

Equality Impact Assessment (EIA)

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

Step One – Policy Definition

Function/policy name and number:	LEARNING FROM DEATHS POLICY
Main aims and intended outcomes of the function/policy:	<p>Following the publication of the National Guidance on Learning from Deaths (March 2017) : the Trust “policy for review of inpatient deaths (2010)” has been renamed and updated to refocus on learning and to ensure that the Trust’s processes meet the standards required.</p> <p>This revised policy includes the use of Structured Judgement Reviews and outlines the wider Trust approach to learning from inpatient deaths, including those patients who die in the Emergency Department. It takes onboard the implementation of the Medical Examiner Service and the scrutiny of patient records that are completed for the Medical Certificate of Cause of Death.</p> <p>Significant parts of the National Guidance on Learning from Deaths discuss the selection of cases for review; the Trusts position remains that all deaths should be reviewed and therefore selection of deaths to be reviewed is not part of this policy.</p>
How will the function/policy be put into practice?	<p>To ensure that circumstances surrounding all inpatient deaths are peer-reviewed and thus: The organisation learns from deaths occurring in our care and that opportunities for learning are always acted upon and that the learning is recorded.</p> <p>Directorate leadership teams have information and assurance of quality of care and outcomes within their areas of responsibility.</p> <p>There is a system in place that can respond to mortality outlier information.</p> <p>Ensuring that the coding associated with inpatient death is as accurate as possible and to develop clinicians’ understanding of the importance of the quality of data for which they are responsible.</p> <p>To provide assurance at Board level of quality of final episodes of care.</p>

Who will be affected/benefit from the policy?	All medical staff
State the type of document:	Policy
Is an EA required? NB: Most policies/functions will require an EA with a few exceptions, such as routine procedures-see guidance attached	Yes
Accountable Director: (Job Title)	Medical Director
Assessment Carried out by:	Mortality Co-ordinator
Date Completed:	07/07/2025

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

Research/Publications <i>(List any publications or research you have looked at here)</i>
National Guidance on Learning from Deaths MBRRACE-UK Guidance for Trusts and Health Boards Conducting Perinatal Mortality Reviews using the National Perinatal Mortality Review Tool (PMRT) (2018). National Quality Board (2017) National Guidance on Learning from Deaths: A Framework for NHS Trusts and NHS Foundation Trusts on Identifying, Reporting, Investigating and Learning from Deaths in Care . Royal College of Physicians Structured Judgement Review Method NMCRR guide England (rcplondon.ac.uk) (RCP) HM Government (2018) Child Death Review Statutory and Operational Guidance (England)
Working Groups <i>(Have you consulted with any groups?)</i>
Trust Mortality Leads Divisional Risk & Governance Meeting (Medicine) CSS Divisional Governance Team Place Division Governance Team Clinical Effectiveness Group
Clinical or Subject Experts <i>(Have you consulted any experts? List them here)</i>
Medical Director

Engagement Activity Focused on Protected Groups (*Age, disability, race, sex, gender reassignment, marriage & civil partnership, pregnancy & maternity, religion or belief, sexual orientation, Other marginalised groups e.g. Homeless people or anything privacy or dignity related*)

Name of Source: Equalities Business Partner

Date: June 2025

Protected Characteristic: All

Summary of the feedback received from the engagement activity focused on protected groups:

Age –

- Add to policy that mortality reviews (Specialised Judgment Reviews) consider age-specific factors (e.g. frailty in older adults, risk-taking in adolescents)
- Add that deaths in younger patients or children are reviewed with age-appropriate services and add link or Policy to refer to.

Disability –

- Add to the policy that the Trust is aligned with the LeDeR (Learning from Lives and Deaths – People with a Learning Disability and Autistic People) programme.
- Add that reviews assess if reasonable adjustments were considered and made and that learning from deaths of disabled patients systematically recorded, reported, and acted upon.

Race –

- Add ethnicity data to accurately recorded and used in the review process.

Sex –

- Are there sex-based patterns in deaths that are reviewed and addressed (e.g. under-recognition of heart attack symptoms in women)? - Yes

Step Three – Assessment of Impact

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

Consider information and evidence from the previous section covering:

- Engagement activities
- Equalities monitoring data
- Wider research

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

What detail is required below:

A negative impact requires every box to be completed

Positive impacts need the first three boxes completed

Neutral impacts need to be marked neutral with no other details.

Age: Describe age-related impact and evidence. This can include safeguarding, consent and welfare issues:	
Positive, negative or neutral impact:	Positive impact
If the impact is positive or negative, is it low, medium, or high risk for this group?	High
Concern or Benefit	Structured Judgement review identify themes – frailty, dementia, safeguarding they also focus on protected characteristics including age. Separate process highlighted for under 18 year olds

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	
Positive, negative or neutral impact:	Positive impact
If the impact is positive or negative, is it low, medium, or high risk for this group?	High
Concern or Benefit	All deaths are reportable to LeDeR. Identification of use of Mental Capacity Act.

	<p>Structured Judgment Reviews competed on all with sensory, physical, learning, or cognitive disabilities</p> <p>the Trust aligned with the LeDeR (Learning from Lives and Deaths – People with a Learning Disability and Autistic People) programme.</p> <p>Reasonable adjustments are considered and made systematically recorded, reported, and acted upon</p>
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Gender re-assignment: Describe any impact and evidence on transgender people. This can include issues such as privacy of data and harassment:

Positive, negative or neutral impact:	Positive impact
If the impact is positive or negative, is it low, medium, or high risk for this group?	Medium
Concern or Benefit	Structured Judgment Reviews competed on all patients would highlight gender reassignment as a protected characteristic and monitored and recorded.

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:

Positive, negative or neutral impact:	Neutral impact
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Pregnancy & Maternity: Describe any impact and evidence on pregnancy and maternity. This can include working arrangements, part-time working, and caring responsibilities:

Positive, negative or neutral impact:	Positive impact
If the impact is positive or negative, is it low, medium, or high risk for this group?	High
Concern or Benefit	Any Deaths involving pregnancy are referred to a specialist panel for the Structures Judgment Review
Who will lead on this	

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Race: Describe race-related impact and evidence. This can include information on different ethnic groups, Roma gypsies, Irish travellers, nationalities, cultures, and language barriers:	
Positive, negative or neutral impact:	Negative impact
If the impact is positive or negative, is it low, medium, or high risk for this group?	Medium
Concern or Benefit	Ethnicity data is not currently recorded and used in the structured review process.
If a negative impact, how will it be mitigated?	<ul style="list-style-type: none"> Ethnicity is being added to the recording of characteristics for mortality reviews using the Structured Judgement Review process
Who will lead on this	Mortality Lead
When will it be mitigated?	June 2025
How will you monitor/review or report this?	<ul style="list-style-type: none"> Start to use information to report on Structured Reviews.

Religion or Belief: Describe any religion, belief or no belief impact and evidence. This can include dietary needs, consent and end-of-life issues:	
Positive, negative or neutral impact:	Neutral impact

Sex: Describe any impact and evidence on men and women. This could include access to services and employment:	
Positive, negative or neutral impact:	Positive impact
If the impact is positive or negative, is it low, medium, or high risk for this group?	High

Concern or Benefit	Structured Judgement review identify themes including sex-based patterns in deaths that are reviewed and addressed (e.g. under-recognition of heart attack symptoms in women)
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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:	
Positive, negative or neutral impact:	Neutral impact

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)	
Positive, negative or neutral impact:	Neutral impact

Privacy, dignity, respect, fairness etc:	
Positive, negative or neutral impact:	Positive impact
If the impact is positive or negative, is it low, medium, or high risk for this group?	High
Concern or Benefit	Identification that dignity and respect was at the forefront of treatment and EoL via Structed Judgement Reviews.

EQUALITY IMPACT ASSESSMENT (EIA) - GUIDANCE

NOTES

An equality impact assessment (EIA) ensures that issues of equality, diversity, and inclusion are considered when developing or revising strategies, policies, or proposals that affect the delivery of services and the employment practices of the Trust.

Why should we carry out an EIA?

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 help identify 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 the Trust strategy, policies and practices, or new proposals, will impact or affect different community groups, especially those groups or communities who experience inequality, discrimination, social exclusion or disadvantage.
- Measure whether strategies, 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 policies are subject to a 3-year review. Alongside the reviews, new policies will emerge. Most policies, strategies, and business plans will need an EIA.

However, EIAs are not required for changes in routine procedures, administrative processes, or initiatives that will not have a material impact on staff, patients, carers, and the wider community. Examples include checking the temperature of fridges, performing highly technical clinical procedures, and office moves.

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 is the fact-finding stage where you gather as much information about the strategy, policy or function you intend to assess. Who will be using the service, policy or function and the outcomes you want to achieve. It is important to make sure that your service, policy or function has clear aims and objectives.

Step Two: Evidence and Engagement

EIAs should be underpinned by sound data and information. This should be sought from various sources:

- The knowledge and experience of the people assisting in the service.
- ONS local demography/ Census data: [Census Maps - Census 2021 data interactive, ONS](#)
- Service monitoring reports / Divisional reports
- Patient satisfaction surveys
- Workforce monitoring reports
- Complaints and comments
- Outcome of consultation exercises
- Feedback from focus groups
- Feedback from organisations representing the interests of key target groups
- National and local statistics and audits [Joint Strategic Needs Assessment - All About Dudley Borough](#)
- Academic, qualitative and quantitative research
- Ward/ Divisional reviews
- Anecdotal data

This stage allows you to identify whether your strategy, policy or function has a positive or negative or potential negative impact on the protected characteristics. In some cases, an initial EIA is all you will need to establish whether you are providing equal outcomes for staff or patients. If you receive no feedback or concerns, you can mark each characteristic in section 3 as a neutral impact.

Step Three: Assessment of Impact

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

To help you determine the impact of the strategy or policy, consider how it relates to the Public Sector Equality Duty. The key questions and prompts for each protected characteristic are listed below.

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

The real value of completing an EIA lies in the actions that will take place and the positive changes that will emerge from conducting the assessment. To ensure that the action plan is more than just a list of proposals and good intentions, the following should be included:

- Each action is attributed to a key person who is responsible for its completion
- An achievable timescale that is also at the same time reasonable
- Relevant and appropriate activities and progress milestones
- How the action will be monitored/reviewed

KEY QUESTIONS

- What information /data or experience can you draw on to indicate either a positive or negative impact on different groups of people with 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 produce outcomes that vary across different groups
- Does the policy relate to the Trust's equality objectives?

NB mitigation measures must be identified and acted upon where an adverse impact is known or likely.

Step Four: Assurance

This section enables the EIA to be signed off by a head of or director for the area. This will assure the equality team that the EIA has been conducted thoroughly and thoughtfully.

Help & Support:

The equalities team will provide advice and support throughout the EIA process. Once you have completed your EIA, you must submit these documents to the procedural documents team, who will then ask the equalities team to sign off on the final version of the form.

For training, guidance and resources, including completed example forms, please visit the equality, diversity and inclusion hub pages: [Equality Impact Assessments](#) accessible

Copies of the EIA:

The manager who completed the strategy or policy review should keep copies of the form for monitoring/revisiting at the following policy review. Procedural documents will also keep a copy on file. All EIA will then be published on our external web pages to demonstrate due regard for the Public Sector Equality Duty.