

**Covid19 Moral and Ethical Advisory Group Wales**  
**Thursday 25th June 2020 16:00-17:30**

Via Skype.

Action	Responsible
1. Gather feedback on legal advice document at the end of July/August and review its application.	
2. Carers discussion postponed to next meeting	
3. Ask tracing team what the current status is in Wales.	

Attendees

Heather Payne (Chair), Aled Roberts, Aled Edwards, Alison Mawhinney, Alison Parken, Chantal Patel, Rachel Davies, Carol Wardman, Ilora Finlay, Helena Herklots, Kevin Francis

Meeting note

No	Topic
1.	<p><u>Welcome, Apologies &amp; Introductions</u></p> <p>The Chair made introductions and noted apologies. Apologies received from Idris Baker, Vivianne Harpwood, Emma Bennett, Shavanah Taj &amp; Lisa Gerson.</p>
2.	<p><u>Previous minutes</u></p> <p>Minutes agreed.</p> <p><u>Actions</u></p> <p><b>Covering letter</b> - Thanks to the team who developed the covering letter for legal advice. It was considered by a number of forums and starting to be used. Feedback has advised clinicians are stating care may be not at the highest level due to Covid-19. It was agreed that the document should be utilised and reflected upon in the near future to understand how it is being utilised by clinicians</p> <p><b>Action – Gather feedback end of July/August and review its application.</b></p> <p><b>Test, trace and protect</b> – Following checks, robust security procedures are in place. The Disability Equality Forum held a session with the digital team &amp; a sub group has been formed to address concerns &amp; issues around comms including scams. Appropriate communications regarded as extremely important. The pandemic has highlighted the further disadvantage those already disadvantaged are due to the knock on effect of Covid 19.</p>
3.	<p><u>Carers Paper</u></p> <p>Kate Young was due to attend to talk about the effect on carers. Unfortunately technology issues meant Kate could not join. Agreed to rearrange for future meeting.</p>
4.	<p><u>Recovery plan paper</u></p>

The group agreed a paper is needed regarding the ethical framework. Two papers were presented. One was to provide an introduction light touch introduction with the values attached. The group want to ensure they avoid repetition and both would be issued as a pair.

### **Restarting Services: Applying the Framework of Values and Principles for healthcare**

Queries raised over whether we need to determine guidance for a renewed surge or for services happening now. Stronger terminology could be changed from "should." The term in-patient also queried as to whether it means going into hospital.

Impact Assessments focus on Equality. Whilst the Welsh language is not a protected characteristic, it is a legal requirement and this needs to be reflected.

The draft document was noted to include blunt language, but it has been argued that medics will respond to it. The audience will be those making decisions to restart services, and therefore language seen as appropriate.

Bio-psychosocial model – this and social model are different and need to be considered as separate concepts. Co-production would drive questions to understand the social issues that impact people regarding their health.

Action – All members to send comments to Chair by Tuesday 30<sup>th</sup> June.

### **Statement of Values and Principles**

Suggestions for use by NHS Wales to guide decision making and prioritisation of health services during relaxation of lockdown

This document is intended to accompany the first document and give examples to take into consideration when planning is being undertaken.

Welsh language rights is not just about communication. Rights, wishes and concerns needed as language can impact on care. Wider community and voluntary sector highlighted, but appreciation needed that without resources the voluntary sector can only do so much. Need to understand where the decisions relating to funding are made.

Under 'Keeping things in Proportion' - the staff risks are included but it should be linked to the assessment tool and the recent BAME sub-group report. The recent ONS studies have highlighted the numbers of deaths among disabled people particularly women. A few references to 'vulnerable' groups which could be replaced by 'at risk' groups.

Those coming out of shielding are at risk from the wider community who are seemingly becoming less concerned about the effect of spreading. Public Health messaging seemingly very important as the end of shielding will see end of priority and support.

Shielding advice currently being looked at. Task Force being considered regarding shielding issues for long term issues. Longer term and second peak need to be considered differently.

Tracing and trust a critical point. Key question whether those testing positive will provide the required information. Ethics of the app not the only issue, its effectiveness is just as important.

A number of apps being developed. What is Wales using? ZOE, NHSX, etc.

	<p>Action – Ask tracing team what the current status is in Wales. Ask for report.</p> <p>Actions – members to send comments by next Tuesday.</p> <p>Once these documents are finalised the group will look at developing a new document based on recovery roadmap focusing on broader public services.</p>
5.	<p><b>Next Meeting</b></p> <p>Agreed to meet again in two weeks.</p>