

Appendix 1

Clinical and Management Ethics Committee

Aim

To advise and support the CEO and Senior Management Team in any substantial, organisational decisions or risks with discrete ethical implications and which require immediate attention, especially in emergency planning situations.

Membership (up to 14)

- Chief Executive
- Chair of the Trust
- Three clinical members, with at least one representative from the disciplines of medicine and nursing
- Up to three executive members who may also (dually) represent a clinical discipline
- Up to three Non-Executive members, for example: Deputy Chair, Senior Independent Director, Chair of a Board sub-Committee relevant to the agenda; Non-Executive Director with legal qualification and experience or similar
- A relevant member of the Council of Governors (CoG), typically the Lead Governor
- Up to two community leaders who have a discrete role in advising their constituencies on matters of ethics and morals as relevant to the agenda
- Experts by experience as relevant to the agenda.

Quoracy

Chief Executive, Chair or Deputy Chair (NED), two executives – both of whom must have a clinical qualification, one additional NED, one community leader or expert by experience and one CoG representative **(7)**

Purpose

The Committee will have a strictly advisory role, wherever reasonably practical, in exceptional or emergency situations where there are challenges to the Trust's routine operations.

The committee's recommendations will be regularly reported to Trust Board for consideration and ratification via monthly Board meetings or via a virtual time-bound approval process, requiring ratification by the majority of Board members. It is envisaged that the Committee will be time-bound and stood down when not required.

The Committee will critically and collectively appraise the ethical implications of relevant strategic and operational decisions, and their inherent risks or issues. These decisions, risks or issues may include those related to clinical care and treatment; policy changes; resource management; governance (e.g quality and safety); significant and unexpected events and their consequences, especially in emergency planning situations.

The group will appraise the above ethical implications with reference to:

- the four ethical principles of beneficence, non-maleficence, justice and (patient) autonomy where applicable and/or practicable
- the core values of the trust
- patient-centered care
- compliance with professional, regulatory, legal and other applicable standards
- and using an ethical reasoning process¹

Process

Each meeting will, unless otherwise determined by the chair, last for two hours maximum and will be open to all Trust Governors to observe.

Meetings will be chaired by any one of the members with at least two years' experience of chairing a health or social care-related committee.

The role of Chair will be rotational to develop member expertise and expedite meetings at short notice, and the Chair will hold an independent role, allowing expert members to debate and make recommendations.

Minutes will be taken by the Trust's Corporate Secretariat, supported by the Trust Board Secretary and Deputy Trust Board Secretary.

¹employing logic and rational thinking rather than intuition and emotion

Declarations of conflicts of interests will be addressed at the start of each meeting and recorded; the Committee can ask the person with any conflict of interests to leave the meeting as and when required.

Experts by experience and witnesses or equivalent can be invited by the Chair to offer specialist advice, as required.

The Committee will make all reasonable efforts to ensure that any service user (and carer) cases are appropriately anonymised, and documents redacted, where necessary, to protect confidentiality and/or in line with the Data Protection Act and regulations and/or any other relevant legal obligations.

Matters which are considered to give rise to potentially significant legal issues will be referred to the Trust Legal Team for their opinion. Matters considered to give rise to issues in terms of regulatory requirements will be referred to the relevant regional and/or national regulatory bodies for guidance.

The Committee will aim to achieve agreement *by majority* on the decisions/actions for which advice is sought prior to the Chief Executive implementing the decisions/actions. The decisions/actions then reside with the Chief Executive as accountable officer, reporting regularly on their impact to the Trust Board.

The majority opinion on each opinion will, where required, be reached by vote following open, recorded, discussion of agenda items. If the vote is equally split, a casting vote will be held by the Chair in an independent role.

If an opinion on a decision is required quickly, an urgent opinion may be sought using a subgroup of this Committee convened by a Committee Chair, and the whole Committee and the Board will be informed virtually via a time-bound process and via the Trust's governance reporting process.

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