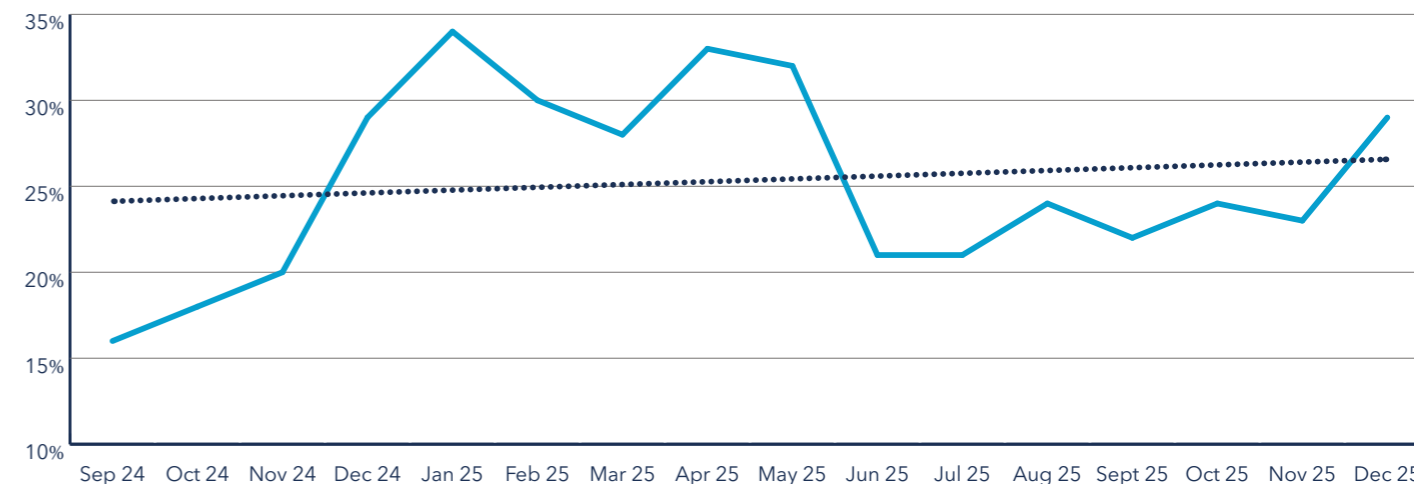
"Once this had been done, everything moved quickly and I was able to take comfort in knowing she had been cared for and then moved to the Chapel of Rest."

A client of Co-op Funeralcare Horden

Section 1

National results

Figure 1 - Proportion of MCCDs approved by MEs > five days after death



This measure looks at the proportion of cases where an MCCD was either approved or sent to the local Registrar more than five days after death.

Over the entire reporting period, **it took more than five days from death for an ME to approve MCCDs in more than a quarter of cases** (26.62%). This varied over time, peaking at 34.26% in Jan 2025. In December 2025 (the end of the reporting period), nearly one-third of cases (32.40%) saw a gap of more than five days between death and MCCD approval.

Although the proportion of deaths experiencing this turnaround time reduced over spring and summer 2025, **it never fell below 21% of cases that year** (lowest result - 21.4% in July 2025).

It is expected that bank holidays will cause delays over winter and at the start of spring. But non-festive periods saw no meaningful improvement over time. Indeed, this result deteriorated over summer and into autumn. A trend line shows worsening over the reporting period. Some trusts said that Resident Doctor strikes in summer 2025 also affected performance.

Regional results

Regional results reveal clear variations in MCCD turnaround times across the country. It is important to note that some regions' results are supported by fewer usable responses to the relevant section of our FOI request. It is difficult to draw conclusions about London, for example, as only one-third of London trusts with ME offices (6 out of 17) provided appropriate data.

Nonetheless, the request was more successful in other regions.

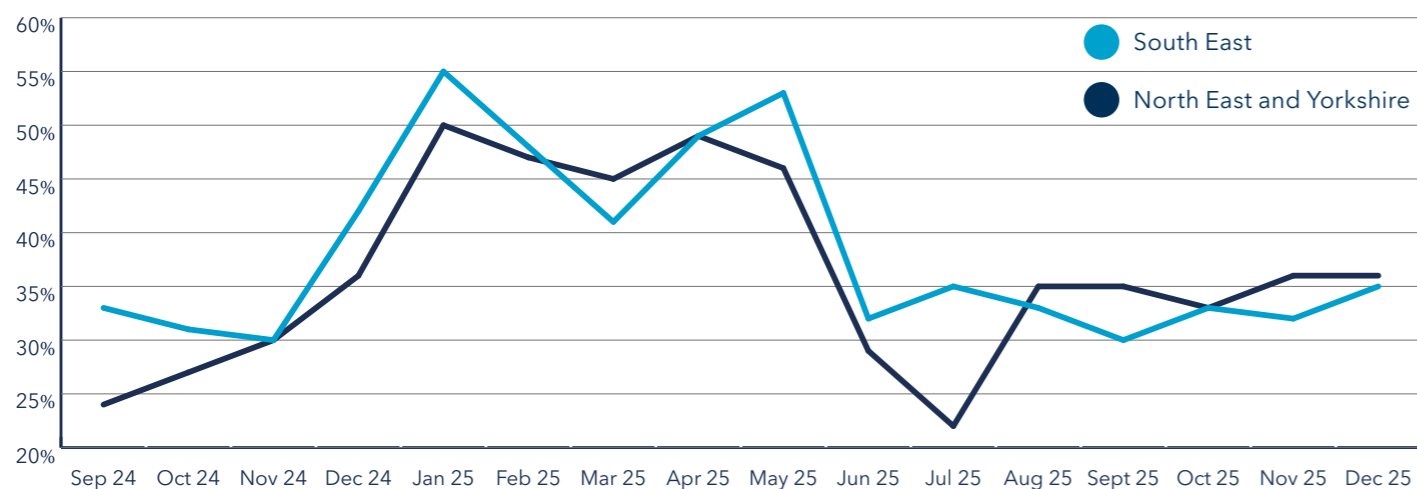
Proportion of trusts that provided usable data for Section 1

Region	Trusts with ME offices	Trusts that provided usable data	Proportion that provided data
North East and Yorkshire	21	14	66.67%
Midlands	20	13	65.00%
South East	17	10	58.82%
East of England	14	8	57.14%
North West	18	9	50.00%
South West	12	6	50.00%
London	17	6	35.29%

Proportion of MCCDs approved > five days after death, per region, from September 24 - December 25

Region	Total number of deaths with MCCDs	Total number of deaths with MCCDs issued by ME after five days	Proportion of deaths where MCCD is issued by ME five days after death
South East	18,045	11,506	38.94%
North East and Yorkshire	25,332	15,224	37.54%
Midlands	32,237	9,600	22.95%
London	8,675	1,958	18.41%
East of England	21,502	4,411	17.02%
North West	14,173	2,638	15.69%
South West	9,317	1,567	14.40%

Figure 2 - % of MCCDs approved > five days after death



In line with previous ONS reporting (see page 11), the South East region saw some of the longest turnaround times for the approval of an MCCD. Over the entire reporting period, the region saw a gap of at least five days between death and MCCD approval in 38.94% of cases (11,506 out of 29,551 deaths report to Co-op Funeralcare).

There are hints of improvement over autumn and winter 2025, with December 2025 - a month with several bank holidays - achieving a considerably better result than December 2024 (36% compared to 43.27%). Nonetheless, the December 2025 result is still significantly higher than most other areas.

The North East and Yorkshire also saw delays of more than five days considerably more frequently than other regions.

A similar pattern emerges, with a significantly challenged performance during months with bank holidays. Like the South East, this region continues to

see a consistently high proportion of longer turnaround times even in months without such interruption (i.e. from January time to March). The region appears to have made greater improvements in early summer 2025, before returning to a challenged picture in December.

👤 **Viewpoint**

“There was nothing you could do. The hold up was with the ME, it was a fortnight before we got the death certificate. That was not good enough - it just prolonged the grieving.”

A client of Co-op Funeralcare Consett

Local results

Looking at the trusts taking the most time through this lens gives additional insight into those regions where approval is considerably slower.

Several ME offices in the South East region reported results that showed the greatest scope for improvement. For example, looking at totals for the entire reporting period, MCCD approval by an ME took more than five days after death for:

- Two-thirds of deaths (67%) at Maidstone and Tunbridge Walls NHS Trust.
- 55% of cases at East Kent Hospitals University NHS Foundation Trust.
- 53% of cases at University Hospital Southampton NHS Foundation Trust.
- 43% of cases at Portsmouth Hospitals University NHS Trust.

The North East and Yorkshire also has several large centres with shortfalls:

- South Tyneside and Sunderland NHS Foundation Trust is in greatest need of improvement nationally, with 82% of MCCDs taking more than five days to approve after a death. This was the slowest trust nationally across all measures discussed in this

in this report and has already featured in media reporting on death certification delays.¹¹

- 69% of MCCDs at County Durham and Darlington NHS Foundation Trust were approved more than five days after death.
- 51% of MCCDs at Sheffield Teaching Hospitals NHS Foundation Trust were approved more than five days after death.
- 49% of MCCDs at Mid Yorkshire Teaching NHS Trust were approved more than five days after death.

Several trusts in other regions also had high proportions of MCCDs approved more than five days after death:

- Chesterfield Royal Hospital NHS Foundation in the Midlands approved 52% of MCCDs more than five days after death.
- Nottingham University Hospitals NHS Trust approved 45% of MCCDs more than five days after death.
- Wrightington, Wigan and Leigh NHS Foundation Trust in the North West approved 42% of MCCDs more than five days after death.

Section 2 - Averages

National results

Trusts were asked to provide the mean number of days between death to MCCD approval each month between September 2024 and December 2025.

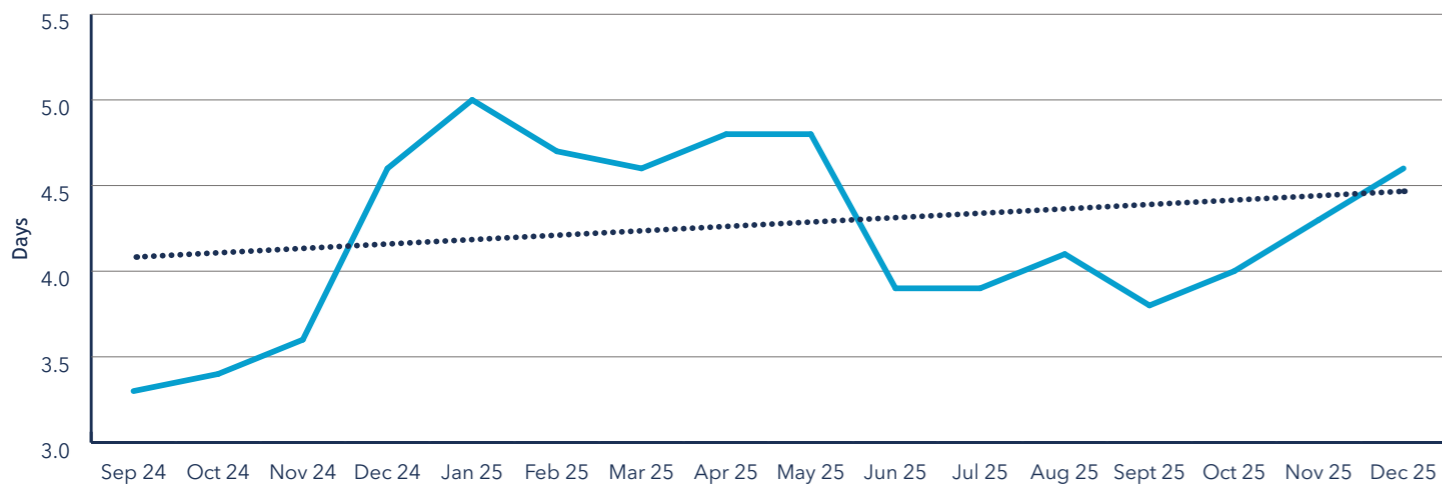
Coupled with the death figures supplied for Section 1, the averages were weighted to account for the number of deaths each trust’s ME office approved.¹² This means that trusts with a small number of deaths should not have undue influence over the results, creating a more representative national and regional picture.

This data is limited by the fact not all trusts provided both the mean turnaround time and number of deaths per month, reducing the number of trusts included in the analysis. The London region again saw the lowest rate of response from trusts. The proportion of trusts providing usable data for this section is as follows:

Region	Trusts with MEs	Trusts which provided usable data	%
North East and Yorkshire	21	13	61.90%
Midlands	20	12	60.00%
East of England	14	8	57.14%
North West	18	9	50.00%
South West	12	6	50.00%
South East	17	8	47.06%
London	18	6	33.33%

¹¹ Jim Scott. (6 May 2026) BBC News. Death certificate delays leave Sunderland families in 'limbo'. Accessed 22 May 2026. Available at: <https://www.bbc.co.uk/news/articles/c3wxjpwvx7do>
¹² Unweighted data available on request.

Figure 3 - Mean turnaround time from death to MCCD approval (weighted)



When weighted according to the number of deaths processed at each trust, **the average turnaround time between death and MCCD approval by an ME was 4.3 days over the reporting period.**

These numbers may sound positive compared to the national median time for death certification (as recorded in the ONS data on page 11), but it does not represent exactly the same data. It will not include aspects of the registration process that take place after the sending of an MCCD and incur even more time. This data also excludes many community deaths, which were shared by some trusts and not by others.

Average turnaround times between death and ME approval peaked between winter 2024 and spring 2025. This was followed by a relatively stable summer, before increasing again from September 2025 onwards. The trend line in Fig. 3 reveals an **underlying deterioration in**

average turnaround times over the reporting period for the trusts who provided data.

The average length of time between death and the approval of MCCDs **has not, in any month, returned to autumn 2024 levels.** Although results improved in the first half of summer 2025 (as reflected in the ONS analysis, see page 11), the national average delay **rose again** over autumn and winter 2025, approaching the previous December 2024 peak.

Average **turnaround times varied markedly** between September 2024 and December 2025, with delays seemingly **highly vulnerable to bank holiday periods.** Regardless of holidays, these figures point to **underlying growth in delays**, with average delays in autumn 2025, for example, exceeding those of the year before.

Viewpoint

“The ME explained there was a backlog due to winter and the Christmas period, which meant a delay in being able to get Nan’s death certificate.

“It was made clear that we can’t see Nan and nothing would happen to her until the paperwork was received. I felt she was abandoned in a freezer until he’d received this.”

A client of Co-op Funeralcare Totnes



Regional results

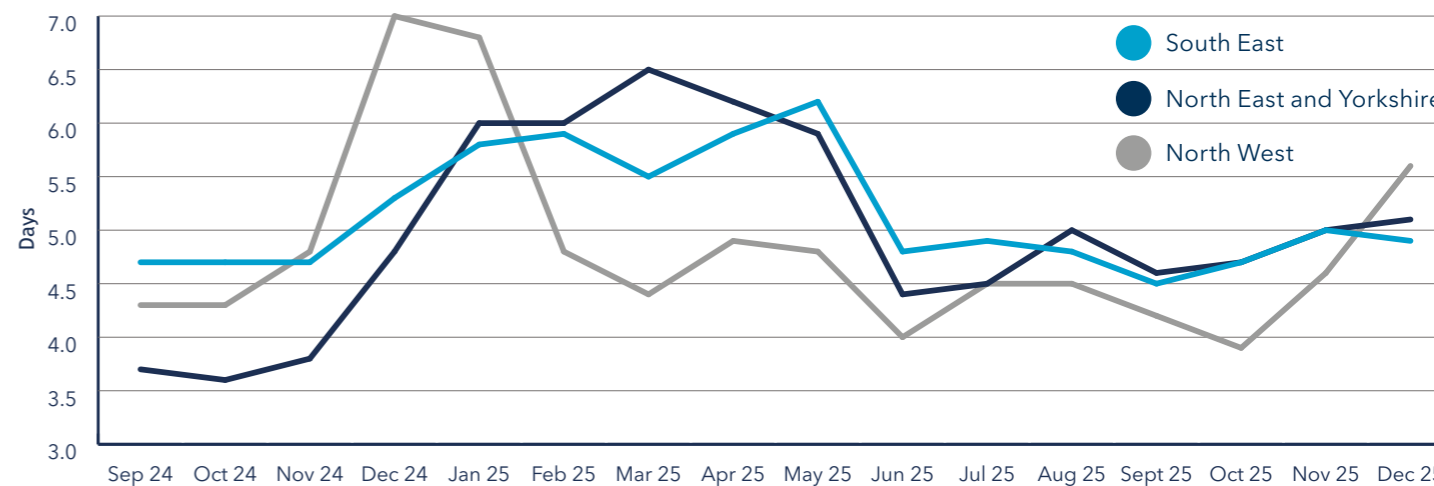
The data suggests there is considerable variation in average turnaround times in different parts of the country. When weighted, there is a variation of 2.07 days between the ‘slowest’ and ‘fastest’ regions:

Region	No deaths	Weighted deaths*	Weighted average
South East	27,509	143,212	5.21
North East and Yorkshire	40,556	206,574	5.09
North West	16,810	83,138	4.95
Midlands	33,634	123,414	3.67
London	10,633	36,888	3.47
East of England	25,636	86,814	3.39
South West	10,880	34,216	3.14

*‘Weighted deaths’ = mean days to MCCD x no. of deaths

The patterns and trends in data at each of the slowest regions are as follows:

Figure 4 - Weighted average turnaround times between death and MCCD approval



Performance in the South East is particularly slow but relatively stable throughout the reporting period. Results show some improvement over time, and less clear shocks during the Christmas and New Year holiday months than other regions.

North East and Yorkshire follow a similar pattern to the national trend. In this case, turnaround times over Easter appear to compound winter holiday turnaround times,

which did not fall substantially in February. Over the reporting period, its overall trend points to underlying deterioration.

Like the South East, the North West results show modest improvements over the course of the year, with a less significant backlog around the Easter holidays. Nonetheless, there is still a sharp increase in turnaround times from November 2025 onwards.

Local results

Results varied markedly between trusts, with some reporting average waiting times between deaths and MCCD approvals of two days or less.

Others saw far longer turnaround times.

The slowest trust by mean turnaround time was again South Tyneside and Sunderland NHS Foundation Trust – a major ME office dealing with several hundred deaths per month. Between January 2025 and May 2025, the Trust’s mean turnaround time ranged from 11 to 16 days – the highest reported by any trust at any point during the period analysed.

Performance improved during summer 2025, but remained high at seven and eight days in October and November 2025.⁸ The monthly average for the entire period was 8.88 days, or 9.01 when weighted.¹³

Other trusts with particularly high average turnaround times included:

- Maidstone and Tunbridge Wells NHS Trust (6.76 weighted average, ending 2025 on six days).
- County Durham and Darlington NHS Foundation Trust (6.43 weighted average, ending 2025 on nine days).

- Chesterfield Royal Hospitals NHS Foundation Trust (6.28 weighted average, ending the year on seven days).
- Mid Yorkshire Teaching NHS Trust (6.24 weighted average, ending the year on 6.51 days).
- University Hospital Southampton NHS Foundation Trust (6.19 weighted average, ending the year on 5.6 days).

Large volume centres tended to have a slower performance, with the best-performing high volume trusts still seeing average turnaround times of more than three. Overall, the best-performing large volume trust was:

- West Hertfordshire Teaching Hospitals NHS Trust, which saw in the region of 300 to 350 deaths per month. The trust had a weighted average turnaround of 3.48 days between death and MCCD approval by an ME over the reporting period. It ended 2025 with an average of four days turnaround time.

The impact of ME scrutiny

Trusts must report data on a quarterly basis to the National ME’s Office, which is part of NHS England. This includes the mean length of time between the referral of a death to the ME office and the dispatch of an MCCD to a Registrar.

NHS England provided this data for each trust in response to a further FOI request from Co-op Funeralcare.

This provides greater insight into the impact of ME scrutiny on delays between death and death registration. But it does not completely isolate the workings of the ME office from the other actors and processes involved in the approval of an MCCD.

As NHS England noted in its FOI response, “Referral of a death does not imply the ME office has all the

information required to complete its statutory work and send the MCCD to the Registrar.

“For example, MEs may still be awaiting the MCCD from the attending practitioner, may be required by statute to make further enquiries, or to work with the attending practitioner to ensure causes of death are recorded accurately”.

Viewpoint

“I find in my area it’s currently taking the ME between seven and ten days to contact the family once the referral has been sent to them.”

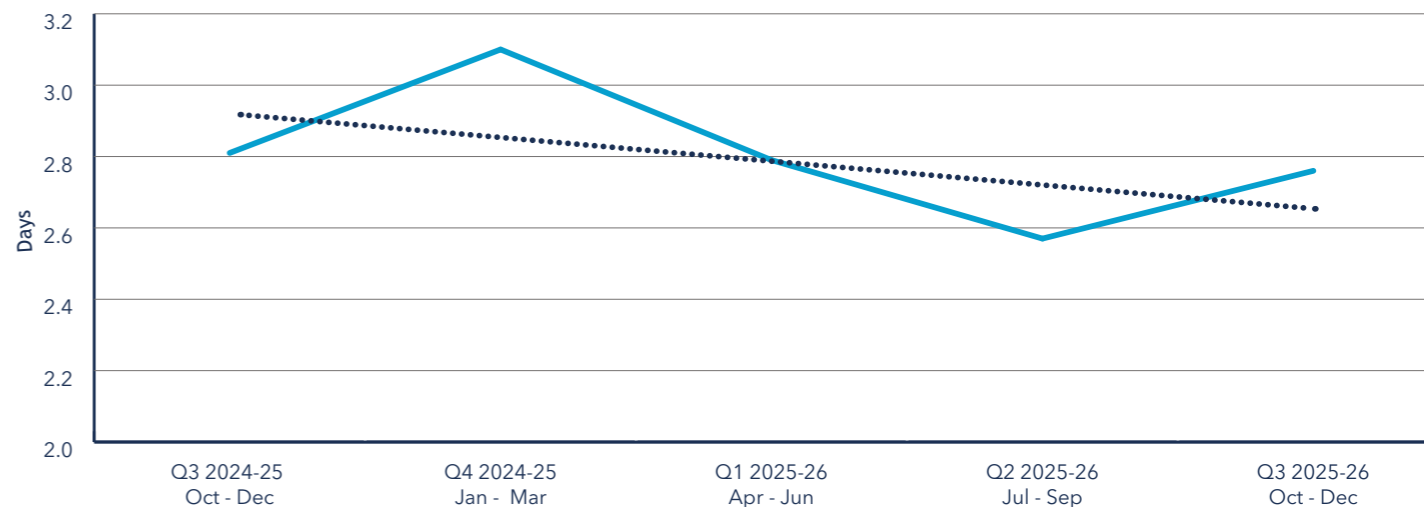
A Co-op Funeralcare colleague based in Norwich area

National trend

On average, it took 2.81 days from referral of a death to an ME office to sending over an MCCD between October 2024 and December 2025.^{1,2}

This varied per quarter, improving slightly year-on-year from Q3 24/25 to Q3 25/26. Much of this variation may be down to disruptions from bank holidays. The data does not include the total number of deaths processed by each ME office per quarter, so the impact of volume of activity cannot be assessed across trusts or indeed quarters.

Figure 5 - Mean turnaround time from death to MCCD approval (unweighted)



This means the data cannot be weighted in the same way as data from the previous FOI. Any analyses beyond the trust level must therefore be treated with a degree of caution. It is likely that combined averages presented here are different (but close) to the true results. It is, however, still possible to observe general trends from the data.

In line with other results, ME offices appear to experience worse delays over winter, with waits recovering over the summer period. The average wait for Oct-Dec 2025 is almost as long as that for the same period in 2024, supporting the view that improvements observed by the ONS up to June 2025 may reflect **seasonal improvements in performance, rather than sustained, underlying improvement.**

These results do not show the second ‘bump’ in wait times observed in spring 2025 in the trust-specific FOI results, which could indicate ME offices were less affected by bank holidays during this period than other actors involved in the death registration process.

However, this could also reflect the fact this data is quarterly, rather than monthly (potentially balancing out peaks and troughs). It may also reflect a lack of weighting, or results from the trusts that did not share data independently with Co-op Funeralcare’s previous FOI, for example.

For these reasons, **direct comparisons between the different datasets cannot be made accurately.**

However, the NHS England data complements the other results, as **it sheds light on organisations which did not supply their own data to Co-op.** This includes trusts like University Hospitals of Derby and Burton Trust, Sherwood Forest Hospitals Trust and North Bristol Trust, which appear to have **some of the longest and most consistent ME office wait-times in the country.**

Viewpoint

“Our clients are very frustrated at the length of time that it takes the ME to oversee their loved one’s death documents. Their biggest frustration is that in expected and clearcut deaths - it seems to take forever.”

A Co-op Funeralcare colleague based in Walton upon Thames

The below table shows the twenty trusts who experienced the most consistently long waits over the reporting period.

		Mean number of days within ME office from referral to MCCD dispatch				
ME offices	Region	Q3 2024-25 Oct - Dec	Q4 2024-25 Jan - Mar	Q1 2025-26 Apr - Jun	Q2 2025-26 Jul - Sep	Q3 2025-26 Oct - Dec
South Tyneside and Sunderland Trust	North East and Yorkshire	5	10	8	5	3.6
University Hospitals of Derby and Burton Trust	Midlands	5	6	7	5.6	7
United Lincolnshire Hospitals Trust	Midlands	4	6	6	7.9	5.3
Nottingham University Hospitals Trust	Midlands	6	5	7	4.3	4.7
University Hospital Southampton Trust	South East	5	7	5	4	4.8
Sherwood Forest Hospitals Trust	Midlands	6	6	4	4.1	5.5
County Durham and Darlington Trust	North East and Yorkshire	5	6	5	5	6
North Bristol Trust	South West	4	6	5	4.7	7
North West Anglia Trust	East of England	4	6	5	4	5
Chesterfield Royal Hospital Trust	Midlands	4	6	5	6	5
Kingston and Richmond Trust	London	5	5	5	4.1	4
Royal Cornwall Hospitals Trust	South West	6	5	4	4	4
Surrey and Sussex Healthcare Trust	South East	2	7	4	4	4.3
Mid Yorkshire Teaching Trust	North East and Yorkshire	4	6	5	3.2	4
Mid Cheshire Hospitals Trust	North West	4	4	4	4	6
Medway Trust	South East	6	5	4	3.9	3.9
The Shrewsbury and Telford Hospital Trust	Midlands	6	6	3	3	2.5
Norfolk and Norwich University Hospitals Trust	East of England	6	6	4	3.3	2.7
Mid and South Essex Trust (Broomfield site)	East of England	5	5	4	4	3.6
Portsmouth Hospitals University Trust	South East	3	4	5	3.6	3.9

The process of Medical Examiner scrutiny appears to often take several days.

As mentioned, this data is not equivalent to that shared by individual trusts. It shows quarterly averages, rather than monthly ones. It cannot be weighted according to activity levels at each trust in each quarter, and it includes data on community deaths, which not all trusts provided for the previous FOI.

Because of this, it isn't possible to definitively show what proportion of the overall delay between death and MCCD approval takes place within ME offices. Nonetheless, it does reveal that this process **consistently takes several days** at many trusts.

Unsurprisingly, the results for many trusts align across both FOI datasets. South Tyneside and Sunderland Trust here showed the longest overall waits for the reporting period. The National ME's Office results suggest much of this delay took place during the ME office stage of the death certification process. The table on page 20 shows that it took an average of 10 days from referral of a death to the ME office to the release of an MCCD to the local registrar between January and March 2025. FOI data shared by the Trust for this period shows an average of between 11 and 16 days elapsed between death and MCCD dispatch.

However, the National ME's Office results appear to show a greater level of improvement during the second half of 2025 than the corresponding 'death-to-MCCD-approval' figures. This could indicate that the ME office has improved more quickly than other actors involved in the death certification process - but such conclusions cannot be made definitively from the available data.

Viewpoint

"I have had multiple occasions where families are chasing the doctors to do their jobs, and I have also needed to get involved, as either GPs are unaware or they just don't care about the fact we are unable to do any care and preparation for the deceased until we have those green papers."

A Co-op Funeralcare colleague working across South West London

Lack of consistent improvement

There seems to be little harmony across trusts with regards to improvement. As can be seen from the 20 ME offices with the most consistently long waits over the course of the reporting period. Comparing averages from Q3 2024/25 and Q3 2025/26, 11 of the trusts show improvement, 8 were taking longer and one shows no change.

Comparing results from Q3 2024/25 and Q3 2025/26 at all ME offices, there is even less consistency in performance change:

55
Improved

18
No Change

52
Deteriorated

Of those trusts that improved, the total national improvement in average waits was 68.1 days. When offset with a total average of deterioration of 64.45 days, there was a total average improvement of less than four days felt across the whole of England. Although these specific figures are subject to several limitations, they point strongly to a low level of national improvement, year-on-year.

Greatest improvements in results

ME Offices	Region	Mean number of days from referral to MCCD dispatch		
		Q3 2024-25 Oct - Dec	Q3 2025-26 Oct - Dec	Change
Wirral University Teaching Hospital Trust	North West	7	2	-5
Blackpool Teaching Hospitals Trust	North West	7	2.4	-4.6
The Shrewsbury and Telford Hospital Trust	Midlands	6	2.5	-3.5
Norfolk and Norwich University Hospitals Trust	East of England	6	2.7	-3.3
Royal Berkshire Trust	South East	6	3	-3
The Dudley Group Trust	Midlands	4	1.2	-2.8
Oxford University Hospitals Trust	South East	5	2.4	-2.6
Medway Trust	South East	6	3.9	-2.1
Barnsley Hospital Trust	North East and Yorkshire	5	3	-2
Countess of Chester Hospital Trust	North West	3	1	-2
London North West University Healthcare Trust	London	2	0	-2
Royal Cornwall Hospitals Trust	South West	6	4	-2
The Newcastle Upon Tyne Hospitals Trust	North East and Yorkshire	4	2	-2
Brighton and Sussex University Hospitals Trust	South East	4	2.2	-1.8
Buckinghamshire Healthcare Trust	South East	5	3.3	-1.7
Mid and South Essex (Broomfield site) Trust	East of England	5	3.6	-1.4
South Tyneside and Sunderland Trust	North East and Yorkshire	5	3.6	-1.4
Barking, Havering and Redbridge University Hospitals Trust	London	4	2.7	-1.3
Nottingham University Hospitals Trust	Midlands	6	4.7	-1.3

Greatest deterioration in results

ME Offices	Region	Mean number of days from referral to MCCD dispatch		
		Q3 2024-25 Oct - Dec	Q3 2025-26 Oct - Dec	Change
East Suffolk and North Essex (Ipswich Site) Trust	East of England	0	5.9	5.9
Leeds Teaching Hospitals Trust ¹⁴	North East and Yorkshire	0	5	5
Maidstone and Tunbridge Wells Trust	South East	0	4	4
Royal Free London Trust	London	1	4.6	3.6
Bedfordshire Hospitals Trust	East of England	0	3	3
North Bristol Trust	South West	4	7	3
Surrey and Sussex Healthcare Trust	South East	2	4.3	2.3
East Suffolk and North Essex (Colchester site) Trust	East of England	0	2.1	2.1
Mid Cheshire Hospitals Trust	North West	4	6	2
University Hospitals Dorset Trust	South West	3	5	2
University Hospitals of Derby and Burton Trust	Midlands	5	7	2
East Lancashire Hospitals Trust	North West	1	2.5	1.5
Salisbury Trust	South West	3	4.4	1.4
Torbay and South Devon Trust	South West	3	4.4	1.4
Sandwell and West Birmingham Hospitals Trust	Midlands	2	3.3	1.3
United Lincolnshire Hospitals Trust	Midlands	4	5.3	1.3
Warrington and Halton Hospitals Trust	North West	1	2.3	1.3
Great Western Hospitals Trust	South West	2	3.2	1.2
Bradford Teaching Hospitals Trust	North East and Yorkshire	1	2.1	1.1
Chesterfield Royal Hospital Trust	Midlands	4	5	1

¹⁴ Data for Q3 2024-25 was blank so the result is assumed to be zero.

Overall, these results demonstrate **little sustained improvement** across the country. While many ME offices have made improvements (and some of them impressive), **almost as many have seen their wait times increase**.

Although the combined national averages in this section cannot be weighted by trust activity levels, when taken as rough estimates, they still support a picture where the **overall degree of change between winter 2024 and winter 2025 is minimal**.

This data, and the 'death-to-MCCD-approval' data discussed throughout the rest of this report, show that as of December 2025, long waits remain common at **both ME offices, and a wider system level**. While seasonal improvements are observed across the country, **year-on-year results show little change**.



Five most improved trusts

- 1 Wirral University Teaching Hospital Trust
- 2 Blackpool Teaching Hospitals Trust
- 3 The Shrewsbury and Telord Hospital Trust
- 4 Norfolk and Norwich University Hospitals Trust
- 5 Royal Berkshire Trust

Five least improved trusts

- 1 East Suffolk and North Essex (Ipswich Site) Trust
- 2 Leeds Teaching Hospitals Trust
- 3 Maidstone and Tunbridge Wells Trust
- 4 Royal Free London Trust
- 5 Bedfordshire Hospitals Trust & North Bristol Trust

Viewpoint

"I had a family who were told that the GP had submitted the paperwork - however, this had been sent to the Coroners instead. The Coroner then rejected the paperwork and sent it back to the GP. They then re-sent this paperwork to the ME office, which AGAIN was rejected due to it not being completed correctly."

A colleague at Co-op Funeralcare Teddington

Case study
For the bereaved

Through her career in the funeral sector, Julie Allison - 45, of New Malden in Southwest London - believed she understood what to expect after the death of a loved one. However, nothing prepared her for the "emotional turmoil" of administrative delays that left her in limbo and postponed both her ability to grieve properly and to lay her mother to rest.

Julie experienced a deep personal loss after her mother, Pamela Leake, died aged 83 years on 21st January 2025. Julie describes her mother as the "beating heart" of the family who "would always put others first".

Julie has an innate understanding of the importance of dignity in death. She had always intended to care for her mother herself, as a Funeral Arranger, describing it as a final act of love and respect. She said: "I knew it was going to be hard, but I knew it was the right thing to do."

"Mum had looked after me for 44 years of my life and the last thing I could do for her physical body in her last few weeks on this earth, was to give her the care and respect that she deserved. It felt the least I could do for her."

In the days following her mother's death, Julie found herself in what she describes as a "no man's land of emotions." The ME system had only recently been introduced and while designed to provide oversight and reassurance, in practice it quickly became her source of frustration.

Three days after her mother's death, Julie received a call from the ME's office, explaining that the family should wait until at least the following Wednesday before booking an appointment with the Registrar, as the necessary paperwork needed to be completed and transferred by the hospital doctor. At first, this felt like a positive step.

Despite repeated calls to the hospital bereavement office though, Julie and her family were told that the paperwork had not been completed. Doctors were described as "too busy" and would "come down later" to sign the MCCD, but this did not happen.

Julie was told that multiple families were facing the same situation, all waiting for doctors to complete paperwork so deaths could be registered. The backlog forced Julie's family to cancel the pre-arranged appointment with the Registrar, adding further uncertainty and emotional strain where there remained no clear timeline, no accountability and no reassurance.

Julie had also made plans to transfer her mother into her and her colleagues' care that Friday, 10

days after her passing. Upon arrival at the hospital, Julie was told that her mother could not be released because the required paperwork had still not been signed.

Despite there being no questions surrounding the death and no coroner involvement, one missing document meant her mother could not leave.

Julie said: *"It felt like someone was playing an emotional game... that was my mum, and one piece of paper was stopping me from bringing her into our care."*

"I was so angry at the situation I would have moved heaven and earth to get Mum out of there."

She spoke with the mortuary staff, who she describes as "so understanding and under so much pressure themselves, getting grieving families calling them about the length of time things were taking."

Eventually, through persistence and knowledge of how the system worked, an alternative doctor who had treated her mother was able to sign the paperwork. Only then was she released from the hospital's care.

Julie's mother was finally laid to rest on 14th February 2025 - one of the first available dates and just under four weeks (24 days) after her death.

Reflecting on the experience, Julie said: *"I don't know how long we would have waited if we hadn't gone down [to the hospital] that day, but the emotional turmoil it left me in was something I never want to experience again."*

"It feels like I let her down as I couldn't lay her to rest quick enough. Not only that, you witness some things that you really don't want to see your loved one go through. You shouldn't have to fight at a time like this it's just so emotionally exhausting."



Case study For business

Delays in death certificates don't just hold up the delivery of a funeral - they delay our client's right to grieve.

We hold ourselves to task, to take no longer than 15 days between first contact with a client and the funeral itself. Delays as part of the MCCD process, including an ME's review, mean it can often be closer to three weeks.

Funeral Directors like me will do everything we can to plan ahead for our clients. We want to be sure they have as many options available to them as possible, when it comes to how their loved one is presented and how soon the funeral can proceed.

I have seen cases where, even after allowing a generous amount of time, we have been left waiting for paperwork up to two days before a funeral. My team and I have had to chase MEs on behalf of families, and carry out the embalming process as late as the day before a ceremony. This massively impacts the opportunity to view a loved one in advance, and it doesn't allow for the necessary process and preparation at a crematorium.

I always take pride in being able to support grieving families at a difficult time, and deliver the best possible final farewell.

As part of this though, it can be difficult to explain delays and variation in the MCCD process to a vulnerable and emotional client.

Some clients in our local area may see another funeral provider being more flexible - where we know they are not experiencing the same backlog in their morgue.

Some clients often get just two brief calls from the ME - one to introduce themselves and conclude their review, then another within 48 hours, confirming forms are with the Registrar. This can make it hard for our clients to see the value an ME adds and why the process takes so long.

We have supported a family who lost two separate loved ones, where each MCCD was processed by different trusts. The second MCCD took a wildly different length of time, which really exacerbated everything our client was already feeling.

We understand that this is a complicated process, which is presented to the bereaved at the most challenging time. And although this process is out of our control, Funeral Directors are often held accountable by frustrated families. This can affect an important relationship, between clients and those people who are working to support them.

It can also affect positive testimonials and the likelihood of families coming back to us. This is more important than ever to funeral businesses like ours, which are presented with ever increasing costs and other challenges that affect what we do and what we can offer.

- **Jessica Edmundson, Funeral Director at Co-op Funeralcare Houghton-Le-Spring**
(pictured here, on page 27).



Conclusion and recommendations

Caoilinn Hurley - Managing Director, Co-op Legal and Life Services

It is at the most difficult of times, that families deserve and should expect true clarity and compassion.

However, our data speaks to routine and significant delays, where at least one aspect of the MCCD process often takes as long, if not longer, than the statutory five days before the 2024 reform.

These delays obstruct final visits and viewings of loved ones while compounding grief as they leave families adrift.

Funeral providers and clients must have greater scope to lay the deceased to rest in a timely and dignified way. So, today, we are calling for a process review that will help reduce the time it takes to issue vital paperwork and allow Funeral Directors to continue with proceedings on behalf of their clients.

The data in this report covers extended turnaround times, but cannot go far enough to qualify the emotional toll these delays have upon families across the country, as the opportunity to lay their loved one to rest takes an excessive amount of time.

Grief is not linear, nor is it a single moment in time; it is a process. Funerals, burials and cremations play a vital role in helping people begin to process their loss. When delays occur in the system, this postpones the first step many families feel towards closure.

Suggested short-term reform

While this report advocates for long-term reform, we believe that shorter-term improvements can be quickly implemented by the Government. We are recommending:

1. Better resourcing for ME offices – short-term increases to staffing levels in the worst impacted areas could hugely help to alleviate backlogs.
2. Better communication – clear and compassionate communication with families, especially when delays occur, is vital to reducing distress and uncertainty.

3. Identifying and fast-tracking straight-forward cases and making exemptions under certain circumstances i.e. those with a terminal diagnosis. This could also go some way to reducing backlogs, especially in those areas with slower turnaround times.

4. Local Authority funding to improve capacity for Registrar appointments to ensure bereaved families are able to make timely appointments to complete the process once the MCCD has been referred.

Mitigations

The evidence in this report is clear – we need to reduce the time it takes to issue the paperwork. In order to do this, we are calling on Government to review the ME system. To support our findings, will the Government formally recognise where delays are occurring? Will the Government investigate why they are happening? Will the Government commit to alleviating these issues?

If the Department of Health and Social Care engaged with policymakers, leaders, regulators, trade associations, hospitals and funeral providers, it would go some way to helping them understand the issue in detail and highlight where meaningful change and improvements can be made. This should include setting a clear ambition: that no family should face avoidable delays in laying their loved one to rest.

Communication must be better. Providing families with a clear timeframe and providing a single point of contact for questions, queries or further detail would help with uncertainty. In cases which are complicated or expected to take longer than usual, clear correspondence or contact with the family is key. Accountability should be transparent, with performance standards in place – families should not be left wondering how long it will be until they can visit a loved one to say their final goodbyes.

We hope that this report will serve as a catalyst for change. The data within it provides a clear picture of the scale of the issue, and the personal stories highlight its depth. It must now be answered with action by our Government.

Next steps

Our policy asks are clear. They are:

- 01 **A national system review with a commitment to publish and action an improvement plan.** We believe that the Department of Health and Social Care should conduct and publish a national review of the ME system, investigating root causes of delays, reasons for regional variations and action plans for improvements.
- 02 For the Government to assess whether the ME system is adequately resourced, with investigations into funding and staffing levels and with **consideration for additional funding in hotspot areas.**
- 03 **To publish improvement plans for the key areas of concern** highlighted in this report.
- 04 To commit to a **minimum communications standard** between MEs and families. To ensure families have a dedicated, independent point of contact to direct their questions and raise their concerns. To be provided with a clear (if indicative) timeframe for the process and to be treated with compassion throughout.
- 05 **To strengthen accountability and oversight.** We are calling for stronger and more transparent mechanisms within the ME system. This should include clear lines of responsibility at all levels, and regular publication of performance data to highlight where standards are not being consistently met. There should also be mechanisms to ensure learnings are taken from complaints and very long delays lead to system-wide improvements.
- 06 We would further advocate for a **wider system review to include Coroners, Registrars and attending practitioners**, because we know issues within the whole system are adding to delays, in addition to the ME system delays we have clearly outlined in this report.
- 07 Ultimately, to **put families who have lost loved ones at the heart of the system** to ensure services are designed around the needs of those who have been bereaved. It should be the case that every family has as much information as possible about the process. Compassion, dignity and transparency are key throughout. And when things do go wrong, as is sometimes the case, a proper action plan is created alongside the family to rectify the issue as soon as possible.

Also, Co-op Funeralcare maintains that embalming should not be undertaken until the MCCD has been issued to the Registrar, and a death can be registered.

Until this has happened, we recognise that a death could still be referred to a Coroner and a post-mortem could still be possible. Embalming or any kind of reconstructive work in our funeral homes would interfere with this kind of investigation.

However, sometimes having the deceased already in our care, as the 'green form' is issued, means that we can proceed without further delay. Some hospitals will

release a loved one before the 'green form' is available, others insist upon waiting for them, which elongates the process.

We need greater clarity or further regulation to ensure a consistent approach by all hospitals, that unlocks greater flexibility and efficiency e.g. permission to hold a loved one as soon as possible if needed, provided the embalming process begins after the 'green form' is achieved.

To contact us or for more information, email public.affairs@coop.co.uk



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