Doncaster and Bassetlaw Teaching Hospitals
NHS Foundation Trust

Advance Decision to Refuse Treatment (ADRT) Policy

This procedural document supersedes: PAT/PA 27 v.2 – Advance Decision to Refuse Treatment (ADRT) Policy

Did you print this document yourself?

The Trust discourages the retention of hard copies of policies and can only guarantee that the policy on the Trust website is the most up-to-date version. **If, for exceptional reasons, you need to print a policy off, it is only valid for 24 hours.**

Executive Sponsor(s):	Mr Ray Cuschieri – Deputy Medical Director
Author/reviewer: (this version)	Sarah Cooper, Macmillan Specialist Palliative Care Nurse Dr Lucy Adkinson Specialist Palliative Care Consultant
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Approved by:	Policy Approval and Compliance Group
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Target audience:	All staff – Trust wide

Amendment Form

Please record brief details of the changes made alongside the next version number. If the procedural document has been reviewed **without change**, this information will still need to be recorded although the version number will remain the same.

Version	Date Issued	Brief Summary of Changes	Author
Version 3	9 Sept 2020	• Updated Trust format • Updated Link to further information site • Amendments to recording system and actions for identified ADRTs • Remove PAS Alert system established for patients with known ADRT	Sarah Cooper Specialist Palliative Care CNS Dr Lucy Adkinson
Version 2	March 2015	• Flowchart identifying staff responsibilities when identify patient with ADRT • Amendments to recording system for identified ADRTs • Alert system established for patients with known ADRT • Specialist Palliative Care Team to alert clinical team to assess ADRT validity and appropriately actioned • Link to further information site updated	Sarah Cooper Specialist Palliative Care CNS; Dr Maurice Fernando
Version 1	November 2011	• This is a new procedural document, please read in full	ADRT Focus Group

Contents

1 INTRODUCTION

The Mental Capacity Act 2005 (MCA) became law, in a phased way, in 2007. In October 2007, as part of the Act, Advance Decision to Refuse Treatment (ADRT) became subject to statutory law, rather than case law, as had been the case prior to this date.

The MCA provides both the statute and the framework for making decisions, and acting on behalf of an individual who lacks capacity. Everyone working with or caring for adults who may lack capacity must, by law comply with the Act

Adults with capacity have always had the right to refuse treatment, by withholding consent at the time of the proposed treatment. The MCA formalises the process, by enabling individuals (aged 18 or over) who currently have capacity to make refusals to receive treatment in advance, in the event of their losing capacity at a later date.

Previously terms such as 'living will' 'advance directive' or 'advance statement' may have been used to represent an ADRT. The MCA now refers only to Advance Decision to Refuse Treatment.

An ADRT does not give an individual the right to request specific treatment, only to refuse treatment.

An ADRT made by an individual with capacity, that is both valid and applicable as defined in sections 25 and 26 MCA, has the same effect as a contemporaneous refusal of treatment by a person with capacity. This means that the treatment specified cannot be given lawfully (apart from in certain narrow circumstances when the patient comes under the MHA and this overrides the advance decision). A clinician is protected from liability for the consequences of withholding or withdrawing treatment from the person, if at that time, he reasonably believes that an advance decision exists which is valid and applicable to the treatment in question and the circumstances of the case. If the advance decision is either not valid or not applicable, or both, the ADRT will not be binding but healthcare professionals must nonetheless consider the ADRT as part of the assessment of the person's best interests.

2 PURPOSE

The purpose of this document is to raise the awareness of staff within Doncaster & Bassetlaw Teaching Hospitals NHS Foundation Trust of the nature and implications of an Advance Decision to Refuse Treatment and includes:

- The legal issues surrounding ADRTs
- Support for patients having, or wishing to make an ADRT.
- Guidance for dealing with an ADRT

This policy is intended for use by staff working within the Trust, across all sites.

This policy should be used in conjunction with, Advance Decisions to Refuse Treatment - A guide for Health and Social Care Professionals *(Department of health January 2013)* and Mental Capacity Act 2005 Code of Practice (Chapter 9)

3 DUTIES AND RESPONSIBILITIES

3.1 Managers

Managers have a responsibility to ensure their staff are aware of, and comply with, national and local specialist guidance in respect of the management of patients with an existing ADRT, or those patients wishing to make one.

3.2 Out of hours/Emergency presentation

Treating or admitting team to be responsible for acting on valid ADRTs presented on admission as appropriate.

3.3 Administration and Clinical staff within Accident and Emergency

Treating team to be responsible for acting on valid ADRTs presented on assessment as appropriate and communicate to admitting Team or GP on discharge.

3.4 Individual staff

All staff have a responsibility to comply with the wishes in any ADRT provided it exists, is applicable and is valid.

The first professional to be made aware of the existence of an ADRT should inform the consultant in charge of the patient's care.

All staff have a responsibility when handing over patient information, to ensure that any professional involved in the patient's care is made aware of the ADRT, whether the transfer is within the Trust, or to an external provider.

3.5 Patient Advice Liaison Service (PALS)/Chaplaincy

Both the PALS department and the Chaplaincy department will offer support and advice to an individual wishing to make an ADRT, or who has already registered an ADRT within the Trust. (See section 4.5)

4 PROCEDURE

4.1 Legal issues around ADRTs

An ADRT is legally binding, and must be followed by all staff involved in the care of the patient if the individual had the capacity to make the ADRT at the time it was made; it **exists;** is **valid**; and is **applicable.**

Actions contrary to those stated in a legally binding ADRT may be liable to civil or criminal proceedings.

In cases where there are doubts about the existence, validity or applicability of an ADRT:

1. Please contact Legal Team at the Trust who will consider whether legal advice needs to be sought.
2. Provide treatment in the meantime to sustain life and /or prevent a serious deterioration in the individuals condition
3. A court application may be necessary to resolve the doubts about the advance decision

4.1.1 Capacity

- The individual must have had the capacity to make the ADRT at the time it was made.
- The presumption of capacity under the MCA will apply when considering whether the person had capacity at the time the ADRT was made.

4.1.2 An ADRT exists

- Staff must make reasonable efforts to confirm the existence of an ADRT (Refer to section 4.3 Storage of an ADRT within the Trust.) It is the responsibility of the individual making the ADRT to ensure relevant individuals are aware such as: their GP; admitting hospital clinical staff; and their relatives.
- In an emergency situation, staff should safely provide treatment considered to be in the patient's best interest unless there is a valid and applicable ADRT refusing such treatment. Emergency treatment **must not be delayed** in order to look for an ADRT if there is no clear indication of its existence.

4.1.3 An ADRT is valid

- An ADRT is not valid if:
    - The individual withdrew the ADRT at any time whilst still having capacity to do so.
    - After making the ADRT the person appointed a Health and Welfare Lasting Power of Attorney that gave the attorney the authority to refuse or consent to the treatment in question.
    - Any subsequent action of the individual clearly indicates that he has changed his mind, or he subsequently does something that is clearly inconsistent with the ADRT.

It is the responsibility of the individual to inform all appropriate agencies if he/she withdraws, or amends an ADRT. Please note that a withdrawal, partial withdrawal or amendment need not be in writing (unless the amendment refuses life sustaining treatment in which case it must be in writing – (see paragraph 4.1.6 below). Staff should check with the family members that they have no reason to believe the ADRT has been amended or withdrawn.

4.1.4 An ADRT is applicable

- To be applicable the ADRT must relate specifically to the treatment and the circumstances in question.
- An ADRT is **not** applicable if:
    - The proposed treatment is **not** the treatment specified in the ADRT.
    - The circumstances are different to those specified in the ADRT.
    - There are reasonable grounds for believing that there have been changes in circumstance which would have affected the decision if the individual had known about them at the time they made the ADRT.
    - If at the time the treatment is required, the individual has the capacity to give or refuse consent to the treatment.
    - It relates to life-sustaining treatment and does not fulfil the criteria set out at 4.1.6 below.

4.1.5 Format of an ADRT

- The existence of a formal document does not in itself guarantee that the advance decision is valid and applicable. The content of the document must be considered carefully. There is no required format for an ADRT (apart from the ADRTs refusing life sustaining treatment – see below), however the Code of Practice (see para 9.19) suggests that an ADRT should:
    - Be in writing
    - Contain full personal details of the maker, including date of birth, home address and any distinguishing marks or features (this will be helpful if the maker needs to be identified, e.g. if unconscious).
    - State the name and address of the individual's GP.
    - Must state **specifically** the particular treatment to be refused, and what circumstances apply to that refusal.
    - Be dated, signed and witnessed.

4.1.6 Format of an ADRT refusing life-sustaining treatment

- If an ADRT includes refusal of life sustaining treatment, it **must** in order to be applicable:
    - Be in writing.
    - Be signed by the maker, in the presence of a witness (or if the maker is unable to sign, signed by somebody else in the maker's presence and under their direction).
    - Be signed by the witness in the presence of the maker.

- Include a clear and specific statement from the individual making the advance decision that the advance decision is to apply to the specific treatment "even if life at risk".

- Verbal ADRTs are valid only for **non-life sustaining treatment** and must be made whilst the individual has capacity. Please see paragraphs 9.22 and 9.23 of the Code of Practice which confirm that:
  - There is no set format for a verbal ADRT.
  - Staff will need to consider whether a verbal advance decision exists, and whether it is valid and applicable as set out above.
  - Where possible healthcare professionals should record a verbal ADRT in the individual's healthcare record. This will produce a written record that could prevent confusion about the decision in future. The record should include:
    1. A note that the decision should apply if the individual lacks capacity to make treatment decisions in future.
    2. A clear note of the decision, the treatment to be refused and the circumstances in which the decision will apply.
    3. Details of someone who was present when the verbal ADRT was recorded and the role in which they were present (for example, healthcare professional or family member) and
    4. Whether they heard the decision, took part in it or are just aware that it exists.

For further, more comprehensive guidance around the legal issues surrounding ADRTs, please see the Advance Decisions to Refuse Treatment – A Guide for Health and Social Care Professionals and Mental Capacity Act Code of Practice (chapter 9).

4.2 Distribution of an ADRT

Below is a suggested list of key people and agencies the maker may wish to include in the distribution of the ADRT, as well as keeping a copy themselves;

- Relative or carer
- Key worker (Health or social care)
- General practitioner
- Care home if individual is a resident
- Ambulance Service
- Out of Hours GP
- Hospital trust

4.3 Storage of ADRT within the Trust

An ADRT will be filed within the Health Care Records, behind the yellow hazard sheet for the duration of the admission to hospital.

The existence of the ADRT will be recorded on the yellow Hazard Warning sheet within the Health Care records.

If an ADRT that is not on the Trust form is received, it will be filed as above within the Health Care Records, but attached to a blank Trust form, in order to ensure consistency of filing.

It is worth noting that if an ADRT includes the decision not to be resuscitated, then the Trust ReSPECT form including DNACPR section should also be completed, and filed as per Trust Policy: Recommended Summary Plan for Emergency Care and Treatment (ReSPECT) - *PAT/EC 8.*

4.4 Dealing with an ADRT

When staff becomes aware of the existence of an ADRT, they should:

- Acknowledge its existence to the patient.
- Ensure that if the ADRT relates to life-sustaining treatment, it complies with the requirements set out at paragraphs 4.1.6 above.
- Inform the Consultant in charge of the patients care.
- Ensure that all professionals caring for the patient are aware of the ADRT, and what treatment it relates to.
- Discuss with family, unless the patient has expressed a wish that the ADRT should not be discussed with them.
- A checklist for staff managing patients with an ADRT is available as part of this policy (Appendix 2), or can be downloaded from the Trust's Extranet/Hive site.

4.5 Support for patients wishing to make an ADRT whilst in hospital

If a patient wishes to make an ADRT whilst in hospital, they should be given the support to do so. A copy of the suggested form may be useful to facilitate the process. This form (Appendix 1) can be downloaded from the Trust Extranet/Hive site. **(It is worth noting that an ADRT, as long as it fulfils the criteria set down in section 4.1.6 for ADRTs refusing life sustaining treatment need not necessarily use the suggested form).**

Further information is available on the ADRT website
Advance decision and DNACPR - End of life care - NHS Choices

Advice and support can be accessed via PALS, or the Chaplaincy department

- PALS and the Chaplaincy department are both accessible during office hours. In an urgent situation, the Chaplaincy department can be accessed 24hrs a day
- It is important that the patient is aware that the role of PALS and the Chaplaincy Department is an advisory one only. It is not the intention that these departments will write an ADRT on behalf of the patient.

4.6 Transfer of patients with an ADRT

It is the responsibility of the individual making an ADRT to ensure appropriate distribution of the document. However if a patient with an ADRT is transferred within the Trust, or to another care provider, the Trust has responsibility to:

- Inform the receiving provider, within or external to the Trust of the existence of the ADRT.
- Inform the transport provider of the existence of an ADRT. This includes Yorkshire Ambulance Service (YAS) and East midlands Ambulance Service (EMAS) as well as the Trust's own transport department.
- Prior to transfer by ambulance, ambulance liaison must be made aware in advance that the patient requiring transport has an ADRT. A copy of this should be made available for the ambulance personnel who are responsible for transferring the patient.

5 TRAINING/SUPPORT

Managers are responsible for ensuring that staff are able to effectively manage all aspects of dealing with an ADRT, whether it is an existing ADRT, or a patient wishing to make an ADRT whilst in hospital.

ADRT is covered in many of the Specialist Palliative Care study days of which any staff member can book onto via the palliative care team secretary.

The training requirements of staff will be identified through a training needs analysis. Role specific education will be delivered by the service lead.

6 MONITORING COMPLIANCE WITH THE PROCEDURAL DOCUMENT

What is being Monitored	Who will carry out the Monitoring	How often	How Reviewed/ Where Reported to
Reduction in incidents / complaints regarding ADRT	Lead nurse for end of life care services	Ongoing	Lead Nurse for End Of Life care services to be copied into all Trust complaints regarding end of life care. Reports generated identifying themes and fed back to mortality governance committee.
Results of National End of Life Survey	Lead nurse for end of life care services	Annually	National audit that is published annually

Management of ADRTs will be monitored as part of the Trust's Risk Management Audit programme.

7 DEFINITIONS

EMAS: (East Midlands Ambulance Service.)

The ambulance service serving the population of Nottinghamshire, the main provider for the Bassetlaw site.

Independent Mental capacity Advocate (IMCA)

An advocate able to offer help to patients who lack capacity under arrangements which are specifically required to be made under the Mental capacity act 2005. (Please see definitions in the Code of Practice at Annex A).

Life Sustaining Treatment

Treatment which, in the view of a person providing health care for the individual concerned, is necessary to sustain life. Artificial hydration can be defined as Life Sustaining Treatment. Basic care (eg hygiene, warmth and the offer of nutrition) does not fall within the legal definition of treatment and therefore cannot be refused in an ADRT.

LPA (Lasting Power of Attorney)

A person or persons granted authority by an individual, whilst they have capacity, to act on their behalf in the event of their losing capacity. An appointed attorney can make decisions on behalf of that individual in respect of property and finances, or health and welfare issues, as determined by the individual.

If an individual has a ***health and welfare LPA*** and they have also made an ADRT a copy of the LPA should be sought. An ADRT will not be valid where the individual, after making the ADRT, creates an LPA which gives the attorney the authority to make treatment decisions which are the same as those covered by the ADRT. (For further information relating to LPAs, see ***Mental Capacity Act Policy & Guidance*** PAT*/PA 19).*

Please note; Property and Finances LPA will not affect the validity of an ADRT

YAS Yorkshire Ambulance Service

YAS are the ambulance service serving the population of Yorkshire and the main provider for hospital sites within Doncaster.

8 EQUALITY IMPACT ASSESSMENT

The Trust aims to design and implement services, policies and measures that meet the diverse needs of our service, population and workforce, ensuring that none are disadvantaged over others. Our objectives and responsibilities relating to equality and

diversity are outlined within our equality schemes. When considering the needs and assessing the impact of a procedural document any discriminatory factors must be identified.

An Equality Impact Assessment (EIA) has been conducted on this procedural document in line with the principles of the Equality Analysis Policy (CORP/EMP 27) and the Fair Treatment For All Policy (CORP/EMP 4).

The purpose of the EIA is to minimise and if possible remove any disproportionate impact on employees on the grounds of race, sex, disability, age, sexual orientation or religious belief. No detriment was identified. (see Appendix 3).

9 ASSOCIATED TRUST PROCEDURAL DOCUMENTS

This policy must be used in conjunction with

- PAT/PA 19 – Mental Capacity Act 2005 – Policy and Guidance, including Deprivation of Liberty Safeguards (DoLS)
- PAT/EC 8 – Recommended Summary Plan for Emergency Care and Treatment (ReSPECT) policy
- PAT/PA 28 – Privacy and Dignity Policy
- CORP/EMP 4 – Fair Treatment for All Policy
- CORP/EMP 27 – Equality Analysis Policy

10 DATA PROTECTION

Any personal data processing associated with this policy will be carried out under 'Current data protection legislation' as in the Data Protection Act 2018 and the General Data Protection Regulation (GDPR) 2016.

For further information on data processing carried out by the trust, please refer to our Privacy Notices and other information which you can find on the trust website: https://www.dbth.nhs.uk/about-us/our-publications/information-governance/

11 REFERENCES

Advance Decisions to Refuse Treatment - A Guide for Health and Social Care Professionals
Department of Health; January 2013
https://www.england.nhs.uk/improvement-hub/publication/advance

Mental Capacity Act (2005) Code of Practice
Office of the Public Guardian
https://www.gov.uk/government/publications/mental-capacity-act-code-of-practice

Mental Capacity Act 2005 Policy and Guidance - *PAT/PA 19*
Doncaster & Bassetlaw Teaching Hospitals NHS Foundation Trust
https://www.dbth.nhs.uk/document/patpa19/

Recommended Summary Plan for Emergency Care and Treatment (ReSPECT) policy – PAT/EC 8
Doncaster & Bassetlaw Teaching Hospitals NHS Foundation Trust
https://www.dbth.nhs.uk/document/patec8/

APPENDIX 1 – MY ADVANCE DECISION TO REFUSE TREATMENT

My Advance Decision to Refuse Treatment

My Name	Any distinguishing features in the event of unconsciousness
Address	Date of Birth
	Telephone Number

What is this document is 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 that I want to make for the future, in the event that I lose mental capacity and cannot consent to or refuse treatment. This advance decision replaces any previous advance decision I have made.

Advice to the reader

I have completed this document to confirm my advance decision. I understand that in order to be legally binding, my advance decision must be valid and applicable at the time that treatment is proposed.

Please Check

Please do not assume I have lost capacity before any actions are taken. Before deciding that I lack capacity all practical and appropriate steps should be taken to enable me to make a decision for myself.

If I have lost capacity please check the validity and applicability of this advance decision.

This advance decision is legally binding and must be followed if it is valid and applicable. Please help to share this information with people who are involved in my treatment and care and need to know about this.

Please also check if I have made any other statements about my preferences or decisions that might be relevant to my advance decision.

I understand that this advance decision cannot refuse the offer and or provision of basic care, support and comfort. I also understand that an advance decision cannot be made to demand specific treatment; it can only be made to refuse treatment.

My Name	

I wish to refuse the following specific treatments:	In these circumstances:

(Note to the person making this statement: If you wish to refuse a treatment that is or may be life-sustaining, you must state in the box above that you are refusing that treatment even if your life is at risk as a result. An advance decision refusing life-sustaining treatment must be signed and witnessed).

A – Please complete if you are able to sign this document yourself	
My Signature	Date of Signature
Witness name	Witness Signature in the presence of the maker Date of signature

B – Please complete if you are unable to sign for yourself	
I am unable to sign and therefore direct the following nominated person to sign on my behalf: NAME	Signature of nominated person Date of signature
Witness Name	I confirm that I have witnessed the nominated person signing the document in front of the maker Signature of witness Date of signature
Person to be contacted to discuss my wishes:	
Name	Relationship
Address	Telephone

Capacity is assumed in line with Mental Capacity Act 2005. I have discussed this ADRT with (e.g. name of Healthcare Professional)	
Profession / Job Title Contact Details	Date
I give permission for this document to be discussed with my relatives / carers YES / NO	*(please circle one)*

My General Practitioner is: (Name) Address Telephone
Optional Review Comment Maker's Signature Witness Signature Date / Time

The following list identifies which people have a copy and have been told about this Advance Decision to Refuse Treatment (and their contact details)

Name	Relationships	Telephone Number

Further Information (Optional)

I have written the following information that is important to me. It describes my hopes, fears and expectations of life and any potential health and social care problems. It does not directly affect my advance decision to refuse treatment but the reader might find it useful.

APPENDIX 2 – CHECKLIST FOR STAFF MANAGING PATIENTS WITH AN ADVANCE DECISION TO REFUSE TREATMENT

ALWAYS ASSUME THE PERSON HAS CAPACITY TO CONSENT TO OR REFUSE TREATMENT. YOU ARE REQUIRED TO MAXIMISE THE PERSON'S CAPACITY AND FACILITATE COMMUNICATION			
	Question	**Answer YES/NO**	
1.	Does the person have capacity to give consent to or refuse treatment him or herself, with appropriate support where necessary at the time treatment is proposed?		**YES:** The person has capacity to make the decision to consent to or refuse treatment. The advance decision is not applicable. Ask what s/ he wants to do. **NO** Continue with the checklist
Is the Advance Decision valid?			
2.	Has the person withdrawn the advance decision whilst they had capacity to do so? (This can be done verbally, or in writing.)		**YES:** This is not a valid advance decision. Make sure that you have identified and recorded the evidence that the person withdrew the advance decision. **NO:** Continue with the checklist
3.	Since making the advance decision, has the person created a Lasting Power of Attorney (LPA) for Health and Welfare, which gives the attorney the authority to refuse or consent to the treatment in question?		**YES:** This is not a valid advance decision. The attorney under the LPA must give consent to, or refuse the treatment in the person's best interests. **NO:** Continue with the checklist
4.	Has the person done anything that is clearly inconsistent with the advance decision remaining his/her fixed decision?		**YES:** This is not a valid advance decision. It is important to identify what the person has done, discuss with anyone close to the person, explain why this is inconsistent with the advance decision remaining his/her fixed decision, and record your reasons. **NO:** Continue with the checklist.

CHECKLIST FOR STAFF MANAGING PATIENTS WITH AN ADVANCE DECISION TO REFUSE TREATMENT (Cont:)

IS THE ADVANCE DECISION APPLICABLE?			
	Question	**Answer YES/NO**	
5.	Are there reasonable grounds to believe that circumstances		**YES:** If such reasonable grounds exist, this will not be an applicable

	exist which the person did not anticipate at the time of making the advance decision and which would have affected his/her decision had s/he anticipated them?		advance decision. It is important to identify the grounds, discuss this with anybody close to the person, and identify why they would have affected his/her decision had s/he anticipated them, and record your reasoning. **NO:** Continue with the checklist
6.	Is the proposed treatment the treatment specified in the advance decision?		**YES:** continue with the checklist **NO:** This is not an applicable advance decision
7.	Are any of the circumstances specified in the advance decision absent? (**NB** It is possible for a person to decide that the advance decision should apply in **all** circumstances)		**YES:** This is not an applicable advance decision. **NO:** This is a valid and applicable advance decision to refuse non life-sustaining treatment and should be respected and followed. **LIFE SUSTAINING TREATMENT:** If the proposed treatment is necessary to sustain the person's life please continue the checklist to determine whether it is valid and applicable.
LIFE SUSTAINING TREATMENT			
8.	In your opinion is the treatment; is the treatment in question necessary to sustain the person's life?		**YES:** Continue with the checklist. **NO:** This is a binding advance decision to refuse the specified non-life sustaining treatment. It must be respected, and followed.
9.	Does the advance decision contain a statement that it is to apply even if the person's life is at risk?		**YES:** Continue with the checklist. **NO:** This is not a binding advance decision to refuse the specified life-sustaining treatment.
10.	Is the advance decision: • In writing ***and*** • Signed by the person making it, or by someone on his/her behalf, at his/her direction ***and*** • Signed by a witness in the presence of the person making the decision??		**YES TO ALL:** This is a binding advance decision to refuse the specified life-sustaining treatment. It must be respected and followed. **NO TO ANY:** This is not a binding advance decision to refuse the specified life-sustaining treatment.

*NB It is possible to use layman's language to specify both treatment and circumstance

This checklist forms part of the ADRT policy (Appendix 2)
and is adapted from the ADRT website: www.adrt.nhs.uk

APPENDIX 3 – EQUALITY IMPACT ASSESSMENT - PART 1 INITIAL SCREENING

Service/Function/Policy/Project/ Strategy	Division/Executive Directorate and Department	Assessor (s)	New or Existing Service or Policy?	Date of Assessment
Advance Decision to Refuse Treatment Policy - PAT/PA 27 v.3	Palliative Care	Sarah Cooper (Specialist Palliative CNS	Existing	01/05/2020

1) Who is responsible for this policy? Name of Division : Medicine

2) Describe the purpose of the service / function / policy / project/ strategy? Who is it intended to benefit? What are the intended outcomes? All adult patients with an ADRT

3) Are there any associated objectives? No

4) What factors contribute or detract from achieving intended outcomes? Knowledge of legislation

5) Does the policy have an impact in terms of age, race, disability, gender, gender reassignment, sexual orientation, marriage/civil partnership, maternity/pregnancy and religion/belief? This policy is applicable to all adult patients

- **If yes, please describe current or planned activities to address the impact** [e.g. Monitoring, consultation]

6) Is there any scope for new measures which would promote equality? N/A

7) Are any of the following groups adversely affected by the policy?

Protected Characteristics	Affected?	Impact
a) Age	No	
b) Disability	No	
c) Gender	No	
d) Gender Reassignment	No	
e) Marriage/Civil Partnership	No	
f) Maternity/Pregnancy	No	
g) Race	No	
h) Religion/Belief	No	
i) Sexual Orientation	No	

8) Provide the Equality Rating of the service / function /policy / project / strategy – tick (✓) outcome box

Outcome 1 /	Outcome 2	Outcome 3	Outcome 4

If you have rated the policy as having an outcome of 2, 3 or 4, it is necessary to carry out a detailed assessment and complete a* **Detailed Equality Analysis form in Appendix 4

Date for next review: May 2023

Checked by: Stacey Nutt **Date: May 2020**