

OXFORD UNIVERSITY HOSPITALS NHS FOUNDATION TRUST
CLINICAL ETHICS ADVISORY GROUP (CEAG)
TERMS OF REFERENCE

OUH has over the last few years articulated its values and priorities as an organisation. They include a commitment to compassionate excellence and respect, while delivering the best value in healthcare. OUH has explicitly recognised the importance of a moral and ethical side to decision making and clinical care across the trust. In Autumn 2017, a clinical ethics advisory group was established.

AIMS OF CEAG

- To support clinicians in decision-making based on ethical principles and reasoning
- To provide an ethical input into policy making, management and governance
- To promote clinical ethics education within and beyond the Trust

MEMBERSHIP

- Chair (chosen by Medical Director's Office; likely to rotate every year)
- Deputy Chair
- Representative(s) from Medical Director's office/TME/ Trust Governance
- Ethicist(s) from relevant University department
- Doctors, nurses and allied health professionals
- Chaplaincy representative
- Lay members

Members will be chosen by the Chair and Deputy Chair on the basis of interest, clinical engagement and specific expertise, with reference to guidance from the UK Clinical Ethics Network (UKCEN).

Any non-Trust employees would require an honorary contract to attend discussions involving individual patient details.

Membership will be for 3 years, which may be renewed. Total membership is expected to be 12-15, with 4 members (including Chair, Deputy Chair or nominated representative) constituting a quorum for discussion.

CEAG will schedule meetings of up to 2 hours every 2 months, within working hours but minimising the impact on clinical care. Additional ad hoc meetings may be convened if required and feasible.

PROCESS OF CLINICAL ETHICS CONSULTATION

- Any Trust employee can seek ethical advice from the CEAG by contacting a member of the committee and completing a brief written referral. The chair/deputy chair can be contacted by email: ethics@oxnet.nhs.uk. Normally the person referring the case would attend the meeting to discuss the case in detail and hear the discussion, while other members of the clinical team would be invited to attend if they would like to.
- Where advice involves consideration of individual clinical cases, the cases should be anonymised as far as is practical to preserve patient confidentiality.
- Clinicians referring cases to the CEAG will be advised to inform their line manager, departmental governance team or Clinical Director. Where cases involve legal questions, clinicians will be advised to seek separate legal advice from the Trust legal team.

- Patients/carers can seek ethical advice from the CEAG via the patient advisory and liaison service (PALS).
- Issues referred should relate to patient care, whether at management or clinical level. Issues relating solely to staff issues, such as employment disputes, are not appropriate for this group.
- The Chair may decide to invite a patient/carer, or an advisor with particular expertise (e.g. lawyer) to attend the meeting.
- CEAG performs an advisory rather than an executive, legal or clinical role. The referring person/team, or whoever is the relevant person, and not the CEAG, would retain responsibility for the final decision.
- Any members of the CEAG who have a specific clinical or other interest relevant to a case being discussed will declare their interest at the start of a meeting. Declarations of interests will be recorded in the documentation of CEAG discussion.
- The discussion and any specific advice which emerges will be documented as a letter to the referring clinician. Where the discussion relates to a particular patient, this will usually be expected to form part of the patient record.

EDUCATIONAL AND ENGAGEMENT ACTIVITY

CEAG aims to foster clinical ethics in the Trust. It recognizes the variety of ethics education, discussion and support mechanisms that already exist in the Trust. CEAG members will support those activities, and may attend case conferences, departmental morbidity and mortality meetings, SIRI forums, Grand Rounds, CPD sessions etc to promote ethical reflection, and to provide communication between CEAG and the broader activities of the Trust.

GOVERNANCE

CEAG will prospectively collect data on the activities of the committee, case referrals and feedback from clinicians. Governance and reporting will be agreed with the Clinical Governance Committee and Medical Director's Office (e.g. by submission of an annual report.) Administrative support would facilitate these arrangements.

RAPID CLINICAL ETHICS CONSULTATION

Where a clinical team is seeking urgent input into an ethical dilemma in clinical care, the chair or deputy chair can convene a subgroup of the CEAG to meet with the clinical team. The rapid ethics response subgroup would usually comprise at least three members of CEAG (including chair or deputy chair), with specific ethics expertise, and aim to meet with referring clinicians within 48 hours. This subgroup will provide a letter summarising the discussion to the clinical team, (as above), and will feedback to the full CEAG at the next meeting. Any additional reflections or advice after review of the case at CEAG will be forwarded to the clinical team.