

Guidelines for Registered Nurses

Verification of an Expected Adult Death (RNVoEAD)

Department / Service: Palliative & End of life care
Originator: Emily Fairburn, Ellen McInnes, Juliette Fleming - End of life care facilitators Avril Adams Palliative Lead Nurse
Accountable Director: Sarah Shingler
Approved by: Haematology/Palliative Care Directorate Meeting: 17/09/25
Designation: Chief Nurse
Date of Approval: 17 th September 2025
Review Date: 17 th September 2028 This is the most current document and should be used until a revised version is in place
Target Organisation(s) Worcestershire Acute Hospitals NHS Trust
Target Departments All adult patient areas
Target staff categories Registered Nurses and medical staff

Purpose of this document:

The words confirmation and verification are interchangeable. For clarity of the wording of this policy and for training purposes we will be using verification.

The aim of this policy is to ensure that expected adult deaths are verified by a competent Registered Nurse and comply with legal requirements.

Nurses undertaking this procedure must work within the accountability framework laid down by the Nursing and Midwifery Council in the NMC Code of Professional Conduct (NMC, 2018)¹

A nurse cannot legally certify death – this is one of the few activities required by law to be carried out by a registered medical practitioner. In the event of death, a Registered Nurse may confirm or verify that death has occurred, providing that there is an explicit local protocol in place to allow such an action. Nurses undertaking this responsibility must only do so providing they have received appropriate education and training and have been assessed as competent.⁴

Key amendments to this Document:

Amendment	By:
31/03/2011 Policy put into new format	S Ellson
08/07/2011 Policy approved by patient safety & Quality Committee	
26/03/2014 Policy reviewed with no amendments made to content	S Murray

06/05/2016	Document extended for 12 months as per TMC paper approved on 22 nd July 2015	TMC
June 2018	Significant amendments, updated re new national guidelines	AA, TM,RH,
April 2019	CGG approval	SK, VM
April 2021	Document extended for 6 months as per Trust agreement 11.02.2021	
July 2021	Document review date amended as per the Key Documents policy 3-year approval update.	Trust policy
December 2021	Document due review, amendments and updating.	AA, TM
July 2025	Document reviewed in line with current national guidance. References reviewed and policy updated in line with this. “Families should be advised that there might be a difference between the time of the last breath and the official time of death” changed to “Families should be advised that there will be a difference between the time of the last breath and the official time of death”. Actions and Rationale updated inline with changes to <i>Hospice UK</i> . Update Standards 1- 7.	JF, EF, EMc, MU
Sept 2025	Updates approved at Haematology/ Palliative care directorate governance meeting	MU

1. Introduction

The aim of this policy and the accompanying procedure and competency assessment tool (see Appendix 2) is to provide a framework for the timely verification of expected adult deaths by experienced and assessed as competent Registered Nurses.²

It will enable staff to care appropriately for the deceased, in line with local policy, and minimise distress for families and carers following an expected death at any time of the day / night / week. It is in line with the person and family centred care recommended in national documents.³

Timely verification, within one hour of last breath sounds in a hospital setting,⁴ is an important stage in the grieving process for relatives and carers at a key time for support.

Families should be advised that there will be a difference between the times of the last breath and that which is recorded as the time of verification of death in the notes (the latter is viewed as the official time of death).⁴

This guidance ensures that the death is dealt with:

- in line with the law and coroner requirements (See Appendix 1)
- In a timely sensitive and caring manner, respecting the dignity, religious and cultural needs of the patient and family members.
- It encourages the timely removal of the deceased to the mortuary / funeral Directors.

- It also ensures the health and safety of others is protected, e.g. from infectious illness, radioactive implants and implantable devices.
- There has been an e-learning module for the Registered Nurse Verification of Expected Adult Death developed by e-Learning for Health, and this may provide a useful resource. Local areas may want to adopt a pragmatic approach to training

2. Scope of the Policy

2.1 The term “expected death” is defined as ‘the result of an acute or gradual deterioration in a patient’s health status, usually due to advanced progressive incurable disease, which has been documented by a medical practitioner within the last two weeks.’ The death is anticipated, expected, and predicted.

2.1 (a) It is anticipated in these circumstances that advance care planning and consideration of DNACPR will have taken place⁴

2.2 The term “adult” is defined as a person 18 years of age or older.

2.3 Only a registered medical practitioner may **certify** a patient’s death.⁴

2.4 In the absence of a medical practitioner designated Registered Nurses can **verify** the fact of an expected death.

2.5 The aim of this policy is to ensure that expected adult deaths are confirmed by a competent Registered nurse and comply with legal requirements. For the purpose of this policy a Registered Nurse is a person who holds current nursing registration with the United Kingdom regulatory authority for nursing and midwifery, the Nursing and Midwifery Council (NMC).

2.6 Nurses may only verify death on adult patients who have been previously identified as being expected to die by medical staff and there is,

2.6 (a) clear agreement for Registered nurse verification of death (RNVoED) written in the medical notes, and/or

2.6 (b) that the doctor will be available when informed of the death to confirm that a trained and competent RN can verify the death as it is expected, and /or

2.6 (c) there is a completed and current Individualised Last days of life care plan for Adults WR5313 in the patient case notes.

2.7 The patient must also be recorded as not for cardio-pulmonary resuscitation in the medical notes using an appropriate form, signed in line with current guidance.⁵

2.8. The RN is still able to verify if the patient is under a DOLs (if it has been documented that the death was expected).⁴

2.9 Worcestershire Acute Hospitals NHS Trust has agreed that Registered nurses may verify an expected death following training, assessment and sign off relevant competencies.

3. Responsibilities^{4 7 8 9}

Medical:

- A DNACPR decision is documented.
- Whilst it is good practice that doctors document in the patient's clinical record that a Registered Nurse can verify the death, this is not essential.
- The doctor will be available (when informed of the death) to confirm that a competent nurse can verify the death as it is expected, which may be evidenced by the use of an Individualised Last Days of life Care plan (ILDOL) for Adults WR5313
- The doctor will be available if necessary to speak to families after the death of the patient. This should be arranged at the soonest mutually convenient time. ⁴
- The responsible doctor (or if necessary, a delegated doctor) will always explain / be available to explain the cause of death they have written on the medical certificate.⁶
- From September 2024, the role of the Medical Examiner (ME) will be extended to include an oversight of all proposed causes of death. The doctor will endeavour to be available to explain the cause of death they have written on the medical certificate of cause of death (MCCD), alongside the Medical Examiner process. ⁴

Nursing

- All Registered Nurse (RNs) verifying death must have read and understood the 6th Edition of Registered Nurse Verification of Expected Adult Death guidance (RNVoED)⁴ and WAHT-CG-681 policy and received appropriate training and be deemed competent.
- The RN carrying out this procedure must inform the doctor of the patient's death (both in and out of hours) using agreed local systems and document the date and time this was carried out in the clinical record.
- The RN must investigate the process for deactivation of the Implantable Cardiac Defibrillator (ICD) where applicable. ⁸
- The RN carrying out the procedure must notify the mortuary/ funeral director of any infections, radioactive implants, implantable devices and whether an implantable cardio-defibrillator is still active due to the explosive nature of the lithium batteries.
^{7 8}
- It is the right of the verifying nurse to refuse to verify death and to request the attendance of the responsible doctor / police if there is any unusual situation. ⁴

4. Policy Detail

All expected deaths verified by Registered Nurses should conform to procedure protocol – see Appendix 2.

5. Implementation of Key Document

Plan for Implementation and dissemination

The Professional Development lead will oversee the effective communication of the approved policy to all relevant staff. This includes emailing copies of the policy to the Matrons so that they may discuss in ward and department meetings, as well as to key heads of service who are involved. Matrons are responsible for circulating details of the policy to ward and department managers, who are then responsible for notifying ward and department healthcare workers. The policy is accessible via Key Documents on the Trust Intranet.

Staff may print key documents at need but must be aware that these are only valid on the day of printing and must refer to the Intranet for the latest version. Hard copies must not be stored for local use as this undermines the effectiveness of an intranet-based system.

Individual members of staff have a responsibility to ensure they are familiar with all key documents that impinge on their work and will ensure that they are working with the current version of a key document. Therefore, the Intranet must be the first place that staff look for a key document.

Line managers are responsible for ensuring that a system is in place for their area of responsibility that keeps staff up to date with new key documents and policy changes.

6. Training and awareness

It is the responsibility of the individual professional to ensure that they are aware of the contents of this policy. It is the responsibility of matrons to identify any training needs and to release relevant staff for training. Nurses undertaking this role must only do so providing they have received appropriate education and training and have been assessed as competent. Nurses must retain records of competence within their personal portfolio and send a copy to training and development so that a central record of competence can be maintained.

Competence may be assessed by a registered medical or non- medical practitioner already competent in the skill, using the agreed competency document (Appendix 3). Competence must be reviewed annually as part of the Trust personal development review process.

7. Monitoring and compliance

Ward managers/Senior nurses are responsible for monitoring compliance with this policy by ensuring that:

- Only Registered Nurses who have received training and have been assessed as competent are performing this role.
- Competence is reviewed annually as part the personal review process.

- Initial 6-month audit then annual audit to review notes across all sites to review compliance with policy and training competencies to be registered and undertaken by EOLC facilitators.

It is the responsibility of the individual undertaking this role to ensure that they comply with the policy.

8. Policy Review

The policy will be reviewed after two years by the Palliative and end of life care team and professional development.

9. References

1. Nursing and Midwifery Council (2018) The Code, Standards of conduct, performance and ethics for nurses and midwives, NMC London https://www.nmc.org.uk/standards/read-the-code-online/ (Downloaded 10.07.25)	
2. Royal College of Nursing (2019) 2 nd Edition of Care After Death: Registered Nurse Verification of Expected Adult Death (RNVoEAD) guidance. file:///C:/Users/FAIRBE/Downloads/2nd-Edition-of-Care-After-Death-Registered-Nurse-Verification-of-Expected-Adult-Death-guidance.pdf (Downloaded on 10.07.25)	
3. National council for palliative care (2015) Every Moment counts: a narrative for person centred coordinated care for people near the end of life.	
4. Hospice UK (2025) Registered Nurse Verification of Expected Adult Death guidance (RNVoED) 6 th Edition Available at https://www.hospiceuk.org/publications-and-resources/registered-nurse-verification-expected-adult-death-guidance-rnvoed (Downloaded on 10.07.2025)	
5. Resuscitation Council(UK) (2021) Decisions relating to cardiopulmonary resuscitation (Accessed 1.12.2021) available at https://www.resus.org.uk/library/2021-resuscitation https://www.resus.org.uk/dnacpr/decisions-relating-to-cpr/	
6. Births and Deaths Registration Act 1953. (Accessed online on 2.12.2021) Legislation.gov.uk/ukpga/Eliz/1-2/20	
7. British Heart foundation (2019) ICD deactivation at the end of life: principles and practice. Available at: https://www.cheshire-epaige.nhs.uk/wp-content/uploads/2019/11/ICD-deactivation-guidelines.pdf (Downloaded on 10.07.25)	
8. Key document WAHT-CAR-048 Implantable cardioverter-defibrillator	
9. Academy of Medical Royal Colleges (2025) A code of practice for the diagnosis and confirmation of death. Available at https://www.aomrc.org.uk/wp-content/uploads/2025/01/Code_of_Practice_Diagnosis_of_Death_010125.pdf	

<p>10. Ministry of Justice (2020). Guide to coroner services for Bereaved People. Available at: https://www.gov.uk/government/publications/guide-to-coroner-services-and-coroner-investigations-a-short-guide</p>	
<p>11. Department of health and social care (2025). Guidance for medical practitioners completing medical certificates of cause of death in England and Wales. Available at https://www.gov.uk/government/publications/medical-certificate-of-cause-of-death-mccd-guidance-for-medical-practitioners/guidance-for-medical-practitioners-completing-medical-certificates-of-cause-of-death-in-england-and-wales</p>	
<p>12. Lavery. D and Wilson. J (2020) eELCA: Registered Nurse Verification of Expected Adult Death, e-learning module Available at: https://portal.e-lfh.org.uk/Component/Details/673350</p>	

10. Background

10.1 Equality requirements

The content of this policy has no adverse effect on equality and diversity – see supporting document 2.

10.2 Consultation Process

Senior nursing and medical staff have been consulted – see supporting document 1

10.3 Approval Process

This document will be reviewed and approved by the Patient Safety and Quality Committee prior to publication.

Appendix 1~ Deaths requiring coronial investigation ^{10, 11}

A coroner is a judicial office holder who must investigate a death when they have reason to suspect that:

- the deceased died a violent or unnatural death,
- the cause of the death is unknown, or
- the person died while in prison, police custody or another type of state detention

A coroner investigates a death to ascertain who the deceased was; how, when and where the deceased came by his or her death; and the particulars (if any) required to register the death.

The Chief Coroner has set out the coroner’s two main purposes in investigating deaths: to explain the unexplained, both for the benefit of the family and for the public at large; and to report, where appropriate, with a view to preventing future deaths.

Referrals to Coroner’s office:

More detailed information is available from the Ministry of Justice publication, ‘Guide to coroner services for Bereaved People’,¹⁰ or the “Guidance for medical practitioners completing medical certificates of cause of death in England and Wales”.¹¹

Appendix 2

Procedure for the verification of an expected adult death by Registered Nurses (RN).

Equipment ⁴

- Pen torch
- Stethoscope
- Watch with a second hand or mobile phone

Verification of expected death will require the nurse to assess the patient for a minimum of five (5) minutes to establish that irreversible cardio pulmonary respiratory arrest has occurred, as well as specific additional observations.⁶

Any spontaneous return of cardiac or respiratory activity during this period of observation should prompt further five minutes observations.

Action	Rationale
The RN must notify the doctor of the death (including date / time)	To ensure consistent communication
Check documentation that a registered medical practitioner has authorised RN verification of expected adult death, or gain confirmation from a medical practitioner, and that a DNACPR form is in place.	To ensure agreement of process.
Check identification of the patient against available documentation, for example, clinical record, NHS number.	To correctly identify deceased
Identify any suspected or confirmed infectious diseases and or radioactive implantable medical devices.	To enable correct information to be passed on to ensure others involved in the care of the deceased are protected.
Instigate process for deactivation of implantable cardiac defibrillator (ICD) if not already deactivated.	To ensure the timely deactivation of ICD
Adopt standard infection prevention precautions.	To ensure protection of RN from cross contamination

Lie the patient flat. Leave all tubes, lines, drains, medication patches and pumps, etc in situ.	To ensure the patient is flat ahead of rigor mortis, and all treatments are in situ ahead of verifying death <u><i>These may be removed after the verification of death.</i></u>
The nurse verifying death should observe the patient for a minimum of five minutes to establish that irreversible cardio respiratory arrest has occurred, to include, Cessation of the circulatory system, i.e. no carotid (or central) pulse for at least one full minute. Listen to heart sounds with a stethoscope for at least one full minute.	The absence of mechanical cardiac function is confirmed using a combination of the following: <ul style="list-style-type: none"> • The absence of a central pulse on palpation • The absence of heart sounds on auscultation (<i>Academy of Medical Royal Colleges 2025</i>)
Cessation of respiratory system, i.e. no respiratory effort or no breath sounds. Verified by listening for at least one full minute.	Place the stethoscope on the patient's anterior chest wall and listen for breath sounds over each lung for one minute To ensure there are no visible respirations. Any respirations indicate the patient is breathing.
Cessation of cerebral function. Check that both pupils are fixed (not reacting to light or to any other stimulus) and dilated using a pen torch.	To ensure there is no cerebral activity. Any pupil or eye movements indicate the patient remains having cerebral function.
No reaction to trapezius squeeze.	To ensure no cerebral activity.
The RN verifying the death needs to complete the verification of death documentation in the clinical notes (SunRise). Time of death is recorded as when verification of death is completed (i.e. not when death was first reported)	For legible documentation and legal requirements.
The RN verifying the death must acknowledge the emotional impact of the death and ensure the bereaved family and friends are offered written information about care after death.	To ensure the family are supported during this difficult time.

Monitoring

RN's will be given competency booklets on training. These are to be completed and signed off by ward based mentors.

Competency statement in booklet to be scanned and sent to EOLC trainer and WAHT training team.

RNs will be expected to update competency by reflection on practice annually and keep this in their portfolio.

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It is the responsibility of the Palliative care team to update RNs trained to verify death of any updates to guidance.

Appendix 3:

Assessment of competence for Registered Nurse Verification of Expected Death

Name of registered nurse:

Name and signature of trainer:

Date of training:

Date of first clinical assessment:

Name and signature of clinical assessor:

Date of second clinical assessment:

Name and signature of second clinical assessor:

Assessor guidance:

- The competencies are a mixture of practical skills and knowledge and understanding.
- All criteria must be achieved during training to achieve competency ahead of two clinical observations.
- Registered nurses (RNs) will self-assess at the completion of the **two** observed clinical practice that they feel competent to perform this skill independently and evidence of mentor observed sessions.
- It is recommended that RNs reflect on this skill within their clinical practice at least annually.

Standard 1

Criteria	In training		In observed clinical practice	
	Pass	Fail	Pass	Fail
The registered nurse is aware of their role and associated guidance				
Guidance for staff responsible for care after death				
Guidance re RN verification of death				

Standard 2:

The Registered Nurse is aware of the following definitions,

Criteria	In training		In clinical practice	
	Pass	Fail	Pass	Fail
Who can recognise a death?				
Who can verify a death?				
Who can certify a death?				
What is an expected death?				
What is a sudden or unexpected death?				
What is a sudden or unexpected death in a terminal period?				
Indications for DNACPR and the correct completion of documentation.				
What is the definition of the official time of death?				
Deaths requiring coronial involvement.				

Standard 3: The registered nurse is aware of the medical and nursing responsibilities

Criteria	In training		In clinical practice	
	Pass	Fail	Pass	Fail
The four medical responsibilities (there seem to be 5 in list in section 3 though one may not be appropriate at the time of verification)				
The four nursing responsibilities				

Standard 4: The registered nurse understands the procedure for verification of a patient's death

Criteria	In training		In clinical practice	
	Pass	Fail	Pass	Fail
There is documented evidence that the medical practitioner has authorised RNVoED, and there is a completed DNACPR form				
The patient and associated clinical record is correctly identified.				
Infections, implantable devices and radioactive implants are identified from the medical notes				
To instigate the process for deactivation of implantable cardio defibrillator if not already de-activated 5.6				
For universal infection control precautions				

Standard 5: The registered nurse is able to follow the procedure and carry out a patient examination to verify death.

Criteria	In training		In observed clinical practice	
	Pass	Fail	Pass	Fail
How to position the patient for examination and verification of fact of death.				
What to do with tubes, lines, drains, patches and pumps.				
To check the carotid pulse for one full minute.				
To monitor heart sounds for one full minute				
To listen to the chest for at least one full minute and observe to ensure no respiratory effort.				

To ensure checks take place over five minutes				
To check pupils are fixed and dilated				
To apply trapezius squeeze				
That any spontaneous return of cardiorespiratory function, or doubt should prompt an additional five-minute observation.				

Standard 6: The registered nurse completes appropriate documentation in a timely way

Criteria	In training		In clinical practice	
	Pass	Fail	Pass	Fail
How to complete the verification of death form in the clinical notes				
To record the time of death				
To notify the doctor				

Standard 7: The nurse knows how to support and provide appropriate information to the bereaved family and friends

Criteria	In training		In clinical practice	
	Pass	Fail	Pass	Fail
Understands the potential/actual emotional impact of a bereavement on the family, and friends.				
Can demonstrate how they would support the bereaved at the time of death				
Understand the potential / actual impact on surrounding patients.				
Can demonstrate how they would support surrounding patients / residents without breaching confidentiality				
Understands the potential/ actual emotional impact of a bereavement for colleagues.				

Can demonstrate how they would support colleagues.				
Knows the support and written information available for bereaved family and friends.				
Knows how to signpost relatives to where to collect paperwork / what the next steps.				

Competency statement

I.....(name and designation) feel competent to perform RNVoED unsupervised.

Signed.....

Supporting Document 1 - Equality Impact Assessment Tool

To be completed by the key document author and included as an appendix to key document when submitted to the appropriate committee for consideration and approval.



Herefordshire & Worcestershire STP - Equality Impact Assessment (EIA) Form Please read EIA guidelines when completing this form

Section 1 - Name of Organisation (please tick)

Herefordshire & Worcestershire STP		Herefordshire Council		Herefordshire CCG	
Worcestershire Acute Hospitals NHS Trust	x	Worcestershire County Council		Worcestershire CCGs	
Worcestershire Health and Care NHS Trust		Wye Valley NHS Trust		Other (please state)	

Name of Lead for Activity	Dr Mandeep Uppal – Palliative care Consultant
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Details of individuals completing this assessment	Name	Job title	e-mail contact
	Emily Fairburn	Palliative care CNS	Emily.fairburn3@nhs.net
Date assessment completed	July 2025		

Section 2

Activity being assessed (e.g. policy/procedure, document, service redesign, policy, strategy etc.)	Title: Guidelines for Registered Nurses Verification of an Expected Adult Death		
What is the aim, purpose and/or intended outcomes of this Activity?	See body of document		
Who will be affected by the development & implementation of this activity?	<input type="checkbox"/> Service User Patient Carers Visitors	<input type="checkbox"/>	Staff Communities Other _____

Is this:	<input checked="" type="checkbox"/> <u>Review of an existing activity</u> New activity Planning to withdraw or reduce a service, activity or presence?
What information and evidence have you reviewed to help inform this assessment? (Please name sources, eg demographic information for patients / services / staff groups affected, complaints etc.)	See body of document
Summary of engagement or consultation undertaken (e.g. who and how have you engaged with, or why do you believe this is not required)	See body of document
Summary of relevant findings	See body of document

Section 3

Please consider the potential impact of this activity (during development & implementation) on each of the equality groups outlined below. **Please tick one or more impact box below for each Equality Group and explain your rationale.** Please note it is possible for the potential impact to be both positive and negative within the same equality group and this should be recorded. Remember to consider the impact on e.g. staff, public, patients, carers etc. in these equality groups.

Equality Group	Potential <u>positive</u> impact	Potential <u>neutral</u> impact	Potential <u>negative</u> impact	Please explain your reasons for any potential positive, neutral or negative impact identified
Age		X		
Disability		X		
Gender Reassignment		X		
Marriage & Civil Partnerships		X		
Pregnancy & Maternity		X		
Race including Traveling Communities		X		
Religion & Belief		X		
Sex		X		
Sexual Orientation		X		

Other Vulnerable and Disadvantaged Groups (e.g. carers; care leavers; homeless; Social/Economic deprivation, travelling communities etc.)		X		
Health Inequalities (any preventable, unfair & unjust differences in health status between groups, populations or individuals that arise from the unequal distribution of social, environmental & economic conditions within societies)		X		

Section 4

What actions will you take to mitigate any potential negative impacts?	Risk identified	Actions required to reduce / eliminate negative impact	Who will lead on the action?	Timeframe
	N/A			
How will you monitor these actions?	See body of document			
When will you review this EIA? (e.g in a service redesign, this EIA should be revisited regularly throughout the design & implementation)	See body of document			

Section 5 - Please read and agree to the following Equality Statement

1. Equality Statement

1.1. All public bodies have a statutory duty under the Equality Act 2010 to set out arrangements to assess and consult on how their policies and functions impact on the 9 protected characteristics: Age; Disability; Gender Reassignment; Marriage & Civil Partnership; Pregnancy & Maternity; Race; Religion & Belief; Sex; Sexual Orientation

1.2. Our Organisations will challenge discrimination, promote equality, respect human rights, and aims to design and implement services, policies and measures that meet the diverse needs of our service, and population, ensuring that none are placed at a disadvantage over others.

1.3. All staff are expected to deliver services and provide services and care in a manner which respects the individuality of service users, patients, carer's etc, and as such treat them and members of the workforce respectfully, paying due regard to the 9 protected characteristics.

Signature of person completing EIA	Emily Fairburn
Date signed	July 2025

Trust Policy

Comments:	
Signature of person the Leader Person for this activity	
Date signed	
Comments:	



Supporting Document 2 - Financial Risk Assessment

To be completed by the key document author and attached to key document when submitted to the appropriate committee for consideration and approval.

	Title of document:	Yes/No
1.	Does the implementation of this document require any additional Capital resources	No
2.	Does the implementation of this document require additional revenue	No
3.	Does the implementation of this document require additional manpower	No
4.	Does the implementation of this document release any manpower costs through a change in practice	No
5.	Are there additional staff training costs associated with implementing this document which cannot be delivered through current training programmes or allocated training times for staff	No
	Other comments:	

If the response to any of the above is yes, please complete a business case and which is signed by your Finance Manager and Directorate Manager for consideration by the Accountable Director before progressing to the relevant committee for approval