

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	
Job Title:	Child and Young Person's Death Review Coordinator	Ext:	
Department	Clinical Governance	Email	fife.reviewofchildrenandyoungpeople@nhs.scot

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
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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 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.

All deaths will be discussed at the monthly commissioning group and the appropriate review methodology established, these will follow existing Governance structures.

Deaths of children and young people who reside within the NHS Fife catchment area will be reviewed by the Fife Partnership.

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
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<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>All children who have a disability or life limiting condition will be subject to a quality review.</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></p> <p><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 preferred 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</p>

	<p>associated with deprivation.</p> <p>The census in 1991 showed that the ethnic minority population was approximately 1.3% of the total population.</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, asexual, etc.</i></p>	<p>Fife partnership is inclusive and no assumptions are made on relationships within family dynamics</p> <p>Neutral language will be used in all communications with families.</p>
<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.</p> <p>Unfortunately this is sometimes out with NHS Fife control for example. Post-mortem in COPFS cases.</p> <p>Advice will be sought from specific support groups within the community and Fife spiritual care team. A multi-faith resource for health care staff that was produced by NES will be used to ensure the Fife Partnership have advise on issues that they may find challenging.</p> <p>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.</p> <p>This is extremely relevant to the future of the children of Scotland.</p> <p>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</i></p>	<p>Further pregnancies, support for family</p> <p>Impact of return to work following death of child</p>

<p><i>refers to the period after birth.</i></p> <p><i>Think: workforce maternity leave, public breast feeding, etc.</i></p>	
<p>Marriage and Civil Partnership –</p> <p><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></p> <p><i>Think: workforce, inpatients visiting rights, etc.</i></p>	<p>Possibility of parents of children not been heterosexual partnership</p> <p>Marital status and same sex couples will be supported in the same way as all families.</p> <p>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.

<p>MMBRACE-UK- Perinatal Mortality Surveillance Report (January – December 2020)</p> <p>Health Improvement Scotland – An Equality Impact Assessment of the National Hub for reviewing and learning from the deaths of children and young people</p> <p>NES – A multi-faith resource for health care staff</p> <p>Fair for all – Improving the health of ethnic minority groups and the wider community in Scotland.</p> <p>Belief in dialogue – Religion and belief relations in Scotland</p> <p>Gypsy travellers report</p> <p>Inclusive language in the NHS</p> <p>LGBT in Scotland</p> <p>Protected characteristics (Blink)</p>  <p>National Hub - EQIA.pdf</p>

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.

NHS Fife has resources ready available on blink that will guide the review process. Protected Characteristics is a tool that will be used on a daily basis to ensure the process is inclusive of all.

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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Telephone (ext)	
Signature	<i>Lesley Cunningham</i>
Date	31/10/2022

**Return to Equality and Human Rights Team
at**

Fife.EqualityandHumanRights@nhs.scot

To be completed by Equality and Human Rights Lead officer – for quality control purposes	
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