Questions

1. What are the main aims and purposes of the Service?

Verification of Expected Death is the procedure of determining whether a patient is actually deceased (RCN, 2016). A registered nurse (RN) can verify that an expected death has occurred if there is a local policy to support the RN. It is important to note that the law dictates that a Medical Certificate of Cause of Death (MCCD) is written by a registered medical practitioner in accordance with the Births and Deaths Registration Act 1953 (Wilson, Laverty and Cooper, 2016, BMA, 2016).

Verification of expected death by a competently trained RN allows for timely provision of appropriate care for the deceased and their family, thus minimising distress caused by unnecessary delays at such an emotional and vulnerable time.

Following the verification process the RN can instruct the timely removal of the deceased to the appropriate onward location e.g. Funeral Directors.

In addition, if a situation is identified during the verification procedure that requires a referral to the Coroner (section 5.2), the RN can explain the rationale and offer on-going support.

It is important to advise the family that there may be a delay between time of last breath (often reported by the family/carer) and time of verification of death, which is the official time of death. It is this time that should be documented in the patients records. Please note: if a patient takes their last breath before midnight and verification takes place after midnight, the official date of death remains as the date and time of verification.

Wilson, Laverty and Cooper (2016) define an expected and unexpected death as:

Expected Death:
‘An expected death is the result of an acute or gradual deterioration in a patient’s health status, usually due to advanced progressive incurable disease. The death is anticipated, expected and predicted. Please note: for nurse verification a doctor must have seen the patient in the last 14 days’.

A Sudden or Unexpected Death:
An unexpected death is a death that is not anticipated or related to a period of illness that has been identified as terminal. Where the death is completely unexpected there is a requirement to begin resuscitation (unless circumstances can be justified e.g. a valid DNACPR).

The purpose of this policy is to provide guidance and set out the organisational arrangements for implementing best practice in relation to the Verification of Expected Death procedure for both community and the Hospice.

To provide legislative guidance for situations requiring a referral to the Coroner and local arrangements for referrals to the Coroner within the Borough of Doncaster.

To provide guidance for nursing and medical staff supporting patients whose death in the near future is inevitable, enabling them to explain to patient/relatives/carers the procedures that take place following an expected death and the services that may be involved.

2. Who is involved in delivering the service? (i.e., partnerships, stakeholders or agencies)

This policy applies to:
- All RDASH employed registered nurses RNs who are appropriately trained, and assessed as competent, to undertake the Verification of Expected Death procedure in the community and Hospice services.
- All General Practitioners (GP’s) and doctors working in RDASH who request an RDASH employed RN to undertake the Verification of Expected Death procedure during Out of Hours (community only) and all hours within the Hospice.

Other RDASH inpatient settings are not included in this policy as they do not care regularly for patients at the end of life, therefore nurses working in those areas would not be required to verify expected death.

This policy will support the referring GP and/or doctor in their decision making when deciding when it is and is not appropriate to request a RN to verify that an expected death has occurred.

3. What information / data or experience can you draw on to provide an indication of the potential inclusive / exclusive results of delivering this service or event / implementing the policy or strategy to different groups of people and the different needs of people with protected characteristics in relation to this service?


Please use the following table to indicate the impact for the policy for the protected characteristics

<table>
<thead>
<tr>
<th>Protected Characteristics</th>
<th>Positive Impact</th>
<th>Negative Impact</th>
<th>Reasons for Impact</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td>x</td>
<td></td>
<td>No impact – service delivered without discrimination, for adults ages over 18yrs</td>
</tr>
<tr>
<td>Disability</td>
<td>x</td>
<td></td>
<td>No impact – service delivered without discrimination</td>
</tr>
<tr>
<td>Gender reassignment</td>
<td>x</td>
<td></td>
<td>No impact – service delivered without discrimination</td>
</tr>
<tr>
<td>Marriage and civil partnership</td>
<td>x</td>
<td></td>
<td>No impact – service delivered without discrimination</td>
</tr>
<tr>
<td>Pregnancy and maternity</td>
<td></td>
<td></td>
<td>NA</td>
</tr>
</tbody>
</table>

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<th>Positive Impact</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Race</td>
<td>x</td>
<td>□</td>
<td>No impact – service delivered without discrimination</td>
</tr>
<tr>
<td>Religion or belief</td>
<td>x</td>
<td>□</td>
<td>No impact – service delivered without discrimination</td>
</tr>
<tr>
<td>Sex</td>
<td>x</td>
<td>□</td>
<td>No impact – service delivered without discrimination</td>
</tr>
<tr>
<td>Sexual Orientation</td>
<td>x</td>
<td>□</td>
<td>No impact – service delivered without discrimination</td>
</tr>
<tr>
<td>Disadvantaged groups</td>
<td>x</td>
<td>□</td>
<td>No impact – service delivered without discrimination</td>
</tr>
</tbody>
</table>

4. What positive impacts are there for this service to better meet the needs of people with protected characteristics?

Quality and respectful care of the deceased adult.
Prompt care and advice for families
Guidance for hospice and unplanned community nursing staff

5. What action would be needed to ensure the service overcomes:

- Adherence to the policy

6. Recommended steps to avoid discrimination and ensure opportunities for promoting equality and inclusion are maximised. Include:

<table>
<thead>
<tr>
<th>Options for action</th>
<th>Explanation if no further action is required</th>
<th>Lead responsible for overseeing actions</th>
<th>Timescales</th>
<th>Costs (where applicable)</th>
</tr>
</thead>
</table>

7. Monitoring and reporting arrangements of EIA, for policies and strategies refer to section 7 of the Policy for the Development and Management of Procedural Documents.

For services / events please include the following:

- How the equality impact of the service will be monitored
  With review of the policy and auditing procedure.
- Frequency of monitoring
  Usually annually
- How the monitoring results will be used and where they will be published;
  Results will be used for evidence to improve services. Feed in to the mortality surveillance group.
  Who will be responsible for reviewing monitoring results and initiating further action where required
- Any changes that have been made to remove or reduce any negative impacts as a result of conducting the equality impact assessment?
- Any action points should be included in Care Group / Corporate Services action plans, with monitoring and review processes.
The Equality Impact Assessment will be reviewed in line with changes to services, client or staff groups, legislation or policy review.

**Name:**
Heidi Atkinson

**Designation:**
Nurse Consultant

**Signature:**
Heidi Atkinson

**Date:**
30/3/2017

**Is further work / consultation required? If yes, please explain how this is to be carried out and the time frame for completion.**

Yes ☐ No ☑

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The Equality Impact Assessment will be reviewed in line with changes to services, client or staff groups, legislation or policy review.

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