



Clinical Ethics Group

Terms of Reference

1. INTRODUCTION

The clinical ethics committee was originally established in 2005 to support clinicians making difficult decisions about patient care. In 2008, its scope widened to any member of staff needing guidance with ethical issues which may impact on patient care.

In 2020, as a result of the Covid-19 pandemic, it was agreed the arrangements needed be strengthened and more robust, and as such it was re-established as the clinical ethics group and formal terms of reference developed.

2. CONSTITUTION AND PURPOSE

The clinical ethics group can advise on the ethical aspects of patient care, noting that it cannot make the final clinical decision. It can help individuals or teams identify and ask key ethical questions, consider ethical arguments, deliberate alternative actions, offer an objective perspective, and if necessary, challenge the individual or team on what could be controversial courses of action. In addition, it can support staff with the distress and anxiety making such decisions can cause. Having such a structure in place can also promote positive perceptions of an organisation for patients and local communities.

3. SCOPE AND DUTIES

The purpose of the group is to:

1. Provide guidance to all employees of the health board in respect of specific clinical ethical dilemmas and policies affecting delivery of patient care by:
 - providing an analysis of ethically complex issues pertinent to the relevant discipline;
 - identifying courses of action that are ethically problematic;
 - offering reassurance where actions are ethically robust;
 - facilitating exploration of possible solutions in discussion with the referrer and this may include face to face meeting.
2. Support for board's policies/procedures/protocols by:
 - analysing where there are important ethical aspects to consider, during development and consultation phases;
 - providing responses to local/national consultative documents that affects healthcare delivery.
3. Education and training
 - to raise awareness and importance of ethical issues in healthcare
 - continue to update their own knowledge in line with UK national guidelines

As well as considering new and ongoing cases, the group may initiate a debate about ethical issues that it feels are important to the health board. Furthermore it may also choose to comment on any matter that is of wide public interest or on national guidelines that may affect policy locally. To date it has debated a wide range of issues including:

- Capacity;
- Withdrawal of treatment;
- Allocation of resources;
- Expensive end-of-life therapy;
- Challenging the notion of futility;
- Press releases;
- Filming of patients;
- Handling of patients' correspondence;
- Prioritising treatment for staff;
- Withholding medical treatment;
- Police requests for patients' details;
- Access to fertility treatment;
- Late termination of pregnancy.

4. AUTHORITY

The group is authorised by the board to:

- Investigate or have investigated any activity within its terms of reference and in performing these duties, shall have the right, at all reasonable times, to inspect any books, records or documents of the health board. It can seek any information it requires from any employee and all employees are directed to co-operate with any request;
- Seek outside legal or other independent professional advice and to secure the attendance of outsiders with relevant experience and expertise if it considers this necessary by escalating to Head of Patient Experience, Risk and Legal Services, subject to the board's budgetary and other requirements. This must be agreed by the Medical Director;
- By giving reasonable notice, require the attendance of any officers or employees and auditors of the board at any meeting.

5. MEMBERSHIP

It is worth considering the range, experience and disciplines needed in terms of membership. While every profession or interest group associated with the health board will not be represented, a broad range of clinical and non-clinical expertise will be covered. Members should be clear that they are present for their individual contribution and not as representatives of any body, group, profession or organisation. Membership is not restricted to employees of the health board. When advice is being provided by the Clinical Ethics Group, the Chair must be present along with at least one other member with sufficient ethical expertise to make recommendations. The Chair is nominated to have the second casting vote. Following deliberation if consensus on the advice cannot be achieved then the Chair will have a second casting vote.

The suggested membership of the group is:

- Chair;
- Vice-chair;
- Doctors from different specialties;

- Nurses from different specialties;
- Other healthcare professionals such as allied health professionals, dieticians, pharmacists, psychologists;
- Lawyer;
- Lay person;
- Chaplaincy;
- Independent member;
- Medical ethicist.

Members' terms of office will be for period of four years, which can be followed by second term of four years. Membership will be reviewed annually by the group and a member may resign or be removed.

6. COMMITTEE MEETINGS

Quorum

At least seven members must be present to ensure the quorum of the group, one of whom must be the chair or vice-chair.

Chair

It is suggested that between the chair and vice-chair one be clinical staff and the other an ethicist, with the group nominating both positions and the decision ratified by the chair of the health board.

Secretariat

The Director of Corporate Governance will provide the secretarial and support arrangements for the committee.

Frequency of Meetings

Meetings shall be held on a bi-monthly basis.

Group Meetings

A standard agenda must be used as the basis for discussion at each meeting. Minutes prepared following a meeting shall be circulated to members and retained by the Director of Corporate Governance as formal record of the decision making for a period of seven years.

Withdrawal of individuals in attendance

The group may ask any member or individual who is normally in attendance but who is not a member to withdraw to facilitate open and frank discussion of any particular matter.

7. REFERRAL PROCESS

Referrals will be made to the group by completion of a referral form (available on the intranet), sent to a generic mailbox.

Wherever possible, the clinician responsible for referring the case should be present to give an overview. Where they are unable to attend, a nominated representative familiar with the case should be present. If this is not possible, the chair or vice-chair should meet or discuss the case with the clinical team prior to the meeting so that

the deliberation can be as informed as possible. The clinical team will receive a written summary of the meeting with a written response sent to the referrer.

Rapid response service

For referrals related to individual clinical cases that require a rapid response, a sub-group will convene comprising at least three members including the chair/vice chair, one clinical member and one lay member. A written report will be presented to the referrer/referring team upon decision as well as a written report given to the next formal group meeting. Any further comments on the case will be fed back to the referring team.

8. REPORTING AND ASSURANCE ARRANGEMENTS

The clinical ethics group is a sub-group of the Quality and Safety Committee and will provide a summary of each meeting for assurance. An annual report will be completed at the beginning of each financial year.

The group is required to escalate any sensitive cases to the Medical Director, particularly those which may have a potentially high profile external/ media interest;

9. APPLICABILITY OF STANDING ORDERS TO COMMITTEE BUSINESS

The requirements for the conduct of business as set out in the health board's standing orders are equally applicable to the operation of the committee, except in the following areas:

- quorum;
- notice of meetings;
- notifying the public of meetings; and
- admission of the public, the press and other observers.

10. REVIEW

These terms of reference and operating arrangements shall be reviewed at least annually.

Annual review date: