

**Pandemic Flu Readiness Board
Moral and Ethical Advisory Group**

Issue

1. The purpose of this paper is to provide an update to PFRB members regarding the establishment of a Moral and Ethical Advisory Group (MEAG).

Action Required

2. The Board is asked to note this update and provide comments if they wish.

Background

3. As part of the UK Government's Pandemic Influenza Readiness Board (PFRB) work programme, it was agreed that a moral, ethical and faith advisory group would be established to provide specialist advice to the UK Government on all aspects of moral, ethical and faith considerations before and during an influenza pandemic.
4. In January 2019, the former public health minister, PS(PHPC), approved the formation of MEAG. Shortly following this decision, this workstream was paused to focus resource on planning for EU Exit. This workstream was resumed at the end of August 2019 and at this point, it was agreed within DHSC that, in addition to providing advice on pan flu, the MEAG could be used to address moral, ethical and faith considerations arising from healthcare related incidents more generally such as issues that might arise following a no deal EU Exit.
5. The two main scenarios where advice is likely to be sought from MEAG are:
 - **In an emergency to support incident response [response mode]** - In responding to incidents and emergencies, decisions may need to be taken at a clinical, operational or Ministerial level which have moral, ethical or faith dimensions. The MEAG can be stood-up quickly to provide this advice.
 - **As part of general emergency preparedness planning [planning mode]** - DHSC creates and maintains contingency plans for handling a number of health and social care risks, including pandemic flu. These plans may create or include moral, ethical or faith related dimensions. MEAG can be called-on to inform these plans and/or identify issues that need to be taken into account, including possible mitigations.
6. An introductory meeting of the MEAG was held on 25 October 2019 where the ToR at **Annex A** were discussed. DHSC Policy is in the process of updating the ToR to incorporate issues raised by MEAG members during this meeting such as:
 - note that MEAG can co-opt individuals with specific expertise when needed
 - clarify if/how/when members can consult with their own networks to inform MEAG advice

- include process by which MEAG co-chairs can ask raise issues/ask for MEAG to convene
 - clarify that NHSE/I can seek advice from MEAG outside of a national incident
 - include an organogram of where MEAG fits in decision-making/governance processes in both 'planning' and 'response' modes.
 - confirm what is out of scope for MEAG.
7. Further work will be taken forward to develop and test the mechanisms by which the MEAG will be stood up in response mode, and how it will report into central government decision making structures.

Conclusion

8. The Board is asked to note this update and provide comments if they wish.

DHSC – 19 November 2019

Annex A

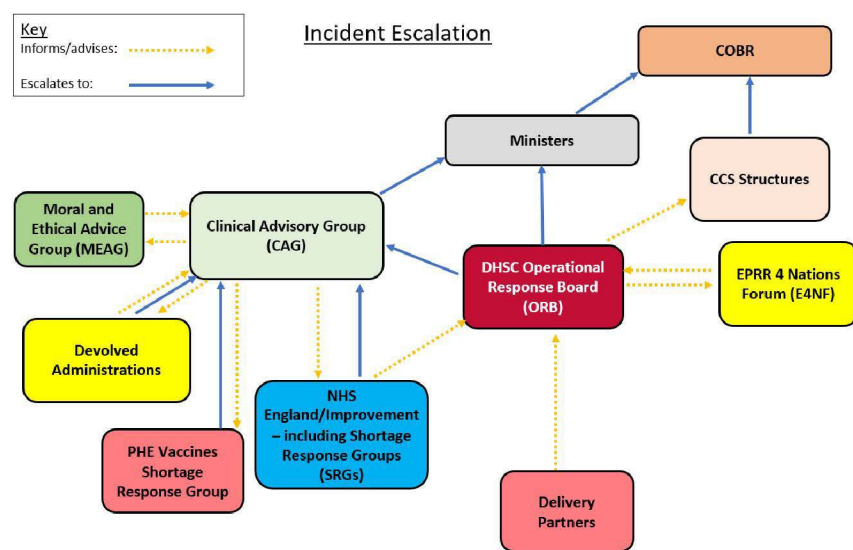
Moral and Ethical Advisory Group: Draft Terms of Reference

Purpose

- 1) The Moral and Ethical Advisory Group (MEAG) provides independent advice to the UK Government on moral, ethical and faith considerations related to health incidents and emergency planning.
- 2) There are two main scenarios where advice is likely to be sought from this Group:
 - a) in an emergency to support incident response [*response mode*]
 - b) as part of general emergency preparedness planning [*planning mode*]

Response mode

- 3) In responding to incidents and emergencies, decisions can need to be taken at a clinical, operational and Ministerial level which may include issues with moral, ethical or faith dimensions, on which bespoke handling advice is needed. The MEAG can be stood-up quickly to provide this advice.

*Planning mode*

- 4) The DHSC creates and maintains contingency plans for handling a number of health and social care risks, including, e.g. pandemic flu. These plans may create or include a moral, ethical or faith related issue. In planning mode, the MEAG may be called-on to provide advice on these issues where they arise in plans, including possible mitigations.

Who can convene the MEAG

- 5) The following individuals/organisations can request that MEAG consider an issue:
 - a) The UK Chief Medical Officers (CMOs)
 - b) The Clinical Advisory Group (CAG)
 - c) Ministers/COBR (Secretariat)
 - d) DHSC Emergency & health Protection Director or deputy. This could be for advice to DHSC, or could be a request on behalf of other government departments, the Devolved Administrations or Arms' Length Bodies such as NHS England and PHE.
- 6) MEAG advice will be given to the Clinical Advisory Group for consideration. Those seeking MEAG's advice will take it into account in their considerations but will not be obliged to accept or act on it.

Devolved Administrations

- 7) Membership of the MEAG is drawn from across the UK. The devolved administrations will be invited to suggest additional members, and will be able to put requests for advice to the MEAG via their respective CMOs or through the DHSC Emergency & health Protection Director. They will receive copies of all advice the MEAG provides irrespective of the sources.

Planning and Response modes

- 8) The Group is expected to have a face to face meeting no more than twice a year when in planning mode. In response mode, meetings will be as needed to address a specific incident.
- 9) The MEAG comprises individuals who have ethical expertise from a clinical, legal or academic background, and from individuals who have expertise in a range of faith and belief communities. It will be possible to co-opt additional members such as media and communications experts if needed to input on specific issues.
- 10) It is expected that members attending will have sufficient seniority and delegated authority to contribute to discussions and agree MEAG advice. This will be particularly important if the Group is meeting in 'Response mode' where urgent advice may be needed and there may be very little time to check back with 'home' organisations/groups. In planning mode, there is likely to be more scope to liaise back with organisations/groups. However, ultimately individuals are attending in a personal capacity based on their expertise and are not considered to be formally speaking on behalf of an organisation or community.

- 11) The Chair of the Department's Clinical Advisory Group (the UK Chief Medical Advisor) or a representative will also attend meetings of MEAG. The MEAG co-chairs will also be invited to attend relevant CAG meetings. This will provide a formal link between the two Groups. The CAG provides strategic clinical advice on health-related issues in response mode and will take into account views from MEAG when finalising its advice.
- 12) The Group will be set up initially for three years. Its Terms of Reference and membership will then be reviewed although this review could take place earlier.

Quorum

- 13) In response mode, MEAG will be considered to be quorate if:
- a) at least 1 of the 4 'Chairs' (i.e. the co-chairs or their deputies) are present;
 - b) at least two faith groups are present;
 - c) at least two individuals with ethical expertise are present; and
 - d) there is a minimum of five members present.
- 14) In planning mode MEAG will be able to give more notice of meetings, and therefore MEAG will be considered to be quorate if:
- a) at least 2 of the 4 'Chairs' (i.e. the co-chairs or their deputies) are present;
 - b) at least one member from an Interfaith Group plus two other faith members are present;
 - c) at least three individuals with ethical expertise are present.
- 15) The above proposal for when the Group should and should not be considered quorate will be discussed at the first meeting.

Membership

Name	Position	Role
Prof. Sir Jonathan Montgomery	Prof of Health Care Law at University College London Previous Chair - Nuffield Council on Bioethics	Co-Chair
Jasvir Singh OBE	British family law barrister Previous Co- Chair, Interfaith Forum at Faiths Forum London (one of the largest interfaith groups)	Co-Chair
Dr Vivienne Nathanson	Chair, Royal College of Obstetricians and Gynaecologists Ethics Committee	Deputy Co-Chair
Prof. Robert Dingwall	Director, Dingwall Enterprises, a research and consultancy services company	
Prof. Michael Parker	Prof of Bioethics, Uni of Oxford Director of Wellcome Centre for Ethics and Humanities Director of Ethox Centre at the University of Oxford.	
Prof. John Saunders	Chair of Committee for ethical issues in medicine, Royal College of Physicians. Consultant Physician, Nevill Hall Hospital, Abergavenny.	
Dr Heather Payne	Consultant Paediatrician and Senior Medical Officer, Welsh Government	
Prof Therese Murphy	Professor at the School of Law of Queen's University Belfast	
Ms Wendy Irwin	Diversity and Equalities Co-ordinator Royal College of Nursing	
Ms Fionnula Flannery	Head of Strategy and Planning, Standards & Ethics Team, GMC	
Veronica English	Head of medical ethics and human rights, BMA	
Revd Dr Paul Goodliff	The General Secretary of Churches Together in England	
Rabbi Dr Moshe Freedman	New West End Synagogue, London	Deputy Co-Chair
Tbc	The Mosques and Imams National Advisory Body	
Dr David Ryall	Asst. Secretary General Catholic Bishops Conference England & Wales	
Mr Rajnish Kashyap	Secretary General Hindu Council UK	

Mr Gurmel Singh	Former Secretary General for Sikh Council UK CEO of two other Charities : National Sikh Museum based in Derby and Sikh Community and Youth Services (Nottingham)	
Dr Desmond Biddulph CBE	President of The Buddhist Society	
Mr Andrew Copson	Chief Executive of Humanists UK and President of Humanists International	

Chair

- 16) The Co-Chairs of MEAG (an ethics expert and a faith expert) will be nominated by DHSC. Their details will be included in the final Terms of Reference. A deputy chair for each co-chair will be drawn from MEAG members to cover in the absence of the co-chairs. Nominations for deputy chairs will be discussed at the first meeting of the Group.

Attendees

- 17) Officials from the Operational Response Centre (ORC), and wider DHSC will attend meetings to present materials for consideration and seek the advice of the Board.
- 18) Those attendees who are not Members or part of the Secretariat, will only attend for those parts of the meeting deemed relevant/appropriate by the co-chairs.
- 19) Members will be asked to sign a declaration form to alert the secretariat to potential conflicts of interest or concerns and to agree to honour confidentiality in terms of information shared for the purposes of MEAG discussions.
- 20) Members will not be remunerated for their time but reasonable travel and subsistence will be paid in line with DHSC expenses policy.

Secretariat

- 21) Secretariat functions for this Board will be provided by the Department of Health and Social Care:

Official	Position	Contact details
Name Redacted	Policy Official, DHSC	Name Redacted @dhsc.gov.uk