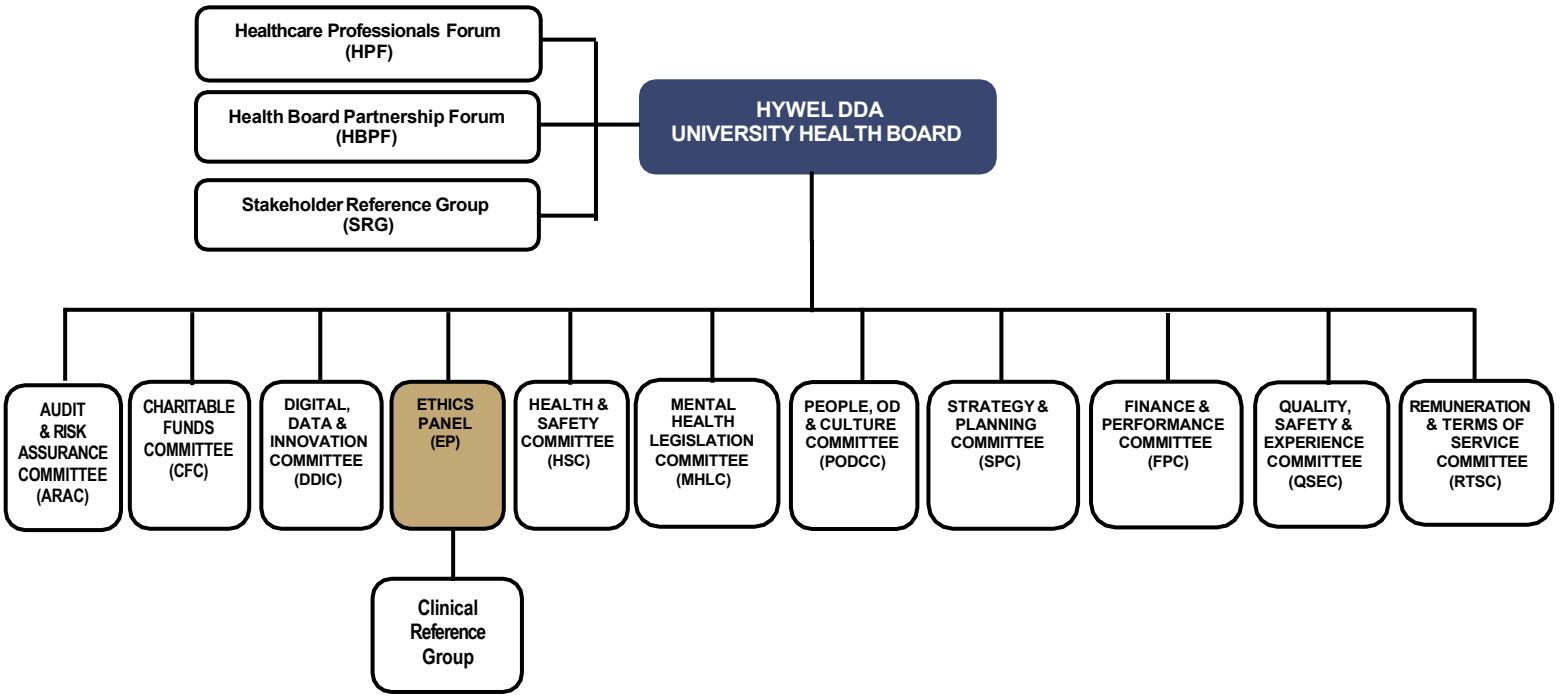


TERMS OF REFERENCE

ETHICS PANEL

Version	Issued to:	Date	Comments
V0.1	Gold Strategic Group	30.03.2020	Approved in principle
V0.2	Hywel Dda University Health Board	16.04.2020	Approved
V0.3	Hywel Dda University Health Board	25.05.2023	Approved
V0.4	Hywel Dda University Health Board	28.09.2023	Approved
V0.5	Hywel Dda University Health Board	27.03.2025	Approved
V0.6	Ethics Panel	02.06.2026	Approved
V0.6	Hywel Dda University Health Board	30.07.2026	Approved

ETHICS PANEL

1. Constitution

1.1 The Ethics Panel was initially established in response to COVID-19, as a Panel of the Gold Strategic Group and constituted from 1 April 2020.

1.2 Following a review of the Terms of Reference, the Ethics Panel was established formally within the Health Board's governance structure.

2. Principal Duties

2.1 The purpose of the Ethics Panel (EP) is to provide advice to the Board on ethical matters.

2.2 The EP will:

2.2.1 Provide **guidance** to professionals in the Health Board, in respect of specific ethical dilemmas by:

- Providing analysis of ethically complex issues which might arise as part of immediate and/or planned service change, as well as those which might arise as part of individual clinical cases
- 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 (the panel will reinforce the good practice of informing the patient that their case is being considered by the Ethics panel)

2.2.2 **Support** the Health Board's Policies & 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

2.1.2 **Respond** 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 Health Board

- **Educate and Train** *professionals from across the Health Board*, to help foster an increased awareness of nature and importance of ethical issues in healthcare and facilitate the acquisition of basic competencies.

2.3 The EP will not:

- provide legal advice, however legal issues will likely be debated in situations where the ethical and legal issues might be linked
- advise on research ethics, this will be provided by the Research & Innovation Team

2.4 The aim of the advice provided by the EP is to be consultative rather than prescriptive.

3. Operational Responsibilities

3.1 Through its advice, the EP will:

3.1.1 Advise Health 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.

3.1.2 Advise Health Board employees (individually or as teams) where legal advice should be sought[1].

3.1.3 Advise on the recognition and articulation of careful ethical arguments in Health Board policies and guidance through:

3.1.3.1 Advice and support during the development process by fielding members with training in ethics to support Board working groups

3.1.3.2 Critical analysis of early drafts by the EP

3.1.3.3 Involvement of individual members in groups tasked with implementing Health Board policies and guidance

3.1.4 Advise individual professionals in the Health Board of the need for competence in recognising and addressing ethical quandaries through:

3.1.4.1 Using Health Board IT infrastructure to:
- Raise awareness of the EP 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 the Institute of Medical Ethics

3.1.4.2 Participating in existing Health Board educational programmes such as Grand Rounds.

3.1.5 Maintain an acceptable standard of competence in healthcare ethics among its members:

3.1.5.1 A condition of the appointment to the panel will be that candidates possess or are willing to acquire, a set of minimum competencies in line with national publications (Core competencies for clinical ethics committees. Larcher V, Slowther A-M, Watson A. Clinical Medicine 2010;10(1):30-33)

3.1.5.2 To support development of those competencies among members, the Chair shall be responsible for coordinating and arranging a rolling programme of education for EP corporately during regular meetings, to include occasional invited experts and dissemination of skills and competencies held by EP members themselves[2].

3.1.5.3 The Chair shall attend to maintaining competencies of the EP corporately, both through those educational programmes and through discriminating recruitment to and dismissal from the Panel. Surveys of competencies held by EP members individually and corporately ('skills audits') will occasionally be carried out at the discretion of the Chair.

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

3.1.6 Support the Board with regard to its responsibilities for ethically robust planning and practice by reviewing:

3.1.6.1 Reviewing the ***ethical basis*** of, and ***ethical arguments*** set out in, policy and guidance documents by those tasked with their development

3.1.6.2 Reviewing the ***ethical implementation*** of those policies and guidance in practice

3.1.6.3 Reviewing the ***ethical use*** of emergent technologies, such as Artificial Intelligence.

3.1.6.4 Feeding back to the Board
- Through the Chair
- By publishing minutes of EP meetings, including anonymised summaries of any responses, on the Health Board website
- Inviting referrers to provide an update and feedback on cases after a suitable period has elapsed

[1] This is the full extent of the EP's responsibility in respect of legal advice. Although members of the EP will likely have legal training, this expertise is only the background to their contribution as individual members of the EP. The EP should not be in any way seen as 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.

4. Membership

4.1 The membership of the Panel shall comprise of:

Member	
Chair	Independent Member
Vice Chair	Executive Medical Director
Medical Representative	
Primary Care	Deputy Medical Director for Primary Care & Community Services Clinical Director/ Deputy Associate Medical Director Primary Care
Secondary Care	Consultants, to include those from Paediatrics, Palliative Care, Psychiatry and Psychiatry.
Nursing Representative	Head of Safeguarding Nurse
Allied Health Professions & Health Care Science Representative	Assistant Director of Therapies and Health Sciences
Patient Experience & Support Services Representative	Head of Legal Services
Mental Capacity Act Representative	
Equality, Diversity & Inclusion Representative	Head of Partnerships, Diversity and Inclusion
Workforce & OD Representative	Head of Strategic Workforce Planning & Transformation
Faith & Spirituality Representative	Senior Chaplain
Philosopher	Academic Philosophers
Lay Representative	Llais Representative
Medical Education Representative	Associate Medical Director for Medical Education & Training Head of Medical Education & Professional Standards

Member Appointments

4.2 The Chair will be an Independent Member of the Board. 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 Panel.

4.3 The Vice-Chair will be the Executive Medical Director. 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.

4.4 The membership of the Panel shall be determined by the Chair of the Panel in discussion with current members of the Panel. Appointments to, and dismissals from the Panel 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 Panel's remit
- possession of, or willingness to acquire, the necessary competencies in ethics

4.5 The Chair of the Panel reserves the right to adapt the membership to suit the needs of the organisation and the circumstance.

4.6 The membership of EP should:

-reflect a range of individuals with diverse cultural and ethical lifestyles and world views

-include representatives of those who are users of healthcare as well as those who are providers of it

-include some individuals with formal training in certain key knowledge and/or skills that are essential to the functioning of the Panel:

- Medical
- Nursing
- Allied Healthcare
- Patient Support Services/Legal
- Mental Health Act
- Equality & Diversity
- Workforce & Organisational Development
- Faith & Spirituality
- Moral philosophy or theology

4.7 Joining

- The membership of the EP should not exceed 25 in number. Members will be invited to join the Panel 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, however may participate in discussions at the invitation of the Chair.
- There is no renumeration for members, However the Health Board expects individual Directorates to make members of the Panel available for meetings and to reimburse reasonable travel and study expenses.
- Where there are high numbers of willing and knowledgeable individuals, a Clinical Reference Group comprising individuals from one or more of the above specialty areas will be established to contribute to panel discussions.

4.8 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 Panel at any time by informing the Chair.
- Members would usually be expected to attend at least 50% of meetings each year, though individual members might make prior arrangements with the Chair to remain on the Panel during a long absence (for example sickness or sabbatical).
- 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

4.9 On behalf of the Panel and the Board, the Chair may invite:

- Any employee of the Health Board seeking advice from the Panel to attend all or part of a specific meeting to assist with discussions on any particular matter or to join the Panel as a co-opted member.
- Members of the Hywel Dda Stakeholder Reference Group, or another stakeholder group, where it is felt that specialist stakeholder advice is required, to contribute to Panel discussions on the specific topic in question.
- Any individual (within or outside the Health Board) able to provide education and training to members of the Panel that enables the Panel more effectively to fulfil its function in the Board.

5. Quorum, Attendance and Voting

5.1 A quorum shall consist of no less than a third and must include as a minimum the Chair or Vice Chair of the Panel.

5.2 EP decisions will normally be reached by general agreement of the members present, as determined by the Chair. Where a vote is deemed necessary, it shall rest upon a simple majority of those present and will normally be conducted by a show of hands. In the event of a tie, the Chair shall have an additional casting vote. The vote shall be recorded in the minutes.

5.3 Any senior officer of the Hywel Dda University Health Board (HDdUHB) or from a partner organisation may, where appropriate, be invited to attend for either all or part of a meeting to assist with discussions on a particular matter.

5.4 The Panel may also co-opt additional independent external 'experts' from outside the organisation to provide specialist knowledge.

5.5 The Chairman of the University Health Board reserves the right to attend any of the Committee's meetings as an ex officio member.

5.6 Should any officer Member be unavailable to attend, they may nominate a deputy, with full voting rights, to attend in their place subject to the agreement of the Chair.

5.7 The Panel may ask any or all of those who normally attend but who are not members to withdraw to facilitate open and frank discussion of particular matters.

6. Agenda and Papers

6.1 The Panel's Secretary is to hold an agenda setting meeting with the Chair and the Panel Lead at least six weeks/three weeks before the meeting date.

6.2 The agenda will be based around the Panel work plan, identified risks, matters arising from previous meetings, issues emerging throughout the year and requests from Panel members. Following approval, the agenda and timetable for receipt of papers will be circulated to all Panel members.

6.3 All papers should have relevant sign off before being submitted to the Panel Secretary.

6.4 The agenda and papers for meetings will be distributed **seven** days in advance of the meeting.

6.5 A draft Table of Actions will be issued within two days of the meeting. The minutes and Table of Actions will be circulated to the Lead Director within seven days to check the accuracy, prior to sending to Members (including the Committee Chair).

6.6 Members must forward amendments to the Panel Secretary within the next **seven** days. The Group Secretary will then forward the final version to the Panel Chair.

7. Frequency of Meetings

7.1 The Panel will meet bi-monthly and shall agree an annual schedule of meetings. Any additional meetings will be arranged as determined by the Chair.

7.2 The Chair of the Panel, in discussion with the Secretary, shall determine the time and the date of meetings of the Panel and procedures of such meetings.

7.3 The topic of ethical consideration will be shared with the Clinical Reference Group (Appendix 1) members via email and contributions towards core panel discussions will need to:

7.3.1 Incorporate a detailed rationale for any advice or opinions provided

7.3.2 Be submitted directly to the panel secretary within 24 hours of the request for advice

7.3.3 Any contributions received outside of this timeframe are unlikely to be considered by the EP.

7.4 The contributions submitted by the Clinical Reference Group will be collated by the Panel Secretary and be shared with the EP members.

7.5 The EP will consider and discuss the contributions of the Clinical Reference Group Members during the next scheduled meeting.

7.6 In the event that urgent advice is required before the next scheduled meeting, a sub panel can be convened by the Chair or Vice-Chair to represent the EP and must report to full EP at the next scheduled meeting.

8. Accountability, Responsibility and Authority

8.1 The Panel will be accountable to the Board for its performance in exercising the functions set out in these terms of reference.

8.2 Although the Board has delegated authority to the Panel 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 Panel, via the Chair, is directly accountable to the Medical Director for its performance in exercising the functions set out in these Terms of Reference.

8.3 The Panel shall embed the HDdUHB's vision, corporate standards, priorities and requirements, e.g. equality and human rights, through the conduct of its business.

8.4 The requirements for the conduct of business as set out in HDdUHB's Standing Orders are equally applicable to the operation of the Panel.

9. Reporting

9.1 The Panel, through its Chair and members, shall work closely with the Board's other committees, including joint/sub committees and groups to provide advice and assurance to the Board through the:

9.1.1 joint planning and co-ordination of Board and Committee business; and the

9.1.2 sharing of information.

9.2 In doing so, the Panel shall contribute to the integration of good governance across the organisation, ensuring that all sources of assurance are incorporated into the Board's overall risk and assurance framework.

9.3 The Panel may establish sub-groups or task and finish groups to carry out on its behalf specific aspects of Panel business. The Panel will receive an update following each sub-groups meetings detailing the business undertaken on its behalf. The Sub-Group reporting to this Panel is:

9.3.1 Clinical Reference Group

9.4 The Panel's Chair, supported by the Panel Secretary, shall:

9.4.1 Report formally, regularly and on a timely basis to the Board on the Panel's activities.

9.4.2 Bring to the Board's specific attention any significant matters under consideration by the Panel.

10. Secretarial Support

10.1 The Panel Secretary shall be determined by the Executive Lead.

11. Review Da

11.1 These terms of reference shall be reviewed on at least an annual basis by the Panel for approval by the Board.

Operation of Hywel Dda Ethics Panel

