

Equality Impact Assessment (Stage 1)

This is a legal document as set out in the Equality Act (2010) and the Equality Act 2010 (Specific Duties) (Scotland) regulations 2012 and may be used as evidence for cases referred for further investigation for compliance issues.

Completing this form helps you to decide whether or not to complete to a full (Stage 2) EQIA.

Consideration of the impacts using evidence and public/patient feedback is necessary.

Question 1: Title of Policy, Strategy, Redesign or Plan

Child and Young Person’s Death Review

Question 2a: Lead Assessor’s details

Name	Lesley Cunningham	Tel. No	07890439159
Job Title:	Child and Young Person’s Death Review Coordinator	Ext:	
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Question 2b: Is there a specific group dedicated to this work? If yes, what is the title of this group?

Child and Young Person’s Death Review

Question 3: Detail the main aim(s) of the Policy, Strategy, Redesign or Plan. Please describe the specific objectives and desired outcomes for this work.

Aim	Scotland has a higher mortality rate for under-18s than any other Western European country, with over 300 children and young people dying each year. Around a quarter of those deaths could be prevented. There is currently no national system to support reviewing and learning of the deaths of children and young people. There is no system to support the sharing of national learning and we know that not all deaths are reviewed. Healthcare Improvement Scotland, in collaboration with the Care Inspectorate, co-host the National Hub for Reviewing and Learning from the Deaths of Children and Young People. The programme uses a multidisciplinary and multi-agency approach, focused on using evidence to deliver change, and will ultimately aim to reduce deaths and harm to children and
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young people. We want to ensure the death of every child and young person is reviewed to an agreed minimum standard. Reviews will be conducted into the deaths of all live born children up to the date of their 18th birthday, or 26th birthday for care leavers who are in receipt of aftercare or continuing care at the time of their death.

The National Hub aims to:

1. ensure that the death of every child in Scotland is subject to a quality review by:
2. developing a methodology and documentation to ensure all deaths of children and young people, that are not subject to any other review, are reviewed through a high quality and consistent process, and
3. improving the quality and consistency of existing reviews,
4. improve the experiences and engagement with families and carers, and
5. channel learning from current review processes across Scotland that could direct action to help reduce preventable deaths.

For the first time in Scotland, national data will be collected on the deaths of all children and young people. Working with NHS Boards and Local Authorities, the ambition is to inform the redesign of pathways and services to improve outcomes and experiences of children, young people and their families

The Child death review process was commenced in Fife in October 2021 and will be an ongoing service within the Fife Partnership.

In the 6 months since the go live of the national hub on the 1st October 2021 – 31st March 2022 there have been 16 deaths which have required a review. This number is in keeping with the anticipated 30-35 reviews per annum, calculated from the last 5 year average. All 16 deaths have been discussed at the monthly commissioning group and are at varying stages of the review process.

Table 1 below describes the number of deaths by location. The figures highlight the significant number of cases that will not be captured by the current NHS Fife review processes (eg sudden unexplained death of an infant (SUDI), paediatric and neonatal mortality and morbidity reviews, significant/local adverse event reviews) which are mainly descriptive of in hospital, within Women's and Children's Directorate deaths reviews.

Table 1.

Location of death	Number of deaths
In hospital, NHS Fife - within women's and children's directorate	5
In hospital, NHS Fife - any other location	3
In hospital - other board	12
Deaths in community – within external partnership agencies remit	4
TOTAL	24

	<p>Expected deaths of children and young people receiving palliative care within NHS Fife locations and deaths within the remit of external partnership agencies will undergo a level of review. The challenges presented are how this translates into availability of relevant information for the commission group. These deaths will require more bespoke reviews to capture the information to enable completion of the national data set and to identify learning.</p> <p>Deaths of children who resided within the NHS Fife catchment area who died within another health board represent the highest reported location of death of the 24 deaths.</p>
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Question 4: Identifying the Impacts in brief

Consider any potential Impacts whether positive and/or negative including **social and economic impacts** and human rights. Please note, in brief, what these may be, if any. **Please do not leave any sections blank.**

Relevant Protected Characteristics	Impacts negative and positive Social / Economic Human Rights
<p>Age - <i>think: children and young people, adults, older age etc.</i></p>	<p>The child death review includes children and young people to the age of 26 meaning this process will impact primarily on young people but will also impact on families which will affect all age ranges.</p> <p>The Death of a child impacts whole families and communities. Support will be tailored depending on ages of the effected bereaved</p> <p>The ages of the child at death will be reported to the National Hub as well as held locally</p>
<p>Disability – <i>think: mental health, physical disability, learning disability, deaf, hard of hearing, sight loss etc.</i></p>	<p>In the first year 3 children have died who had disabilities and life limiting conditions. The reviews of these deaths involved the MDT. These deaths may not have been subject to review prior to the introduction of the child death hub. The introduction of the hub ensures that all children and young people's death will be subject to a quality</p>

	<p>review. The process is inclusive for all children and young people who meet the age criteria.</p> <p>Consideration is also given to families who live with disabilities and have experienced the death of their child.</p> <p>Data is collected on disability of the child and their parents / care giver and will be submitted to the national hub as well as being held locally.</p>
<p>Race and Ethnicity – <i>Note: Race = “a category of humankind that shares certain distinctive physical traits” e.g. Black, Asian, White, Arab</i> <i>Ethnicity = “large groups of people classed according to common racial, national, tribal, religious, linguistic or cultural origin/background”</i> <i>Think: White Gypsy Travellers, Black African, Asian Pakistani, White Romanian, Black Scottish, mixed or multiple ethnic groups.</i></p>	<p>Data is collected on ethnicity and will be submitted to the national hub as well as being held locally.</p> <p>Interpretation services will be used when English is not the first language.</p> <p>The Scottish Government will be producing the Information for families in various languages.</p> <p>Communication will be supplied in the way a family would choose. Written information not always appropriate</p> <p>Due to considerably higher proportions of babies of Black African, Black Caribbean, Pakistani and Bangladeshi ethnicity being from more deprived areas, they are disproportionately affected by the higher rates of stillbirth and neonatal death associated with deprivation.</p>
<p>Sex – <i>think: male and/or female, intersex, Gender-Based Violence</i></p>	<p>The child death review process will be inclusive of male, female and intersex children.</p> <p>Data is collected on the sex of the child or young person and will be submitted to the national hub as well as being held locally.</p>
<p>Sexual Orientation - <i>think: lesbian, gay, bisexual, pansexual,</i></p>	<p>Life partnership is inclusive and no assumptions are made on relationships</p>

<i>asexual, etc.</i>	within family dynamics
<p>Religion and Belief - <i>Note: Religion refers to any religion, including a lack of religion. Belief refers to any religious or philosophical belief including a lack of belief.</i> <i>Think: Christian, Muslim, Buddhist, Atheist, etc.</i></p>	<p>Fife partnership will try where possible to accommodate religious protocols. Unfortunately this is sometimes out with NHS Fife control for example. Post-mortem in COPFS cases. Advice will be sought from specific support groups within the community and Fife spiritual care team. Religion and belief not captured in data collection for child death hub</p>
<p>Gender Reassignment – <i>Note: transitioning pre and post transition regardless of Gender Recognition Certificate</i> <i>Think: transgender, gender fluidity, nonbinary, agender, etc.</i></p>	<p>Gender identity data is collated by the national hub and will be held locally. This is extremely relevant to the future of the children of Scotland. 50% of children awaiting gender reassignment have attempted suicide in Fife</p>
<p>Pregnancy and Maternity – <i>Note: Pregnancy is the condition of being pregnant or expecting a baby. Maternity refers to the period after birth.</i> <i>Think: workforce maternity leave, public breast feeding, etc.</i></p>	<p>Further pregnancies, support for family Impact of return to work following death of child</p>
<p>Marriage and Civil Partnership – <i>Note: Marriage is the union between a man and a woman or between a same-sex couple. Same-sex couples can also have their relationships legally recognised as a civil partnership.</i> <i>Think: workforce, inpatients visiting rights, etc.</i></p>	<p>Possibility of parents of children not been heterosexual partnership Marital status and same sex couples will be supported in the same way as all families. Inclusive and individualised</p>

Question 6: Please include in brief any evidence or relevant information, local or national that has influenced the decisions being made. This could include demographic profiles, audits, publications, and health needs assessments.

MMBRACE-UK- Perinatal Mortality Surveillance Report (January – December 2020)

Health Improvement Scotland – An Equality Impact Assessment of the National Hub for reviewing and learning from the deaths of children and young people



National Hub -
EQIA.pdf

Question 7: Have you consulted with staff, public, service users, children and young people and others to help assess for Impacts?

(Please tick)

Yes		No	X
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If yes, **who** was involved and **how** were they involved?

If not, why did you not consult other staff, patients or service users? Do you have feedback, comments/complaints etc that you are using to learn from, what are these and what do they tell you?

Think: Who did you ask? When and how? Did you refer to feedback, comment or complaints etc?

EQIA carried out by HIS for Nationwide introduction of National Hub Death Review for Child and Young People Death Review Process

Question 10: Which of the following ‘Conclusion Options’ applies to the results of this Stage 1 EQIA and why? Please detail how and in what way each of the following options applies to your Plan, Strategy, Project, Redesign etc.

Note: This question informs your decision whether a Stage 2 EQIA is necessary or not.

Conclusion Option 1: No further action required

Where no negative impacts or potential for improvement is identified, no further action is

required.

No stage 2 EQIA required.

Conclusion Option 2: Adjustments Made

Potential or actual negative impacts and/or potential for a more positive impact has been identified, therefore appropriate adjustments have been made to mitigate risks and/or make further improvements.

No Stage 2 EQIA required

HIS have carried out a full EQIA prior to introduction of the National programme of The Child and Young Person's Death Review.

Healthcare Improvement Scotland is required to assess the impact of applying a proposed

new or revised policy, against the needs of the general equality duty, namely the duty to:

- 1. Eliminate unlawful discrimination, harassment and victimisation and any other conduct prohibited by the Equality Act 2010;**
- 2. Advance equality of opportunity between people who share a protected characteristic and people who do not share it; and**
- 3. Foster good relations between people who share a protected characteristic and people who do not share it**

Conclusion Option 3: Requires Further Adjustments

Potential or actual negative impacts and/or potential for a more positive impact has been identified, but were not successfully made during the Stage 1 EQIA, therefore further adjustments must be made to mitigate risks and/or make further improvements.

Stage 2 EQIA is required to ensure further adjustments are made and appropriate workforce/public/stakeholder engagement has been undertaken.

Conclusion Option 4: Continue Without Adjustments

Continue with Plan, Project, Strategy, Redesign etc despite a potential or actual negative impact or potential for a more positive impact being identified, but the decision to not make adjustments can be objectively justified.

Stage 2 EQIA is required to fully explore the potential to make adjustments by appropriate workforce/public/stakeholder engagement, or to develop evidence for continuing with the plan without making said adjustments.

Conclusion Option 5: Stop

Stop the Plan, Project, Strategy, Redesign etc due to a serious risk of negative impact being identified.

Stage 2 EQIA required to fully explore the serious negative impact and engage appropriately with workforce/public/stakeholders to source solutions to mitigate the serious impact, and where no mitigations found, stop the Plan, Project, Strategy, Redesign etc.

PLEASE NOTE: ALL LARGE SCALE DEVELOPMENTS, CHANGES, PLANS, POLICIES, BUILDINGS ETC MUST HAVE A STAGE 2 EQIA.

If you have identified that a full EQIA is required then you will need to ensure that you have in place, a working group/ steering group/ oversight group and a means to reasonably address the results of the Stage 1 EQIA and any potential adverse outcomes at your meetings.

For example you can conduct stage 2 and then embed actions into task logs, action plans of sub-groups and identify lead people to take these as actions.

It is a requirement for Stage 2 EQIA's to involve public engagement and participation.

You should make contact with the Participation and Engagement team at fife.participationandengagements@nhs.scot to request community and public representation, and then contact Health Improvement Scotland to discuss further support for participation and engagement.

To be completed by Lead Assessor	
Name	Lesley Cunningham
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Signature	<i>Lesley Cunningham</i>
Date	31/10/2022

To be completed by Equality and Human Rights Lead officer – for quality control purposes	
Name	
Email	
Telephone (ext)	
Signature	
Date	

**Return to Equality and Human Rights Team at
Fife.EqualityandHumanRights@nhs.scot**