

## COMMITTEE CHARTER & TERMS OF REFERENCE

### Patient Care Ethics Committee Tier 2 Committee of the Women's and Children's Health Network

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#### 1. Authority

The Women's and Children's Health Network Governing Board has the responsibility for the overall governance of Women's and Children's Health Network.

The Patient Care Ethics Committee ("Committee") is a committee of the Women's and Children's Health Network (WCHN).

This Charter defines the purpose, scope and functions, and authority of the Committee.

The Committee has no executive powers and is directly responsible and accountable to the WCHN Clinical Safety and Quality Committee. In carrying out its responsibilities, the Committee must at all times recognise that the primary responsibility for management of WCHN rests with the Chief Executive Officer.

#### 2. Purpose

The purpose of the Committee is to provide the following,

- i. An independent opinion to staff or clinical teams about ethical issues pertaining to individual patient care or general matters of ethical concern,
- ii. A supportive environment within the institution that encourages the airing and structured discussion of ethical and professional issues pertaining to patient care and institutional policy, and
- iii. To enhance decision making in these areas throughout the WCHN.

The Committee has key responsibilities for ensuring the following:

- Provides independent ethics advice on clinical cases and issues.
- Provides at call a forum to assist staff and patients confronting difficult ethical issues pertaining to patient care.
- Works with the Patient Ethicist to develop a process that assists clinical staff to recognise, explore, and seek to resolve ethical and professional issues within the WCHN.
- Works with the Patient Ethicist to provide a structured analysis of those institutional policies which are characterised by significant ethical content.
- Supports the Patient Ethicist in fostering educational initiatives in ethics.

#### 3. Terms of Reference

The Committee will:

- Consider the safety and quality impact of all decisions and ensure the allocation of resources supports the achievement of safety and quality goals.
- Provide independent advice to staff and recommendations on matters of ethical concern, including specific cases and more general ethical issues.

#### 4. Organisational Risks addressed by this Committee

The primary organisational risks addressed by the Committee are risks captured on the WCHN Risk Register that have an impact of the delivery of objectives as outlined in the NSQHS Standards and through analysis of the system, incidents, consumer and staff feedback and clinical performance results.

#### 5. Membership

Membership will include:

Name	Type of Appointment	Term of Office
Patient Ethicist (also Chair of the Human Research Ethics Committee) (Chair)	Member	ongoing
Deputy Chair (from Women's and Babies' Division)	Member	5 years
Deputy Chair (Paediatrics Division)	Member	5 years
Nursing Representative (at least 1 member)	Member	5 years
Allied Health Representative ( at least 1 member)	Member	5 years
Lay Member (at least one)	Member	5 years
Medical Representative (at least 1 member)	Member	5 years

In order to ensure continuity on the Patient Care Ethics Committee members listed above with the exception of the Chair will be provided with term appointments for five years with the right of reappointment for a further five year term with no more than 50% of the membership changing in any 12 month period.

The Chair and Deputy Chairs will form the PCEC Executive.

The Lay Member will be non-clinical and will be able to contribute to discussion and decision-making pertaining to cases/issues submitted to the PCEC.

In the case of resignations, an appointment committee will call for new nominations and then submit nominations to the Executive for endorsement.

The Chair may invite persons outside the membership of the Committee with relevant experience to attend a meeting of the Committee and participate in its deliberations. Typically these persons will have specialist technical knowledge or insight into a particular discussion. Invited guests do not assume membership or participate formally in the consensus process of developing a recommendation from the meeting.

### ***Chairperson***

The Chairperson will be one of the WCHN PCEC members and will be elected by the whole Committee and the nomination approved by the Executive.

The process for election to Chairperson is,

- The position is declared vacant and the retiring Chair steps aside.
- The Deputy Chairperson/s will call for nominations at the meeting where the Chair has been vacated.
- The Chair will be nominated from the Committee members.
- In the event of one person being nominated either by themselves or another member of the Committee this is accepted and the person is declared Chair following Executive endorsement.
- In the event of two or more people being nominated and accepting the nomination the Committee will proceed to a vote.

In the absence of the nominated Chair, one of the Deputy Chairs will assume the role of Acting Chair.

### ***Deputy Chairs***

There will be two Deputy Chairs who are members of the PCEC; Deputy Chair, Women's and Babies' Division; Deputy Chair, Paediatrics Division.

The Deputy Chairs will be elected by the whole Committee and the nominations approved by the Executive.

The Deputy Chairs will be nominated from the Committee members and a vote required if more than one nomination is put forward.

## **6. Quorum**

A quorum will be a simple majority of members with appropriate representation for the particular case or issue.

## **7. Frequency and Length of Meeting**

- The PCEC will meet at least six times a year.
- Urgent case meetings will be held in response to the needs of clinical staff and/or patients.
- Meetings will be around two hours in length.

## **8. Agenda Preparation and Minutes Circulation**

The Agenda will include as its opening item, acknowledgement to the traditional owners of the land.

The Agenda will include as its closing item, the matter titled "Communication". At this point of the meeting the Committee is to decide which of the items covered during the meeting, if any, must remain confidential.

Papers for the Committee will be prepared by the Executive Officer to the Committee and circulated one week prior to the meeting date.

Agenda items must be forwarded to the Executive Officer of the Research Secretariat at least one week prior to circulation of the agenda i.e., two weeks prior to next meeting.

Draft minutes will be distributed to members within two weeks' time following the meeting date.

In accordance with WCHN Clinical Governance Framework, reports and other relevant documents will be circulated to the Clinical Safety and Quality Committee.

Documents endorsed by the Committee will be stored electronically in PDF format.

## **9. Conflict of Interest**

- Members are required to declare interests that could constitute a real, potential or apparent conflict of interest with respect to participation on the Committee. The declaration must be made on appointment to the Committee and be updated as necessary.
- In relation to specific agenda items of Committee meetings, real, potential or apparent conflicts of interest are to be advised at the beginning of each Committee meeting.
- A register of conflicts of interest of members will be maintained by the Secretariat.

## **10. Reporting Lines**

A summary of clinical issues reviewed by the Committee will be forwarded to the Clinical Safety and Quality Committee via a report.

Updates to the Executive Director, Corporate Services will be provided at scheduled monthly meetings.

## **11. Evaluation/Key Performance Indicators**

The Chair of the Committee will establish a mechanism to review and report on the performance of the Committee at least annually.

Cases brought to the Committee will be followed up with the WCHN staff member who referred the case following finalisation of the Committee report. Depending on the case, follow up will be at three, six or twelve months.

## **12. Review**

The Terms of Reference will be reviewed annually by the full membership.

Changes to the Terms of Reference will be endorsed by the WCHN Clinical Safety and Quality Committee.