

Ethical Decision Assurance Group – Draft Terms of Reference

Introduction

The current novel coronavirus (COVID-19) outbreak, which began in December 2019, is having major implications for health and care services in the UK. Planning for and responding to COVID-19 as it develops will undoubtedly require making difficult decisions under new and exceptional pressures with limited time, resources or information.

In making decisions about healthcare, patients, service users, their family and carers, healthcare professionals will face difficult, changing situations. Such situations can raise ethically challenging questions about what would be the most appropriate or preferred course of action. The Trust's Ethical Decisions Assurance Group, will lead in addressing ethical issues and ensure that all decisions are made in accordance with the law and official guidance issued and applicable at the time, while meeting statutory duties and professional responsibilities.

Purpose

To provide assurance to the Executive Directors and Board that the Trust has a robust framework for addressing ethical issues that arise in patient care, to protect the interests of patients and to facilitate sound decision making when organising and delivering health care for those who use our services.

Principles and Values

This section outlines each ethical value and principle and associated actions and best practice when considering and applying them. These should be considered alongside professional codes of conduct and the most recent official guidance and legislation where these apply.

There are no absolute answers to making the correct or most ethical decisions. Where resources are constrained and there are surges in demand, it may not be feasible to consider all the principles or the actions below them. Each principle must be considered to the extent possible in the context of each circumstance with appropriate risk management and considerations of individual wellbeing, overall public good and available information and resources.

1. Respect

Recognising that every person and their human rights, personal choices, safety and dignity matters

- provide people with the opportunity to express their views on matters that affect their care, support and treatment

- respect people's personal choices as much as possible, while considering and communicating implications for the present and future
- keep people as informed as possible of what is happening or what is expected to happen in any given circumstance
- where a person may lack capacity (as defined in the Mental Capacity Act), ensure that a person's best interests and support needs are considered by those who are responsible or have relevant legal authority to decide on their behalf
- strive to support people to get what they are entitled to, subject to available resources, ensuring that there is a fair judgement and clear justification for any decisions made on prioritisation

2. Reasonableness

Ensuring that decisions are rational, fair, practical, and grounded in appropriate processes, available evidence and a clear justification

- ensure the decision made is practical with a reasonable chance of working
- base decisions on the evidence and information that is available at the time, being conscious of known risks and benefits that might be experienced
- consider alternative options and ways of thinking, being conscious of diverse views from cultures and communities
- use a clear, fair decision-making process which is appropriate for the time and context a decision must be made in, and allows for contributions to be considered seriously

This principle should be considered alongside relevant equalities-related legal and policy frameworks. Although resources may become stretched, it should be upheld that people with comparable needs should have the same opportunity to have those needs met.

3. Minimising Harm

Striving to reduce the amount of physical, psychological, social and economic harm that the outbreak might cause to individuals and communities. In turn, this involves ensuring that individual organisations and society as a whole cope with and recover from it to their best ability

- acknowledge and communicate that everyone has a role to play in minimising spread, for example by practising thorough hand-washing or social distancing
- minimise the risk of complications in the event that someone is unwell
- provide regular and accurate updates within communities and organisations
- share learning from local, national and global experiences about the best way to treat and respond to the outbreak as understanding of COVID-19 develops
- enable care workers and volunteers to make informed decisions which support vulnerable people

4. Inclusiveness

Ensuring that people are given a fair opportunity to understand situations, be included in decisions that affect them, and offer their views and challenge. In turn, decisions and actions should aim to minimise inequalities as much as possible

- involve people in aspects of planning that affect them, their care and treatment, and their communities

- involve families and carers in aspects of planning that affect them and the individual who they care for
- ensure that no particular person or group is excluded from becoming involved
- consider any disproportionate impacts of a decision on particular people or groups
- provide appropriate communications to all involved, using the range of communication methods and formats needed to reach different people and communities
- be transparent and have a clear justification when it is decided to treat a person or group in a different manner than others, that which shows why it is fair to do so

Where appropriate, the above should be considered alongside relevant equalities-related legal and policy frameworks that will inform inclusive decision-making by ensuring that specific barriers to service use are minimised for those who may be or become disadvantaged as the outbreak develops

5. Accountability

Holding people, and ourselves, to account for how and which decisions are made. In turn, this requires being transparent about why decisions are made and who is responsible for making and communicating them.

- acting on and delivering the outcomes required by their responsibilities and duties to individuals, their families and carers, and staff
- adhering to official guidance, statutory duties, and professional regulations at the time
- being transparent about how and which decisions need to be made and on what basis
- being prepared to justify which decisions are made and why, ensuring that appropriate records are being kept
- supporting others to take responsibility for their decisions and actions
- continuing to carry out professional roles and responsibilities unless it is deemed reasonable not to do so
- providing an environment in which staff can work safely, effectively and collaboratively, which protects their health and wellbeing as the outbreak develops
- providing appropriate guidance and support to staff who may be asked to work outside of their normal area of expertise or be unable to carry out some of their daily activities
- having locally-agreed processes in place to handle ethical challenges during and in the aftermath of the outbreak

6. Flexibility

Being responsive, able, and willing to adapt when faced with changed or new circumstances. It is vital that this principle is applied to the health and care workforce and wider sector, to facilitate agile and collaborative working.

- respond and adapt to changes as and when they occur, for example in the event of new information arising or changed levels of demand
- ensure that plans and policy have room for flexibility and innovation where necessary
- provide people with as much opportunity as possible to challenge decisions that affect them in the time that is available

- ensure that the health and care workforce is supported to work collaboratively across disciplines and organisations, as agile and resilient as possible
- review organisational practices, standard approaches and contractual arrangements that may obstruct these ambitions

7. Proportionality

Providing support that is proportional to needs and abilities of people, communities and staff, and the benefits and risks that are identified through decision-making processes

- assist people with care and support needs to the extent possible
- act on statutory or special responsibilities, while noting any duties that might be amended as the outbreak develops
- provide support for those who have extra or new responsibilities to care for others
- provide support for those who are asked to take increased risks or face increased burdens, while attempting to minimise these as far as possible
- provide appropriate support and communications to staff who may experience unexpected or new pressures

8. Community

A commitment to get through the outbreak together by supporting one another and strengthening our communities to the best of our ability

- work with and support one another to plan for, respond to, and cope with the outbreak
- support our networks and communities to strengthen their response and meet needs that arise, for example by helping and caring for neighbours, friends and family
- be conscious of own behaviour and decisions, and how this may impact on others
- share learning from own experiences that may help others

Duties and responsibilities

To recognise and define the moral/ethical issue. This may be the most difficult step as it may be based upon one's own value system and ethical beliefs

To define and obtain all of the relevant facts. As you study the facts available, you will ask more questions and want even more information. You will need the ability to draw a line somewhere, judging that you have the important facts necessary to inform your decision-making.

To identify all of the key stakeholders. Patients, service users, families, carers and staff, partners, commissioners may be impacted by the ethical decision you make. Further, they may be affected in different ways. Be aware that conflicts of interest may exist among them.

To identify and evaluate the possible solutions for the issue. What are the consequences of each option? Which option will result in the most good or the least harm?

Defending your decision. Once a decision has been made, can you justify it to others? Can you explain why this course of action is preferable to other alternatives? Try to put yourself in the shoes of other people and think about how they will view your decision.

Respect the rights and privacy of all participants and the privacy of committee deliberations and take appropriate steps to protect the confidentiality of information disclosed during the discussions.

Ensure that all stakeholders have timely access to the committee's services for facilitating decision making in none emergency situations and as feasible for urgent consultations.

Be structured, staffed, and supported appropriately to meet the needs of the institution and its patient population. Group membership should represent diverse perspectives, expertise, and experience, including one or more community representatives.

Adopt and adhere to policies and procedures governing the group and, where appropriate, the activities of individual members as ethics consultants, in keeping with medical staff by-laws. This includes standards for resolving competing responsibilities and for documenting committee recommendations in the patient's medical record when facilitating decision making in individual cases.

Draw on the resources of appropriate professional organisations, including guidance from national agencies, to inform group recommendations.

Accountability

The Ethical Decisions Assurance Group will report to and act to consider business as instructed by the Daily Executive Covid19 Incident Response Team (CIRT) meeting.

Authority

The group is authorised by the Trust Board to investigate any activity within its terms of reference. It is authorised to seek any information it requires from any member of staff and all members of staff are directed to co-operate with any request made by the group.

The group is authorised by the Trust Board to obtain other outside or independent professional advice and to secure the attendance of outsiders with relevant experiences and expertise if it considers this necessary.

Membership

The membership of the group shall be composed of the following core members with designated leads from both DWMH, and BCPFT

Corporate members

- Medical Director (Chair)
- Director of Nursing/Deputy Director of Nursing (Deputy Chair)
- Non Executive Director TBC
- Associate Director of Governance
- Safeguarding Lead
- Head of Research and Innovation

Additional members

- Divisional Management Leads
- AHP Lead
- Psychology Lead
- Chief Pharmacist/Deputy
- Patient Experience Lead
- GAU Representative

In attendance

The membership will be supported by the: Research and Innovation Team

Other members of staff may be co-opted for specific items

Frequency of Meetings

Meetings of the group shall be virtually and take place bi weekly. Tuesday and Thursday at 1pm.

Dial in details (**Landline 08444737373, Mobile 87373, Pin 946497**).

The Chair may at any time convene additional meetings of the group to consider business that requires urgent attention.

In the absence of the Chair, the Director of Nursing will act as Deputy Chair

Attendance and Quoracy

Business will only be conducted if the meeting is quorate. The quoracy for any meeting of the group shall be attendance of three corporate core member and three additional members. It is expected that all members will attend at least 4 out of 6 group meetings

Administration of Meetings/ Procedures

- The group will be chaired by the Medical Director, as the nominated lead Executive Director. The group will be supported administratively by the Trust Research and Innovation function whose duties in this respect will include:
 - Agreement of the agenda with the Medical Director, Chair, collation and distribution of papers at least one working day before each meeting.
 - Taking the minutes and keeping a record of matters arising (action log) and issues to be carried forward.
 - Providing support to the Chair and members as required.
- Any member of staff may raise an issue with the Chair, who will decide whether or not the issue shall be included in the Group's business. The individual raising the matter may be invited to attend.

Conduct of Business

In all interactions, the values of trust, honesty, respect, reliability and integrity will be upheld.

Members have a collective responsibility for the operation of the group. They will participate in discussion, review evidence and provide objective expert input to the best of their knowledge and ability, and endeavour to reach a collective view.

Divisional representatives will ensure their division and services receive feedback from meetings on relevant issues discussed by the group.

The group may delegate tasks to such sub-groups or individual members as it shall see fit, provided that any such delegations are consistent within the remit of clinical effectiveness and there is no conflict of interest.

Reporting Responsibilities and Efficacy

The Ethical Decisions Assurance Group will report items for consideration to the Board of Directors through submission of papers and reports to relevant meetings.

The group will provide an annual report to the Board of Directors in accordance with their schedule of reports. The report will include an assurance of trust-wide clinical effectiveness setting out progress made and future developments. This will include an annual review of its effectiveness and its work in discharging its responsibilities, delivering its objectives and complying with its terms of reference.

Review of Terms of Reference

The Terms of Reference will be reviewed at least annually or when there is a material change to the contents of the Terms of Reference.

Please note: whilst meeting papers and meeting notes are not actively published, all attendees should be aware that Black Country Partnership NHS Foundation Trust is legally required to comply with the Freedom of Information Act 2000. The notes and papers from this meeting could be released as part of a request made under the Freedom of Information Act.

Please see Appendices alongside this document:

Appendix 1: EDAG proposal template

Appendix 2: EDAG flowchart

Appendix 3: EDAG glossary