Equality Analysis

Legislation requires that our policy documents consider the potential to affect groups differently and eliminate or minimise this where possible. This process helps to address inequalities by identifying steps that can be taken to ensure equal access, experience and outcomes for all groups of people.

Step One – Policy Definition

Function/policy name and number:	Verification of Death
Main aims and intended outcomes of the function/policy:	The aim of this policy is to give an appropriate framework for the verification of death, and when this should be physician lead or when trained and competent nursing, Allied Health Professional (AHP) staff can undertake the process. Non-medical staff verification of death (recognition of life extinct) in most cases will be in expected adult deaths (over the age of 18 years) or for paramedics working within the emergency departments in an Acute Care Practitioner (ACP) role in accordance with UK Ambulance service Practice Guidelines.
How will the function/policy be put into practice?	This policy contains general information on the verification of death process for all staff undertaking this activity in hospital, hospice and community settings such as care homes and patients own homes. It also contains clear guidelines within a legal framework for appropriate non- medical staff to verify an expected death, and guidance for ACP's within the Emergency Department (ED) when to terminate resuscitation attempts. It will enable staff to care appropriately for the deceased and minimise distress for families and carers following an expected death at any time of the day, night or week. It is in line with the person and family centred care recommended in national documents. This guidance ensures that the death is dealt with: • In line with the law and coroner requirements • In a timely, sensitive and caring manner

	• Respecting the dignity, religious and cultural needs of the patient and family members. It ensures the timely removal of the deceased to the mortuary / funeral directors. It also ensures the health and safety of others are protected, e.g. from infectious illness, radioactive implants and implantable devices.
Who will be affected/benefit from the policy?	Staff, patients, NOK
State type of document	Policy
Is an EA required? NB :Most policies/functions will require an EA with few exceptions such as routine procedures-see guidance attached	Yes
Accountable Director: (Job Title)	Medical Director
Assessment Carried out by:	Directorate Manager
Date Completed:	15/7/24

To help you to determine the impact of the policy think about how it relates to the Public Sector Equality Duty, the key questions as listed below the and prompts for each protected characteristic included Step 3:

-Eliminate unlawful discrimination, victimisation, and harassment
-Advancing equality of opportunity
-Fostering good community relations

KEY QUESTIONS

- Are people with protected characteristics likely to be affected differently even though the policy is the same for everyone?
- Could there be issues around access, differences in how a policy is experienced and whether outcomes vary across groups?
- What information /data or experience can you draw on to indicate either positive or negative impact on different groups of people in relation to implementing this function policy?

Step Two – Evidence & Engagement

What evidence have you identified and considered? This can include research ((national, regional ,local) surveys, reports, NICE guidelines, focus groups, pilot activity evaluations, clinical experts or working groups, information about Dudley's demographics, The Dudley Group equality and diversity reports, Joint Strategic Needs

Assessment (JSNA) or other equality analyses, Workforce Race and Disability Equality data, anecdotal evidence.		
Research/Publications	**Working Groups**	**Clinical Experts**
Academy of Medical Royal Colleges (2008) A code of practice for the diagnosis and confirmation of death. London: AMRC. Available at: http://www.aomrc.org.uk/publications/reports-guidance/ukdec- reports-and-guidance/code-practice-diagnosis-confirmation-death/ (Accessed 22/02/2017)

Births and Deaths Registration Act 1953. Available   at: http://www.legislation.gov.uk/ukpga/Eliz2/1-2/20/contents/enacted (Accessed 22/02/2017)

British Heart Foundation (2013) ICD deactivation at the end of life: principles and practice. Available   at: https://www.bhf.org.uk/publications/living-with-a-heart- condition/icd-deactivation-at-the-end-life (Accessed 22/02/2017)

GMC (2010) Treatment and care towards the end of life: good practice in decision making. London: GMC. Available at: http://www.gmcuk.org/guidance/ethical_guidance/end_of_life _care.asp (Accessed 22/02/2017)

GMC (2013) Good Medical Practice: The duties of a doctor registered with the General Medical Council. London. Available at: http://www.gmc-uk.org/guidance/good_medical_practice.asp (Accessed 22/02/2017)

GMC (2017) Response to concerns about our guidance for doctors on attempting CPR and DNACPR orders. London Available at: http://www.gmc-uk.org/news/29719.asp (Accessed 7/04/2017)

Hospice UK (2015). Care after death: guidance for staff responsible for care after death (second edition). Available at: https://www.hospiceuk.org/what-we-offer/publications (Accessed 07/04/2017)

Hospice UK (2017). Care after death: Registered Nurse verification of expected adult death (RNVoEAD) guidance. Available at https://www.hospiceuk.org/what-we-offer/publications (Accessed 07/04/2017)

National Council for Palliative Care (2015) Every moment counts: a narrative for person centred coordinated care for people near the end of life. Available at: http://www.nationalvoices.org.uk/sites/default/files/public/publ ications/every_m oment_counts.pdf (Accessed 22/02/2017) | Deteriorating Patient Group | Medical Examiners Officer Clinical Director of Patient Safety Operational Medical Director Mary Steven's Hospice Community Nursing Lead |

NICE (2014) Quality standard for end of life care for adults Available at: https://www.nice.org.uk/guidance/qs13 (Accessed 22/02/2017) NMC (2008) Code of Professional Conduct Available at: https://www.nmc.org.uk/standards/code/ (Accessed 22/02/2017) Office for National Statistics (2010). Guidance for doctors completing Medical Certificates of Cause of Death in England and Wales. Available at: http://www.gro.gov.uk/images/medcert_July_2010.pdf (Accessed 22/02/2017) Resuscitation Council (UK) (2016). Decisions relating to cardiopulmonary resuscitation (third edition – first revision). Available at:https://www.resus.org.uk/dnacpr/decisions-relating-to-cpr/ (Accessed 22/02/2017) Royal College of Nursing. Confirmation of verification of death by registered nurses. Available at: https://www.rcn.org.uk/get-help/rcn-advice/confirmation-of-death (Accessed 22/02/2017)		

Engagement, Involvement and Consultation:

If relevant, please state what engagement activity has been undertaken and the date and with which protected groups:

Engagement Activity	**Protected Characteristic/ Group/ Community**	**Date**
Medical Examiner's Office	Discussed rapid release of bodies on faith grounds	Jan 2023
Multi professional group meeting including hospice, community and acute colleagues	All	Jan 2023

For each engagement activity, please state the key feedback you have received and then use this in step 3. List a summary of the Feedback in the 'list of feedback received' column, then add your mitigation and then your action to address.

Summary of the feedback:

Collated feedback below.

Observation	Action
Inclusion of medical examiner process	Appendix of SOPs Detail of community process
Updated policy for completing MCCD in primary care - (changes in place since March 22, post covid)	GP within 28 days/ video call or face to face. Royal College of Pathologists confirmation to be clarified around 6 month. To confirm reference/policy.
Cremation form completion - requirement for crem form 5 has been permanently removed	Crem 5 references to be removed
Inclusion of rights of inspection for crem 4 completion	Link to be made to hub page/national guidance
Change in coroner referral system - now portal	Link to be included to portal. Referral code to be included.
Death template for primary care (working on this at present, but it would be great if we can tie it into this policy)	? Timeframe for completion. EMIS template.
Deaths required by law to be registered within 5 days unless coroners post-mortem or inquest (not mentioned in policy)	5 day rule and ensuring family are aware to be referenced in the policy.
Changes in sending MCCD to registrars - (electronic vs physically)	Physical copy to be kept. Sent via email. Confirm address
Changes in sending cremation certification to funeral directors	Electronically – detail remains the same RHH paper and collected by funeral directors
Page 7 - Expected death – doctors now have 28 days in which to have treated the pt	Covered above
MCCDs at RHH are completed the next working day after ME scrutiny – a conversation will take place between the ME office and the NOK regarding the COD as stated on the MCCD	Medical examiner process introduced. Clarify conversation with family.
Page 9 – 5.1 **General** – o In RHH the 'for you in your loss' book should be given, in the book, the numbers of the Medical Examiners and the Bereavement Office are available, both can advise families on the next steps to take if more advice is needed	New process to be included . Documentation

Page 13 – incorrectly completed MCCDs – ME office/Bereavement Office staff predominantly the ME office will take the lead on any MCCDs bounced by the registrar	Certificate completion Opportunity to train Support available from ME office ***Action Opportunity to capture wider range of medics / international graduates***
Changes to training module to national recommendation	Action Check on community training module.
Policy reviewed via DPPG in September 2022 in light of above. (Version attached)	
H@N involvement in verification to	**Action : Expected death / reduce delays. LW to speak to Walsall**
Community ME form to be included in the policy as an appendix	

Step Three – Assessment of Impact

Complete **relevant** boxes below to help you record your assessment

Consider information and evidence from previous section covering:

- Engagement activities
- Equalities monitoring data
- Wider research

Also think about due regard under the general equality duty, NHS Constitution and Human Rights.

Positive Impact HIGH MEDIUM LOW **Positive OR Negative Impact** (not both)	Negative Impact HIGH MEDIUM LOW	Neutral Impact (Tick)	• List concerns raised for possible negative impact OR • List beneficial impact (utilise information gathered during assessment)	Mitigation **List actions to redress concerns raised if a negative impact has been identified** in previous column	Lead [title]	Time-scale	How are actions going to be monitored/reviewed/ reported? (incl. after implementation
1) Age Describe age related impact and evidence. This can include safeguarding, consent and welfare issues:							
		x					
2) Disability Describe disability related impact and evidence. This can include attitudinal, physical, communication and social barriers as well as mental health/ learning disabilities, cognitive impairments:							
	Medium		Verification of death is now embedded in sunrise. Completion of process electronically could be challenging for staff with	Trust passport in place to identify support required and for adaptions to be made	RE	complete	Monitor completion of passport & support / amend as appropriate

			certain disabilities such as dyslexia				

3) Gender re-assignment
Describe any impact and evidence on transgender people. This can include issues such as privacy of data and harassment:

		x					

4) Marriage and civil partnership
Describe any impact and evidence in relation to marriage and civil partnership. This can include working arrangements, part-time working, and caring responsibilities:

		X					

5) Pregnancy & Maternity
Describe any impact and evidence on pregnancy and maternity. This can include working arrangements, part-time working, and caring responsibilities:

		X					

6) Race
Describe race related impact and evidence. This can include information on different ethnic groups, Roma gypsies, Irish travellers, nationalities, cultures, and language barriers:

		X					

7) Religion or Belief
Describe any religion, belief or no belief impact and evidence. This can include dietary needs, consent and end of life issues:

	Medium		Verification and onward process via medical examiner expediated to meet rapid release of body in some circumstances	Policy outlines timeframe for verification. Task should be prioritised. ME staff have early contact with family in such circumstances to understand requirements	Ant Consiglio (Lead MEO)	Ensure family contact made. OOH provision in place	Monitored as part of monthly ME service reporting

8) Sex
Describe any impact and evidence on men and women. This could include access to services and employment:

		X					

9) Sexual Orientation
Describe any impact and evidence on heterosexual people as well as lesbian, gay and bisexual people. This could include access to services and employment, attitudinal and social barriers:

		X					

10) Other marginalised groups e.g. Homeless people
Describe any impact and evidence on groups experiencing disadvantage and barriers to access and outcomes. This can include lower socio-economic status, resident status (migrants, asylum seekers), homeless, looked after children, single parent households, victims of domestic abuse, victims of drugs / alcohol abuse: (This list is not exhaustive)

		X					

11) Privacy, dignity, respect, fairness etc.

High			Process ensures timely verification of death	N/A	N/A	N/A	N/A

EQUALITY ANALYSIS - GUIDANCE NOTES

Equality Analysis is a tool for ensuring that issues for equality, diversity and inclusion are considered when drawing up or revising policies or proposals which affect the delivery of services and the employment practice of the Trust.

Why do carry out Equality Analysis?

We are required to carry out equality impact assessments because:

- There is a legal requirement to do so in relation to the protected characteristics
- They are helpful in identifying gaps and make improvements to services
- They help avoid continuing or adopting harmful policies or procedures
- They help you to make better decisions
- They will help you to identify how you can make your services more accessible and appropriate
- They enable the Trust to become a better employer

Equality Impact Assessments help us to:

- Determine how Trust policies and practice, or new proposals, will impact or affect different communities groups, especially those groups or communities who experience inequality, discrimination, social exclusion or disadvantage.
- Measure whether policies or proposals will have a negative, neutral, or positive effect on different communities.
- Make decisions about current and future services and practice in fuller knowledge and understanding of the possible outcomes for different communities or customer groups.

What do we need to assess?

Trust polices are subject to a 3-year review. Alongside the reviews new polices will emerge. Most policies, strategies, and business plan will need an EA.

However, EAs are not required in relation changes in routine procedures, administrative processes or initiative that will not have a material impact on staff, patients, carers and the wider community. Examples include things such as checking the temperature of fridges, highly technical clinical procedures, office moves etc.

DGFT Process for EIAs

The revised EIA process is a single stage process carried out in three steps

Step One: Policy Definition

This involves a description of the policy details. This also decides whether the policy under consideration needs an assessment

Step Two: Evidence and Engagement

EAs should be underpinned by sound data and information. This should be sought from a variety of sources including information on Trust record systems, consultation and engagement activities, demographic information sources etc

Step Three: Assessment of Impact

This is the main and the most important part of the EIA.

To help you to determine the impact of the policy think about how it relates to the Public Sector Equality Duty, the key questions as listed below and prompts for each protected characteristic.

-Eliminate unlawful discrimination, victimisation, and harassment
-Advancing equality of opportunity
-Fostering good community relations

KEY QUESTIONS

- What information /data or experience can you draw on to indicate either positive or negative impact on different groups of people in relation to implementing this function policy

- Are people with protected characteristics likely to be affected differently even though the policy is the same for everyone?

- Could there be issues around access, differences in how a service or policy is experienced and produces outcomes that vary across different groups
- Does the policy relate to the Trust's equality objectives?

NB It is important that, where adverse impact is known or is likely, mitigation measures must identified and acted upon to reduce or minimise the impact.

Step Four: Assurance

This section enables the EA to be signed off