University Hospitals of Morecambe Bay
NHS Foundation Trust

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Document Title: **Advance Care Planning (Palliative and End of Life)**	**Version Number:** 1.1
	Status: Ratified
Scope: All UHMBT staff	**Classification:** Organisational
Author / Title: Jayne Denney, Clinical Nursing Lead for Palliative & EOL Care (Community)	**Responsibility:** Palliative & End of Life Care
Replaces: Version 1, Advance Care Planning (Palliative and End of Life), CORP/GUID/107	**Head of Department:** Gill Speight
Validated By: Integrated Community Care Procedural Document Group Integrated Community Care Governance and Assurance Group	**Date:** 11/05/2021 18/05/2021
Ratified By: Procedural Document and Information Leaflet Group	**Date:** 09/06/2021
Review dates may alter if any significant changes are made	**Review Date:** 01/07/2024

Which Principles of the NHS Constitution Apply? **Please list from principles 1-7 which apply** 1,2,3,4,5 Principles	**Which Staff Pledges of the NHS Constitution Apply?** **Please list from staff pledges 1-7 which apply** 2,3 Staff Pledges

Does this document meet the requirements of the Equality Act 2010 in relation to Race, Religion and Belief, Age, Disability, Gender, Sexual Orientation, Gender Identity, Pregnancy & Maternity, Marriage and Civil Partnership, Carers, Human Rights and Social Economic Deprivation discrimination? **Yes**

Document for Public Display: Yes

Reference Check Completed by Kerry Booth **Date: 10.06.21 (2021-2022/151)**

To be completed by Library and Knowledge Services Staff

CONTENTS

BEHAVIOURAL STANDARDS FRAMEWORK

To help create a great place to work and a great place to be cared for, it is essential that our Trust policies, procedures and processes support our values and behaviours. This document, when used effectively, can help promote a workplace culture that values the contribution of everyone, shows support for staff as well as patients, recognises and celebrates the diversity of our staff, shows respect for everyone and ensures all our actions contribute to safe care and a safe working environment - all of which are principles of our Behavioural Standards Framework.

Behavioural Standards Framework – Expectations 'at a glance'

1. SUMMARY

University Hospital of Morecambe Bay (UHMB) is committed to providing high standards of care and to working in partnership with service users. Our values include respecting service users, making decisions jointly with them and giving them the information they need to make choices. Advanced Care Planning provides service users and staff with an opportunity to work in partnership.

2. PURPOSE

Deciding Right provides a regionally accepted set of guidelines and forms to be used in Advance Care Planning.

The aim of this policy is to inform health care professionals, patients and carers of:

- The legal status of Advance Care Planning
- How to assist a patient in Advance Care Planning
- Procedure for dealing with a refusal of treatment (known as an 'Advance Decision to refuse treatment' ADRT)
- The legal status and requirements of Lasting Power of Attorney as governed by the Mental Capacity Act 2005

3. SCOPE

All health practitioners working within UHMB are responsible for being familiar with this policy and for implementing the principles and procedures governing the use of Advance Care Planning.

4. GUIDELINE

4.1 Principles of Advance Care Planning

The principles of Advance Care Planning:

- Enable individuals to be compliant with the law and national guidelines
- Centre care decisions on the individual rather than the organisation
- Strongly endorse the partnership between the patient, carer, significant other and the health care professional (shared decision making)
- Are based on the Mental Capacity Act and the latest national guidelines
- Recognise the individual with capacity as key to making care decisions in advance
- Identify the triggers for making care decisions in advance
- Create regional documentation for us in any setting that is recognisable by all health and social care professionals
- Minimise the likelihood of unnecessary or unwanted treatment
- Introduce emergency health care plans as an important adjunct in specialist care settings to tailor care to the individual with complex needs
- Create principles and documentation suitable for all ages (children, young people and adults)
- **Once a patient has been deemed to have a life limiting illness, then it is essential they are given the opportunity and ability to document their preferences to establish their choices. This also avoids inappropriate admissions, investigations and decisions at a later date.**

4.2 Definitions

Possible outcomes of planning care in advance:

- **An advance statement** – A verbal or written expression of an individual's wishes and feelings, beliefs and values

- **An Advance Decision to Refuse Treatment (ADRT)** – If valid and applicable this is legally binding, even for life-sustaining treatments. This may be accompanied by a DNACPR form (see below)

- **A Health and Welfare (Personal Welfare) Lasing Power of Attorney order** – A legal order by an adult individual with capacity that authorises another person to speak regarding health and welfare issues on behalf of the individual if they lose capacity

- **A Property and Financial Affairs Lasing Power of Attorney order** – A legal order by an adult individual with capacity that authorises another person to speak regarding property and financial issues on behalf of the individual if they lose capacity

- **Emergency Health Care Plan (EHCP)** – An individualised plan for anticipated emergencies

- **Do Not Attempt CPR (DNACPR)** – Visible form advising that CPR should not be attempted in the circumstances documented

4.2.1 Advance Statements (AS)

A verbal or written statement made by an individual with capacity, describing their wishes, feelings, beliefs and values about their future care.

There are no requirements to involve anyone else, but individuals can find health care professionals, and relatives or carers helpful. An advance statement cannot be made on behalf of an individual who lacks capacity to make these decisions. It only becomes active when the individual loses capacity for these decisions. It is not legally binding, but health care professionals are bound to take into account when deciding the best interests of a person who has lost capacity.

4.2.2 Advance Decision to Refuse Treatment (ADRT)

Legal imperatives: The Mental Capacity Act (MCA) provides a means by which an individual with capacity can make a decision to refuse treatment in advance of a time when they do not have the capacity to make that decision. This is known as an Advance Decision to Refuse Treatment (ADRT).

If the individual loses capacity and the decision is valid and applicable to the situation it is legally binding on all health care professionals.

An ADRT can be verbal, but a written ADRT is required for refusals of life-sustaining treatment. The MCA does not stipulate the format of a written ADRT, but the *Deciding Right* form is an improved version that fulfils all the requirements for refusing any treatment.

- Allows an individual to make a legally binding refusal of treatment in advance of a time when they lose capacity
- Best practice is to use the *Deciding Right* ADRT which is recognisable in all settings
- An ADRT is inactive while the individual retains capacity for that decision
- To be legally binding it must be valid (correctly completed) and applicable to the situation
- If an individual who has now lost capacity has a valid applicable ADRT, this is legally binding on all health care professionals, even if the carers disagree with the decision
- At present, when ADRT is refusing CPR, it is best practice to have a DNACPR because the latter can be assessed more rapidly in an emergency
- If the treatment being refused is life sustaining it should contain a phrase similar to “I am refusing this treatment even if my life is at risk as a result”

4.2.3 The Mental Capacity Act (MCA) and the Mental Health Act (MHA)

The MHA does not affect a person’s ADRT, with the exception of an individual under Part 4 of the MHA who needs treatment for a mental disorder without their consent. In this situation health care professionals can treat individuals for their mental disorder, even if they have made an advance decision to refuse such treatment. However, their ADRT must be taken into account. For example, they should consider whether they could use a different type of treatment which the individual has not refused in advance. If health care

professionals do not respect an ADRT, they should explain in the individual's notes the reasons why they have decided not to do so.

Even if an individual is being treated without their consent under Part 4 of the MHA, an ADRT refusing other forms of treatment is still valid. Being subject to guardianship or supervised community treatment does not affect an ADRT in any way. This is because capacity is decision – and time – specific; the fact that someone has a mental illness does not necessarily mean they lack capacity to make any or all decisions for themselves.

4.2.4 Lasting Power of Attorney for Health & Welfare (LPA h&w)

There are two different types of LPA order (they are not interchangeable)

A Property and Financial Affairs LPA: this covers finances and replaces the previous Enduring Power of Attorney. It does not have power to make health decisions.

A Personal Welfare LPA: (also called a health & welfare LPA by the Office of Public Guardian). This must be made while the individual has capacity, but is inactive until the individual lacks capacity to make the required decision.

The LPA (h&w) must act accordingly to the principles of "best interest". They can be extended to life-sustaining treatment decisions but this must be expressly contained in the original application.

A personal welfare LPA only supersedes an ADRT if this LPA was appointed after the ADRT was made and if the conditions of the LPA cover the same issues as in the ADRT.

4.2.5 EHCP (Emergency Health Care Plan)

- Can be used for anyone in whom an emergency or crisis can be anticipated
- Individualises emergency treatment decisions
- Are written with the individual who has capacity, through shared decision making
- For the individual who lacks capacity are written with information from the MCA best interest process – this applies at any age but for children under the age of 16 would normally involve the parent(s)/guardian
- Should include advice on immediate actions for onsite carers/relatives as well as more detailed advice for health care professionals

EHCP's are NOT:

- Legally binding
- Treatment limitation plans
- A means to reduce hospital admissions

4.2.6 Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR)

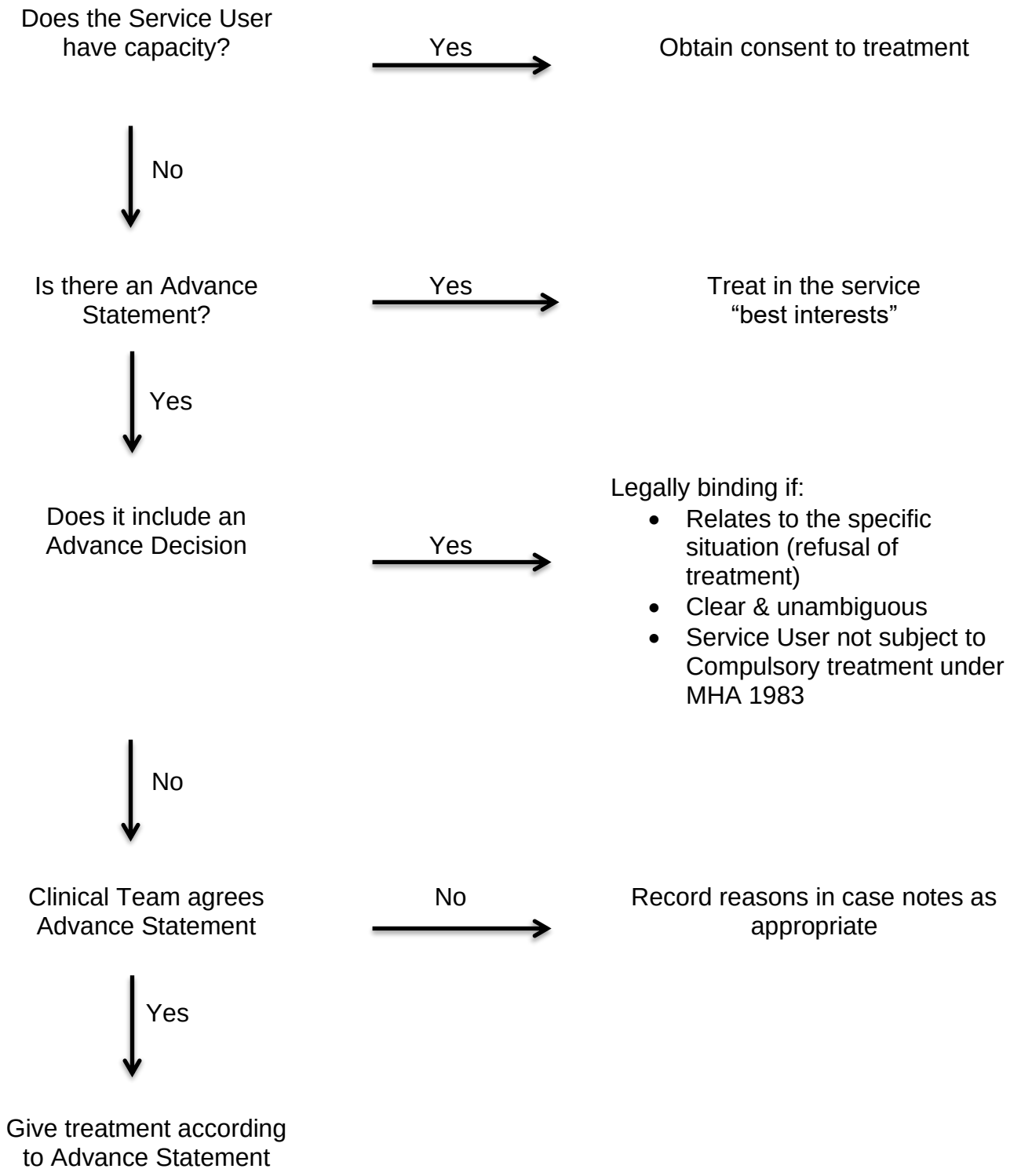
A decision to withhold CPR in the event of a future cardiorespiratory arrest. Communication is key to making this decision.

If the decision is that CPR would not be successful, the reason should be clearly recorded. This is a medical decision.

If the reasons why it would unsuccessful have changed, the DNACPR should be reviewed (eg. a severe chest infection which has improved). If a patient has capacity and an arrest is anticipated and CPR could be successful, but the patient is refusing CPR, this must be respected. In such a situation the individual may wish to complete an ADRT refusing CPR which, if valid and applicable, is legally binding on Health Care Professionals.

A DNACPR decision made (for reasons of benefit versus burden) for an individual who does not have capacity must follow the “best interest” requirements of the Mental Capacity Act.

4.3 Procedure for staff when implementing advance statements



4.4 Monitoring Compliance with this Document

The table below outlines the Trust's monitoring arrangements for this policy/document. The trust reserves the right to commission additional work or change the monitoring arrangements to meet organisational needs.

Aspect of compliance or effectiveness being monitored	Monitoring Method	Individual responsible for the monitoring	Frequency of the monitoring activity	Group / Committee which will receive findings / monitoring report	Group / Committee individual responsible for ensuring that actions are completed
Annual Audits	We should be aiming for an increase in use of ACP documents. Audit number of ACP documents that have been used.	Care Group Quality and Safety Leads will provide assurance that reporting procedures have been undertaken	Annual	Care Group Clinical Governance Forums	Relevant representatives from Care Groups will consider the outcomes of such audits to develop and implement action plans

5. ATTACHMENTS	
Number	**Title**
1	Equality & Diversity Impact Assessment Tool

6. OTHER RELEVANT / ASSOCIATED DOCUMENTS The latest version of the documents listed below can all be found via the Trust Procedural Document Library intranet homepage.	
Unique Identifier	**Title and web links from the document library**

7. SUPPORTING REFERENCES / EVIDENCE BASED DOCUMENTS **References in full**	
Number	**References**
Bibliography	
Mental Capacity Act (2005) c.9; [Online] Available from: https://www.legislation.gov.uk/ukpga/2005/9/contents (accessed 10.06.21)	
Mental Health Act (2007) c.12; [Online] Available from: https://www.legislation.gov.uk/ukpga/2007/12/contents (accessed 10.06.21)	
Dying Matters (2007) 'Preferred Priorities of Care,' [Online] Available from: https://www.dyingmatters.org/sites/default/files/preferred_priorities_for_care.pdf (accessed 10.06.21)	

NHS England (2008) 'Advance decision to refuse treatment (ADRT),' [Online] Available from: http://www.northerncanceralliance.nhs.uk/wp-content/uploads/2018/11/ADRT-NHS-Fillable-Form-v8-April-2013.pdf (accessed 10.06.21)

NHS England, 'Emergency Health Care Plan (EHCP),' [Online] Available from: http://www.northerncanceralliance.nhs.uk/wp-content/uploads/2018/11/EHCP-NHS-Print-form-v14-April-2013.pdf (accessed 10.06.21)

8. DEFINITIONS / GLOSSARY OF TERMS

Abbreviation or Term	Definition
Advance statement	A verbal or written expression of an individual's wishes and feelings, beliefs and values
Advance Decision to Refuse Treatment (ADRT)	If valid and applicable this is legally binding, even for life-sustaining treatments. This may be accompanied by a DNACPR form (see below)
A Health and Welfare (Personal Welfare) Lasting Power of Attorney order	A legal order by an adult individual with capacity that authorises another person to speak regarding health and welfare issues on behalf of the individual if they lose capacity
A Property and Financial Affairs Lasting Power of Attorney order	A legal order by an adult individual with capacity that authorises another person to speak regarding property and financial issues on behalf of the individual if they lose capacity
Emergency Health Care Plan (EHCP)	An individualised plan for anticipated emergencies
Do Not Attempt CPR (DNACPR)	Visible form advising that CPR should not be attempted in the circumstances documented

9. CONSULTATION WITH STAFF AND PATIENTS

Enter the names and job titles of staff and stakeholders that have contributed to the document

Name	Job Title	Date Consulted
Dr Sarah Price	Consultant in Palliative care	April 2021
Joy Wharton	Lead nurse palliative care	April 2021
Dr Carolyn Watt	Consultant in Palliative care	April 2021

10. DISTRIBUTION PLAN

Dissemination lead:	Jayne Denney
Previous document already being used?	No
If yes, in what format and where?	
Proposed action to retrieve out-of-date copies of the document:	
To be disseminated to:	
Document Library	

Proposed actions to communicate the document contents to staff:	New documents uploaded to the Document Library

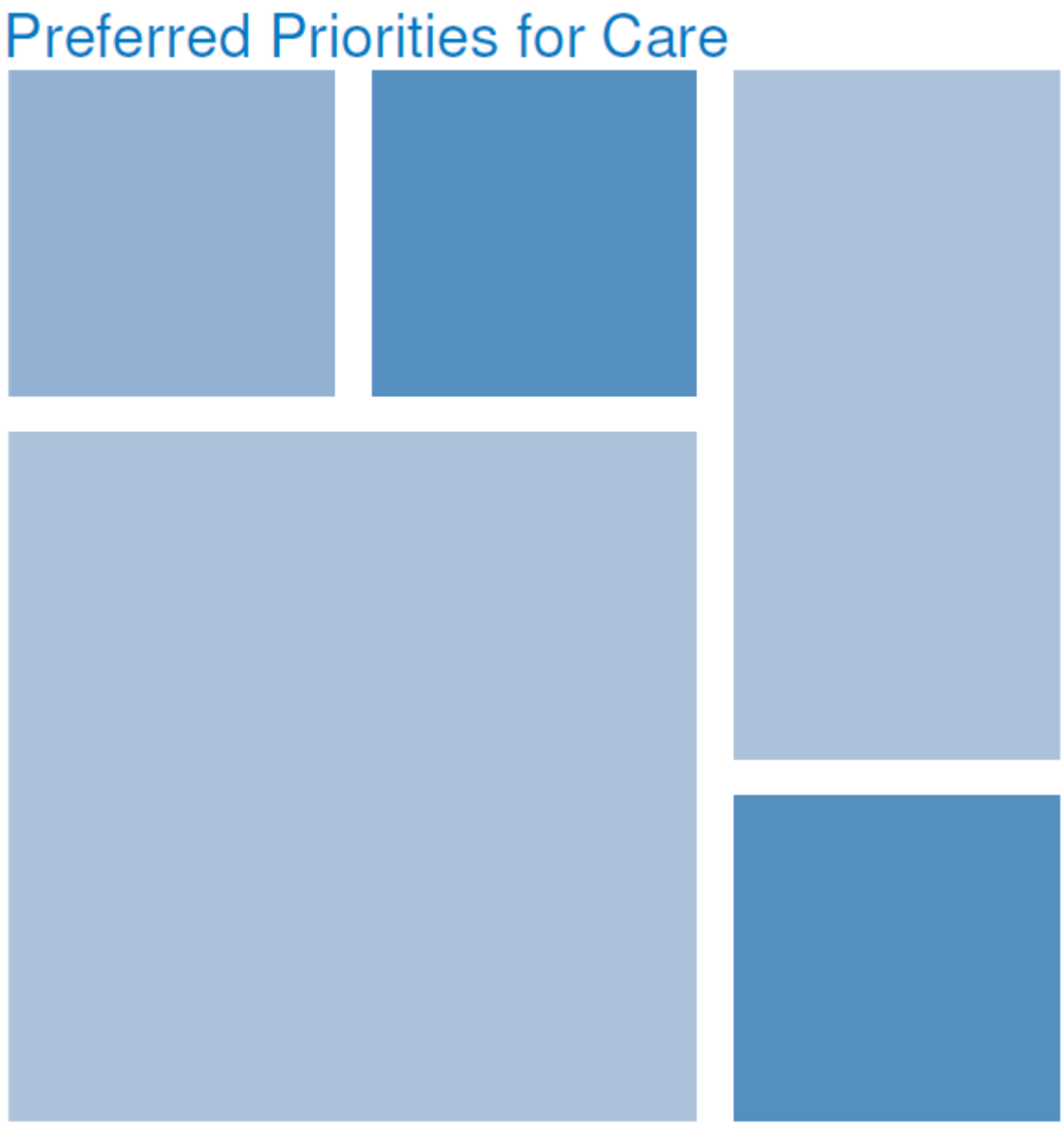
11. TRAINING Is training required to be given due to the introduction of this procedural document? No		
Action by	**Action required**	**Implementation Date**
All staff who do not feel competent to use the documents	Self-assess using the End of life care competency framework Attend Advance care planning study day	April 2021

12. AMENDMENT HISTORY				
Version No.	**Date of Issue**	**Section/Page Changed**	**Description of Change**	**Review Date**
1.1	22/03/2024	Page 1	Review Date extended – extension ID 1071	01/07/2024

Appendix 1: Advance Statement Document - Preferred Priorities of Care

Link to document:
https://nhscanl.sharepoint.com/:b:/r/sites/TrustProceduralDocumentLibrary/Attachments/CORP-GUID-107/Advance%20Statement%20Document%20-%20Preferred%20Priorities%20of%20Care.pdf

Taken from: https://www.dyingmatters.org/sites/default/files/preferred_priorities_for_care.pdf



Appendix 2: Advance decision to refuse treatment (ADRT)

Link to document:
https://nhscanl.sharepoint.com/:b:/r/sites/TrustProceduralDocumentLibrary/Attachments/CORP-GUID-107/Advance%20Decision%20to%20Refuse%20Treatment%20(ADRT).pdf

Taken from: http://www.northerncanceralliance.nhs.uk/wp-content/uploads/2018/11/ADRT-NHS-Fillable-Form-v8-April-2013.pdf

Advance decision to refuse treatment (ADRT)

v8 (Adapted from *Advance Decisions to Refuse Treatment: a Guide for Health and Social Care Staff*, 2008)

My name	If I became unconscious, these are distinguishing features that could identify me:
Address	Date of birth: NHS no (if known): Hospital no (if known):
	Telephone Number

What is this document for?

This advance decision to refuse treatment has been written by me to specify **in advance** which treatments I don't want in the future.

These are my decisions about my healthcare, **in the event that I have lost mental capacity and cannot consent to or refuse treatment.**

This advance decision replaces any previous decision I have made.

Advice to the carer reading this document: Please check

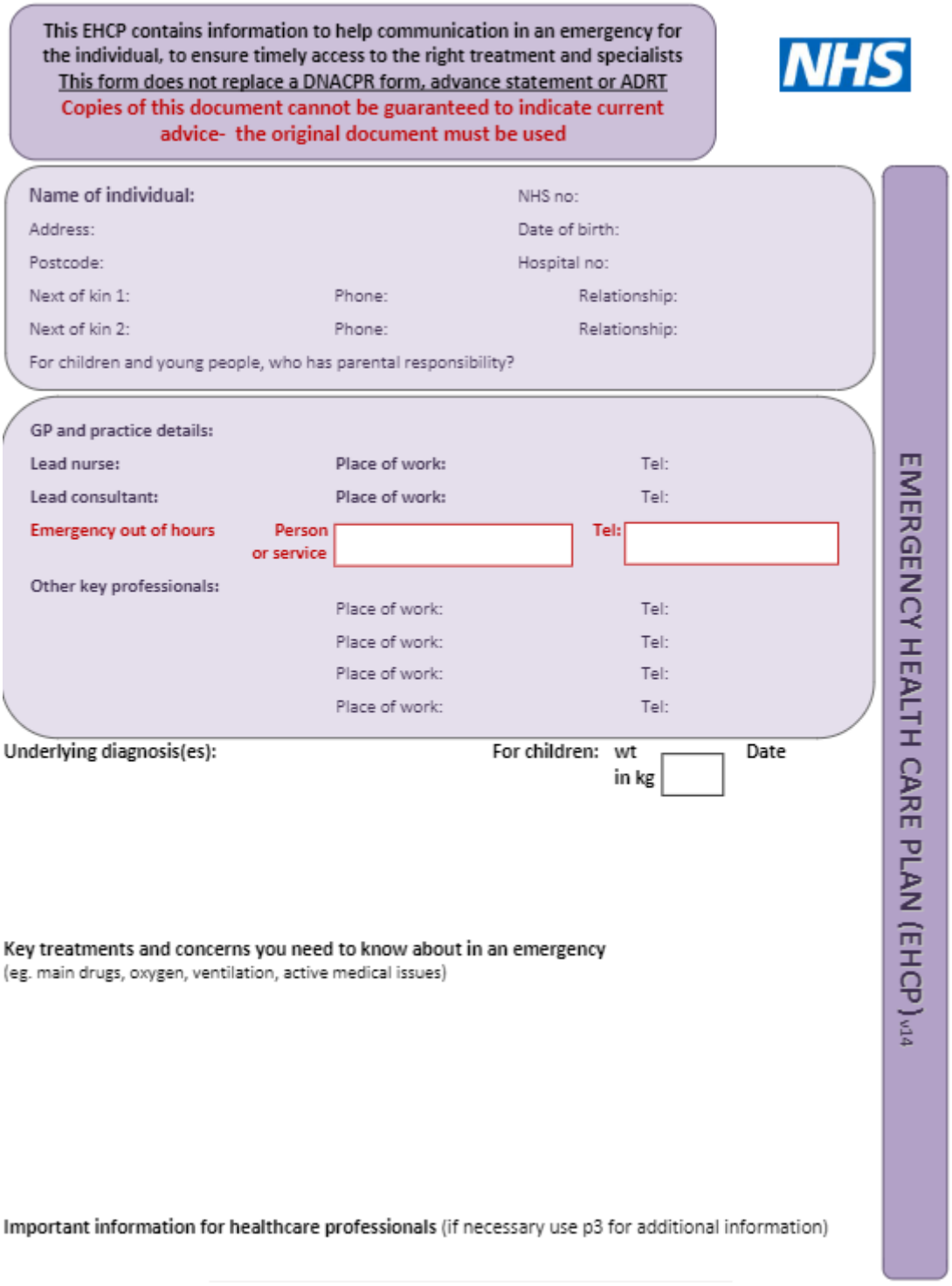
- **Please do not assume that I have lost mental capacity before any actions are taken.** I might need help and time to communicate when the time comes to need to make a decision.
- If I have lost mental capacity for a particular decision **check that my advance decision is valid, and applicable to the circumstances that exist at the time.**
- **If the professionals are satisfied that this advance decision is valid and applicable this decision becomes legally binding and must be followed**, including checking that it is has not been varied or revoked by me either verbally or in writing since it was made. Please share this information with people who are involved in my treatment and need to know about it.
- Please also check if I have made an advance statement about my preferences, wishes, beliefs, values and feeling that might be relevant to this advance decision.

This advance decision does not refuse the offer or provision of basic care, support and comfort

Appendix 3: Emergency Health Care Plan (EHCP)

Link to document:
https://nhscanl.sharepoint.com/:b:/r/sites/TrustProceduralDocumentLibrary/Attachments/CORP-GUID-107/Emergency%20Health%20Care%20Plan%20(EHCP).pdf

Taken from: http://www.northerncanceralliance.nhs.uk/wp-content/uploads/2018/11/EHCP-NHS-Print-form-v14-April-2013.pdf



This EHCP contains information to help communication in an emergency for the individual, to ensure timely access to the right treatment and specialists
This form does not replace a DNACPR form, advance statement or ADRT
Copies of this document cannot be guaranteed to indicate current advice- the original document must be used

NHS

Name of individual: NHS no:
Address: Date of birth:
Postcode: Hospital no:
Next of kin 1: Phone: Relationship:
Next of kin 2: Phone: Relationship:
For children and young people, who has parental responsibility?

GP and practice details:
Lead nurse: Place of work: Tel:
Lead consultant: Place of work: Tel:
Emergency out of hours Person or service Tel:
Other key professionals:
Place of work: Tel:
Place of work: Tel:
Place of work: Tel:
Place of work: Tel:

Underlying diagnosis(es): For children: wt in kg Date

Key treatments and concerns you need to know about in an emergency
(eg. main drugs, oxygen, ventilation, active medical issues)

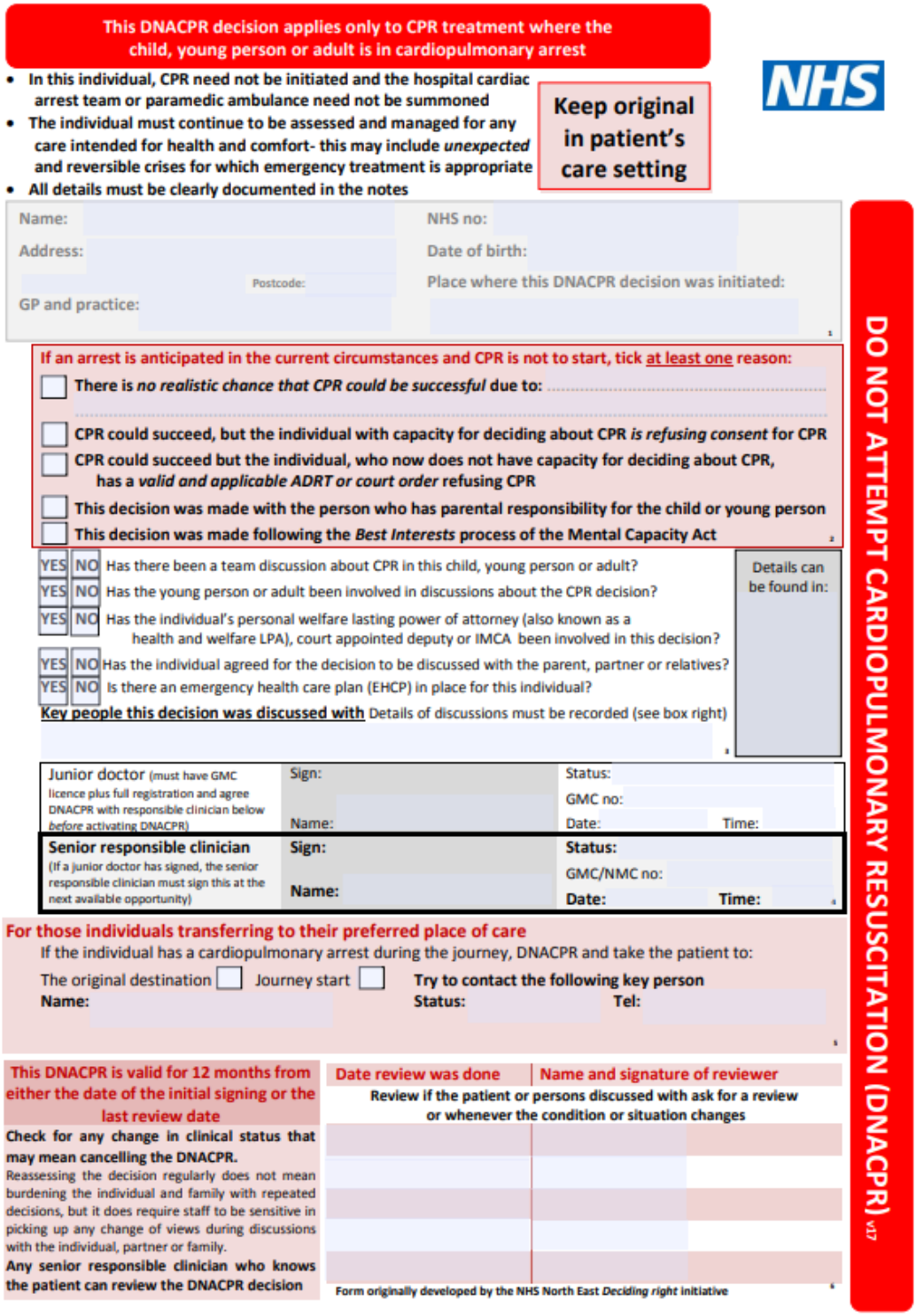
Important information for healthcare professionals (if necessary use p3 for additional information)

EMERGENCY HEALTH CARE PLAN (EHCP) v14

Appendix 4: Do not attempt Cardiac Pulmonary Resuscitation (DNACPR)

Link to document:
https://nhscanl.sharepoint.com/:b:/r/sites/TrustProceduralDocumentLibrary/Attachments/CORP-PROC-019/%27Deciding%20Right%27%20DNACPR%20Form.pdf

Taken from: http://www.northerncanceralliance.nhs.uk/wp-content/uploads/2018/11/DNACPR-NHS-Fillable-form-v17.pdf



This DNACPR decision applies only to CPR treatment where the child, young person or adult is in cardiopulmonary arrest

- In this individual, CPR need not be initiated and the hospital cardiac arrest team or paramedic ambulance need not be summoned
- The individual must continue to be assessed and managed for any care intended for health and comfort- this may include *unexpected* and reversible crises for which emergency treatment is appropriate
- All details must be clearly documented in the notes

Keep original in patient's care setting

NHS

Name: NHS no:

Address: Date of birth:

Postcode: Place where this DNACPR decision was initiated:

GP and practice:

If an arrest is anticipated in the current circumstances and CPR is not to start, tick at least one reason:

- ☐ There is *no realistic chance that CPR could be successful* due to: .....
- ☐ CPR could succeed, but the individual with capacity for deciding about CPR *is refusing consent* for CPR
- ☐ CPR could succeed but the individual, who now does not have capacity for deciding about CPR, has a *valid and applicable ADRT or court order* refusing CPR
- ☐ This decision was made with the person who has parental responsibility for the child or young person
- ☐ This decision was made following the *Best Interests* process of the Mental Capacity Act

YES NO Has there been a team discussion about CPR in this child, young person or adult?

YES NO Has the young person or adult been involved in discussions about the CPR decision?

YES NO Has the individual's personal welfare lasting power of attorney (also known as a health and welfare LPA), court appointed deputy or IMCA been involved in this decision?

YES NO Has the individual agreed for the decision to be discussed with the parent, partner or relatives?

YES NO Is there an emergency health care plan (EHCP) in place for this individual?

Details can be found in:

Key people this decision was discussed with Details of discussions must be recorded (see box right)

Junior doctor (must have GMC licence plus full registration and agree DNACPR with responsible clinician below *before* activating DNACPR)	Sign: Name:	Status: GMC no: Date: Time:
Senior responsible clinician (If a junior doctor has signed, the senior responsible clinician must sign this at the next available opportunity)	**Sign: Name:**	**Status: GMC/NMC no: Date: Time:**

For those individuals transferring to their preferred place of care

If the individual has a cardiopulmonary arrest during the journey, DNACPR and take the patient to:

The original destination ☐ Journey start ☐ **Try to contact the following key person**

Name: Status: Tel:

This DNACPR is valid for 12 months from either the date of the initial signing or the last review date

Check for any change in clinical status that may mean cancelling the DNACPR.

Reassessing the decision regularly does not mean burdening the individual and family with repeated decisions, but it does require staff to be sensitive in picking up any change of views during discussions with the individual, partner or family.

Any senior responsible clinician who knows the patient can review the DNACPR decision

Date review was done	Name and signature of reviewer
Review if the patient or persons discussed with ask for a review or whenever the condition or situation changes	

Form originally developed by the NHS North East *Deciding right* initiative

DO NOT ATTEMPT CARDIOPULMONARY RESUSCITATION (DNACPR) v17

Appendix 5: Deciding Right - website

http://www.northerncanceralliance.nhs.uk/deciding-right/

Appendix 6: Health & Welfare Power of Attorney – Questions and Answers for Community Staff

Lasting Power of Attorney (LPA under the Mental Care Act [MCA 2005] for Health and Welfare is drawn up by a patient either online or through a Solicitor.

1. **Is the document legally binding?**
   Yes: If the document is valid and registered with the Office of Public Guardian. It only becomes valid when the patient loses capacity. There are different parts of the LPA document that the patient may wish to complete. Where a LPA is made after an Advance Decision to Refuse Treatment (ADRT) is made, it will override it. Please remember there are LPA for both welfare and for health, if a patient has only made a LPA for welfare then the donee cannot make decisions on health – it is important to check.

   The only way a LPA can be overruled is by reference to the Court of Protection.

2. **What does Health & Welfare Lasting Power of Attorney mean legally?**
   They are designated the patients' voice and can give or refuse consent to treatment; they are seen as the patient. This power can be restricted by any conditions placed in the LPA by the donor and does not apply to life sustaining treatment unless such is expressly stated in the LPA. The LPA does not provide the donee with the power to demand a specific form of medical treatment where such treatment is not considered by the Health Care Professionals to be in the patient's best interest. Further, the donee cannot refuse the provision of basic care (hydration, nutrition etc) as this would clearly not be in the patient's best interest.

3. **What is an Attorney?**
   In law, an Attorney is someone who is chosen to act on behalf of someone else. When a patient (called the 'donor') makes a lasting power of attorney (LPA), they choose people to make decisions for them in case they lose mental capacity. Mental capacity means the ability to understand risk and make your own decisions. The people chosen to help donors are Attorneys. Attorneys don't need any special training but they do need to be trustworthy and reliable.

4. **How do I know that there is a LPA in place for my patient?**
   Get into the habit of asking: The patient or family member may say that they have a LPA but do not have access to the document.

   You can request the document from the family member or from the main key health care worker of the patient eg. GP. If still not obtained, you could request the family to obtain a copy from the families' Solicitor (if used). Alternatively you can also contact the Office of Public Guardian. It is best practice for the key team in that patient's care, to hold a copy of the LPA for everyone's information. It is also best practice to have early communication, clarity and care planning to all parties regarding the persons current and anticipated care arrangements.

5. **Is the LPA purely requested withholding of care that can be overridden in the best interests of the patient – if so, how should this be managed in practice?**

A LPA can be overridden, but only by a court if the court thought the Attorney was not acting in the patients' "best interest". The process would be similar to how parental responsibility is removed for a child of a Jehovah Witness family. Management should be to either concede the donee's wishes or refer the matter to the Court of Protection. If the decision of the donee prevents the health care professional from provided life sustaining treatment or the stopping of treatment would lead to a serious deterioration in the patient's condition, then said treatment may continue until a decision is made by the Court of Protection. Effective communication within the multidisciplinary team is vital support for all clinicians, in how the situation should be managed.

6. **How to manage patients care, for example when the patients symptoms warrant 'Just in Case' medication and the donee Power of Attorney is declining treatments despite negotiation and education against best clinical practice.**
   Technically for a patient who has lost mental capacity, professionals would go through the process of best interest (assessment etc) but the LPA done would tell you what the patient wanted and that would have to be accepted eg. they can refuse JIC medication. The fact that the decision is unusual, not what clinicians would do or seems unwise, is not for the professional to judge. Very few cases that went to court have been upheld.

   The view of most judges is the donor gave over this power and that is what it is for, the fact that professionals don't agree is rarely, if ever, accepted.

7. **Does the Human Rights Act overrule the Mental Capacity Act (MCA)?**
   In such cases clinicians are not acting on behalf of a patient who lacks capacity, they are acting on the instructions of a capacious individual via their agent (who much act in their best interest) and therefore the provisions are article 2 compliant.

8. **What is the Trust expected to achieve to maintain patient under the MCA?**
   The trust is expected to comply with the legislation and have due regard for the guidance contained in the Code of Practice.

Appendix 7: Equality & Diversity Impact Assessment Tool

University Hospitals of Morecambe Bay NHS Foundation Trust

Equality Impact Assessment Form

Department/Function	Integrated Community Care Group	
Lead Assessor	Jo Halliwell	
What is being assessed?	Advanced Care Planning	
Date of assessment	01/05/2021	
What groups have you consulted with? Include details of involvement in the Equality Impact Assessment process.	Equality of Access to Health Network?	NO
	Colleague Side Colleague?	NO
	Service Users?	NO
	Colleague Inclusion Network(s)?	NO
	Personal Fair Diverse Champions?	NO
	Other (including external organisations):	

1) **What is the impact on the following equality groups?**

Positive:	**Negative:**	**Neutral:**
➢ Advance Equality of opportunity ➢ Foster good relations between different groups ➢ Address explicit needs of Equality target groups	➢ Unlawful discrimination / harassment / victimisation ➢ Failure to address explicit needs of Equality target groups	➢ It is quite acceptable for the assessment to come out as Neutral Impact. ➢ Be sure you can justify this decision with clear reasons and evidence if you are challenged

Equality Groups	**Impact** (Positive / Negative / Neutral)	**Comments** ➢ Provide brief description of the positive / negative impact identified benefits to the equality group. ➢ Is any impact identified intended or legal?
Race (All ethnic groups)	Neutral	No adverse impacts identified.
Disability (Including physical and mental impairments)	Neutral	
Sex	Neutral	
Gender reassignment	Neutral	
Religion or Belief	Neutral	
Sexual orientation	Neutral	
Age	Neutral	
Marriage and Civil Partnership	Neutral	
Pregnancy and maternity	Neutral	
Other (e.g. caring, human rights)	Neutral	NA

2) In what ways does any impact identified contribute to or hinder promoting equality and diversity across the organisation?	This procedure will have a positive impact of people both colleagues and patients who access the UHMBT services.

3) If your assessment identifies a negative impact on Equality Groups, you must develop an action plan **to avoid discrimination and ensure opportunities for promoting equality diversity and inclusion are maximised.** ➢ This should include where it has been identified that further work will be undertaken to further explore the impact on equality groups ➢ This should be reviewed annually.
Action Plan Summary

Action	**Lead**	**Timescale**

This form will be automatically submitted for review for Policies and Procedures once approved by Policy Group. For all other assessments, please return an electronic copy to EIA.forms@mbht.nhs.uk once completed.