

**ETHICS COMMITTEE**  
**TERMS OF REFERENCE**

<b>Version:</b>	<b>3.0</b>
<b>Approved by:</b>	<b>Ethics Committee</b>
<b>Date approved:</b>	<b>31 October 2022</b>
<b>Approved by:</b>	<b>Board of Directors</b>
<b>Date approved:</b>	<b>30 November 2022</b>
<b>Date issued:</b>	<b>30 November 2022</b>
<b>Review date:</b>	<b>July 2023</b>

## **ETHICS COMMITTEE TERMS OF REFERENCE**

### **1. Constitution**

- 1.1. The Trust Board hereby resolves to establish a Committee to be known as the Ethics Committee ('the Committee').
- 1.2 The Committee will adhere to, and be cognisant of the Trust values at all times.
- 1.3 The Committee will be cognisant of the national ethical framework and guidance from appropriate and relevant bodies including but not limited to, GMC, RCN and BMA.
- 1.4 The Committee will abide by the Trust's principles that is to promote equality and work to address health inequalities and to improve access to all its services for those people who share a protected characteristic and those who do not.

### **2. Authority**

- 2.1 The Committee is constituted as a Standing Committee of the Trust Board ('Board'). Its constitution and terms of reference are subject to review and amendment by the Trust Board.
- 2.2 The Committee derives its power from the Trust Board and has no executive powers, other than those specifically delegated in these terms of reference.

### **3. Purpose**

- 3.1 The Committee has been established as the forum to consider the Trust's overarching moral and ethical principles, in order to provide the best quality health care to its patients.
- 3.2 The Committee will provide assurance to the Board of Directors that:
  - (i) appropriate ethical and moral reasoning is being applied to clinical decisions and novel treatments;
  - (ii) a framework to enable ethical decisions, to be made in accordance with the law and the principles of moral and natural justice, have been agreed; and
  - (iii) all patients are entitled to treatment with no arbitrary criteria being applied (such as those defined by the Equality Act as having protected

characteristics) outside recognised clinical criteria and the realities of demands of the service.

#### **4. Powers**

- 4.1 The Committee is authorised by the Board of Directors to investigate any activity within its terms of reference.
- 4.2 The Committee is accountable to the Board of Directors and any changes to these terms of reference must be approved by the Board of Directors.
- 4.3 The Committee is authorised to seek any information it requires from any member of staff and all members of staff are directed to co-operate with any request made by the Committee.
- 4.4 The Committee is authorised by the Trust Board to request the attendance of individuals and authorities from outside the Trust with relevant experience and expertise if it considers this necessary.
- 4.5 The Committee is authorised by the Board of Directors to obtain outside legal or other specialist ad-hoc advice at the expense of the organisation, subject to budgets agreed by the Board.
- 4.6 Provided due care has been taken with the discharge of their duties, the Committee will be covered by the Trust with legal advice and liability insurance.

#### **5. Duties and responsibilities**

- 5.1 The Committee is empowered to seek assurance, raise concerns and make recommendations to the Board of Directors pertaining to the committee's role and duties.
- 5.2 The Committee will strive to eliminate discrimination, harassment and victimisation, advance equality of opportunity and foster good relations between people who share a protected characteristic and those who do not, as set out in the Public Sector Equality Duty and the Equality Act 2010.
- 5.3 The duties and responsibilities of the Committee shall be:
  - 5.3.1 To make recommendations to the Board of Directors in respect of ethical and moral reasoning when thresholds for treatment, ceilings or treatment or withdrawal of treatment needs to be implemented.
  - 5.3.2 To oversee the work of the Clinical Ethics Advisory Panel ('Panel'), and approve their Terms of Reference.
  - 5.3.3 To provide the Board of Directors with a summary of all cases/decisions made by the Panel.
  - 5.3.4 To ratify guidelines for the escalation, ceiling of treatment and withdrawal of treatment for patients during the Covid-19 epidemic and

to evidence that the guidelines are informed by the appropriate ethical and moral frameworks.

- 5.3.5 To consider the moral and ethical implications of any requests by clinicians for the use of novel therapies using an evidence-based approach and to make recommendations to the Trust Medical Director or Deputy Medical Directors and Board of Directors, if appropriate.
- 5.3.6 To establish a clinically responsive committee to support clinicians when faced with an ethical or moral dilemma, or if making difficult clinical decisions where there are no existing clinical guidelines to refer to, or if there are specific reasons for going against existing or contradictory guidelines.
- 5.3.7 Where clinicians are used to making these decisions and they feel able to follow existing processes for escalating, imposing ceilings of treatment or withdrawing treatment there will be no expectation that the Panel will need to be consulted.
- 5.3.8 To work in partnership with the South West Regional Group and the Devon Ethical Reference Group in developing broader ethical policies for the region.

## **6. Membership and Attendance**

6.1 Core membership shall be made up of the following:

- Executive Medical Director
- Deputy Medical Director
- Chief Nurse
- System Director of Nursing and Professional Practice
- Chaplaincy representative

6.2 The following shall attend in an advisory capacity:

- Medical Ethics Advisor
- Trust Chairman, Lay-Advisor
- Director of Corporate Governance, Governance Advisor

6.3 Members of the Committee shall be permitted to nominate a deputy to attend a meeting in their absence.

## **7. Chair**

7.1 The Executive Medical Director shall act as Committee Chair. In their absence, Chief Nurse shall be appointed as acting Chair for the meeting.

## **8. Meeting Administration**

8.1 The Committee shall be supported by the Director of Corporate Governance (or their nominee), whose duties in this respect will include:

- (i) Issuing the meeting agenda and reports.
- (ii) Keeping a record of decisions made.
- (iii) Ensuring matters requiring notification to the Trust Board are actioned.

## **9. Quorum**

9.1 The quorum necessary for the transaction of business shall be 3 members, of which the Executive Medical Director or Chief Nurse must be present.

9.2 Deputies shall count towards the quorum.

9.3 A duly convened meeting at which a quorum is present shall be competent to exercise all or any of the authorities, powers and discretions vested in or exercisable by the committee.

## **10. Frequency of Meetings**

10.1 The Committee shall meet as and when required but at least on a bi annual basis.

## **11. Meetings**

11.1 The agenda will be sent out to the Committee members at least three days prior to the meeting date, together with any other associated papers.

11.2 Urgent items may be raised under 'any other business'.

11.3 Meetings, other than those regularly scheduled as above, shall be summoned by the Committee Secretary at the request of the Chair.

## **12. Reporting**

12.1 Formal minutes shall be taken of all committee meetings. Once approved by the committee, the minutes shall be presented to the next meeting for approval.

12.2 An annual report will be presented by the Committee Chair to the Trust Board.

12.3 The Chair of the Committee shall, at any time, draw to the attention of the Trust Board any particular issue which requires their attention.

### **13. Conduct of Meetings**

13.1 Except as outlined above, meetings shall be conducted in accordance with the provisions of the Trust's Standing Orders.

### **14. Review**

14.1 As part of the Trust's annual committee effectiveness review process, the Committee shall review its collective performance.

14.2 The Committee's Terms of Reference shall be reviewed on an annual basis and approved by the Board of Directors.

### **15. Monitoring Effectiveness**

15.1 In order that the Committee can be assured that it is operating at maximum effectiveness in discharging its responsibilities as set out in these terms of reference and, if necessary, to recommend any changes to the Board, the Chair will, once a year, lead an effectiveness review of the Committee. The following will be undertaken and reported to the next meeting of the Committee:

- the objectives set out in section 3 were fulfilled; and
- agenda and associated papers were distributed three days prior to the meeting taking place.

**Appendix 1: Reporting Structure**

