



## **PHYSICAL HEALTH COMMITTEE TERMS OF REFERENCE 2025**

### **1. PURPOSE**

To provide a centralised oversight and governance for policy and services which promote and protect the physical health of the service user  
To ensure that systems and processes are in place to support well-led physical health care of our service user.  
The committee's function is to coordinate data analysis and provide quality assurance of these processes which will lead to quality improvements.

### **2. MEMBERSHIP**

- BSOL ICS – Senior Quality Clinician for Primary Care
- Clinical Governance Facilitator -QI.
- Clinical service area representative.(Matron, ACP or Clinical Lead)
- **Deputy Medical Director (Chair)**
- Diabetes Specialist Nurse
- Falls Prevention Lead
- FTB Physical Health Services representative
- HMP Birmingham representative
- Infection Prevention and Control representative
- Lead Nurse for Physical Health (Vice Chair)
- Lead Physical Health Clinical Educator
- Lead Tobacco Dependency Advisor
- Nurse Consultant for Physical health (Dementia and Frailty)
- Nurse Education representative
- Resuscitation, Deteriorating and Palliative Care Lead
- Senior AHP representative
- Senior Medical representative
- Senior Pharmacy representative
- Service user/EBE representative

### **3. QUORUM**

In order to be quorate a minimum of eight members must be present including either the chair or vice chair. This should be made up of representatives from 4 clinical areas are present, or that a summary is received to discuss at the meeting from each clinical area.

### **4. KEY OBJECTIVES**

- (a) To deliver BSMHFT strategy (2024-2027) for promoting physical health and well-being
- (b) To oversee and co-ordinate an annual plan of audit and/or quality improvement projects for physical health and well-being
- (c) Share learning from Physical Health related incidents, audit, and quality improvement projects
- (d) To have a reporting schedule with reports from respective leads highlighting areas for note for: -
  - Deteriorating patient (including NEWS) report.
  - Quality and quantity of Physical Health documentation
  - Review our Falls strategy and training report.
  - Physical Health Education Report
  - Pressing issues identified. (e.g., clinical systems, CQC reports)
  - Pressure Ulcer prevention report
  - Resuscitation (to include ReSPECT) report.
  - Tobacco Dependency strategy report
  - Trust Food Group



- (e) To ensure that the trust policies (relating to physical health) are relevant, evidence based and appropriate to approve for
- (f) To identify and celebrate best practice across the Trust.
- (g) To provide a quarterly report to Clinical Governance Committee
- (h) To provide an annual report of physical health prevention and promotion work within BSMHFT for the BSMHFT quality Account.
- (i) To review national campaigns and consider and local implementation processes.
- (j) Link with the local and regional physical health working groups (UHB, FTB, BCHC, Black Country Pathology Services etc)

## **5. FREQUENCY OF MEETINGS**

- Monthly formal meetings of Committee
- Smaller working groups regarding key parts of the physical health strategy will meet in task and finish groups between committee meetings and report in a timely manner.

## **6. SUPPORT ARRANGEMENTS**

- Meeting will take place via Microsoft Teams
- Meetings will be administered, and minutes recorded.
- Minutes will be produced and draft circulated/put onto the shared Teams pages for the committee members within one week of the meeting taking place.
- Agenda items to be requested no more than one week prior to the meeting and supporting papers provided.

## **7. LINKS TO OTHER GROUPS**

- Committee reports formally to the BSMHFT Clinical Governance Committee each quarter.
- Committee has links with: -
  - Clinical Effectiveness Advisory Group (CEAG)
  - Infection Prevention and Control committee (IPCC)
  - Learning and Development, Development group
  - Local Clinical Governance Forums
  - Pharmacological Therapies Committee (PTC)
  - Professional Forums (MAC, NAC, AHPAC)
  - PSIRF oversight group
  - Resuscitation Committee
  - Tobacco Dependency Strategy Group
  - Trust Food Group
  - Workforce skills working group (including PGMG)

## **8. EACH MEETINGS WILL HAVE THE FOLLOWING STANDING ITEM**

- Policy review (due for consultation)
- PSIRF review (Physical Health)
- QI audits (physical Health)
- Quality assurance of the physical health processes (Rio documentation, quality of data in documentation, insight of our physical health processes)
- Quarterly reports
- Physical Health Data from PCREF Report

## **9. Review of the Terms of Membership**

Membership for the group and the Terms of Reference will be reviewed annually.



## Physical Health Workplan - 2025

Date	Theme	Quarterly report	Report presenter
Jan	<b>Physical health strategy</b> TOR and work plan	Trust Food Group BCPS Data Review	Alison Jowett Lyndi Wiltshire
Feb	<b>The Deteriorating Patient</b>	Deteriorating Patient Report and Resuscitation Report Quality of Rio Documentation review Diabetes Report Pressure ulcer prevention	Helen Bremner  Lyndi Wiltshire Cathy Holmes TBC
March	<b>Training and Learning</b>	Physical Health Clinical Education report (including Phlebotomy & ECG) Tobacco Dependency Report Falls report	Kathryn Robertson  Hanan Khan Lyndi Wiltshire
April	<b>Strategy, Key Strategy Goals &amp; working in collaboratively with local partners</b>	Trust food Group BCPS Data Review FTB physical health report Physical Health Strategy Report	Alison Jowett Lyndi Wiltshire Alison Hemphill Sadira Teeluckdharry
May	<b>The Deteriorating Patient</b>	Deteriorating Patient Report and Resuscitation Report Quality of Rio Documentation review Diabetes Report Pressure Ulcer Prevention	Helen Bremner  Lyndi Wiltshire Cathy Holmes TBC
June	<b>Training and Learning</b>	Physical Health Clinical Education report Tobacco Dependency Report Falls report	Kathryn Robertson Hanan Khan Lyndi Wiltshire
July	<b>Strategy, Key Strategy Goals &amp; working in collaboratively with local partners</b>	Trust food Group BCPS Data Review FTB physical health report Physical Health Strategy Report	Alison Jowett Lyndi Wiltshire Alison Hemphill Sadira Teeluckdharry
Aug	<b>The Deteriorating Patient</b>	Deteriorating Patient Report and Resuscitation Report Quality of Rio Documentation review Diabetes Report Pressure Ulcer Prevention	Helen Bremner  Lyndi Wiltshire Cathy Holmes TBC
Sept	<b>Training and Learning</b>	Physical Health Clinical Education report (including Phlebotomy & ECG) Tobacco Dependency Report Falls report	Kathryn Robertson  Hanan Khan Lyndi Wiltshire
Oct	<b>Strategy, Key Strategy Goals &amp; working in collaboratively with local partners</b>	Trust food Group BCPS Data Review FTB physical health report Physical Health Strategy Report	Alison Jowett Lyndi Wiltshire Alison Hemphill Sadira Teeluckdharry
Nov	<b>The Deteriorating Patient</b>	Deteriorating Patient Report and Resuscitation Report Quality of Rio Documentation review Diabetes Report Pressure Ulcer Prevention	Helen Bremner  Lyndi Wiltshire Cathy Holmes TBC
Dec	<b>Training and Learning</b>	Physical Health Clinical Education report Tobacco Dependency Report Falls report	Kathryn Robertson Hanan Khan Lyndi Wiltshire