



Leadership in Trust

Our policy to govern, assure and encourage delivery within the organisation.



v1

May 2025



Ignis Lodge

Our Purpose to Practice Pillars



People and Culture

How we attract, foster and celebrate a values driven culture, and keep every colleague, volunteer and provider safe, fulfilled and empowered to grow.



Finance and Commercial

How we safeguard funds, trade ethically and make sound, transparent decisions so that every pound entrusted to us delivers social value and sustains our mission.



Risk and Assurance

How we look ahead, spot threats and opportunities, and build the resilient systems, quality and oversight to keep our people, guests and reputation secure.



Digital and Technology

How we harness smart, secure technology to streamline operations, protect data, unlock insight and enhance the experience of guests, residents and staff alike.



Facilities and Estates

How we steward historic buildings and modern infrastructure, maintain safe, sustainable environments, and balance conservation with utility.



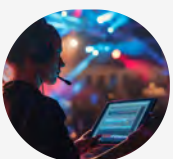
Clinical Care and Support

How we deliver compassionate, regulated health, wellbeing and residential support built on evidence-based, person-centred, outcome-led practice.



Hospitality and Culinary

How we craft safe, memorable food, beverage and event experiences to showcase local provenance, exceed expectations and respect the highest standards of service.



Guest Experience

How we design every touch-point—from first enquiry to fond farewell—to be inclusive, responsive and memorable, and how we listen, learn and continually improve through guest feedback.



Leisure and Wellbeing

How we provide inspiring, expertly staffed leisure and wellbeing facilities to elevate mind and body whilst meeting the strictest safety and professional standards.



Understanding our governance

Ignis Lodge blends heritage, hospitality and social renewal. Such breadth needs governance which makes sense to everyone. This policy delivers that clarity by collecting together all terms of reference. It shows who decides, who checks and who fixes.

Policy → Standard → Process ladder

Our framework rests on three rungs.

Policy is the Board's short promise as to why a topic matters and the responsibilities we own.

Standard converts that promise into measurable requirements: a surplus margin, a carbon target, a response time for safeguarding alerts.

Process is the daily routine to meet the requirement.

Because each layer is separate we can tighten a chlorine limit or raise a spend ceiling without rewriting the whole policy. It is this agility which keeps us compliant and nimble.

Why it matters

Good governance is not paperwork; it liberates people. A spa therapist can adjust a shift knowing she still meets the staffing standard. A heritage mason can pilot a new lime mortar mix confident the Panel can approve it this month. Teams spend less time chasing signatures and more time serving guests, supporting veterans and saving stonework. Consistent standards give funders confidence, visible dashboards give staff pride, and the entire organisation keeps its promise.

How the structure works

The Board meets six times a year and sets appetite for risk. Three Committees (Audit, Finance and Risk, People, Culture and Change; Quality, Care and Sustainability) turn that appetite into assurance questions: are we solvent, are people safe, is our estate working? Executive Panels gather data, solve issues in real time and escalate anything which breaches a boundary.

Line of sight in everyday work

A support worker wonders why e-learning completion matters. They can trace a straight line from the tick recorded to the People and Culture dashboard reviewed by the Inclusion, Wellbeing and Development Panel, to the People, Culture and Change Committee's decision to renew Investors in People status, and finally to the Board minute proving due care to the regulator. The same golden thread convinces external auditors and, more important, reassures service users and guests that we keep our promises.

Ownership and accountability

Each term of reference names a Chair, voting members, quorum and delegated limits. Spending ceilings scale logically. Panels hold up to £100,000, Committees up to £750,000, Board anything over £750,000. This means accountability is never blurred. Where limits overlap the higher body's rule prevails; when risks escalate, timelines are explicit. Minutes appear on the intranet within ten working days and a public summary follows, stripped of personal data, inside twenty-one days.

Readable by design

Every section opens with a single paragraph purpose; responsibilities are grouped in short lines; quorums and escalation windows sit in bold type rather than small print. Held in our shared digital library and on our website, it will be transparent and easy to find for everyone.

Your part in the story

Read the pages that follow, use them, question them and suggest improvements. A framework is only as strong as the people who live it. Here is the scaffold; the mission depends on us all.





Ignis Lodge

Our governance structure

STRATEGY

Ignis Lodge Board

Chaired by the Ignis Lodge Chair, this is the ultimate governing body of Ignis Lodge
Held in Oct (AGM). Dec, Feb, Apr, Jun, Aug on last Wednesday.



Audit, Finance and Risk Committee (AFRC)

Chaired by a NED. this is an independent assurance on the adequacy of Ignis Lodge's financial stewardship, integrated risk management and internal control environment.
Held in Jan, Apr, Jul, Oct on first Tuesday.

People, Culture and Change Committee (PCCC)

Chaired by a NED, this is an independent assurance that Ignis Lodge is a great place to work, inclusive by design, and a resilient organisation able to adapt to change.
Held in Feb, May, Aug, Nov on first Wednesday.

Quality, Safety and Sustainability Committee (QSSC)

Chaired by a NED. this is an independent assurance that people are safe, services are high quality, buildings are sound and the planet respected.
Held in Mar, Jun, Sep, Dec on first Thursday.



Risk, Safety and Governance Panel (RSG)

Chaired by the COO, this is an executive panel to ensure every strand of risk which could jeopardise people, heritage or continuity.
Held monthly on second Wednesday

Inclusion, Wellbeing and Development Panel (IWD)

Chaired by the CEO, this is an executive panel to ensure Ignis Lodge's people agenda delivers a space where all colleagues, whatever their background, feel safe, valued and able to grow.
Held monthly on third Tuesday.

Clinical and Care Oversight Panel (CCO)

Chaired by the CDO, this is an executive panel to ensure safe, evidence based, person centred care for veterans, care leavers, and community clients across Ignis Lodge's services.
Held monthly on second Tuesday

Finance and Commercial Performance Panel (FCP)

Chaired by the COO, this is an executive panel to ensure Ignis Lodge is financially strong, commercially agile and structurally fit to deliver its social mission.
Held monthly on third Wednesday

Estate and Heritage Sustainability Panel (AHS)

Chaired by the COO, this is an executive panel to ensure effective fabric, functionality and footprint of Ignis Lodge.
Held in Jan, Mar, May, Jul, Sep, Nov on second Thursday.

Community and Guest Experience Panel (CGE)

Chaired by the CXO, this is an executive panel to ensure every interaction with guests, delegates, local residents and volunteers delivers warmth, enjoyment and genuine social value.
Held monthly on third Thursday.

ASSURANCE

DELIVERY



Ignis Lodge Board

Purpose

The Board is the ultimate governing body of Ignis Lodge. It protects the organisational purpose, approves strategy and budget, sets risk appetite, and assures people, place and profit are managed to the highest ethical, legal and professional standards.

Authority

Powers are derived from the Articles of Association and relevant company law. The Board may:

- appoint or dismiss the chief executive, non-executive directors (NEDs) and co-opted members (COMs);
- create committees and delegate clearly defined powers;
- buy, sell or charge assets and borrow or invest funds;
- approve or repeal organisational policies.

Reserved matters

The Board alone may approve:

- the five year strategy and annual operating plan;
- any single contract, lease or commitment greater than £750,000 or any value outside the approved operating budget;
- any changes to the governing document;
- appointment of the external auditor and approval of the annual report and accounts;
- entry into or exit from a new location of operations.

Delegation of matters

Finance and risk up to £750,000 is delegated to the Audit, Finance and Risk Committee (AFRC).

People and pay within agreed envelope is delegated to the People, Culture and Change Committee (PCCC).

Operational matters up to £0.5m or £2m cumulative are delegated to the Chief Executive.

Detailed delegations can be found in the **Counting on Integrity Policy** which explains our financial governance and control framework.

Meeting cadence

Annual general meeting: Oct each year.

Ordinary: six (6) per financial year (bi-monthly).

Extraordinary: at the chair's discretion or on written request of any three (3) voting members.

Papers circulate five (5) working days in advance. Late papers require chair's approval.

Decision making

Simple majority of voting members for adoption of strategy, annual budget, reserved matters.

Two-thirds majority of eligible voting members for the appointment or removal of a member.

Unanimous consent of eligible voting members for amendments to governing document, appointment or removal of the chair or CEO, dissolution, acquisitions or mergers.

In the event of an equal split on any simple majority vote, the chair has a casting vote. For any two-thirds or unanimous items the motion fails if the threshold is not reached but it may be tabled at the next meeting or referred to an extraordinary meeting.

Reporting

Draft minutes circulate within 10 working days. Actions are tracked on a rolling log. A public summary is posted on the website within 21 days subject to any commercial and personal redaction.

Characteristics of a high performing board

Purpose driven decisions map clearly to organisational social objects.

Strategic not operational board members set direction and hold management to account.

Inclusive variety of skills, backgrounds and experience, with all voices respected and heard.

Evidence based financial, quality, ESG and stakeholder data underpin debate.

Transparent publishes minutes (redacted for confidentiality) within 21 days and explains major decisions to stakeholders.

Risk aware reviews heatmap quarterly and acts quickly and decisively where risk exceeds appetite.

Learning culture conducts annual self-assessment and biennial external review proactively executing any lessons learned or good practice.



Ignis Lodge Board

Composition, roles and responsibilities

Role	Voting	Appointment	Expectation
Chair	Yes	Elected by Board. May serve two three-year terms.	Prepare thoroughly; declare conflicts; challenge constructively; keep confidentiality; attend $\geq 80\%$ of meetings.
3 x Non-Executive Director	Yes	Appointed by Chair. May serve two three-year terms subject to contribution and impact.	
Youth Representative (co-opted)	Yes	Must be aged 18-21 and live or work within 30 miles of the campus. One-year renewable term until maximum age.	Provide lived-experience insight; uphold Nolan Principles; vote on all matters except CEO pay.
Veterans Representative (co-opted)	Yes	Must be serving or ex-forces personnel and live or work within 30 miles of the campus. One-year renewable term to a maximum of three years.	
Care Leaver Representative (co-opted)	Yes	Must have been in local authority care for any time up to the age of 21, and live or work within 30 miles of the campus. One-year renewable term to a maximum of three years.	
Community Representative (co-opted)	Yes	Must live or work within the areas designated as voting members (at any level) of the West Midlands Combined Authority. One-year renewable term to a maximum of three years.	
Workforce Representative (co-opted)	Yes	Must be elected by a majority of the Ignis Lodge workforce. One-year term.	
Founding and Life Member(s)	Yes	Attend the annual general meeting, any extraordinary meeting, or any decision for unanimous consent.	Safeguard the founding vision and mission of the organisation; uphold Nolan Principles.
Chief Executive	No (Ex-officio)	Attends all meetings except where executive remuneration is discussed.	Present with integrity, objectivity and candour; execute Board decisions.
Board Secretary	No	Minutes and secretariat support.	Issue agenda and papers; minute decisions and actions; maintain registers of interests and delegations.

For the period of their term anyone holding voting rights are appointed as members of Ignis Lodge.

For the period of their term the chair, non-executive directors and chief executive are appointed as directors of Ignis Lodge.

Quorum is five (5) voting members including one (1) NED, one (1) co-opted representative and the elected chair or nominated deputy.



Audit, Finance and Risk Committee (AFRC)

Purpose

The ARFC is a board committee providing independent assurance on the adequacy of Ignis Lodge's financial stewardship, integrated risk management and internal control environment. It safeguards assets; ensures statutory, regulatory and accreditation requirements are met; and advises the Board on whether performance fairly reflects reality.

Authority

Delegated by the Board under Articles of Association clause 43 and the Leadership in Trust policy. The Committee may:

- approve or recommend financial and risk policies;
- commission internal audits and deep-dives;
- request any information from any employee, Executive Panel or external adviser;
- approve unbudgeted or virement spend up to the threshold limit;
- engage external professional advice funded from the audit budget.

Key responsibilities

Financial integrity Review monthly management accounts, cashflow and capital project reports; scrutinise budget variances; recommend draft annual report and accounts for Board approval.

External audit Recommend appointment and remuneration of auditors; approve audit plan; review management letter and monitor action closure.

Internal control and assurance Approve the rolling internal audit programme; receive findings and track corrective actions.

Risk management Oversee the corporate risk register and risk-appetite statements; challenge mitigation plans; ensure alignment with ISO 31000.

Cyber security and information governance Receive dashboards from the Integrated Risk Panel; monitor ISO 27001 compliance, GDPR, and AI ethics.

Business continuity and resilience Review ISO 22301 testing schedule, DR results and lessons learned reports.

Financial policy compliance Endorse revisions to the Scheme of Delegation, treasury policy, reserves policy, anti-fraud and bribery framework.

Delegated limits

The committee may approve any single transaction up to £750,000 to a cumulative annual total of £2,000,000. Matters exceeding this limit must be presented to the Board.

Meeting cadence

Ordinary: quarterly (Jan, Apr, Jul, Oct) aligned to Board calendar.

Extraordinary: at the chair's discretion.

Papers circulate five (5) working days in advance. Late papers require chair's approval.

Decision making

Simple majority of voting members for routine approvals and resolutions.

Two-thirds majority of voting members for changes to risk appetite or scheme of delegation.

Unanimous consent of voting members for annual report and accounts recommendations to the Board.

In the event of an equal split on any simple majority vote, the chair has a casting vote. For any two-thirds or unanimous items the motion fails if the threshold is not reached but it may be tabled at the next meeting or referred to an extraordinary meeting.

Reporting

Draft minutes circulate within 10 working days. Actions are tracked on a rolling log. A public summary is posted on the website within 21 days subject to any commercial and personal redaction.

Characteristics of a high performing committee

Independence chaired by non-executive membership free from executive influence.

Depth of insight members complete annual CPD in finance, audit and risk.

Forward looking focuses on horizon scanning, not just retrospective variance reports.

Joined-up integrates financial, operational, cyber and ESG risks into one picture.

Transparent discloses key findings in the public annual report and on the website within 21 days (redacted for confidentiality).

Continuous improvement conducts annual self-assessment; action plan reviewed each March.



Audit, Finance and Risk Committee (AFRC)

Composition, roles and responsibilities

Role	Voting	Appointment	Expectation
Chair	Yes	Appointed by Board from non-executive director cadre. May serve two three-year terms.	Prepare thoroughly; declare conflicts; challenge constructively; keep confidentiality; attend $\geq 80\%$ of meetings.
Non-Executive Director	Yes	Appointed by Board from non-executive director cadre. May serve two three-year terms.	
Stakeholder Representative (co-opted)	Yes	Appointed by Board from co-opted cadre. One-year renewable term to a maximum of three years.	Provide lived-experience insight; uphold Nolan Principles;
Chief Executive	No	Standing member with full speaking rights.	Present with integrity, objectivity and candour; implement actions within agreed deadlines.
Chief Operating Officer	No	Leads on all performance reporting.	
External Auditor	No	Ad-hoc attendance for audit planning and completion reporting.	
Board Secretary	No	Minutes and secretariat support.	Issue agenda and papers; minute decisions and actions; maintain registers of interests and delegations.

Quorum is two (2) voting members which must include the elected chair or nominated deputy.



People, Culture and Change Committee (PCCC)

Purpose

The PCCC is a board committee providing independent assurance that Ignis Lodge is a great place to work, a safe place to receive services, and a resilient organisation able to adapt to change. It stewards culture, wellbeing, inclusion, talent, remuneration, and major change programmes, ensuring alignment with external accreditations and our social purpose.

Authority

Delegated by the Board under Articles of Association clause 43 and the Leadership in Trust policy. The Committee may:

- approve or recommend people related policies;
- approve the annual workforce plan,
- authorise expenditure up to threshold limit;
- commission culture or change activities;
- call for any information from any employee, panel or adviser.

Key responsibilities

Culture and engagement Review pulse survey and people dashboards; oversee culture action plans and improvement roadmap.

Wellbeing and inclusion Monitor stress risk assessments, MHFA coverage, Living Wage Foundation compliance, equality pay gap reports.

Talent, learning and reward Approve payband framework, bonus and recognition schemes, succession plans; monitor CPD completion and apprenticeship placements.

Workforce change Scrutinise organisational restructures, TUPE or redundancy plans, major volunteer programme changes.

Covenants and community Track veteran and care leaver placement KPIs and community engagement targets.

Delegated limits

The committee may approve any people or cultural spend outside of budget approval up to £250,000 to a cumulative annual total of £500,000. Matters exceeding this limit must be presented to the Board.

The committee may approve all pay awards within the existing framework. Any changes to the framework must be presented to the Board.

Meeting cadence

Ordinary: quarterly (Feb, May, Aug, Nov) aligned to Board calendar.

Extraordinary: at the chair's discretion.

Papers circulate five (5) working days in advance. Late papers require chair's approval.

Decision making

Simple majority of voting members for routine approvals and resolutions.

Two-thirds majority of voting members for payband framework, annual uplifts and any restructure.

Unanimous consent of voting members for executive pay recommendation to the Board.

In the event of an equal split on any simple majority vote, the chair has a casting vote. For any two-thirds or unanimous items the motion fails if the threshold is not reached but it may be tabled at the next meeting or referred to an extraordinary meeting.

Reporting

Draft minutes circulate within 10 working days. Actions are tracked on a rolling log. A quarterly People and Culture Report summarises KPIs, risks and actions. An annual public summary is posted on the website within 21 days subject to any commercial and personal redaction.

Characteristics of a high performing committee

People centred debates begin with impact on staff, volunteers and service users.

Data driven combines quantitative KPIs with qualitative culture feedback.

Future focused monitors talent pipeline, succession and emerging workforce trends.

Inclusive lived experience features highly with decisions tested for EQIA impact.

Transparent pay gap, Living Wage, safeguarding and culture actions published annually.

Continuous improvement conducts annual self-assessment; action plan reviewed each February.



People, Culture and Change Committee (PCCC)

Composition, roles and responsibilities

Role	Voting	Appointment	Expectation
Chair	Yes	Appointed by Board from non-executive director cadre. May serve two three-year terms.	Prepare thoroughly; declare conflicts; challenge constructively; keep confidentiality; attend $\geq 80\%$ of meetings.
Non-Executive Director	Yes	Appointed by Board from non-executive director cadre. May serve two three-year terms.	
Stakeholder Representative (co-opted)	Yes	Appointed by Board from co-opted cadre. One-year renewable term to a maximum of three years.	Provide lived-experience insight; uphold Nolan Principles;
Staff Representative (co-opted)	Yes	Must be elected by a majority of the Ignis Lodge workforce. One-year term.	
Chief Executive	No	Standing member with full speaking rights.	Present with integrity, objectivity and candour; implement actions within agreed deadlines.
Chief Operating Officer	No	Nominated executive lead for performance.	
People and Culture Manager	No	Presents operational information and programme updates.	
Board Secretary	No	Minutes and secretariat support.	Issue agenda and papers; minute decisions and actions; maintain registers of interests and delegations.

Quorum is two (2) voting members which must include the elected chair or nominated deputy.



Quality, Safety and Sustainability Committee (QSSC)

Purpose

The QSSC is a board committee providing independent assurance that people are safe, services are high quality, buildings are sound and the planet respected. It assures clinical governance, health and safety, heritage conservation and environmental sustainability across Ignis Lodge's operations.

Authority

Delegated by the Board under Articles of Association clause 43 and the Leadership in Trust policy. The Committee may:

- approve or recommend quality, safety, estates and ESG policies;
- sanction capital or estates projects up to threshold limit;
- commission internal or external reviews;
- request any information from employees, Panels or advisers.

Key responsibilities

Clinical quality and resident safety Receive clinical audit cycle, incident trend analysis, outcome dashboards; monitor controls and Gold Standard Framework compliance.

Safeguarding Receive adult and child safeguarding data (MCA, DoLS/LPS), training compliance and serious incident reviews.

Health and safety Review RIDDOR events, training, risk assessments; ensure ISO continual improvement.

Estates, heritage and capital delivery Scrutinise listed fabric permits, asbestos and legionella remediation, maintenance backlog and sit as the investment committee for project delivery.

Environmental and sustainability Track carbon, energy, water, waste and biodiversity KPIs; oversee ISO 14001 action plan and Green Heritage accreditation progress.

Accreditation Receive assurance from panels; prepare section for annual report.

Delegated limits

The committee may approve any capital spend up to £750,000 to a cumulative annual total of £2,500,000; or any safety, clinical or ESG spend up to £250,000 to a cumulative annual total of £500,000. Matters exceeding this limit must be presented to the Board.

Meeting cadence

Ordinary: quarterly (Mar, Jun, Sep, Dec) aligned to Board calendar.

Extraordinary: at the chair's discretion.

Papers circulate five (5) working days in advance. Late papers require chair's approval.

Decision making

Simple majority of voting members for routine approvals and resolutions.

Two-thirds majority of voting members for new risk or KPI tolerance within clinical or H&S domains.

Unanimous consent of voting members for recommendation to Board for new service provision.

In the event of an equal split on any simple majority vote, the chair has a casting vote. For any two-thirds or unanimous items the motion fails if the threshold is not reached but it may be tabled at the next meeting or referred to an extraordinary meeting.

Reporting

Draft minutes circulate within 10 working days. Actions are tracked on a rolling log. A quarterly Quality, Safety and Sustainability Report summarises KPIs, risks and actions. An annual public summary is posted on the website within 21 days subject to any commercial and personal redaction. Any serious resident safety or regulatory incidents are escalated to the Board Chair within 24 hours by the Committee Chair.

Characteristics of a high performing committee

Integrated assurance clinical, safety, estates and environmental data reviewed as a single risk picture.

Forward looking horizon-scans regulatory changes (e.g., Liberty Protection Safeguards, Net-Zero funding).

Evidence driven balances numbers with qualitative insight from staff and service users.

Heritage sensitive decisions reflect both life safety and conservation obligations.

Learning oriented publishes quality and ESG results; tracks lessons learned to closure.

Inclusive client and community perspectives invited by default.

Continuous improvement conducts annual self-assessment; action plan reviewed each Jan.



Quality, Safety and Sustainability Committee (QSSC)

Composition, roles and responsibilities

Role	Voting	Appointment	Expectation
Chair	Yes	Appointed by Board from non-executive director cadre. May serve two three-year terms.	Prepare thoroughly; declare conflicts; challenge constructively; keep confidentiality; attend $\geq 80\%$ of meetings.
Non-Executive Director	Yes	Appointed by Board from non-executive director cadre. May serve two three-year terms.	
Stakeholder Representative x 2(co-opted)	Yes	Appointed by Board from co-opted cadre. One-year renewable term to a maximum of three years.	Provide lived-experience insight; uphold Nolan Principles;
Chief Executive	No	Standing member with full speaking rights.	Present with integrity, objectivity and candour; implement actions within agreed deadlines.
Chief Delivery Officer	No	Nominated executive lead for clinical decision making.	
Chief Operating Officer	No	Nominated executive lead for health, safety, environment and wellbeing.	
Chief Experience Officer	No	Nominated executive lead for guest experience and quality.	
Board Secretary	No	Minutes and secretariat support.	Issue agenda and papers; minute decisions and actions; maintain registers of interests and delegations.

Quorum is two (2) voting members which must include the elected chair or nominated deputy.



Risk and Safety Governance Panel (RSG)

Purpose

The RSG is an executive panel to bring together every strand of risk which could jeopardise people, data, heritage or continuity at Ignis Lodge. It integrates health and safety, environment, cyber security, GDPR, and business continuity readiness. Its role is to spot issues early, coordinate corrective action and provide the Audit, Finance and Risk Committee (AFRC) with a single, coherent assurance picture.

Authority

Delegated by the AFRC under the Leadership in Trust policy. The executive lead (COO) may:

- approve mitigation actions and unbudgeted spend ≤ £50,000 per item (cumulative £150,000 per year);
- commission internal investigations or third party reviews;
- request information from any staff member or contractor;
- escalate red rated risks directly to the AFRC Chair and, where a threat to life, to the Board Chair.

Key responsibilities

Health and safety Review incident log, RIDDORs, training uptake, fire-risk-assessment actions; track ISO improvement plans.

Environmental Monitor legionella, pool/spa water, asbestos, hazardous waste metrics and remedial timelines.

Cyber security and data Receive vulnerability and patch reports, pen test results, GDPR breach log, AI risk register, WCAG accessibility status.

Business continuity Review BIA updates, BC/DR test results, emergency communications drills and lessons learned actions.

Integrated risk Re-rate risks, agree owners and deadlines, prepare heat-map and emerging-risk commentary for AFRC.

Meeting cadence

Ordinary: monthly (second Wednesday).

Extraordinary: at the chair's discretion.

Papers circulate three (3) working days in advance.

Late papers require chair's approval.

Decision making

The panel support, recommend and challenge the executive lead (COO) in the discharge of their accountabilities.

Reporting

Draft minutes circulate within 10 working days. Actions are tracked on a rolling log. Risk and Assurance dashboard and minutes delivered to AFRC within 15 working days. Any serious resident safety or regulatory incidents are escalated to the CEO and AFRC Committee Chair within 24 hours.

Characteristics of a high performing panel

Single risk picture cyber, clinical, estates, H&S and continuity risks viewed in one heat-map.

Agility corrective actions issued in-meeting; 80 % closed within agreed deadline.

Regulator and accreditation readiness panel pack doubles as evidence for ISO 45001, ISO 27001, Cyber Essentials Plus and CQC inspections.

Culture of candour near misses and weak signals welcomed, not hidden.

Resource aware keeps spend within delegated limits, escalates early when larger investment needed.



Risk and Safety Governance Panel (RSG)

Composition, roles and responsibilities

Role	Voting	Appointment	Expectation
Chair	Yes	Chief Operating Officer	Prepare thoroughly; declare conflicts; challenge constructively; keep confidentiality; attend $\geq 80\%$ of meetings.
Facilities and Operations Manager	Yes	Lead on all facilities, technology, operations and physical security matters.	
Estates and Heritage Manager	Yes	Lead on all estates, heritage and conservation matters.	Present with integrity, objectivity and candour; implement actions within agreed deadlines.
Finance and Commercial Manager	Yes	Leads on all financial and commercial matters.	
People and Culture Manager	Yes	Leads on all matters concerning people, culture and workforce wellbeing.	
Health and Wellbeing Manager	Yes	Leads on all matters concerning the social purpose and clinical care.	
Employment and Training Manager	Yes	Leads on all matters concerning training, development and employer partnerships.	
Events and Conferencing Manager	Yes	Leads on all matters concerning large events and business partnerships.	
Hospitality and Catering Manager	Yes	Leads on all matters concerning kitchen, restaurant and catering.	
Guest Experience and Relations Manager	Yes	Leads on all matters concerning cleanliness, guest experience, and wellness centre.	
Board Secretary	No	Minutes and secretariat support.	Issue agenda and papers; minute decisions and actions; maintain registers of interests and delegations.

Quorum is four (4) voting members which must include the chair or nominated deputy and at least one person from each mission.



Clinical and Care Governance Panel (CCG)

Purpose

The CCG is an executive panel to inform safe, evidence based, person centred care for veterans, care leavers, and community clients across Ignis Lodge's services. It integrates clinical audit, infection prevention, safeguarding, medicines safety, mental health crisis response and outcome measurement, translating learning into frontline improvement and providing a clear delivery line to the Quality, Safety and Sustainability Committee (QSSC).

Authority

Delegated by the QSSC under the Leadership in Trust policy. The executive lead (CDO) may:

- approve mitigation actions and unbudgeted spend ≤ £50,000 per item (cumulative £150,000 per year);
- commission internal investigations or third party reviews;
- direct any department to supply information or attend meetings;
- escalate critical clinical or safeguarding risks to the QSSC Chair within 24 hours.

Key responsibilities

Clinical audit and effectiveness Approve rolling audit plan; review findings and ensure ≥ 80 % action closure.

Infection prevention Monitor sampling; track HAI and outbreak metrics; validate IPC training compliance.

Medicines management Review controlled drug reconciliation, error trends, formulary changes and chain integrity.

Safeguarding Receive adults and children incident reports, MCA/DoLS/LPS metrics, safeguarding training status and action plans.

Mental crisis Track crisis response KPIs, de-escalation training and observation level adherence; oversee trauma-informed practice.

Outcomes Review performance dashboards; embed co-production workshops.

Learning Review and assure clinical risks, assign owners, verify lessons learned; prepare a consolidated report for QSSC.

Meeting cadence

Ordinary: monthly (second Tuesday).

Extraordinary: at the chair's discretion.

Papers circulate three (3) working days in advance.

Late papers require chair's approval.

Decision making

The panel support, recommend and challenge the executive lead (Chief Delivery Officer) in the discharge of their accountabilities.

Reporting

Draft minutes circulate within 10 working days. Actions are tracked on a rolling log. Clinical Care and Support Dashboard and minutes delivered to QSSC within 15 working days. Any serious incident, notifiable concern or breach are escalated to the CEO and QSSC Committee Chair within 24 hours.

Characteristics of a high performing panel

Early warning system identifies trends before harm occurs.

Whole pathway view integrates clinical, psychosocial, environmental and medicines risks.

Action bias converts insight into change, tracks impact.

Regulator and accreditation readiness panel pack doubles as CQC, ISO 9001 and GSF evidence.

Learning culture shares "good catches" and positive outcomes alongside incidents.



Clinical and Care Governance Panel (CCG)

Composition, roles and responsibilities

Role	Voting	Appointment	Expectation
Chair	Yes	Chief Delivery Officer	Prepare thoroughly; declare conflicts; challenge constructively; keep confidentiality; attend $\geq 80\%$ of meetings.
Health and Wellbeing Manager	Yes	Leads on all clinical care, support, risk and caseload matters.	Present with integrity, objectivity and candour; implement actions within agreed deadlines.
Employment and Training Manager	Yes	Leads on all employability, placements, and partnership matters.	Provide direct experience insight as a service user on a programme.
Residential Programme Representative	No	Must be a current resident of Ignis Lodge.	
Community Programme Representative	No	Must be currently enrolled on an Ignis Lodge outreach programme.	
Integrated Care Board Representative	No	Must be nominated by the Coventry and Warwickshire Integrated Care Board.	Provide challenge and advice from the NHS ICB
LA Social Care Representative	No	Must be nominated by Warwickshire County Council or the West Midlands Combined Authority	Provide challenge and advice from the local authority
Board Secretary	No	Minutes and secretariat support.	Issue agenda and papers; minute decisions and actions; maintain registers of interests and delegations.

Quorum is two (3) voting members which must include the chair or nominated deputy, one other clinician, and a service user representative.



Estate and Heritage Sustainability Panel (AHS)

Purpose

The AHS is an executive panel to assure the fabric, functionality and environmental footprint of Ignis Lodge. It oversees the heritage estate, capital projects, hard FM, statutory compliance (fire, legionella, asbestos), and our journey to net-zero carbon and zero waste. Outputs feed the Quality, Safety and Sustainability Committee (QSSC), giving confidence that every stone, pipe and kilowatt is managed safely, legally and sustainably.

Authority

Delegated by the QSSC under the Leadership in Trust policy. The executive lead (COO) may:

- approve mitigation actions and unbudgeted spend ≤ £100,000 per item (cumulative £550,000 per year);
- commission third party surveys or audits
- direct any department to supply information or attend meetings;
- escalate critical estate or environmental risks to the QSSC Chair within 24 hours.

Key responsibilities

Heritage conservation Monitor listed fabric condition surveys; approve invasive works permits; track Historic England consents and records.

Hard FM Review risk assessment actions, legionella logs, asbestos register, PUWER & LOLER inspections.

Capital projects Sit as project board. Track budget, scope, risk and heritage impact of all live projects; approve gate reviews; ensure CDM compliance.

Energy and carbon Assess energy use, ISO 14001 action plan and carbon reduction; validate data for ESG report.

Waste and circular economy Monitor zero waste roadmap, food redistribution metrics and hazardous waste compliance.

Biodiversity Review habitat management plan, pesticide free status, biodiversity net gain progress.

Integrated risk Review estates and environmental risks; assign owners; prepare heatmap for QSSC.

Meeting cadence

Ordinary: bi-monthly (Jan, Mar, May, Jul, Sep, Nov on second Thursday).

Extraordinary: at the chair's discretion.

Papers circulate three (3) working days in advance.

Late papers require chair's approval.

Decision making

The panel support, recommend and challenge the executive lead (Chief Operating Officer) in the discharge of their accountabilities.

Reporting

Draft minutes circulate within 10 working days. Actions are tracked on a rolling log. Facilities and Estates Dashboard and minutes delivered to QSSC within 15 working days. Any serious incident, threat to life, or reportable failure are escalated to the CEO and QSSC Committee Chair within 24 hours.

Characteristics of a high performing panel

Joined-up assurance heritage, safety and carbon risks discussed in one conversation.

Predictive, not reactive uses analytics and trend data to prevent failures.

Resource savvy stays within delegated limits; escalates early for major investment.

Regulator and accreditation readiness panel pack doubles as evidence for RRFSo, HSE L8, ISO 14001, Green-Heritage audits.

Storytelling celebrates conservation wins and sustainability milestones to motivate staff and stakeholders.



Estate and Heritage Sustainability Panel (AHS)

Composition, roles and responsibilities

Role	Voting	Appointment	Expectation
Chair	Yes	Chief Operating Officer	Prepare thoroughly; declare conflicts; challenge constructively; keep confidentiality; attend $\geq 80\%$ of meetings.
Estates and Heritage Manager	Yes	Lead on all estates, heritage and conservation matters.	Present with integrity, objectivity and candour; implement actions within agreed deadlines.
Facilities and Operations Manager	Yes	Lead on all facilities, technology, operations and physical security matters.	
Finance and Commercial Manager	Yes	Leads on all financial and commercial matters.	
Conservation Officer (rotating)	No	Provides expertise and current conservation initiatives	
Historic England Representative	No	Must be nominated by Historic England.	Provide challenge and advice.
Board Secretary	No	Minutes and secretariat support.	Issue agenda and papers; minute decisions and actions; maintain registers of interests and delegations.

Quorum is two (2) voting members which must include the chair or nominated deputy.



Community and Guest Experience Panel (CGE)

Purpose

The CGE is an executive panel to make sure every interaction with guests, wellbeing members, conference delegates, local residents and volunteers delivers warmth, enjoyment and genuine social value. The Panel measures service quality, handles feedback trends, drives accessibility, and tracks wider community impact, feeding assurance to the Quality, Safety and Sustainability Committee (QSSC),

Authority

Delegated by the QSSC under the Leadership in Trust policy. The executive lead (CXO) may:

- approve service recovery gestures or community engagement spend ≤ £10,000 per item (cumulative £50,000 per year);
- commission guest journey audits, accessibility surveys or community research;
- direct any department to supply information or attend meetings;
- escalate critical reputation or stakeholder risks to the PCCC Chair within 24 hours.

Key responsibilities

Guest and user experience Review satisfaction surveys, mystery guest results, BS 8477 compliance, Hospitality Assured action plan.

Feedback and complaints Analyse root causes, resolution timeliness (< 5 days target), Ombuds/ADR escalations, ISO log.

Inclusion Monitor audits, sensory friendly adaptations, physical access improvements; ensure "Accessibility Guide" ≥ 90 %.

Community engagement Track community engagement KPIs, covenant pledge delivery, lived experience focus groups.

Social value Review local spend %, volunteering hours, social value impact (SROI), Good Business Charter metrics.

Reputation Consider media sentiment, social media analytics; align messaging with social purpose.

Meeting cadence

Ordinary: monthly (third Thursday).

Extraordinary: at the chair's discretion.

Papers circulate three (3) working days in advance.

Late papers require chair's approval.

Decision making

The panel support, recommend and challenge the executive lead (Chief Experience Officer) in the discharge of their accountabilities.

Reporting

Draft minutes circulate within 10 working days. Actions are tracked on a rolling log. The Guest Experience dashboard and minutes delivered to QSSC within 15 working days. Any serious incident or media escalations are escalated to the CEO and QSSC Committee Chair within 24 hours.

Characteristics of a high performing panel

One view of experience integrates hotel, spa, transition centre and community feedback.

Continuous loop turns insights into tangible service tweaks and tracks impact.

Proactive, not reactive spots sentiment shifts before ratings drop.

Anchor in purpose ensures commercial choices never dilute social mission.

Regulator and accreditation readiness panel pack doubles as evidence for CSE, Hospitality Assured, covenants and Good Business Charter.



Community and Guest Experience Panel (CGE)

Composition, roles and responsibilities

Role	Voting	Appointment	Expectation
Chair	Yes	Chief Experience Officer	Prepare thoroughly; declare conflicts; challenge constructively; keep confidentiality; attend ≥ 80 % of meetings.
Employment and Training Manager	Yes	Leads on all matters concerning community outreach of the transition centre and alumni relations.	
Events and Conferencing Manager	Yes	Leads on all matters concerning large events and business partnerships.	Present with integrity, objectivity and candour; implement actions within agreed deadlines.
Guest Experience and Relations Manager	Yes	Leads on all matters concerning cleanliness, guest experience, and wellness centre.	
Hospitality and Catering Manager	Yes	Leads on all matters concerning kitchen, restaurant and catering.	
Estates and Heritage Manager	Yes	Lead on all estates, heritage and conservation matters.	
Media and Marketing Officer	Yes	Leads on marketing and communications activities.	
People and Culture Manager	Yes	Leads on all matters concerning people, culture and workforce wellbeing.	
Community Representative (co-opted)	Yes	Appointed by Board from co-opted cadre. One-year renewable term to a maximum of three years.	Provide lived-experience insight; uphold Nolan Principles;
Board Secretary	No	Minutes and secretariat support.	Issue agenda and papers; minute decisions and actions; maintain registers of interests and delegations.

Quorum is four (4) voting members which must include the chair or nominated deputy and at least one person from each mission.



Inclusion, Wellbeing and Development Panel (IWD)

Purpose

The IWD is an executive panel to deliver Ignis Lodge's people agenda. It ensures every colleague and volunteer—whatever their background—feels safe, valued and able to grow, while the organisation remains compliant with Investors in People, Living Wage Foundation, Equality Act and Covenant standards. The Panel integrates culture, wellbeing, inclusion, capability and succession data, converting insight into action and providing assurance to the People, Culture and Change Committee (PCCC).

Authority

Delegated by the PCCC under the Leadership in Trust policy. The executive lead (CEO) may:

- approve people initiatives or spend ≤ £50,000 per item (cumulative £150,000 per year);
- commission external surveys, focus groups or training audits;
- direct any department to supply information or attend meetings;
- escalate critical people risks to the PCCC Chair within 24 hours.

Key responsibilities

Culture and Engagement Review pulse survey results, action logs; steer IIP roadmap.

Wellbeing Monitor stress-risk assessment closure, MHFA coverage (≥ 1 : 25), sickness absence trends and EAP utilisation.

Inclusion Track inclusion dashboard, pay gap progress, reasonable adjustment log, equitable recruitment KPIs; test policies for IDEA impact.

Reward Verify Living Wage/Living Hours/Living Pension metrics for staff and Tier 1 suppliers; oversee recognition schemes.

Learning Monitor mandatory training completion (≥ 95 %), CPD hours, talent pipeline heat map and critical role succession.

Employee voice Receive staff forum feedback, whistle-blowing themes (non-case detail) and workplace representation updates.

Veteran and Care Leaver Track guaranteed interview, mentor match and covenant pledge KPIs.

Risk Re-rate people and culture risks, assign owners, prepare narrative for the corporate heatmap.

Meeting cadence

Ordinary: monthly (third Tuesday).

Extraordinary: at the chair's discretion.

Papers circulate three (3) working days in advance.

Late papers require chair's approval.

Decision making

The panel support, recommend and challenge the executive lead (Chief Executive Officer) in the discharge of their accountabilities.

Reporting

Draft minutes circulate within 10 working days. Actions are tracked on a rolling log. The People and Culture dashboard and minutes delivered to PCCC within 15 working days. Any serious workforce issues are escalated to the PCCC Committee Chair within 24 hours.

Characteristics of a high performing panel

Holistic lens culture, wellbeing, inclusion and capability viewed as one system.

Evidence driven dashboards validated before meeting; decisions anchored in analytics.

Action bias insights converted into improvements, tracked to closure.

Covenant champions veteran and care leaver promises publicly reported.

Regulator and accreditation readiness panel pack doubles as evidence for CSE, Hospitality Assured, IIP, covenants and Good Business Charter.



Inclusion, Wellbeing and Development Panel (IWD)

Composition, roles and responsibilities

Role	Voting	Appointment	Expectation
Chair	Yes	Chief Executive Officer	Prepare thoroughly; declare conflicts; challenge constructively; keep confidentiality; attend $\geq 80\%$ of meetings.
Facilities and Operations Manager	Yes	Lead on all facilities, technology, operations and physical security matters.	
Estates and Heritage Manager	Yes	Lead on all estates, heritage and conservation matters.	Present with integrity, objectivity and candour; implement actions within agreed deadlines.
Finance and Commercial Manager	Yes	Leads on all financial and commercial matters.	
People and Culture Manager	Yes	Leads on all matters concerning people, culture and workforce wellbeing.	
Health and Wellbeing Manager	Yes	Leads on all matters concerning the social purpose and clinical care.	
Employment and Training Manager	Yes	Leads on all matters concerning training, development and employer partnerships.	
Events and Conferencing Manager	Yes	Leads on all matters concerning large events and business partnerships.	
Hospitality and Catering Manager	Yes	Leads on all matters concerning kitchen, restaurant and catering.	
Guest Experience and Relations Manager	Yes	Leads on all matters concerning cleanliness, guest experience, and wellness centre.	
Workforce Representative (co-opted)	Yes	Appointed by Board from co-opted cadre. One-year renewable term to a maximum of three years.	Provide lived-experience insight; uphold Nolan Principles;
Board Secretary	No	Minutes and secretariat support.	Issue agenda and papers; minute decisions and actions; maintain registers of interests and delegations.

Quorum is five (5) voting members which must include the chair or nominated deputy, the Workforce Representation, and at least one person from each mission.



Finance and Commercial Performance Panel (FCP)

Purpose

The FCP is an executive panel to ensure Ignis Lodge is financially strong, commercially agile and structurally fit to deliver its social mission. It integrates consolidated P&L, cashflow, revenue line KPIs, procurement performance and fundraising ROI. Insight and actions flow to the Audit, Finance and Risk Committee (AFRC), giving confidence that every pound drives purposeful impact.

Authority

Delegated by the AFRC under the Leadership in Trust policy. The executive lead (COO) may:

- approve initiatives or spend \leq £100,000 per item (cumulative £450,000 per year);
- commission commercial due diligence, market research or cost saving reviews;
- direct any department to supply information or attend meetings;
- escalate critical people risks to the AFRC Chair within 24 hours.

Key responsibilities

Financial performance Review consolidated management accounts, cash-flow forecast, balance-sheet trends; explain variances $> \pm 5\%$.

Commercial KPIs Track RevPAR, ADR, F&B covers, spa revenue, conference conversion, ancillary spend, procurement savings, fundraising cost per pound.

Capital Monitor spend, timetable and payback of all capital projects; endorse gateway progression.

Forecasting and targets Agree quarterly reforecast assumptions, stretch targets and department scorecards; adjust for economic headwinds.

Business structure Review organisational span of control, vacancy impact, succession coverage and productivity metrics.

Prompt payment and supplier performance

Receive payment compliance report, supplier scorecard outliers, modern slavery questionnaire status.

Risk Flag liquidity, covenant or revenue concentration risks for inclusion in the corporate risk register.

Meeting cadence

Ordinary: monthly (third Wednesday).

Extraordinary: at the chair's discretion.

Papers circulate three (3) working days in advance.

Late papers require chair's approval.

Decision making

The panel support, recommend and challenge the executive lead (Chief Operating Officer) in the discharge of their accountabilities.

Reporting

Draft minutes circulate within 10 working days. Actions are tracked on a rolling log. The Finance and Commercial dashboard and minutes delivered to PCCC within 15 working days. Any serious supplier performance issues, fiscal rule or budgetary adherence breaches are escalated to the AFRC Committee Chair within 24 hours.

Characteristics of a high performing committee

One version of the truth shared financial dashboards eliminate debate about data.

Agility forecast reset within 7 days of material shift; actions launched immediately.

Cost consciousness identifies savings without harming guest or resident experience.

Growth mindset tests new revenue streams, pricing models and partnerships.

Compliance ensures prompt payment, reserves and covenant ratios meet Good Business Charter and lender requirements.



Finance and Commercial Performance Panel (FCP)

Composition, roles and responsibilities

Role	Voting	Appointment	Expectation
Chair	Yes	Chief Operating Officer	Prepare thoroughly; declare conflicts; challenge constructively; keep confidentiality; attend $\geq 80\%$ of meetings.
Facilities and Operations Manager	Yes	Lead on all facilities, technology, operations and physical security matters.	
Estates and Heritage Manager	Yes	Lead on all estates, heritage and conservation matters.	Present with integrity, objectivity and candour; implement actions within agreed deadlines.
Finance and Commercial Manager	Yes	Leads on all financial and commercial matters.	
People and Culture Manager	Yes	Leads on all matters concerning people, culture and workforce wellbeing.	
Health and Wellbeing Manager	Yes	Leads on all matters concerning the social purpose and clinical care.	
Employment and Training Manager	Yes	Leads on all matters concerning training, development and employer partnerships.	
Events and Conferencing Manager	Yes	Leads on all matters concerning large events and business partnerships.	
Hospitality and Catering Manager	Yes	Leads on all matters concerning kitchen, restaurant and catering.	
Guest Experience and Relations Manager	Yes	Leads on all matters concerning cleanliness, guest experience, and wellness centre.	
Board Secretary	No	Minutes and secretariat support.	Issue agenda and papers; minute decisions and actions; maintain registers of interests and delegations.

Quorum is four (4) voting members which must include the chair or nominated deputy and at least one person from each mission.