

WORCESTERSHIRE ACUTE HOSPITALS NHS TRUST

**RESUSCITATION & DETERIORATING PATIENT COMMITTEE
Terms of Reference**

1. Purpose

The purpose of this document is to set out the Terms of Reference for the Resuscitation & Deteriorating Patient Committee (RDPC), a sub-group of the Trust Clinical Governance Group.

2. Membership

- Chairman – Senior clinician with medical management responsibilities – (AMD Patient Safety & Clinical Effectiveness)
- Senior Divisional Medical & Nurse Leads:
 - Medical Divisional leads x 2
 - Surgical Divisional leads x 2
 - Women & Childrens Divisional leads x 2
 - Specialist Clinical Services Divisional leads x 2
- Corporate Clinical Governance team member
- Trust Resuscitation Officer
- Lead Nurse for Critical Care Outreach
- Pharmacist
- Hospital at night representative
- Junior doctor representative

3. Attendees

- Senior Resuscitation Officer for WHCT
- Other persons with specialist input as appropriate

4. Arrangements for the conduct of business

4.1 Chairing the meetings

The Associate Medical Director (Patient Safety and Effectiveness) will chair the meetings. A deputy chair will be appointed from the divisional medical representatives on a rolling basis.

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4.2 Quorum

The Group will be quorate when 5 members are present which must include: the chairman or deputy plus one clinical representative from at least 3 divisions, one doctor and one nurse and a Resuscitation Officer or Critical Care Outreach Nurse.

4.3 Frequency of meetings

The RDPC will meet every alternate month – six meetings annually. A minimum of 4 meeting will occur annually.

4.4 Frequency of attendance by members

Members are expected to attend each meeting; unless there are exceptional circumstances (*all members must attend a minimum of 75% of meetings*). In these instances, Deputies must be appointed to attend in the member's absence and be in a position to make decisions on their behalf. The absent member should notify the committee secretary.

4.5 Declaration of interests

If any member has an interest, pecuniary or otherwise, in any matter and is present at the meeting at which the matter is under discussion, he/she will declare that interest as early as possible and shall not participate in the discussions. The Chair will have the power to request that a member to withdraw until the subject under consideration has been completed. All declarations of interest will be minuted.

4.6 Urgent matters arising between meetings

If necessary, the Chair will call an emergency meeting in liaison with the Senior Resuscitation Officer or Lead Nurse for Critical Care Outreach, as appropriate.

4.7 Secretariat support

Secretarial support will be through the resuscitation office. Standardised documentation (agenda, action log, appropriate reports) will be utilised at this meeting.

4.8 Relationships & Reporting Responsibilities

The RDPC is accountable to the Trust Clinical Governance Group. A report will be presented by the chair to the Trust Clinical Governance Group at the meeting following each RDPC meeting.

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Each Divisional Medical Representative will be responsible for providing an update to each meeting and reporting back to their divisions.

The chair will be responsible for providing a highlight report outlining the key risks & issues, mitigating actions, regulatory requirements & overall programme activity to the Trust Clinical Governance Group, utilising best practice guidelines to frame report contents.

Regional network feedback from deteriorating patients and resuscitation forums will be presented as necessary.

5. **Authority**

The RDPC is authorised by the Trust Clinical Governance Group to take whatever action is necessary to fulfil the objectives outlined in the Purpose and Functions outlined below.

6. **Purpose and Functions**

6.1 **Purpose**

The RDPC is an expert forum responsible for setting standards for resuscitation and deteriorating patients with senior medical leadership, clinical experts & specialist nurses and representatives of clinical divisions. The aim is to ensure the alignment of emergency standards across Trust Divisions, Directorates & Departments for the purpose of reducing all avoidable deaths.

To establish a consistent, trust wide approach to resuscitation and deteriorating patient issues, where appropriate applying regional, national and international guidelines in best practice.

6.2 **Duties**

In discharging the purpose above, the specific duties of the RDPC are as follows:

1. Identify risks relating to identification and management of physiological deterioration and cardiac arrest, through the resuscitation audit.
2. Formulate and review Trust resuscitation policies & procedures.
3. Formulate and review Trust policies and procedures relating to the management of deteriorating patients

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4. Review Trust policies & procedures in light of national and international guidelines.
5. Review and direct the training strategy for resuscitation and recognition, response and management of the deteriorating patient across the Trust.
6. Focus the service provided by the Resuscitation Officers.
7. Advise on resuscitation equipment (including drugs) across the Trust.
8. Oversee Trust Audit of Cardiac Arrest and participation in the National Cardiac Arrest Audit (NCAA), recommending actions to clinical divisions when performance is found to be suboptimal.

The delivery of the detail agreed within these duties remains the responsibility of the divisional management teams with their representative providing the link between RDPC and the divisions.

7. Review of the Terms of Reference

These Terms of Reference will be reviewed in December 2019.