





Meeting Date	26 January 2	021	Agenda Item	4.1
Report Title	Clinical Ethics Group Update			
Report Author	Liz Stauber, Head of Corporate Governance			
Report Sponsor	Richard Evans, Medical Director			
Presented by	Richard Evans, Medical Director			
Freedom of	Open			
Information				
Purpose of the	The purpose of	of the report is to	set out revised	
Report	arrangements for the clinical ethics group.			
Key Issues	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 person needing guidance with ethical issues which may impact on patient care. As a result of the Covid-19 pandemic, it was agreed the arrangements needed be strengthened and more robust.			
Specific Action	Information	Discussion	Assurance	Approval
Required	$\boxtimes$			
(please choose one only)				
Recommendations	Members are asked to:			
		the report; the terms of refe	erence for the cli	nical ethics

# **CLINICAL ETHICS GROUP**

## 1. INTRODUCTION

The purpose of the report is to set out revised arrangements for the clinical ethics group.

## 2. BACKGROUND

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 person needing guidance with ethical issues which may impact on patient care. As a result of the Covid-19 pandemic, it was agreed the arrangements needed be strengthened and more robust.

## 3. GOVERNANCE AND RISK ISSUES

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.

The role of the group became more apparent during the Covid-19 pandemic, as there was potential for all critical care beds to become full and medical staff required to make difficult decisions as to who to treat based on who would benefit the most. While this was not the case during the first wave, it is a possibility should future peaks occur. There is also a focus to be given as part of the restarting of essential services, as decisions will need to be made as to which patients to be prioritised for treatment.

As such, the arrangements for the clinical ethics group have been considered and revised to align them with the corporate governance structure as well as to make them more robust to provide the support needed when making difficult decisions.

The terms of reference have been rewritten (appendix one), particularly focusing on membership to ensure the right balance and proposing that the chair be either a clinical representative or an ethicist and the vice-chair be the other. In addition, while it will be a sub-group of the Quality and Safety Committee providing regular reports, it will also have an escalation route through the Medical Director for any potential sensitive or high profile issues. The terms of reference also provide for a rapid response group for urgent issues which cannot wait for the next scheduled meeting.

## 4. FINANCIAL IMPLICATIONS

There are no financial implications of which members needs to be aware.

### 5. RECOMMENDATION

Members are asked to:

- NOTE the report;
- NOTE the terms of reference for the clinical ethics group.

Governance and Assurance				
Link to		promoting and		
Enabling	empowering people to live well in resilient communities	T		
Objectives	Partnerships for Improving Health and Wellbeing			
(please choose)	Co-Production and Health Literacy			
	Digitally Enabled Health and Wellbeing			
	Deliver better care through excellent health and care service outcomes that matter most to people	es achieving the		
	Best Value Outcomes and High Quality Care			
	Partnerships for Care			
	Excellent Staff			
	Digitally Enabled Care			
	Outstanding Research, Innovation, Education and Learning			
Health and Ca				
(please choose)	Staying Healthy			
·	Safe Care			
	Effective Care			
	Dignified Care	$\boxtimes$		
	Timely Care	$\boxtimes$		
	Individual Care	$\boxtimes$		
	Staff and Resources			
Quality, Safety	y and Patient Experience			
	ics group will provide the support to staff to make difficu	ılt decisions		
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