

Participation, Experience and Recovery Sub-committee (PEAR) TERMS OF REFERENCE

1. VALUES

The Sub-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

2. Purpose and Aims of the Sub-Committee

All Trust Board Committee structures are responsible for scrutinising and providing assurance on key issues allocated to them. Agendas are set to enable QPES (Quality Patient Experience & Safety Committee) to be assured that scrutiny processes are in place to allow the Trust's strategic objectives to be met and to address and mitigate risk.

The Terms of Reference of the PEAR Sub-committee are reviewed on an annual basis and, if appropriate, amended to reflect any changes to the Sub-Committee's remit and role, any changes to other Sub-committees and revised membership. The Sub-Committee is a non-executive Sub-committee of QPES and has no executive powers other than those specifically delegated in these terms of reference.

The Service User, Family and Carer Experience, Participation and Recovery Group Sub-committee (PEAR) cover the following domains:

- Service users
- Carers
- Family members
- Stakeholders

The PEAR Sub-committee provides assurance to Quality, Patient Experience and Safety through to the Trust Board on service quality and the application of controls assurance. The PEAR Sub-committee is authorised to seek information it requires from any employee of the Trust. All members of staff are directed to co-operate with any request made by the Sub-committee.

Our ambition as a Trust is to deliver the highest quality services in a safe inclusive environment where our service users, their families, carers and staff have positive experiences, working together to continually improve. Our Quality Strategic Priority provides a foundation for the development of detailed annual quality goals outlining the actions that we will take each year to achieve our ambition for quality and the five supporting aims;

- A focus on a positive service user experience.
- A focus on preventing harm.
- A focus on a positive safety culture.
- A focus on quality assurance.
- A focus on using our time more effectively

The PEAR Group Sub-committee will focus on an effective service user, family and carer participation and experience strategy to support the aim of a positive service user experience in addition to delivering the current recovery for all and family and carer strategies.

3. Core Delegated Responsibilities and Accountabilities

The purpose of the PEAR Sub-committee is to:

- Raise the profile and visibility of service user, carer and family experience and recovery and engagement across the Trust and provide assurance to the Quality, Patient Experience and Safety Committee (QPESC)
- Set the strategic direction for service user, carer and family experience and recovery engagement with the purpose of achieving the Trust's strategic aims as detailed in the Trust Quality Strategy and supporting strategies for service user and family participation, recovery and experience.
- Monitor development and delivery of a service user, family and carer participation and experience strategy.
- Be the conduit for effective change and improvement to service user and family experience, act on feedback to challenge, influence activities that deliver an improved service user and family experience.
- Supervise and guide on the implementation of the HOPE Strategy
- Manage and guide the Experts by Experience (EBE) Programme
- Oversee and guide the Family and Carer Strategy
- Report to the Quality, Patient Experience and Safety Committee (QPESC) on progress and barriers to achieving the Group Sub-committee's purpose.

- Tackle health inequalities by understanding where they exist and taking forward results/data/information
- Support the work in becoming an anti-racist organisation and anti-bullying organisation

The Sub-committee will:

- Ensure a trust-wide approach to service user and family and carer experience is maintained which continually reviews intelligence and drives outcome-based improvements.
- Consider learning from all experience activities (Friends and Family Test, surveys, peer reviews, quality improvement projects, PLACE inspections, Observe and Act).
- Work with service area local Clinical Governance Committees to identify areas of concerns and celebrate best practice.
- Make certain the Trust is sourcing inclusive feedback from all groups which reflect the local population.
- Ensure the Trust has a participation programme (the experts by experience programme) which ensures involvement in the improvement and redesign of services.
- Ensure that experience and participation is an essential element of the Transformation of Community Mental Health Services

4. Membership

The members of the PEAR Sub-committee are:

Chief AHP & Associate Director for Recovery, Experience, Spiritual Care and Physical Health	Executive Operational Leadership representative Chair of Sub Committee
Head of Spiritual Care & Recovery College	Senior Leadership for Recovery
Head of Customer Relations	Leadership for Complaints
Recovery Improvement Lead	Leadership for Recovery
Participation and Experience Manager	Leadership for Participation and Experience
EBE and Recovery for all Forum chair	Leadership for EbE
Recovery for all business manager (minutes)	Administration leadership
Lead for Recovery and Service user, Family and Carer Experience	Senior Leadership for Recovery, Participation, Family and Carer Experience
Participation and Experience Leads	Leadership for Participation & Experience in clinical areas

Divisional Heads of Nursing & AHPs or nominated representative	Clinical Leadership
Equality, Diversity and Inclusion team representative	Leadership for portfolio
Communications team representative	Leadership for portfolio
Mental Health Co-Production Lead For Experts By Experience	Leadership for portfolio
Experts by Experience	Co-production and Experience stakeholder
Head of Learning Disability & Autism	Leadership for portfolio
Co-chair of LEAR Group	Leadership for portfolio
Family & Carer Representative	Co-production and Experience stakeholder
Lived Experience Representative	Co-production and Experience stakeholder

Substantive BSMHFT staff members are expected to ensure that a named deputy attends in their absence to reflect their service area in the event of their inability to attend.

- The committee will require the attendance of the relevant leads to present their reports.

The Sub-committee can request the attendance of any other individual if an agenda item requires it.

All members will be expected to

- Ensure that mobile phones are kept silenced during the meeting.
- Ensure that electrical equipment used for access to the meeting papers (iPads and laptops) are not used for other purposes (i.e., monitoring email) during the meeting.
- Read the papers prior to the meeting.
- Participate fully in all discussions at the meeting.
- Ensure that, through all discussions, the focus is on the needs of service users and quality of care.
- Ensure that contributions are succinct and reflect the agenda item.
- Ensure that other members are supported to make their point and that queries raised are responded to.

5. Quorum

Six members with a minimum of three people present with lived experience to pass any major decisions. If a meeting is not quorate, decisions will be proposed, and members contacted after the meeting for approval.

One must be an Executive Director representative, and one of whom must have a senior role in service user, family and carer experience.

6. Attendance Levels

Attendance at meetings is essential. In exceptional circumstances when a member cannot attend, they must arrange for a fully briefed deputy of sufficient seniority to attend on their behalf. This applies to BSMHFT employed staff only

7. Frequency of Meetings and Location

The Sub-committee will meet monthly for two hours and meetings will be set in advance as part of the planning of annual calendars of business. A minimum of 10 meetings a year will be held.

Further meetings can be called at the request of the Sub-committee Chair.

An agenda of items to be discussed and supporting papers will be forwarded to each member of the Sub-committee and any other person required to attend, no later than five working days before the date of the meeting.

8. Authority

The Sub-Committee is authorised by QPES to investigate any activity within its terms of reference. It is authorised to seek any information it requires from any employee and all employees are directed to cooperate with any request made by the Committee.

The Sub-Committee is also authorised by the Quality Patient Experience & Safety Committee to obtain outside legal or other independent professional advice and to secure the attendance of outsiders with relevant experience and expertise if it considers this necessary.

9. Subgroup Accountabilities and Delegated Responsibilities

The PEAR Sub-committee is accountable to Quality, Patient Experience and Safety Committee.

To fulfil its duties and to ensure the Trust complies with its statutory responsibilities and duties, the Sub-Committee will receive reports from identified sub-groups including but not limited to HOPE Action groups, LEAR group and Recovery for All Forum.

10. Administration

Meetings will be supported by the Recovery for All Business manager by:

- Minute taking
- Keeping a record of matters arising and issues to be carried forward within an action log
- Collation and distribution of papers

The Chair of the Sub-committee shall in a pre-meet or agenda setting meeting with the Minutes Taker establish an agenda for the meeting which will be circulated to 'call for paper' 15 working days before the meeting, giving authors at least 7 working days to prepare and submit their reports to the Minutes Taker for circulation.

Papers for the Sub-committee meeting must be circulated 5 working days before the meeting.

Agenda

Fixed items on a rotating basis:

- Update on the last meeting
- Feedback from previous months Trust Quality, Patient Experience and Safety Committee
- Update from recovery for all forum and other action groups.
- Update from the experts by experience programme/participation activities
- Update Customer relations
- Experience data report
- Preparing report for Trust Quality, Patient Experience and Safety Committee

11. Monitoring of Sub-Committee Effectiveness

- The PEAR Sub-committee will review its Terms of Reference and effectiveness annually. This will be achieved by:
 - The development and review of associated outcomes against service user, family and carer experience metrics, aims and objectives and ensure that action is taken to address issues arising.
 - Identifying good service user, family and carer experience and ensure that this is shared throughout the Trust.
 - Reviewing examples of learning which have resulted from service user, family and carer feedback
 - Ensuring that service user, family and carer experience is understood and challenged effectively when it does not meet expected standards, resulting in plans to address it.

12. Assurance to Trust Board and Other Bodies

The Chair of the PEAR Sub-committee shall ensure that the Sub-committee reviews its own performance, at least annually, review its constitution composition and terms of reference to ensure it is operating at maximum effectiveness and recommend any changes it considers necessary to the Quality, Patient Experience and Safety Committee (QPESC) for approval. The annual self-assessment of the Sub-committee's effectiveness could on the request of the Chair be facilitated by the Governance Team.

The Group Sub-committee will review risks to providing a high standard of service users, family and carer experience and seek assurance that appropriate action is being taken to mitigate.

Full minutes will be sent in confidence to all members of the Committee and shall be made available on request to NHS Improvement and the Trust's internal and external auditors.

The Group Sub-committee shall report to the Quality, Patient Experience and Safety Committee (QPESC) hereby on its proceedings on a quarterly basis to provide assurance and to escalate issues as appropriate.

The Group Sub-committee will provide an annual report to the Quality, Patient Experience and Safety Committee (QPESC) hereby setting out how it has discharged its responsibilities as set out in these terms of reference.

13. Declaration of interest

All members must declare any actual or potential conflicts of interest in advance. These must be recorded in the minutes. Members must exclude themselves from any part of the meeting where a potential or actual conflict of interest may occur. Alternatively, 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.

14. Voting

The Chair will seek consensus to a vote taking place by a show of hands. If the Committee members do not agree unanimously to be vote being taken by a show of

hands it should be done by roll call beginning with the Chair. The Chair has a casting vote which means if there is a tie in the number of votes the Chair has a second or casting vote.

Non-members do not have voting rights.

Date Updated: November 2025

Date approved by the Shaping Our Future Workforce Sub-committee:
(Approved via Chair's Action – January 2026).

Date Ratified by the People Committee: 21st January 2026

Date of Next Review: November 2026

Version: 2.4