



GIG
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WALES

Bwrdd Iechyd Prifysgol
Bae Abertawe
Swansea Bay University
Health Board



Meeting Date	20 December 2022	Agenda Item	6.1
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 Information	Open		
Purpose of the Report	The purpose of the report is to set out the most recent update from the Clinical Ethics Group.		
Key Issues	The Clinical Ethics Group is currently in a transition state as it is in the process of being revised to make it a more robust clinical governance forum. A new chair is to be appointed and a recruitment campaign undertaken to bolster and vary the membership, but the group is available to respond to ethics queries from clinicians as and when they arise on an ad hoc basis. The most recent meeting took place on 4 th November to discuss paediatric surgery but as the meeting was not quorate, no decisions were made.		
Specific Action Required <i>(please choose one only)</i>	Information	Discussion	Assurance
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recommendations	Members are asked to: <ul style="list-style-type: none"> • NOTE the report. 		

CLINICAL ETHICS GROUP

1. INTRODUCTION

The purpose of the report is to set out the most recent update from 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. It 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. As a result, it was agreed the arrangements needed be strengthened and more robust. These were implemented in early 2021.

3. GOVERNANCE AND RISK ISSUES

The Clinical Ethics Group is currently in a transition state as it is in the process of being revised to make it a more robust clinical governance forum. A new chair is to be appointed and a recruitment campaign undertaken to bolster and vary the membership, but the group is available to respond to ethics queries from clinicians as and when they arise on an ad hoc basis.

The most recent meeting took place on 4th November to discuss a referral relating to the management of paediatric surgery but as the meeting was not quorate, no decisions were made. Members agreed that the referral could not be answered as there was not enough information given and the group was unsure how the department had come to their decision to be able to confirm if it was ethical or not. It raised more questions than it provided answers. The referrer was to be invited to a future meeting to discuss the issue further.

4. FINANCIAL IMPLICATIONS

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

5. RECOMMENDATION

Members are asked to:

- **NOTE** the report

Governance and Assurance		
Link to Enabling Objectives (please choose)	Supporting better health and wellbeing by actively promoting and empowering people to live well in resilient communities	
	Partnerships for Improving Health and Wellbeing	<input checked="" type="checkbox"/>
	Co-Production and Health Literacy	<input type="checkbox"/>
	Digitally Enabled Health and Wellbeing	<input type="checkbox"/>
	Deliver better care through excellent health and care services achieving the outcomes that matter most to people	
	Best Value Outcomes and High Quality Care	<input checked="" type="checkbox"/>
	Partnerships for Care	<input type="checkbox"/>
	Excellent Staff	<input type="checkbox"/>
	Digitally Enabled Care	<input type="checkbox"/>
	Outstanding Research, Innovation, Education and Learning	<input type="checkbox"/>
Health and Care Standards		
(please choose)	Staying Healthy	<input type="checkbox"/>
	Safe Care	<input checked="" type="checkbox"/>
	Effective Care	<input checked="" type="checkbox"/>
	Dignified Care	<input checked="" type="checkbox"/>
	Timely Care	<input checked="" type="checkbox"/>
	Individual Care	<input checked="" type="checkbox"/>
	Staff and Resources	<input type="checkbox"/>
Quality, Safety and Patient Experience		
The clinical ethics group will provide the support to staff to make difficult decisions for patient care ensuring the right one is made for quality, safety and patient experience.		
Financial Implications		
There are no financial implications.		
Legal Implications (including equality and diversity assessment)		
While there are no legal implications as a result of the paper, it is possible that the clinical ethics group may need to seek legal advice as part of its discussions. As such, a member of the legal and risk team is included in the terms of reference.		
Staffing Implications		
There are no staffing implications.		
Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)		
Robust clinical ethic arrangements will enable the health board to make the right decisions for its communities not only in the immediate time when a query is raised but also to establish experience and precedents for the longer-term.		
Report History	Regular updates on clinical ethics have been provided to the committee.	
Appendices	No appendices	