



Quality, Patient Experience and Safety Committee (QPES)

Terms of Reference

VALUES

The Committee will role model the Trust values:

Compassionate

- Supporting recovery for all and maintaining hope for the future
- Being kind to others and myself
- Showing empathy for others and appreciating vulnerability in each of us.

Inclusive

- Treating people fairly, with dignity and respect
- Challenging all forms of discrimination
- Listening with care and valuing all voices.

Committed

- Striving to deliver the best work and keeping patients at the heart
- Taking responsibility for my work and doing what I say I will
- Courage to question to help us learn, improve, and grow together.

AUTHORITY

- 2.1 The Quality, Patient Experience and Safety Committee ("**QPES**") is constituted as a Standing Assurance Committee of the Board. The Committee has no executive powers, other than those specifically delegated in these Terms of Reference. The Terms of Reference can only be amended with the approval of the Board of Directors.
- 2.2 QPES is authorised by the Board of Directors to govern any activity which falls within its purpose, duties, and responsibilities. It 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 QPES.
- 2.3 QPES can request external and internal individuals and/or authorities to attend its meetings to help it make decisions and can escalate any issues within its remit to the Board of Directors for consideration. QPES is an assurance committee of the Board of Directors only, i.e., it is part of the governance of the Trust's provider arm.
- 2.4 The overall aim of QPES is to seek and obtain evidence-based assurance on all aspects of quality and safety of care across the Trust and also to provide scrutiny and oversight of the effectiveness of the Trust's quality and patient safety arrangements, systems and processes. It shall ensure that both strategic and operational risks aligned to the delivery of the Trust's Quality and Clinical Services strategic priorities are effectively mitigated and managed.



- 2.5 The Committee has strategic oversight function for related risks on the Trust's Corporate Risk Register (CRR) and BAF and will seek and provide assurance to the Board that all risks on the Trust's CRR and BAF which could inhibit the achievement of the Trust's operational and strategic objectives linked to the 'Quality' and 'Clinical Services' priorities, are effectively and robustly mitigated and managed.

3. PURPOSE

- 3.1 QPES is responsible for assuring on behalf of the Board of Directors that the Clinical Services and Quality streams of the Trust's Strategy (2024/25) are being delivered:
- Leader in mental health
 - Recovery focussed
 - Rooted in communities
 - Prevention and early intervention
 - Clinically effective
 - Changing how we work
 - Improving service user experience
 - Preventing harm
 - A Patient Safety culture
 - Quality assurance
 - Using our time more effectively.
- 3.2 A key purpose of the Committee is to monitor and receive assurance on the delivery of the Quality Strategy for the Trust.
- 3.3 The Committee will lead on monitoring of controls and assurances related to the 'Clinical Services' and 'Quality' sections of the Board Assurance Framework and to assure itself that any strategic and operational risks aligned to the delivery of the 'Quality' and 'Clinical Services' priority are effectively mitigated and managed.
- 3.4 The Committee will ensure and assure, on behalf of the Board of Directors, all matters relating to the administration within the Trust of statutory requirements relating to mental health legislation. These include the Mental Health Act (1983 and 2007 amended) and the Mental Capacity Act (2005).
- 3.5 The Committee will promote an open and transparent reporting and learning culture across the Trust to support quality, safety and clinical effectiveness.
- 3.6 The Committee will also provide the Board with an independent and objective view and assurance on the appropriateness of the quality and safety of care provided to patients and the robustness of the Trust's clinical governance arrangements while also focusing on clinical effectiveness and patient experience.



4. DUTIES

- 4.1 Monitor the implementation and progress of the Trust's Quality Strategy against the five strategic aims to focus on:
 - Improving service user experience
 - Preventing Harm
 - A Patient safety culture
 - Quality Assurance
 - Using our time more effectively.
 - PEAR
- 4.2 Receive the Trust's Quality Account endorse and recommend for approval by the Board of Directors.
- 4.3 Oversee and receive assurance of statutory and mandatory requirements relating to quality of care.
- 4.4 Receive assurance on the development and effective governance of the safety culture within the Trust.
- 4.5 Oversee effective systems for safety within the Trust, with a focus on patient safety, staff safety, and wider health and safety requirements. Undertake detailed scrutiny of the Trust's Quality and Clinical Services performance information in the Integrated Performance Report (IPR) while linking to any emerging intelligence from the Financial and People strategic priorities.
- 4.6 Oversee the delivery of a high-quality experience for all service users, with a particular focus on:
 - a) assessing impact on quality due to financial decision-making involvement
 - b) engagement for the purposes of learning and making improvement.
- 4.7 Oversee an effective system for monitoring quality outcomes and effectiveness with focus on ensuring patients receive the best possible outcomes of care across the full range of Trust activities.
- 4.8 Assure the Trust's maintenance of compliance with the CQC registration through assurance of the systems of control with emphasis on the areas of quality and safety.
- 4.9 Oversee and assure on external assessments and regulatory bodies' requirements.
- 4.10 Oversee and assure the Board of Directors on statutory and mandatory requirements relating to quality of care.
- 4.11 Approve the annual Clinical Audit Plan for the Trust.
- 4.12 Support and hold to account the committee reporting to QPES in achieving its purpose, responsibilities, and duties.



- 4.13 Identify its annual objectives, produce an annual work plan in the agreed Trust format, measure performance at the end of the year, and produce an annual report. This will also include an assessment of compliance with its terms of reference.
- 4.14 Consider any relevant risks within the Board Assurance Framework and corporate level risk register as they relate to QPES and to identify and act upon any areas of significant concern to the Board of Directors.
- 4.15 Undertake any other responsibilities as delegated by the Board of Directors.
- 4.16 The Committee shall receive bi-annual reports from the Freedom To Speak Up Guardian on `Quality` and `Clinical Services` related issues and seek assurance that where applicable, all learning, improvement and recommendations identified in their reports have been effectively implemented, disseminated at scale and embedded.
- 4.17 Discharge the duties that previously rested with the Mental Health Legislation Committee:
- Monitor and scrutinise the Trust's implementation and compliance with current mental health legislation and guidance and consider any proposed changes for the Trust.
 - Seek assurance that arrangements for the compulsory detention of service users within the Trust are lawfully managed.
 - Monitor and scrutinise trends in the application of the Mental Health Act within the Trust and make recommendations to the Board of Directors for change where necessary.
 - Maintain an appropriate number of suitably skilled and experienced Lay Managers in place in the Trust, ensure that they are appropriately supported and trained, and monitor and scrutinise their activities.
 - Approve MHL specific policies and procedures for use within the Trust and monitor and scrutinise their application.
 - Assess and review risks that may impact on the Trust's ability to meet the requirements of the MHA, review controls and assurance that risks are appropriately managed, and identify and escalate to the Board of Directors as required.

5. MEMBERSHIP AND ATTENDANCE

Members

- 5.1 The membership of the Committee will be:
- Nick Moor - Non-Executive Director (Chair)
 - Winston Weir - Non-Executive Director (Deputy Chair)
 - Sue Bedward - Non-Executive Director (Member)
 - Peter Axon - Non-Executive Director (Member)
 - Executive Director of Quality and Safety (Chief Nurse)
 - Executive Medical Director
 - Executive Director of Operations



In Attendance

5.2 The following will be standing attendees of the Committee:

- Head of Mental Health Legislation
- Medical Lead for MHA and MCA
- Head of Health and Safety and Regulatory Compliance
- Deputy Director of Operations
- Associate Chief Nurse for Policy and Practice
- Chief AHP/Deputy Director for Quality & Safety/Patient Experience
- Interim Associate Director of Nursing: Patient Safety
- Lead Nurse for Safer Staffing
- Head of Quality Improvement & Clinical Effectiveness
- Associate Director of Safeguarding
- Company Secretary
- Chairs of the sub-committees which report into QPES.
- Associate Director of Corporate Governance

5.3 Designated Deputies

No	Exec Membership	Designated Deputy
1	Executive Director of Quality and Safety (Chief Nurse)	Chief AHP/Deputy Director for Quality & Safety/Patient Experience
2	Executive Medical Director	Deputy Medical Director – Quality & Safety
3	Executive Director of Operations	Deputy Director of Operations

5.4 Other Directors will attend if they have an agenda item but only for that item. Other officers will attend but only for specific agenda items, e.g., Trust Solicitor, Lay Managers, Associate Director of Corporate Governance etc.

5.5 All members have one vote. In the event of votes being equal the Chair of the Committee has a casting vote.

5.6 In the absence of the Chair of the Committee, the Deputy Chair will chair the meeting.

5.7 Other members of the Board can attend meetings if they indicate to the Chair of QPES, in advance, of their intention to do so.

5.8 Where members are unable to be present, they are entitled, and, in the case of Executive Directors, expected to nominate a deputy to attend on their behalf. These attendees will not assume temporary voting rights.

5.9 Members are expected to make every effort to be present at all meetings of the Committee. There will be 10 meetings in a financial year, however, members will be expected to attend at least 70% of the total number of meetings for the year.



5.10 The Company Secretary shall keep a register of attendance of all members as per this ToR.

5.11 Meeting attendance will be reviewed by the QPES Chair annually.

6. QUORACY

6.1 The meeting will be considered quorate with 4 Committee members, including two Non-Executive Directors and two Executive Directors. These could be designated deputies attending on behalf of substantive members. Designated deputies can only represent substantive members twice in any rolling year with any departures due to exceptional circumstances subjected to rigorous scrutiny and agreement by the Committee.

7. DECLARATION OF INTERESTS

7.1 All members must declare any actual or potential conflicts of interest in advance. These must be recorded in the minutes.

However, if a member is conflicted with an item on the agenda, the Chair shall adopt a sensible and pragmatic approach in managing conflict during the meeting as they may permit the conflicted member to participate and contribute to the debate and discussions on the item (so as to inform better decision-making) but abstain or recuse themselves from any related voting. (Check section 3.12 – Managing conflict of interests during meetings in the Trust's Declaration of Interest Policy for more details).

8. MEETINGS

8.1 Meetings will be held 10 times per year.

8.2 Meeting dates will be agreed annually in advance by the members of the Committee.

8.3 The agenda of every Committee meeting will include as a standing item a review of how effectively it has discharged its business.

9. ADMINISTRATION

9.1 The meeting will be closed and not open to the public.

9.2 The Company Secretary will ensure there is appropriate secretarial and administrative support to the Committee.

9.3 Prior to each meeting, the Company Secretary will organise an agenda setting meeting as per the QPES annual calendar of meetings, this will bring together the

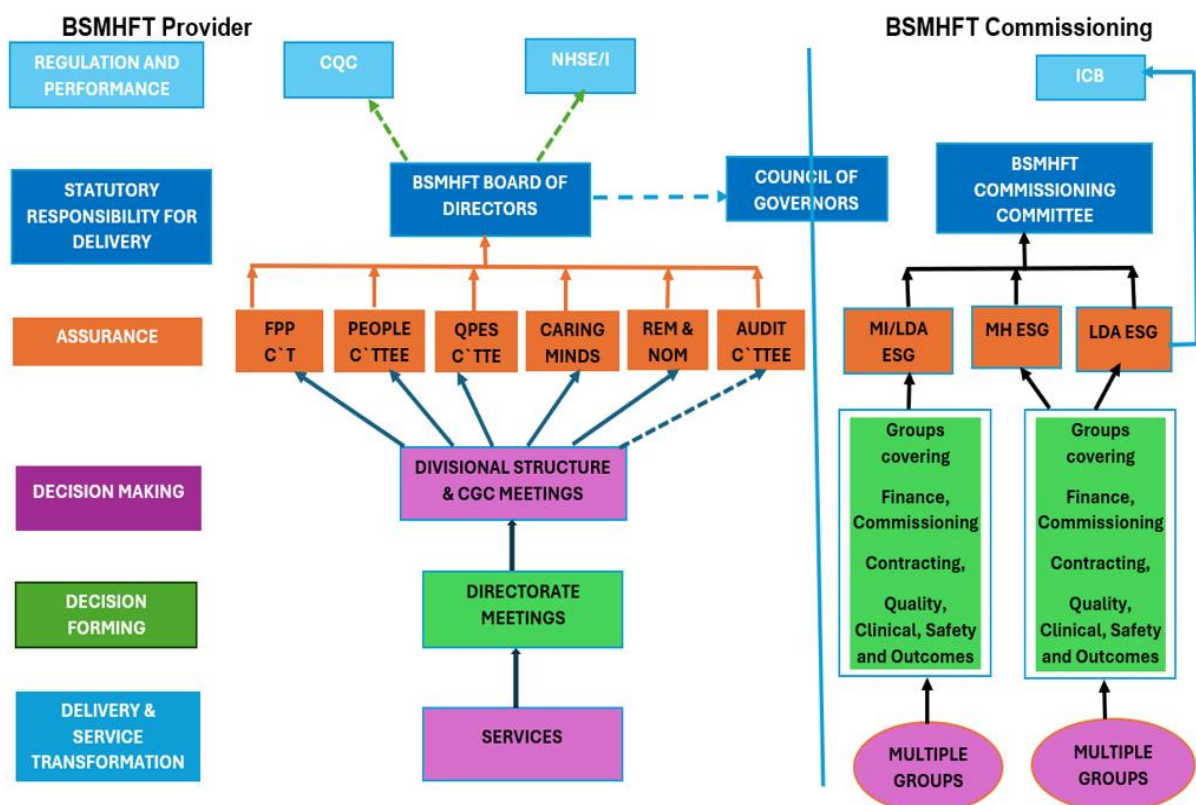


Chair and Executive Director of Quality and Safety (Chief Nurse) to establish and agree the draft agenda which will be timely circulated for papers to be crafted.

- 9.4 Any issues with the agenda must be raised with the Committee Chair for advice prior to the final papers and bundle being circulated.
- 9.5 All reports, papers and the bundle including the agenda, action log and minutes must be circulated at least 5 working days before the meeting.
- 9.6 An action log and minutes will be compiled during the meeting and circulated within 5 working days of the end of the meeting.
- 9.7 Any issues about the action log or minutes must be raised within 5 working days of issue.
- 9.8 The Company Secretary will be responsible for updating the forward plan with input from the Director of Quality and Safety (Chief Nurse) and Associate Director of Clinical Governance, for agreement with the QPES Chair.

10. Governance Structure

10.1 BSMHFT Provider and Commissioning Governance structure





11. REPORTING AND LINKS TO OTHER COMMITTEES

- 11.1 The Committee Chair will provide a `Triple A` Assurance Report at every Board meeting which will reflect the things the Committee is Alerting, Assuring and Advising the Board on.
- 11.2 The Committee will receive regular reports from the sub-committees and groups reporting into it – the formal timing of these will be outlined on the QPES forward plan and in addition to this exception reports will be provided as required. The Committee will receive regular Chair`s Assurance Reports from the Trust Clinical Governance Sub-committee (TCGC) at each of its meetings.
- 11.3 The Committee will provide exception reports to the Audit Committee.
- 11.4 Any service changes will require sign off in terms of impact on quality by the Medical Director and the Director of Quality and Safety (Chief Nurse).
- 11.5 Members and Attendees at both QPES and FPP will be expected to have an integrated approach so that impact issues are not lost, and papers to both committees will need to indicate where there is a potential impact on quality. Where necessary, exception reports will be provided between the two committees.
- 11.6 The Committee will review their effectiveness on an annual basis, through an annual self-assessment, reporting the outcome of the review to the Board of Directors.
- 11.7 The Committee Chair will present to the Council of Governors (CoG) annually a report on the work of the Committee. QPES Chair`s Assurance Report(s) will be presented by the Chair to the CoG as per its Forward Plan.

REVIEW

- 12.1 These terms of reference are to be reviewed at least annually.

Date Reviewed: November 2025

Date Approved by QPES: 19th November 2025

Date Ratified by the Board: 3rd December 2025

Date of Next Review: November 2026

Version: 2.0