

Clinical Governance Subcommittee

Resuscitation Committee

Jan 2017

COMMITTEE TERMS OF REFERENCE:

Role

The Resuscitation Committee is a sub-committee of the Clinical Governance Committee of Birmingham and Solihull Mental Health NHS Foundation Trust.

The main area of work for the Resuscitation Committee relates to ensuring that high quality medical emergency responses are provided to our service users, based on national evidence and guidance and local monitoring. Specific responsibilities include:

- Preparing and overseeing the operational implementation of the Deteriorating Patient Management & Resuscitation Policy and local protocols; recommending changes and additions when required. This includes:
 - All policies and protocols relating to resuscitation (including anaphylaxis)
 - All policies relating to the prevention of cardiac arrest and recognising patients who are deteriorating (in collaboration with the Physical Health Committee)
 - All policies relating to DNACPR decisions and related advanced care planning
- Overseeing training, including content and uptake.
- Overseeing audit of equipment, casualty simulations and DNACPR (Do Not Attempt Cardiopulmonary Resuscitation) orders
- Review of all reported medical emergency events.

Frequency of Meetings

The Resuscitation Committee meets quarterly.

Reporting

The agenda and minutes of the Resuscitation Committee are circulated to the members of the Committee and are available on the Trust Intranet.

A progress report is submitted to the Clinical Governance Committee on an annual basis, which includes the required annual DNACPR audit.

Committee: Resuscitation Committee	
Aims and Outcomes: -	
<ul style="list-style-type: none"> • To ensure the implementation of current guidelines, standards and protocols in accordance with the recommendations of the Resuscitation Council (UK), European Resuscitation Council, Royal Colleges (RCS, RCN) and other international and national professional bodies (BMA, NMC). • To develop a strategic viewpoint to oversee the implementation of a Trust-wide Action Plan for Resuscitation and Medical Emergencies. • To regularly review and revise all Trust-wide resuscitation policies, procedures and protocols in line with changes in national, local guidelines and lessons learnt from reviews of resuscitation or medical emergency incidents. • To promote a broader approach to resuscitation training and education through development of specialised multidisciplinary courses. • To determine requirements for and choice of resuscitation training equipment • To monitor compliance and uptake of training. • To regularly review the practice of resuscitation within the Trust, to advise and recommend changes to meet standards of good practice. This will include: <ul style="list-style-type: none"> ○ Defining the roles and composition of the emergency response teams ○ Reviewing the level of resuscitation response in all clinical areas ○ Audit and review of equipment and drug availability for dealing with medical emergencies • To commission and develop audit of resuscitation, equipment and records pertaining to resuscitation within the trust and act on the information provided. • Provide advice, support and action plans for quality improvement based on audit findings • To provide reports and information for relevant Trust Clinical Governance Committees and the Trust Board. This will include: <ul style="list-style-type: none"> ○ DNACPR Audit report ○ Training Compliance report ○ Equipment/Drug compliance report • To review all resuscitation related incidents and act on findings or issues raised. 	
Success Factors: -	
Effective responses to medical emergencies which help to ensure maintenance of life until such time that the emergency ambulance service attends and take over the management of the incident.	
Progress Performance Measures:-	
<ul style="list-style-type: none"> • Outcomes from audits and reviews. • Recommended changes to policies, procedures and equipment. • Active management of training compliance and uptake. 	
Timeframe: - (Period of working before review)	2 years

Work-plan (Review dates documented on Directory of Documents)

- Discussion and review by Resuscitation Committee on an annual basis
- Policy to be approved by Clinical Governance Committee, following wide consultation and agreement at the Resuscitation Committee
- Substantial changes to any documentation to be approved by Clinical Governance Committee.

Topic
Review Deteriorating Patient Management & Resuscitation Policy, along with associated links
Review & revise all documentation and guidance as required as a result of on-going monitoring and discussion or changes to national guidance.
Review & revise Terms of Reference/membership and levels of response document
Review all clinical area local protocols
Review all Guidance documents that support Resuscitation Policy
Review all medical emergency training documentation
Review all medical emergency equipment documentation
Review audit tools used for quality assurance
Review the medical emergency reference material

Quorum: -

In order to be quorate, the minimum committee membership in attendance will be the chair (Deputy Director of Nursing or someone acting on their behalf), a representative from resuscitation service contract provider, and at least 50% of the clinical representatives, listed on the levels of response document.

Roles and Responsibilities

The responsibility of the chair of the committee is to manage the committee process and procedures. It is the responsibility of all members to represent their operational area and/or professional group, providing expert advice and information when required.

Membership: -

Deputy Director of Nursing
Director or Operational Lead from Resuscitation Service contract provider
Trust Resuscitation Training Officer
Director or Assistant Director of Pharmacy
Medical Representative
Postgraduate Medical Education Manager
Manager Temporary Staffing Solutions
Associate Director of Governance Representative
Learning & Development Representative
Nurse Consultant Physical Health
Clinical Nurse/Services Manager/Matron from the areas listed on levels of response document.
Other representatives, will be invited to attend if specific to agenda.

Agenda and minutes will also be copied to the following: -

Executive Director of Nursing

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Medical Director