**Equality & Health Impact Assessment for**

**Death in Service Procedure**

(this EHIA also considers the supporting documents including but not limited to: Annual Leave Procedures, Flexible Working Procedure, Occasional Home/Remote Working Guidelines, Redeployment Procedure, Retirement Procedure, Working Times Procedure, Loyalty Award Procedure)

**Please read the Guidance Notes in Appendix 1 prior to commencing this Assessment**

**Please note:**

* The completed Equality & Health Impact Assessment (EHIA) must be
  + - Included as an appendix with the cover report when the strategy, policy, plan, procedure and/or service change is submitted for approval
    - Published on the UHB intranet and internet pages as part of the consultation (if applicable) and once agreed.
* Formal consultation must be undertaken, as required[[1]](#footnote-1)
* Appendices 1-3 must be deleted prior to submission for approval

Please answer all questions:-

|  |  |  |
| --- | --- | --- |
|  | For service change, provide the title of the Project Outline Document or Business Case and Reference Number |  |
|  | Name of Clinical Board / Corporate Directorate and title of lead member of staff, including contact details | Rachel Pressley, Workforce Governance Manager |
|  | Objectives of strategy/ policy/ plan/ procedure/ service | In the unfortunate event of a death in service, the UHB recognises the need to balance sensitivity with the practical need to administer pay arrangements during a difficult and emotional time for the next of kin.  In addition, it is accepted that the death of a colleague has a major impact on the team. Managers should ensure that appropriate support is put into place/offered to colleagues through this difficult and emotional time.  **Objectives**   * To support managers in the sad event of an employee’s death. It is essential that these situations are handled in both a sensitive and effective way to prevent any additional distress for relatives and colleagues. * To support managers to make this situation as uncomplicated as possible and to ensure that consistency is applied in all cases. As this process will not be the norm, this procedure acts as a guide on the steps to be taken and the responsibilities of managers and other staff involved. * To prevent the next of kin from additional distress, ensuring that they are treated in a respectful and sympathetic way, whilst also ensuring practicalities are dealt with. |
|  | Evidence and background information considered. For example   * population data * staff and service users data, as applicable * needs assessment * engagement and involvement findings * research * good practice guidelines * participant knowledge * list of stakeholders and how stakeholders have engaged in the development stages * comments from those involved in the designing and development stages   Population pyramids are available from Public Health Wales Observatory[[2]](#footnote-2) and the UHB’s ‘Shaping Our Future Wellbeing’ Strategy provides an overview of health need[[3]](#footnote-3). | A **CONSULTATION** has taken place between 07.12.21 and 08.01.22 via the UHB intranet site  A **NUMBER OF EQIAS FROM OTHER ORGANISATIONS** were reviewed - of those accessed:  [Royal United Hospital Bath NHS Trust](http://ruh.nhs.uk/about/policies/documents/non_clinical_policies/black_hr/HR_121_Death_in_Service_Procedure.pdf) found that their Death in Service Procedure had no impact on the basis that the policy applied to all employees of the Trust irrespective of their equality characteristics  [Lincolnshire Community Health Services NHS Trust](https://www.lincolnshirecommunityhealthservices.nhs.uk/application/files/6716/1649/6537/P_HR_40_Death_in_Service_Policy.pdf) - found no evidence that the policy related to an area with known inequalities  [Camden and Islington NHS Foundation Trust](https://www.candi.nhs.uk/sites/default/files/Death%20in%20Service%20Policy%20and%20Terminal%20Illness%20Policy_HR06_May%202018_V2.pdf) found that their policy did not affect one group less or more favourably than another on the basis of any of the protected characteristics |
|  | Who will be affected by the strategy/ policy/ plan/ procedure/ service | The groups of individuals who will benefit from this procedure include:   * Staff * Managers * WOD (Occupational Health, Employee Wellbeing Service, HRAT) * Payroll * UHB Chair * Trade Unions/Professional Organisations * Next of Kin/families of deceased staff |

1. **EQIA /** **How will the strategy, policy, plan, procedure and/or service impact on people?**

Questions in this section relate to the impact on people on the basis of their 'protected characteristics'. Specific alignment with the 7 goals of the Well-being of Future Generations (Wales) Act 2015 is included against the relevant sections.

| **How will the strategy, policy, plan, procedure and/or service impact on:-** | **Potential positive and/or negative impacts** | **Recommendations for improvement/ mitigation** | **Action taken by Clinical Board / Corporate Directorate.**  Make reference to where the mitigation is included in the document, as appropriate |
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| **6.1 Age**  For most purposes, the main categories are:   * under 18; * between 18 and 65; and * over 65 | There is no evidence to suggest that this procedure impacts on people because of their age. |  |  |
| **6.2 Persons with a disability as defined in the Equality Act 2010**  Those with physical impairments, learning disability, sensory loss or impairment, mental health conditions, long-term medical conditions such as diabetes | There is no evidence to suggest that this procedure impacts on people because they have a disability as the same processes are followed in all cases.  However, overall 22% of people with learning disabilities were found to have died before they reached the age of 50, compared with just 9% of the general population. People with learning disabilities died more than 16 years younger than those in the general population, with the gap being greater among women than men. Women with learning disabilities died on average 20 years sooner, and men with learning disabilities 13 years sooner, than their general population counterparts ([BMJ](https://www.bmj.com/content/346/bmj.f1853)) |  |  |
| **6.3 People of different genders:**  Consider men, women, people undergoing gender reassignment  **NB** Gender-reassignment is anyone who proposes to, starts, is going through or who has completed a process to change his or her gender with or without going through any medical procedures. Sometimes referred to as Trans or Transgender | There is no evidence to suggest that this procedure impacts on people because of their gender as the same processes are followed in all cases.  However, traditionally women do tend to live longer than men. In 2019, life expectancy at birth in England had [increased to 79.9 years for males and 83.6 years for females](https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/lifeexpectancies/datasets/singleyearlifetablesuk1980to2018) (see Figure 2). However, the Covid-19 pandemic caused life expectancy in 2020 to fall to 78.6 years for males and to 82.6 years for females, the level of a decade ago. ([Kings Fund, What is happening to life expectancy in England? 2021](https://www.kingsfund.org.uk/publications/whats-happening-life-expectancy-england)) |  |  |
| **6.4 People who are married or who have a civil partner.** | There is no evidence to suggest that this procedure impacts on people because they are married or have a civil partner as the same processes are followed in all cases.  However, anecdotally, if the deceased member of staff is married or in a civil partnership, it can be easier for the manager to identify the next of kin. |  |  |
| **6.5 Women who are expecting a baby, who are on a break from work after having a baby, or who are breastfeeding.** They are protected for 26 weeks after having a baby whether or not they are on maternity leave. | There is no evidence to suggest that this procedure impacts on people because they are having a baby as the same processes are followed in all cases. |  |  |
| **6.6 People of a different race, nationality, colour, culture or ethnic origin including non-English speakers, gypsies/travellers, migrant workers** | There is no evidence to suggest that this procedure impacts on people because of their race as the same processes are followed in all cases.  However, it may be necessary for a line manager/pensions etc to adapt the procedure if the next of kin/emergency contact is overseas |  |  |
| **6.7 People with a religion or belief or with no religion or belief**.  The term ‘religion’ includes a religious or philosophical belief | There is a potential positive impact as the procedure states that line managers must respond appropriately to the requests of the next of kin/emergency contact., bearing in mind the need to be sensitive to any religious or cultural beliefs or practices |  |  |
| **6.8 People who are attracted to other people of**:   * the opposite sex (heterosexual); * the same sex (lesbian or gay); * both sexes (bisexual) | There is no evidence to suggest that this procedure impacts on people because of who they are attracted to as the same processes are followed in all cases. |  |  |
| **6.9 People who communicate using the Welsh language in terms of correspondence, information leaflets, or service plans and design**  Well-being Goal – A Wales of vibrant culture and thriving Welsh language | There is no evidence to suggest that these policies have any impact on people because of their Welsh Language Skills, however, managers may wish to consider if they individual was a Welsh speaker at home when contacting the next of kin etc |  |  |
| **6.10 People according to their income related group:**  Consider peopleon low income, economically inactive, unemployed/workless, people who are unable to work due to ill-health | There is no evidence to suggest that this procedure impacts on people because of their income group as the same processes are followed in all cases. |  |  |
| **6.11 People according to where they live:** Consider people living in areas known to exhibit poor economic and/or health indicators, people unable to access services and facilities | There is no evidence to suggest that this procedure impacts on people because where they live as the same processes are followed in all cases.  However, people living in more affluent areas live significantly longer than people living in deprived areas. In 2017–19, males in the least-deprived 10 per cent of areas in England could expect to live to [83.5 years, almost a decade longer than males in the 10 per cent most-deprived areas (74.1 years)](https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/healthinequalities/bulletins/healthstatelifeexpectanciesbyindexofmultipledeprivationimd/2017to2019). Females in the least-deprived 10 per cent of areas in England could expect to live to 86.4 years, compared with 78.7 years for females in the most-deprived areas, a difference of almost 8 years. ([Kings Fund, What is happening to life expectancy in England? 2021](https://www.kingsfund.org.uk/publications/whats-happening-life-expectancy-england)) |  |  |
| **6.12 Consider any other groups and risk factors relevant to this strategy, policy, plan, procedure and/or service** | n/a |  |  |

1. **HIA / How will the strategy, policy, plan, procedure and/or service impact on the health and well-being of our population and help address inequalities in health?**

Questions in this section relate to the impact on the overall health of individual people and on the impact on our population. Specific alignment with the 7 goals of the Well-being of Future Generations (Wales) Act 2015 is included against the relevant sections.

| **How will the strategy, policy, plan, procedure and/or service impact on:-** | **Potential positive and/or negative impacts and any particular groups affected** | **Recommendations for improvement/ mitigation** | **Action taken by Clinical Board / Corporate Directorate**  Make reference to where the mitigation is included in the document, as appropriate |
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| **7.1 People being able to access the service offered:**  Consider access for those living in areas of deprivation and/or those experiencing health inequalities  Well-being Goal - A more equal Wales | n/a |  |  |
| **7.2 People being able to improve /maintain healthy lifestyles:**  Consider the impact on healthy lifestyles, including healthy eating, being active, no smoking /smoking cessation, reducing the harm caused by alcohol and /or non-prescribed drugs plus access to services that support disease prevention (eg immunisation and vaccination, falls prevention). Also consider impact on access to supportive services including smoking cessation services, weight management services etc  Well-being Goal – A healthier Wales | n/a |  |  |
| **7.3 People in terms of their income and employment status:**  Consider the impact on the availability and accessibility of work, paid/ unpaid employment, wage levels, job security, working conditions  Well-being Goal – A prosperous Wales | n/a |  |  |
| **7.4 People in terms of their use of the physical environment:**  Consider the impact on the availability and accessibility of transport, healthy food, leisure activities, green spaces; of the design of the built environment on the physical and mental health of patients, staff and visitors; on air quality, exposure to pollutants; safety of neighbourhoods, exposure to crime; road safety and preventing injuries/accidents; quality and safety of play areas and open spaces  Well-being Goal – A resilient Wales | n/a |  |  |
| **7.5 People in terms of social and community influences on their health:**  Consider the impact on family organisation and roles; social support and social networks; neighbourliness and sense of belonging; social isolation; peer pressure; community identity; cultural and spiritual ethos  Well-being Goal – A Wales of cohesive communities | n/a |  |  |
| **7.6 People in terms of macro-economic, environmental and sustainability factors:** Consider the impact of government policies; gross domestic product; economic development; biological diversity; climate  Well-being Goal – A globally responsible Wales | n/a |  |  |

**Please answer question 8.1 following the completion of the EHIA and complete the action plan**

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| * 1. **Please summarise the potential positive and/or negative impacts of the strategy, policy, plan or service** | There is no evidence to suggest that this procedure has a negative or positive impact on groups with protected characteristics as set out in the Equality Act (2010) except that it ensures the same opportunities, entitlements and obligations exist and processes are followed for all staff.  The possible exception to this is religion/belief where there is a potential positive impact as the procedure states that line managers must respond appropriately to the requests of the next of kin/emergency contact, bearing in mind the need to be sensitive to any religious or cultural beliefs or practices |

**Action Plan for Mitigation / Improvement and Implementation**

|  | **Action** | **Lead** | **Timescale** | **Action taken by Clinical Board / Corporate Directorate** |
| --- | --- | --- | --- | --- |
| * 1. **What are the key actions identified as a result of completing the EHIA?** | No changes identified as a result of this EHIA. |  |  |  |
| * 1. **Is a more comprehensive Equalities Impact Assessment or Health Impact Assessment required?**   This means thinking about relevance and proportionality to the Equality Act and asking: is the impact significant enough that a more formal and full consultation is required? | no |  |  |  |
| * 1. **What are the next steps?**   Some suggestions:-   * Decide whether the strategy,  policy, plan, procedure and/or service proposal:   + continues unchanged as there are no significant negative impacts   + adjusts to account for the negative impacts   + continues despite potential for adverse impact or missed opportunities to advance equality (set out the justifications for doing so)   + stops. * Have your strategy, policy, plan, procedure and/or service proposal approved * Publish your report of this impact assessment * Monitor and review | No changes identified as a result of this EHIA.  This EHIA will be published on the UHB internet and intranet sites.  This EHIA will be reviewed three years after approval unless changes to terms and conditions, legislation or best practice determine that an earlier review is required | WF Gov Manager | On approval  2025 |  |

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1. <http://nww.cardiffandvale.wales.nhs.uk/portal/page?_pageid=253,73860407,253_73860411&_dad=portal&_schema=PORTAL> [↑](#footnote-ref-1)
2. <http://nww2.nphs.wales.nhs.uk:8080/PubHObservatoryProjDocs.nsf> [↑](#footnote-ref-2)
3. <http://www.cardiffandvaleuhb.wales.nhs.uk/the-challenges-we-face> [↑](#footnote-ref-3)