

## **Ethical Decision Advisory Group – Proposal Template**

Meeting:	Ethical Decision Advisory Group			
Date:				
D 17'0				
Proposal Title:				
Declaration of any				
conflicts of interest:				
Proposal prepared by:				
<b>Proposal Summary:</b>	(What is the proposed action?)			
1. Impact: (How does	the proposal take account of the impact on patients, service			
• •	and staff, partners, commissioners.)			
2. Options: ( Are there	e alternative options available, if so, list them and why they are			
not viable)				
,				
3. Respectful: (Provide evidence that the proposal recognises that every person				
and their numan rights	, personal choices, safety and dignity matters)			

Page 1 of 4



<b>4. Reasonable:</b> (Provide evidence that the proposal is rational, fair, practical, and grounded in appropriate processes and local or national guidance)
<b>5. Minimise Harm:</b> (How will the proposed action reduce the amount of physical, psychological, social and economic harm to individuals and communities?)
<b>6. Inclusive:</b> (Have those affected have been given the opportunity to understand the situation, be included in the decision that affects them, and offer their views and challenge, if not why not?)
7. Accountable: (Where has the proposal previously been considered, and who will ensure the actions required are delivered?)



8. Defend: (Are we able to justify the decision to others and explain why this course of action was preferable to other alternatives. What could be the outcome of not approving the proposed course of action?)
9. Flexible: (How can we adapt this proposed course of action when circumstances change?)
10. Proportionate: (Provide evidence that the decision is proportionate to the needs and abilities of people, communities and staff, and the benefits and risks that have been identified)
11. Safeguarding issues considered:



## (\*To be completed by Admin Lead during EDC)

*Proposal considered the following Yes No				
1.	. Impact: The decision takes account of the impact of	on patients,		
	service users, families, carers and staff, partners,			
	commissioners.			
2.	Options: The decision has been taken after identifying and			
	evaluating all of the possible solutions for the issue	. Further, the		
	likely consequences of each option and which optic	· · · · · · · · · · · · · · · · · · ·		
	in the most good or the least harm?			
3.	Respectful: The decision recognises that every person and			
	their human rights, personal choices, safety and dig			
4.	Reasonable: The decision is rational, fair, practical, and			
	grounded in appropriate processes, available evide	nce and a		
	clear justification			
5.	. Minimises Harm: The decision strives to reduce th	e amount of		
	physical, psychological, social and economic harm	to individuals		
	and communities			
6.	. Inclusive: The decision ensures that those affected	d have been		
	given a fair opportunity to understand the situation,	be included		
	in the decision that affect them, and offer their view	s and		
	challenge			
7.	7. Accountable: The process has been transparent about why the			
	decision was made and who is responsible for mak	ing and		
	communicating them			
8.	B. <b>Defend:</b> We can justify the decision to others and explain why			
	this course of action was preferable to other alternatives. We			
	have put ourselves in the shoes of other people and thought			
	about how they will view our decision.			
9.	9. Flexible: The decision reflects being responsive, able, and			
	willing to adapt when faced with changed or new circumstances			
10. <b>Proportionate:</b> The decision is proportional to the needs and				
	abilities of people, communities and staff, and the benefits and			
	risks that are identified through decision-making pro	ocesses		
11. Safeguarding issues considered:				
Outcome:				
Chair/MD signoff:				
Onan/mb Signon.				
Date to be				
reviewed:				

Page 4 of 4

