



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Caerdydd a'r Fro
Cardiff and Vale
University Health Board

Clinical Ethics Committee

Terms of Reference

Updated June 2015

1. INTRODUCTION

1.1 Cardiff and Vale UHB's Standing Orders provide that "*The Board may and, where directed by the Assembly Government must, appoint Committees of the LHB Board either to undertake specific functions on the Board's behalf or to provide advice and assurance to the Board in the exercise of its functions. The Board's commitment to openness and transparency in the conduct of all its business extends equally to the work carried out on its behalf by committees*".

2. PURPOSE

2.1 The purpose of the Clinical Ethics Committee (CEC) is to provide:

- **Guidance** to professionals in the Board, in respect of specific clinical ethical dilemmas by:
 - Providing analysis of ethically complex issues.
 - Identifying courses of action that are ethically problematic.
 - Offering reassurance where courses of action are ethically robust.
 - Facilitating exploration of possible solutions in discussion with the referring team.

- **Support** for the Board's Policies and Guidelines by:
 - Enabling individual members to participate constructively in *developing* and *implementing* them by providing continuing professional development in medical/clinical ethics.
 - Critically evaluating them where there are important ethical aspects to consider, during development and consultation phases.

- **Response** to consultation documents from outside bodies such as the Welsh Government and General Medical Council, that have important ethical dimensions and affect professionals in the Board.

- **Education and training**
 - In respect of *professionals in the Board* (increase awareness of nature and importance of ethical issues in healthcare, facilitate acquisition of basic competencies)
 - In respect of *members of the CEC* (specific competencies in ethics in line with UK national guidelines (sensitisation to ethical demands in practice and methods of resolution, and other core competencies for clinical ethics committees as set out in Larcher V, Slowther A-M, Watson A. Clinical Medicine 2010;10(1):30-33)
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3. DELEGATED POWERS AND AUTHORITY

3.1 Through its advice to the Medical Director, the CEC will:

- Advise Board employees (individually or as teams) faced with difficult ethical decisions as to what courses of action are ethically permissible, those that are problematic, and those that should certainly not be pursued.
- Advise Board employees (individually or as teams) where legal advice should be sought¹
- Advise on the recognition and articulation of careful ethical arguments in Board Guidance and Policies through:
 - advice and support during development process by fielding members with training in ethics to support Board working groups.
 - critical analysis of early drafts by the CEC
 - involvement in Board's existing *post hoc* quality assurance processes (such as Critical Incident Analysis)
 - involvement of individual members in groups tasked with implementing Board Policies and Guidance.
- Advise individual professionals in CVUHB of the need for competence in recognising and addressing ethical quandaries through:
 - Using Board IT infrastructure to:
 - Raise awareness of the Committee and its activities
 - Appropriately disseminate deliberations that illustrate important general principles.
 - signpost and facilitate access to existing educational modules, particularly on-line resources such as Institute of Medical Ethics.
 - Participating in existing Board educational programmes such as Grand Rounds
- Maintain an acceptable standard of competence in clinical ethics among its members:
 - A condition of appointment to the Committee will be that candidates possess, or are willing to acquire, a set of minimum competencies in lines with national publications (Core competencies for clinical ethics committees. Larcher V, Slowther A-M, Watson A. *Clinical Medicine* 2010;10(1):30-33).
 - To support development of those competencies among members, the Chair shall be responsible for coordinating and arranging a rolling programme of education for CEC corporately during regular meetings, to include occasional invited experts and dissemination of skills and competencies held by CEC members themselves².
 - The Chair shall attend to maintaining competencies of the CEC corporately, both through those educational programmes and through discriminating recruitment to and dismissal from the Committee. Surveys of competencies held by CEC members individually and

¹ This is the full extent of the CEC's responsibility in respect of legal advice. Although typically several members of the CEC will have legal training, including some who are practising law, this expertise is only the background to their contribution as individual members of the CEC. The CEC corporately should not in any way be seen a source of formal legal advice to the Board or its employees.

² Reasonable costs to be approved by the Medical Directorate without the need for tender.

corporately ('skills audits') will occasionally be carried out at the discretion of the Chair.

- These arrangements for maintaining competencies will be reviewed annually by the Chair in discussion with the Committee.

3.2 The CEC will support the Board with regard to its responsibilities for ethically robust planning and practice by reviewing:

- Reviewing the **ethical basis** of, and **ethical arguments** set out in, Policy and Guidance documents by those tasked with their development
- Reviewing the **ethical implementation** of these Policies and that Guidance in practice
- Feeding back to the Board:
 - Through the Medical Director
 - By publishing minutes of Ethics Committee meetings, including anonymised summaries of any responses, on its Intranet page.
 - Inviting referrers to provide an update and feedback on cases after a suitable period has elapsed.

3.3 To achieve this, the CECs programme of work will be designed to provide assurance that:

- Its membership reflects a range of individuals with diverse cultural and ethical lifestyles and world views.
- Its membership includes representatives of those who are users of healthcare as well as those who are providers of it.
- Its membership includes some with formal training in certain key knowledge and/or skills that are essential to the functioning of the Committee:
 - Medical
 - Nursing
 - Legal
 - Moral philosophy or theology
 - Management or finance

Sub Groups

3.6. The CEC may, subject to the approval of the Medical Director, establish sub groups or task and finish groups to carry out on its behalf specific aspects of business.

4. MEMBERSHIP

Members

4.1

- Chair. The Chair will be appointed by CVUHB on advice from the Committee (usually agreed by election). The term will be three years, automatically renewable for a further three. Appointment for any further terms will be at the discretion of the Board on advice from the Committee.
- Vice Chair. The Vice-Chair will be selected by the Chair. The main role of the Vice-Chair is to chair meetings in the absence of the Chair, or when there is a conflict of interest in respect of a specific case requiring the Chair to step down for the duration of that discussion
- Members.

i. Joining.

- The membership of the CEC should not exceed 25 in number. Members will be invited to join the Committee on the basis of a short biography and statement of interest after discussion with existing members. New members will have observer status for their first three meetings, but may participate in discussions at the invitation of the Chair.
- There is no remuneration for members, but the Board expects individual Directorates to make members of the committee available for meetings and to reimburse reasonable travel and study expenses.

ii. Leaving.

- The usual term of membership will be three years. Members who wish to remain for a second term may do so without re-applying by arrangement with the Chair. Members wishing to remain for a third or subsequent term should re-apply as new members.
- Members can stand down from the committee at any time by informing the Chair.
- Members would usually be expected to attend at least 50% of meetings, though individual members might make prior arrangements with the Chair to remain on the Committee during a long absence (for example sickness or sabbatical).
- Three consecutive missed meetings without apologies or prior arrangement will usually constitute resignation from the Committee.
- Three consecutive missed meetings with apologies will prompt an enquiry from the Chair as to whether the individual wishes to continue as a member.
- Five consecutive missed meetings without prior arrangement will usually constitute resignation.

Attendees

4.2 On behalf of the Committee and the Board, the Chair may invite:

- Any employee of the Board seeking advice from the Committee
- Any individual (within or outside the Board) considered by the Committee or the Chair to be able to provide useful expert advice in respect of a specific referral or consultation.
- Any individual (within or outside the Board) able to provide education and training to members of the Committee that enables the Committee more effectively to fulfil its function in the Board.

to attend all or part of a specific meeting to assist it with discussions on any particular matter or to join the committee as a co-opted member

Secretariat

4.3 Effective functioning of the Ethics Committee depends on adequate secretarial support. The Directorate in which the Chair is working will usually provide that support

Member Appointments

4.4 The membership of the Group shall be determined by the Chair of the Group in discussion with current members of the Committee. Appointments to, and dismissals from, the committee will take into account:

- Any specific requirements or directions made by the Welsh Assembly Government, to which those determinations are subject.
- Expressed preferences of individual candidates or members
- The number of current members.
- The balance of skills and expertise necessary to deliver the Committee's remit.
- Possession of, or willingness to acquire, the necessary competencies in ethics.

5. GROUP MEETINGS

Quorum

- 5.1 At least six members must be present to ensure the quorum of the Group, one of whom should be the Chair or Vice Chair.

Frequency of Meetings

- 5.2 Meetings shall be held as frequently the Chair of the Group deems necessary but no less than three monthly. Where necessary, the Chair will convene meetings to consider urgent cases.

Papers for Meetings

- 5.3 Papers for meetings will usually be circulated a week prior to the meeting if time allows.

Interests and withdrawal

- 5.4 All interests shall be declared at the beginning of each meeting.
- Where a *conflict* of interests has been determined, the Chair or member concerned should withdraw from the meeting for the duration of the discussion and take no part in the discussion.
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 - Where the Chair herself has declared an interest, s/he should step down as Chair and the Vice Chair or another member should chair that discussion.

6. RELATIONSHIPS & ACCOUNTABILITIES WITH THE BOARD AND ITS COMMITTEES/GROUPS

- 6.1 Although the Board has delegated authority to the Committee for the exercise of certain functions as set out within these terms of reference, it retains overall responsibility and accountability for ensuring the quality and safety of healthcare in its purview. The Committee, via the Chair, is directly accountable to the Medical Director for its performance in exercising the functions set out in these Terms of Reference.
- 6.2 An appropriate formal mechanism for reporting using the SBAR, (clinical care or situational briefing model: Situation, Background, Assessment, Recommendation) will be agreed with the Medical Director.
- 6.3 The Committee will work closely with the Board's other committees, including joint (sub) committees and groups to provide advice and assurance to the Board through the:

- joint planning and co-ordination of Board and Committee business; and
- sharing of information

in doing so, observe standards of good governance across the organisation, ensuring that all sources of assurance are incorporated into the Board's overall risk and assurance framework.

- 6.4 The Committee will embed the UHB's corporate standards and requirements, e.g., equality and human rights through the conduct of its business.

7. REPORTING AND ASSURANCE ARRANGEMENTS

7.1 The Committee Chair shall:

- report formally, regularly and on a timely basis to the Medical Director on the Group's activities. This includes verbal updates on activity, the submission of Group minutes and written reports throughout the year;
- bring to the Director's specific attention any significant matters under consideration by the Group;

7.2 The Board may also require the CEC Chair to report upon the Committee's activities at public meetings, e.g., AGM, or to community partners and other stakeholders, where this is considered appropriate, e.g., where the Group's assurance role relates to a joint or shared responsibility.

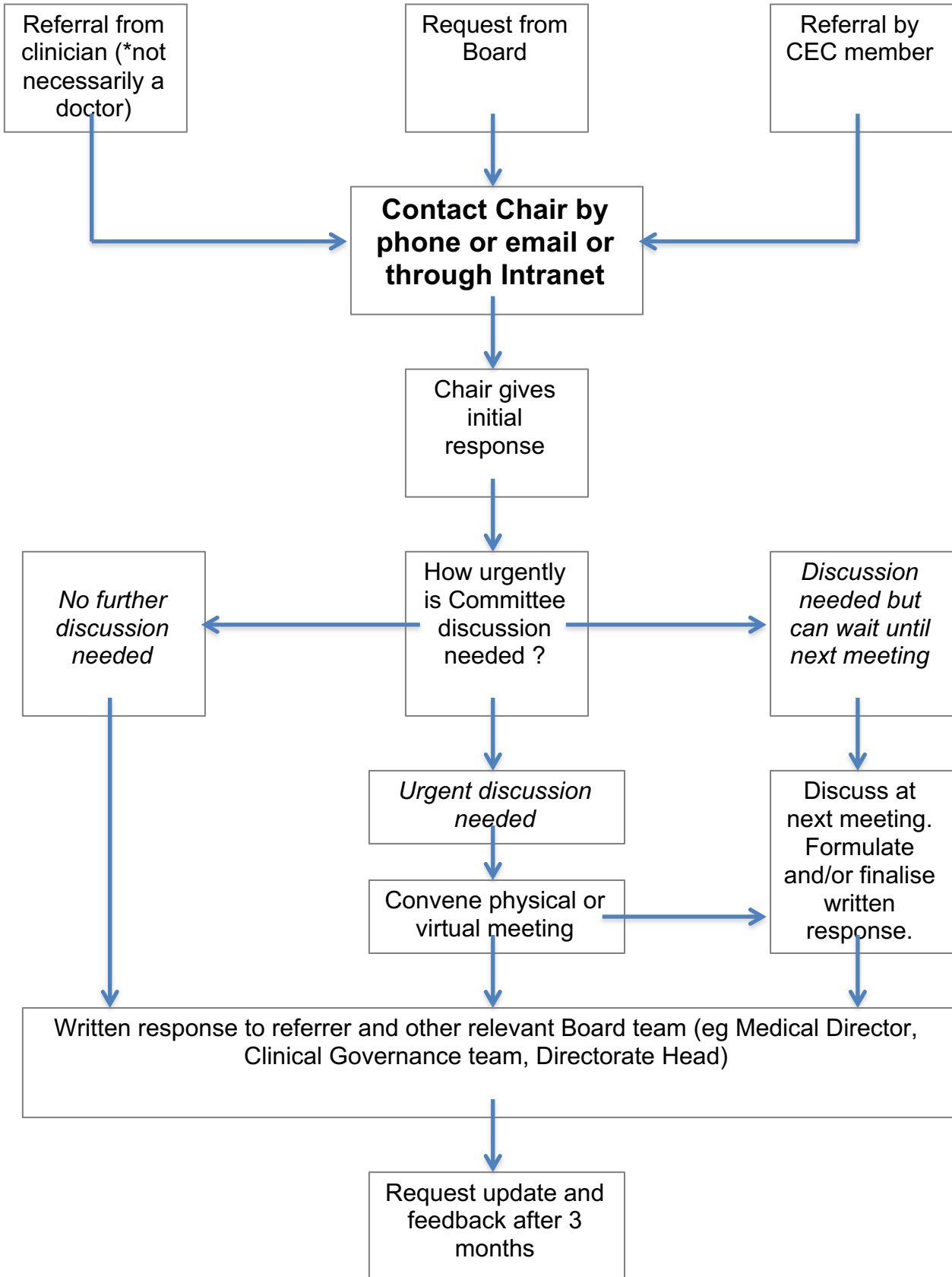
7.3 The Board Secretary, on behalf of the Board, shall oversee a process of evaluation of the Group's performance and operation including that of any sub groups established.

8. REVIEW

8.1.1 These terms of reference and operating arrangements shall be reviewed annually by the Committee.

Terms of Reference agreed: April 2013
Reviewed and Updated : June 2015

Appendix 1: operation of Clinical Ethics Committee



Appendix 2: CASES approach to Ethics Consultation process

CLARIFY the Consultation Request

- Characterise the type of consultation request
- Obtain preliminary information from the requester
- Establish realistic expectations about the consultation process
- Formulate the ethics question

ASSEMBLE the Relevant Information

- Consider the types of information needed
- Identify the appropriate sources of information
- Gather information systematically from each source
- Summarize the case and the ethics question

SYNTHESISE the Information

- Determine whether a formal meeting is needed
- Engage in ethical analysis
- Identify the ethically appropriate decision maker
- Facilitate moral deliberation about ethically justifiable options

EXPLAIN the Synthesis

- Communicate the synthesis to key participants
- Provide additional resources
- Document the consultation in the health record
- Document the consultation in consultation service records

SUPPORT the Consultation Process

- Follow up with participants
- Evaluate the consultation
- Adjust the consultation process
- Identify underlying systems issues