|  |  |  |  |
| --- | --- | --- | --- |
| Name  |  | Date of Birth |  |
| **NHS No.**  |  | **Date of Decision** |  |

**THIS FORM CANNOT BE USED BEFORE A CAPACITY ASSESSMENT HAS CONFIRMED THAT THE PERSON CANNOT TAKE THIS DECISION THEMSELVES**

**Present** (who is contributing to this best interests decision? Reflect at Q14 the views of those who have contributed prior to the meeting but cannot attend)

|  |  |  |
| --- | --- | --- |
| **Name** | **Role/Relationship** | **Contact details** |
|  |  |  |
|  |  |  |
|  |  |  |

**Not present** (who has given apologies or been excluded; explain exclusions)

|  |  |  |
| --- | --- | --- |
| **Name** | **Role/Relationship** | **Contact details** |
|  |  |  |
|  |  |  |
|  |  |  |

|  |
| --- |
| 2. Purpose of meeting (what is the decision that this best interest decision relates to? Brief summary of key decision(s) required)  |
|  |
| **3. Case details** (what has led to the need for this decision? Recent history/ background)  |
|  |
| **4. Mental capacity assessment** (who assessed capacity? Are there specific mental capacity issues? Those present are invited to agree that the person lacks capacity to make the decision in question; if challenges are made to the outcome of a capacity assessment, and the disagreement cannot be resolved, a second opinion or a ruling from the Court of Protection may be required). Copies of the capacity assessment are to be available at the meeting  |
|  |
| **5. Is it likely that the person will regain capacity to make this decision? When?** Please give details |
|  |
| 6. **If it is likely that the person will regain capacity to make this decision, can the decision wait?** Please given details |
|  |
| **7. Is there a person appointed to take this decision on the person’s behalf** (e.g. a court appointed deputy or an attorney?) Please give details (the court order/ attorney document should be retained on the system and available to the chair to check that authority relevant to this decision has been granted). Provide the name and contact details of the appointed person |
|  |
| **IF THERE IS A DEPUTY OR ATTORNEY WITH AUTHORITY TO MAKE THIS DECISION, THE ROLE OF THOSE PRESENT IS TO PARTICIPATE AND TO ENSURE THE OUTCOME OF THE DECISION MAKING PROCESS IS RECORDED**  |
| **8. Is there a valid and applicable Advance Decision to Refuse Treatment (ADRT) or an advance statement relevant to this decision?** Please give details (the ADRT/ advance decision should be retained on the system and available to the chair to check). Note: a relevant valid and applicable ADRT will mean the decision has already been made and no best interests decision is required  |
|  |
| **9. Does this decision relate to life sustaining treatment or serious medical treatment?** Please give details. NB some decisions regarding life sustaining or serious medical treatment may need to be taken by the Court; if in doubt, seek advice. SMT decisions trigger a requirement to appoint a IMCA where there is no one appropriate to consult, other than paid care staff |
|  |
| **10. What are the views of the IMCA, where appointed?** Please give details (if an advocate is not present at the time of the meeting but they have made recommendations relevant to it, please state them here)  |
|  |
| **11. Are there any previous discussions or decisions made relevant to this decision** (e.g. a pre-family meeting, mediation or safeguarding enquiry)? Please give details of the outcome/ relevant conclusions |
|  |
| **12. How has the person been encouraged to participate in this decision, so far as is reasonably practicable?** (note the steps taken to help the person).  **If the person is not participating in making this meeting please state why**  |
|  |
| **13. What are the person's past and present wishes and feelings? What beliefs and values would be likely to influence the person’s decision? What other factors would the person be likely to consider if able to?** Record the person’s past and present wishes, beliefs, values etc (if known) and where the information was sourced (e.g. statement made when the person had capacity) |
|  |
| **14. What are the views of others?** (including anyone named by the person as someone to consult, anyone engaged in caring for them or interested in their welfare, and any attorney/ deputy – including those attorneys/ deputies without decision making authority for this particular decision) |
|  |
| **15. Best interest options** (provide details of the advantages and disadvantages of the options relevant to this decision inc non-viable options) |

OPTION 1:

|  |  |
| --- | --- |
| Advantages/ benefits | Disadvantages/ risks |

OPTION 2:

|  |  |
| --- | --- |
| Advantages/ benefits | Disadvantages/ risks |

OPTION 3:

|  |  |
| --- | --- |
| Advantages/ benefits | Disadvantages/ risks |

OPTION 4:

|  |  |
| --- | --- |
| Advantages/ benefits | Disadvantages/ risks |

OPTION 5:

|  |  |
| --- | --- |
| Advantages/ benefits | Disadvantages/ risks |

|  |
| --- |
| NB WHERE DECISIONS RELATE TO LIFE-SUSTAINING TREATMENT, DECISION MAKERS SHOULD NOT BE MOTIVATED BY A DESIRE TO BRING ABOUT THE PERSON’S DEATH |
| **16. How has consideration been given to the need for a necessary and proportionate approach in the circumstances?** |
|  |
| **17. How have considerations of the least/ less restrictive option been addressed?**  |
|  |
| **18. Are there any deprivation of liberty or other human rights issues to consider (for example Article 8 issues)?** |
|  |
| **19. Are there any safeguarding issues to consider or which require action?** |
|  |

|  |
| --- |
| **20. Conclusion/Outcomes** (having considered all relevant circumstances what decision(s) is in the person’s best interests and why?) |
|  |
| **21. Explain why the other options listed at 15 above were dismissed**  |
|  |
| **22. Have any objections or dissenting views been raised in respect of this decision? From whom? Why?** NB where conflict cannot be resolved informally, consider involving an advocate, seeking a formal second opinion, or mediation. If the disagreement cannot be settled, apply to the Court  |
|  |

|  |  |
| --- | --- |
| **23. Actions – what is required by whom following this meeting, and within what timeframe?** | **Timeframe** |
| 1.
2.
3.
 |  |

|  |
| --- |
| **24. Post Family Meeting** |
|  |

**Decision Maker(s):**

|  |  |
| --- | --- |
| Name: |  |
| Designation: |  |
| Signature: |  |
| Date & Time |  |

|  |  |
| --- | --- |
| Name: |  |
| Designation: |  |
| Signature: |  |
| Date & Time |  |

**Please note: Copies of this and each of the documents referred to above (where they exist) should be kept in the person’s health and/or social care record**

**For more information on the Mental Capacity Act 2005, or if you need additional support from focus DoLS Team, contact:** **focus.mcadols@nhs.net**

# Notes for Chairs

Section One

* Verbally confirm the following with meeting and minute taker:
* The person’s name, DoB and NHS number
* Who is present, their role/ relationship to the person?
* Who is not in attendance at the meeting, their role/ relationship to the person? Note where apologies have been received. If there is anyone who has not been included, note why this is the case
* Ask attendees to introduce themselves and ensure they provide their contact details to the minute taker.

Section Two

* Read the following statement out carefully and slowly so that it is very clear and powerful: “The best interest principle underpins the Mental Capacity Act 2005 and is set out in Section 1(5) and states: ‘An act done or decision made under the Act or on behalf of a person who lacks capacity must be done or made in his/her best interests’. Today’s meeting should be to ascertain the facts, apply the statutory principles and reach a best interest decision reflective of the uniqueness of this case”
* Confirm with the key worker and those present the key decisions to be made, and dictate these to the minute taker. Main issues may include:
* Where a person lives
* Can they go home?
* Care issues
* Treatment issues
* Can they deal with their finances?
* Any other issue.

Section Three

* This section is usually sent to the key worker/care co-ordinator for completion prior to and in advance of the meeting, and should be summarised for the benefit of those present
* Ask the key worker to provide recent history or background to the decision, such as the following (although not all will be relevant in each case):
* Name and age of the person
* Diagnosis (mental health) – e.g. dementia, Alzheimers disease, depression etc and how the diagnosis affects the person
* Diagnosis (physical health) - e.g. heart conditions, COPD, Parkinsons etc. and how this diagnosis affects the person
* Self-care & personal hygiene - i.e. what can the person do for themselves and how they need help and support
* Mobility – does the person have mobility problems and what are they?
* Continence – does the person have continence problems and what are they?
* Sleep, appetite and fluids – does the person have any difficulties in these areas and what are they?
* Confirm why has the best interests meeting been arranged – this is crucial
* Ask key worker about on-going safeguarding processes; you may have to consider the appropriateness of a best interest meeting at this stage if processes are on-going. Ensure that the minute taker records whether or not there are any on-going processes in relation to safeguarding
* Do not, at this point, discuss:
* Mental capacity
* The person’s wishes.

Section Four

* Ask who completed the mental capacity assessment(s) and when. If one has not been done the meeting CANNOT CONTINUE! (If the person has mental capacity it is not a best interests meeting but more likely a multi-disciplinary team meeting or case conference and the person should be asked if they wish to attend). The mental capacity assessment can be given verbally or in writing
* Dictate to the minute taker what issue-specific capacity decisions have been reached e.g. “Following assessment of Mrs Green’s mental capacity there is evidence (or strong evidence) to conclude on the balance of probability that she does not have the mental capacity to make decisions in respect of one or all of the following (delete as appropriate)-
* To make decisions about where to live because…?
* To make care decisions
* To make treatment decisions
* To make risk decisions
* To make financial decisions
* To litigate (important to try and establish if the person could instruct a solicitor).

Section Five

* Dictate a short statement regarding whether/ to what extent it is likely that the person will regain capacity to make this decision. A typical statement might read “Mrs Green suffers from dementia (*or could be a learning disability etc*) and it is highly unlikely she will regain mental capacity to make this decision” OR “Mrs Green has suffered a brain head injury/ or suffers an infection or is affected by substance misuse and may recover mental capacity to make decisions at a later date”.

Section Six

* If relevant, ensure that consideration is given to whether this decision can wait. If it cannot wait, state why. Dictate a short statement regarding whether/ to what extent the decision cannot wait. A typical statement might read “Given that it is highly unlikely that Mrs Green will regain mental capacity to make this decision, there is no benefit in delaying decision making” OR “Although Mrs Green may recover capacity to make this decision, the decision must not be delayed because…………….”.

Section Seven

* Confirm who is the decision maker for this decision
* If there is an attorney or deputy appointed to make this decision, dictate a short statement to the minute taker e.g. “There is no appointed attorney and/ or deputy in this case” OR “There is an attorney and/ or deputy in this case with authority to make decisions for property and finances and/ or health welfare. The attorney document(s) has/ have been registered at the Court of Protection and confirms……! (detail the powers granted/ any limitations on the powers granted)
* Where there is an attorney or deputy without authority to make this decision, this should be noted. Such attorneys/ deputies are still contributors to the decision
* The attorney document(s) and/ or deputyship order should be available to the meeting. Chairs should assure themselves in advance of the meeting of the nature and extent of any authority granted.

Section Eight

* If there is an ADRT or advance decision or end of life care plan relevant to this decision, dictate succinct details to the minute taker. Note how these documents impact the decision. Be clear that where the ADRT is relevant to the decision in question and is valid and applicable, the person’s decision has already been made by them and must be honoured; there is therefore no best interests decision to make
* ADRTs advance decisions and/ or an end of life care plan should be available to the meeting and its contents discussed/ acknowledged. Chairs should ensure in advance of the meeting that they are familiar with the content of these documents.

Section Nine

* Discuss whether there are any life sustaining or serious medical treatment issues in this case, and dictate details to the minute taker. A typical statement for dictation might be “there are no life sustaining or serious medical treatment issues in this case” OR “the life sustaining/ serious medical treatment issues include etc”
* Decisions connected with life sustaining or serious medical treatment may require an application to the Court of Protection. Where possible, chairs should understand in advance of the meeting when an application to the Court may be required, and seek advice if necessary
* Serious medical treatment prompts the need to consider the appointment of an IMCA (if not already appointed)
* Refer to any Advance Statement or Advance Decision or End of Life Care Plan if relevant.

Section 10

* The IMCA should confirm their details with the minute taker (or the minute taker can take them from their report)
* Ask for IMCA views if they are present. If they are not present, read a summary of their written report (supplied by the IMCA in content of the IMCA’s report, which should have been available in advance of the meeting) to those present
* Dictate a short statement on this issue to the minute taker, or advise the minute taker which sections of the report could be copied and pasted into the minutes.

Section 11

* Dictate a short statement to the minute taker regarding any pre-family meeting, mediation or outcome of a safeguarding enquiry. A typical statement might read “I met with Mr M. Green (husband) to discuss MCA 2005 and the best interests principles. I was able to advise Mr Green of his rights in the meeting, the need to follow the statutory process and the need to act in his wife’s best interests. Mr Green stated he was happy to attend and contribute at the meeting”. Or, if there is a difference of opinion “I met with Mr. M. Green and he stated that he …..” etc!

Section 12

* Discuss the efforts made to support the person in making their own decision/ include the person in this decision making process
* If the person is not attendance, discuss why. Dictate a short statement to the minute taker. A statement might read “Mrs Green suffers from dementia, is very disorientated and would not understand the complex discussions. She would also easily become distressed and therefore has not been invited to the meeting. All at the meeting agreed this was the case”.

Section 13

* This section is designed to elicit knowledge and understanding of the person’s point of view
* Ask key worker to explain how and when they ascertained the person’s wishes/ views and their understanding of what those wishes are
* Ask others present about their understanding of the person’s wishes/ views; how did they become aware of such wishes. Views?
* Ensure that those present are asked to contribute their understanding of the person’s beliefs and values likely to influence the making of the decision
* Ensure that those present are asked to comment on any other factors the person would be likely to consider if they were able to make this decision for themselves.

Section 14

* This section is designed to elicit the views of those present, and to note the views of others if they are not present, but have previously made their views known
* Always start with family and relatives first, then staff
* Make known any views received in advance (if relevant), and from whom
* Ensure the minute taker records the views given e.g. “Dr Brown stated…”, “Michael, Mrs Green’s son, stated….” including any views of those not in attendance, if these have been received in advance.

Section 15

* Ensure that consideration of the available options is approached with an open mind
* Ensure that all present are aware of all relevant options
* Ensure consideration of all relevant options, including the advantages/ benefits and the disadvantages/ risks of each.

Section 16

* In considering options, ensure consideration is given to necessity and proportionality, as they apply to these particular circumstances
* Consideration of a necessary and proportionate approach is particularly important in circumstances where the person may need to be restrained or subject to restrictions. The defence at s5 of the MCA is only available where such restraint is necessary to protect the person from harm, and is proportionate to the likelihood and seriousness of that harm (see MCA s6)
* Dictate a short statement to the minute taker on considerations of necessity and proportionality OR ensure that such statement is included as part of recording the decision at section 20 (i.e. why is the chosen option necessary and proportionate in the circumstances).

Section 17

* Before the decision is made, regard must be had to whether the purpose for which it is needed can be as effectively achieved in a way that is less restrictive of the person's rights and freedom of action
* Consideration of least restrictive options is often overlooked – tactfully remind those present
* Dictate a short statement to the minute taker on considerations of less restrictive options OR ensure that such statement is included as part of recording the decision at section 20 (i.e. why is the chosen option the least restrictive in the circumstances).

Section 18

* Raise the possibility of a deprivation of liberty, or other human rights issues, depending on the case
* If the person is deprived of their liberty in a standard setting (a care home or hospital) and a representative from the managing authority is not present, ensure that an appropriate person is tasked with alerting the managing authority of the need for an authorisation
* If the person is deprived of their liberty in a non-standard setting (supported living, extra care housing, their own home etc) ensure that an appropriate person is tasked with alerting the DoLS team. Agreement will need to be reached (perhaps outside of the meeting) regarding the most appropriate person to complete the paperwork required for the court application. Who should complete the application will depend on the circumstances
* Other human rights issues might arise, such as those under Article 8 of the European Convention on Human Rights (Article 8 provides a right to respect for private and family life, home and correspondence). Consideration of Article 8 could arise (for example) when considering whether one person within a couple should be cared for away from the other person within the couple. Interference with Article 8 (or other Convention rights) must not be arbitrary or excessive, but must be necessary and proportionate to the legitimate aim pursued (e.g. one person can only be safely supported away from the other person). Interferences must be clearly justified in writing
* Dictate a statement to the minute taker, such as “There are no deprivation of liberty issues in this case” OR………………….. “There are deprivation of liberty issues in this case because .....and….” etc, or something similar in relation to any other Convention rights
* Ensure that the minute taker notes any actions arising out of consideration of deprivation or other human rights issues.

Section 19

* Consider whether any of the issues discussed necessitate a safeguarding alert (if not already noted at 3). Ensure it is clear who is tasked with making the necessary referral to safeguarding, and ask the minute taker to record the allocation of that task.

Section 20

* Summary: dictate a succinct summary of the position as outlined in the meeting; for example –
* Mrs Mary Green is 80 years of age and was diagnosed with dementia five years ago. She is severely confused and disoriented and is now dependent upon others for all aspects of her personal care and hygiene. She cannot weight bear and needs two to hoist. She is doubly incontinent
* Dr Smith has confirmed that there is evidence (or strong evidence) and on the balance of probabilities she no longer has the mental capacity to make a decisions about her residence, where to live, to decide on her care and treatment or understand and manage risk. She could not instruct a solicitor or litigate. Etc
* Note particularly pertinent issues around life sustaining or serious medical treatments, necessity and proportionality, deprivation and safeguarding
* Remind all (if necessary) of what the decision is, and who the decision maker is, e.g. attorney or deputy, and the impact of the person’s previously expressed wishes (e.g. ADRT, advance statement)
* Conclusion: what decision is agreed as being in the person’s best interests and why? The aim of the chair is to facilitate an agreement, where possible
* If a consensus (does not mean all have to agree) was reached at the meeting, record it; ensure the minute taker records the agreement of contributors to the decision
* Dictate the terms of the agreement reached; for example “Considering all the facts in this case the consensus of today’s meeting is that it is in Mrs Mary Green’s best interests to remain at Happy Villas Nursing Home for her next phase of care and the following Recommendation were agreed” (list)
* Mrs Green to remain at Happy Villas care home for her next phase of care
* Di Boothy to remain key worker/care co-ordinator and key decision maker
* Dr Smith (Consultant Psychiatrist) to remain specialist medical decision maker
* Dr Brown (GP) to remain general medical decision maker
* Di Boothy to review Mrs Green’s case in 3 months’ time on [ ] ( agree, date, time and date)

Section 21

* Confirm and ensure a shared understanding (where possible) of why the other options listed at 15 above were dismissed.

Section 22

* List any objections or dissenting views in respect of this decision; note who dissents and why
* Where conflict cannot be resolved during the meeting, consider what further actions may be required after the meeting e.g involving an advocate, seeking a formal second opinion, or mediation. If the disagreement cannot be settled, an application to the Court may be required. All reasonable actions should be taken to avoid the need for a court application.

Section 23

* Summarise agreed actions arising from the decision
* Ensure that all actions are listed by the minute taker, and allocated to an appropriate person, with timescales attached for completion. This could include actions relating to review of care and treatment options, consideration of deprivation issues and/ or safeguarding issues, for example.

Section 24

* Offer the family/relatives a post family meeting to discuss outcomes
* Give the family the opportunity to have the meeting formally minuted; if they decline, the chair should themselves ensure that pertinent points are added to the minutes.

# Notes for Minute Takers

Section One

* Ensure the following are recorded:
* P’s name, DoB and NHS number
* Who is present, their role/ relationship to the person
* Who is not in attendance at the meeting, their role/ relationship to the person? Note where apologies have been received. If there is anyone who has not been included, note why this is the case
* Name and contact details for all present.

Section Two

* The chair will confirm the purpose of the meeting and briefly summarise the decisions to be taken. Main issues may include:
* Where a person lives
* Can they go home?
* Care issues
* Treatment issues
* Can they deal with their finances?
* Any other issue.

Section Three

* Confirm why has the best interests meeting been arranged – this is crucial
* The key worker or chair will provide some recent history or background to the decision, such as the following (although not all will be relevant in each case):
* Name and age of the person
* Diagnosis (mental health) – e.g. dementia, Alzheimers disease, depression etc and how the diagnosis affects the person
* Diagnosis (physical health) - e.g. heart conditions, COPD, Parkinsons etc. and how this diagnosis affects the person
* Self-care & personal hygiene - i.e. what can the person do for themselves and how they need help and support
* Mobility – does the person have mobility problems and what are they?
* Continence – does the person have continence problems and what are they?
* Sleep, appetite and fluids – does the person have any difficulties in these areas and what are they?
* Why has the best interests meeting been arranged?
* Record whether or not there are any on-going processes in relation to safeguarding.

Section Four

* Circulate the capacity assessment(s)
* Record what issue specific capacity decisions have been reached. A typical statement for dictation may be “Following assessment of Mrs Mary Green’s mental capacity there is evidence (or strong evidence) to conclude on the balance of probability that she does not have the mental capacity to made decisions in respect of one or all of the following (delete as appropriate) -
* To make decisions about where to live because…?
* To make care decisions
* To make treatment decisions
* To make risk decisions
* To make financial decisions
* To litigate (important to try and establish if the person could instruct a solicitor).

Section Five

* Record a short statement regarding whether/ to what extent it is likely that the person will regain capacity to make this decision. A typical statement might read “Mrs Green suffers from dementia (*or could be a learning disability etc*) and it is highly unlikely she will regain mental capacity to make this decision” OR “Mrs Green has suffered a brain head injury/ or suffers an infection or is affected by substance misuse and may recover mental capacity to make decisions at a later date”.

Section Six

* Record a short statement regarding whether/ to what extent the decision cannot wait. A typical statement might read “Given that it is highly unlikely that Mrs Green will regain mental capacity to make this decision, there is no benefit in delaying decision making” OR “Although Mrs Green may recover capacity to make this decision, the decision must not be delayed because…………….”.
* A typical record might read…………… “Mrs Mary Green suffers from dementia, is very confused and disorientated, and would not understand the complex discussions. She would also easily become distressed and therefore has not been invited to the meeting. All at the meeting agreed this was the case”.

Section Seven

* Record who is the decision maker for this decision
* If there is an attorney or deputy appointed to make this decision, record a short statement such as e.g. “There is no appointed attorney and/ or deputy in this case” OR “There is an attorney and/ or deputy in this case with authority to make decisions for property and finances and/ or health welfare. The attorney document(s) has/ have been registered at the Court of Protection and confirms……. (detail the powers granted/ any limitations on the powers granted)
* Where there is an attorney or deputy without authority to make this decision, note it
* The attorney document(s) and/ or deputyship order should be available to the meeting.

Section Eight

* If there is an ADRT or advance decision or end of life care plan relevant to this decision, record brief details and how these documents impact the decision, or whether the result of the ADRT is that the decision has already been made
* ADRTs advance decisions and/ or an end of life care plan should be available to the meeting.

Section Nine

* Record whether there are any life sustaining treatment or serious medical treatment issues in this case. A typical statement might be “there are no life sustaining or serious medical treatment issues in this case” OR “the life sustaining/ serious medical treatment issues include etc”.

Section 10

* Confirm the IMCAs details
* Record the IMCA’s views (or cut and paste from the IMCA’s report).

Section 11

* Record a short statement regarding any pre-family meeting, mediation or outcome of a safeguarding enquiry. A typical statement might read “the chair confirmed that he/ she met with Mr M. Green (husband) to discuss MCA 2005 and the best interests principles. The chair stated that he/ she advised Mr Green of his rights in the meeting, the need to follow the statutory process and the need to act in his wife’s best interests. Mr Green stated he was happy to attend and contribute at the meeting”. Or, if there is a difference of opinion “the chair met with Mr. Green and he stated that he …..” etc.

Section 12

* Record the efforts made to support the person in making their own decision/ include the person in this decision making process
* Record why the person is not attendance (if they are not). A statement might read “Mrs Green suffers from dementia, is very disorientated and would not understand the complex discussions. She would also easily become distressed and therefore has not been invited to the meeting. All at the meeting agreed this was the case”.

Section 13

* This section is designed to elicit knowledge and understanding of the person’s point of view
* Record how the key worker ascertained the person’s wishes/ views and their understanding of what those wishes are
* Record the understanding of others regarding the person’s wishes/ views
* Record the person’s beliefs and values and how these are likely to influence the making of the decision
* Record any other factors the person would be likely to consider if they were able to make this decision for themselves.

Section 14

* This section is designed to elicit the views of those present, and to note the views of others if they are not present, but have previously made their views known
* Record the views given e.g. “Dr Brown stated…”, “Michael, Mrs Green’s son, stated….”
* Record any views of those not in attendance, if these have been received in advance and are noted by the chair.

Section 15

* Record all relevant options, including the advantages/ benefits and the disadvantages/ risks of each.

Section 16

* Record a short statement on considerations of necessity and proportionality.

Section 17

* Record a short statement on considerations of less restrictive options.

Section 18

* Record whether there are any deprivation of liberty issues, such as “There are no deprivation of liberty issues in this case” OR………………….. “There are deprivation of liberty issues in this case because .....and….” etc or any similar statements relating to other rights under the European Convention on Human Rights
* Record any actions arising out of consideration of deprivation e.g. the key worker is to contact the DoLS Team, or other rights.

Section 19

* Record whether there are any safeguarding issues (if not already recorded at 3), such as “there are no Safeguarding issues in this case” Or ……………. “This case is presently subject to Safeguarding Procedures and…”
* Record if anyone is tasked with making a safeguarding referral.

Section 20

* Summary: record a succinct summary of the position as outlined in the meeting; for example –
* Mrs Green is 80 years of age and was diagnosed with dementia five years ago. She is severely confused and disoriented and is now dependent upon others for all aspects of her person care and hygiene. She cannot weight bear and needs two to hoist. She is doubly incontinent
* Dr Smith has confirmed that there is evidence (or strong evidence) and on the balance of probabilities she no longer has the mental capacity to make a decisions about her residence, where to live, to decide on her care and treatment or understand and manage risk. She could not instruct a solicitor or litigate. Etc
* Note particularly pertinent issues around life sustaining or serious medical treatments, necessity and proportionality, deprivation and safeguarding
* Note any reminders given by the chair of what the decision is, and who the decision maker is, e.g. attorney or deputy, and the impact of the person’s previously expressed wishes (e.g. ADRT, advance statement)
* Conclusion: record what decision is agreed as being in the person’s best interests and why
* If a consensus (does not mean all have to agree) was reached at the meeting, record it; record the agreement of contributors to the decision
* Record the terms of the agreement reached; for example “Considering all the facts in this case the consensus of today’s meeting is that it is in Mrs Green’s best interests to remain at Happy Villas Nursing Home for her next phase of care and the following Recommendation were agreed” (list)
* Mrs Green to remain at Happy Villas care home for her next phase of care
* Di Boothy to remain key worker/care co-ordinator and key decision maker
* Dr Smith (Consultant Psychiatrist) to remain specialist medical decision maker
* Dr Brown (GP) to remain general medical decision maker
* Di Boothy to review Mrs Green’s case in 3 months’ time on [ ] ( agree, date, time and date)

Section 21

* Record why the other options listed at 15 above were dismissed.

Section 22

* Record any objections or dissenting views in respect of this decision; note who dissents and why
* Record any agreed next steps required to secure agreement (if known at this stage).

Section 23

* Ensure that all actions arising from the decision are recorded, and in particular, to whom each action is allocated and timescales attached for completion.

Section 24

* If the family/relatives accept the offer of a post family meeting to discuss outcomes and wish the meeting to be formally minuted, ensure pertinent points are recorded.