NHS
Leicestershire Partnership
NHS Trust

Public Trust Board 27 April 2021

Board Architecture and work plan 2021/22

Purpose of the report

To present the outcome of the board architecture work and the revised Trust Board Public and Confidential work plan 2021/22.

Analysis of the issue

Approach

The information flow architecture project has involved a full review of what an NHS Trust Board must and should receive based its constitutional, statutory and mandatory requirements , including items according to the scheme of delegation and best practice items recommended for Board oversight. An excerpt from the full database of items, which includes a link to the full rationale for the requirement, is available in appendix A; this may be subject to change with ongoing review and refinement to ensure that it remains valid.

The architecture determines which items are not being delegated by the Board, which items are being delegated to the level 1 committees or the executive team and details the assurance route. This is based on discussions and decisions with the Chair, Executive leads for the relevant level 1 committees, NED Chairs of the level 1 committees and guidance from the corporate governance teams from the information included in the baseline information. The architecture becomes the guide for determining the work plan for the Trust Board, and the level 1 committees. It also guides the work plans for the Strategic Executive Board and the Operational Executive Board meetings. The architecture is subject to further development work, for instance the mapping of items to CQC regulations and detailing where Board members have an individual responsibility for an item.

We have revised the work plan for the Trust Board based on this architecture (detailed in appendix B). This will commence from the 1 April 2021. A summary of items delegated and not delegated is provided below.

A key to abbreviated governance groups and committees is provided in appendix C.

A. Items not delegated by the Trust Board which are included on the Public and Confidential work plan. Where an item is received elsewhere as part of an assurance route prior to the Board, this is indicated in brackets.

- Appointment of Senior Independent Director, Deputy Chair, Chairs of Committees
- Fit and Proper Person Requirement (FPPR) for Directors self-declaration
- AGM date to be agreed
- Documents Signed under Seal
- Finance Report (FPC/SEB)
- Standing Orders and SFIs and SORD (AAC)
- Performance Report (FPC/QAC/SEB)
- Organisational Risk Register (QAC/FPC/AAC)
- Board review of strategic objectives, risk and risk appetite
- Guardian of Safe Working Hours Quarterly Report
- Serious Incidents bi-monthly Learning Report (OEB)
- Serious Incidents Learning Assurance Report
- Child Safeguarding Practice Reviews and Serious Adult Reviews (SC)
- Mortality Review / Learning from Deaths (LDG/QF)
- Privacy and Dignity Annual Declaration and Single Sex Accommodation Annual Declaration (OEB)
- Modern slavery act and human trafficking statement

- Gender Pay Gap
- Safe and Effective Staffing 6 monthly report (QAC)
- Safeguarding Annual Report (QAC)
- Group Model (SEB)
- Trust Strategy Step Up To Great (TC/SWC/QF/SEB)
- Business Plan (TC/OEB)
- Complaints report (PCEG/QF/OEB).
- Infection, Prevention and Control Report (QF)
- Equality Report including Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES) (EDI/SWC/OEB)
- Flu Report (IPC/QF/OEB)
- Patient Safety reports(PSIG/QF)
- CQC regulatory compliance. A revised registration oversight paper will be received by SEB/AAC
- Operational and Financial Planning and Strategy (FPC/SEB)
- Clinical Strategy (QAC/SEB)
- Estates Strategy (FPC/SEB)
- IM&T Strategy (FPC/SEB)
- People Plan (QAC/SEB/SWC)
- Quality Improvement Strategy (QAC/SEB)
- R& D Strategy (SEB)
- Freedom To Speak Up Guardian Report (QAC/OEB)
- Staff Survey (SWC/QAC/SEB)
- QAC Highlight Report
- FPC Highlight Report
- AAC Highlight Report
- CFC Highlight Report
- Remuneration Committee Highlight Report (confidential)
- Charitable Funds Report – Annual
- Health and Safety Report

Extraordinary General Meeting items
- External Auditor's Reports and Annual Governance Statement (AAC)
- 2019/2020 review of Trust's Going Concern status (AAC)
- Accounting Policies (AAC)
- Internal Audit report and Head of Internal Audit Opinion (AAC)
- Approve Letter of Representation – Finance
- Approve Letter of Representation – Quality
- Receive Trust's Annual Governance Statement (AAC)
- Audited Financial Accounts (AAC)
- Annual Report (SEB)
- Annual Quality Account (QAC/SEB)
- NHS Provider License Self Certification

B. Items delegated by the Board to a level 1 committee (where Trust Board retains oversight, this is indicated in brackets (TB) and included on the Board work plan);

QAC
- Controlled Drugs Accountable Officer (CDAO) and Annual Report
- Provider Collaborative – quality assurance (TB)
- CQUIN Compliance Report
- Learning Disability Improvement Standards
- Safeguarding quarterly report
- Sexual Safety Annual Report
- Suicide Prevention
- Local Clinical Excellence Awards
- Ligature Risks Report (TB)
- Falls Prevention
- Nurses' Revalidation
- Medical Revalidation
- MHA Annual Report including Hospital Managers' Panel Annual Report

- Accessibility Standards
- Guardian for Safer Working Quarterly Report
- Freedom To Speak Up Guardian 6 monthly report
- Staff Side Facilities Statement – Annual
- Staff Side Facilities Statement
- Mandatory Training
- Research and Development Annual Report
- Research and Development Quarterly Report
- Health and Safety Report (TB)

FPC
- Reference Costs
- Emergency Preparedness, Resilience and Response Report (includes Business Continuity and Winter Planning and major incident planning)
- Data Security and Protection Toolkit - annual return to NHS Digital (OEB)
- Caldicott Guardian Report
- Freedom of Information
- Rights under the Data Protection Act 2018
- PLACE Audit
- Single Use Plastic Annual Report
- Premises Assurance Model
- Local Security Management
- Provider Collaborative – finance and performance assurance (TB)
- Hosted service annual reports (including LHIS and 360 Assurance)
- Waiting Times (TB)
- Green Plan

AAC
- Risk Management Strategy and Plan
- Counter Fraud
- Clinical Audit Annual Report
- Legal and Regulatory Issues
- Financial Waivers
- Losses and Special Payments (Annual Report)
- Auditor Panel Report (as required)
- Annual Code of Business Conduct Report
- Cyber Security

Trust Board regular forward planner items;
- Patient voice Film
- Staff Voice Presentation
- Service Presentation
- Matters Arising, Action Log, Previous Minutes for approval
- Chair's Report
- CEO's Report
- CEO Verbal Update (Confidential)
- Trust Board Meeting Dates to be agreed

In order to support these changes to the Board work plan, the level 1 committee work plans have been reviewed and approved in March2021.

The level 1 committee work plans have been adjusted to take account of the following actions;

A. Items delegated by the Board.

B. Items not delegated by the Board, but where the level 1 committee are part of the assurance route prior to items being received by the Board, are included on the revised work plans.

C. Items not delegated by the Board or where the level 1 committees are not part of the assurance route but which are pertinent to the business of the committees.

D. Items not delegated by the Board or where the level 1 committees are not part of the assurance route, which are mapped elsewhere, have been removed from the work plans. These have been

mapped elsewhere according to the infrastructure; the detail has been provided to each of the level 1 committees for completeness.

Next steps

We have identified a number of risks which may arise during the embedding of this architecture due to our change in approach;

- The Trust Board will need to take a more detailed and questioning approach to those reports which have not been through a process of review at a level 1 committee.
- Level 1 committees will need an understanding of where items have been delegated to ensure that appropriate time is allocated to allow the right focus and discussion to take place.
- For some items, the level 2 committees will be required to provide a different level of assurance to the level 1 committees and Trust Board.

We are recommending the following next steps;

- Align a review of the board architecture work with the annual committee reviews and the 6 monthly reviews.

- Determine and indicate on work plans which items are for;

    - Review at Trust Board of items not received by a level 1 committee and account for the time needed for these in agenda planning.
    - Level 1 Committee approval - where confirmation of approval will be provided to the Board via the committee highlight report but the full paper will not be circulated.
    - Level 1 Committee approval - where confirmation of approval will be provided to the Board via the committee highlight report and the full paper will be provided for the Board information pack. This will subject to the Board's appetite for delegation for instance; there are items (such as items within the Well Led Framework where Board members should have access to and sight of key documents).
    - The Level 1 Committee is commenting on, ahead of Board approval (as part of the assurance route).
- Undertake the following;
    - Revision to the level 2 and 3 committee work plans to account for the revised assurance flow and indicate where a different level of assurance is required.
    - Re-mapping of oversight for ORR risks
    - Level 1 committee Terms of Reference to be revised and presented with the annual committee reviews in May 2021.
    - A review of the items scheduled for executive team oversight at the Strategic Executive Board and the Operational Executive Board.

Proposal

- To start using the revised work plans for the Trust Board and the level 1 committees from the 1 April 2021

- To address the actions identified in the next steps.

Decision required

- To agree a level of support for the information flow architecture project, including the approach, the proposal and next steps

- To approve the 2021/22 Trust Board Public and Confidential work plan.

Appendix A Information Flow Architecture – Excerpt (as at February 2021)

Subject	Frequency	Delegated?	Minimum Requirement	Delegated Forum	Background	Assurance route Committee	Assurance route SEB/OEB	Notes
Annual Governance Statement	Annual	Not Delegated	Regulatory	None	NHSI writes out to Trusts to set out prescribed content along with Annual Accounting Manual guidance for the Trust Financial annual report.	Audit and Assurance Committee	Operational Executive Board	
Annual General Meeting - date	Annual	Not Delegated	Regulatory	None	Requirements for NHS trusts to present annual report and accounts at a public meeting The National Health Service Trusts (Public Meetings) Regulations state that the prescribed time for holding the public meeting for the presentation of the audited accounts, annual report and any report on the accounts is on or before 30th September each year.			Proposal for date/arrangements by Chair/Chief Executive Officer.
Appointment of Senior Independent Director, Deputy Chair, Chairs of Committees	As Required	Not Delegated	Regulatory	None				Chair's responsibility and covers chairing/membership of QAC, FPC, AAC and Remuneration committee
Board Meeting dates - schedule	As Required	Not Delegated	Regulatory	None				Led by Chair and Chief Executive
Board Development	Quarterly	Not Delegated	Best Practice	None	At least 3 sessions per year			
Board review of strategic objectives and risk	Annual	Not Delegated	Best Practice					
Business Conduct (including Declarations of Interest, hospitality, gifts etc)	Annual	Delegated	Best Practice	AAC	Code of Business Conduct policy is reviewed at the same time as the annual review of gifts etc			LPT Declare online system provides assistance with reporting.
Business Plan	Annual	Not Delegated	Regulatory	None	NHSI requires an annual/2-year (or as determined) business plan.	Transformation Committee	Strategic Executive Board	
Business Plan Progress	Quarterly	Delegated	Regulatory	FPC			Operational Executive Board	FPC for Finance focus Executive team for operational integrity and commentary
Caldicott Guardian Report	Annual	Delegated	Best Practice	FPC	A Caldicott Guardian is a senior person within a health or social care organisation who makes sure that the personal information about those who use its services is used legally, ethically and appropriately, and that confidentiality is maintained.	Data Privacy Committee		There is no set statutory Board reporting requirements for the Caldicott Guardian and it is recommended that the Caldicott Guardian sets out what should be reported and where as part of establishing their role.

Chair's Report	As Required	Not Delegated	Best Practice	None				
Charitable Funds Report - Annual	Annual	Not Delegated	Statutory	None		Charitable Funds Committee		Board is Trustee Body.
Chief Executive's Report	As Required	Not Delegated	Best Practice	None				
Clinical Strategy	Annual	Not Delegated	Strategic	None	Provides the overarching clinical priorities and focus for the Trust from which all clinical planning and support services should be aligned.	Transformation Committee; Quality Forum; Clinical Effectiveness Group;	Strategic Executive Board	As whole Board strategy for review not sighted at QAC prior to Board.
Committees' (Level 1) Highlight reports	As Required	Not Delegated	Best Practice	None	Alerting wider Board to assurance issues within committee's scope of responsibility.	QAC; FPC; Audit and Assurance Committee; Remuneration Committee; Charitable Funds Committee		
Committees' Review	Annual	Not Delegated	Best Practice	None	Review of Corporate Governance Committees' Terms of Reference			Audit and Assurance committee review the Level 1 draft annual reports as part of its duty for oversight of corporate governance arrangements.
Complaints Report	Annual	Not Delegated	Statutory	None	The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009, require NHS organisations to publish an annual report on complaints received by the Trust, lessons learned and actions taken as a result of complaints. The report is also required to cover the effectiveness of the Trust's management of complaints, the number of complainants who were dissatisfied following receipt of their initial response and the number of complainants who escalated matters to the Parliamentary & Health Service Ombudsman (PHSO).	Patient Carer and Experience Group	Operational Executive Board	
Controlled Drugs Accountable Officer (CDAO) and Annual Report	Annual	Delegated	Regulatory	QAC	The roles and responsibilities of CDAOs, and the requirement to appoint them, are governed by the Controlled Drugs (Supervision of Management and Use) Regulations 2013.	Quality Forum; Medicines Management Group		https://www.england.nhs.uk/ commissioning/primary-care/pharmacy/controlled-drugs-use-regulations/ https://www.nice.org.uk/guid ance/ng46/resources/controll ed-drugs-safe-use-and-management-pdf-1837456188613
Counter Fraud Report	Annual	Delegated	Best Practice	AAC				
CQC Registration Oversight	As Required	Not Delegated	Regulatory	None	Audit and Assurance Committee has oversight of the governance of the CQC registration. Transformation Committee receives update reports on progress in CQC	Audit and Assurance Committee; Transformation	Strategic Executive Board	

						domains alongside the Step Up to Great Strategy. SEB receives CQC Highlight reports for outstanding inspection actions.	Committee		
CQUIN schedule (Quality Schedule)	Annual	Delegated	Regulatory	QAC			Quality Forum		
Cyber Security Annual Check	Annual	Delegated	Best Practice	AAC		Audit Handbook requires AAC committee to have annual check on Cyber Security.	IM&T Committee		
Data Security and Protection Toolkit - annual return to NHS Digital.	Annual	Delegated	Regulatory	FPC		The Data Security and Protection Toolkit replaces the previous Information Governance toolkit from April 2018. The Data Security and Protection Toolkit is an online self-assessment tool that enables organisations to measure and publish their performance against the National Data Guardian's ten data security standards	Data Privacy Committee	Operational Executive Board	https://digital.nhs.uk/.../data-security-and-protection-toolkit
Emergency Preparedness, Resilience and Response Report (includes Business Continuity and Winter Planning)	Annual	Delegated	Statutory	FPC		The NHS needs to plan for, and respond to, a wide range of incidents and emergencies that could affect health or patient care. These could be anything from extreme weather conditions to an outbreak of an infectious disease or a major transport accident. The Civil Contingencies Act (2004) requires NHS organisations, and providers of NHS-funded care, to show that they can deal with such incidents while maintaining services.		Operational Executive Board	
Estates Strategy	Annual	Not Delegated	Strategic	None			Transformation Committee; Estates Committee	Strategic Executive Board	As whole Board strategy for review not sighted at QAC and FPC prior to Board.
Equality Report including Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES) - Annual	Annual	Not Delegated	Statutory	None		The WRES tells us how well we are doing in the areas of recruitment and selection processes, representation in roles, access to non-mandatory training and disciplinary processes. The WDES has 10 metrics for reporting against.	Strategic Workforce Committee; Equality, Diversity & Inclusion Workforce Group	Operational Executive Board	Publication of an equality, diversity and inclusion annual report as part of the public sector equality duty.
Falls Prevention	Annual	Delegated	Best Practice	QAC		The first of sixteen recommendations in the National Audit of Inpatient Falls (NAIF) Audit Report November 2017 (Royal College of Physicians) 2017 states: We recommend that all trusts have a Trust or hospital-wide patient safety group, which includes falls prevention in its remit and reports to the Board. This group should regularly review their trust's data on falls and moderate harm, severe harm and deaths per 1,000 occupied bed days (OBDs) and assess the success of their practice against trends in these figures. These groups should be overseen by a member of the Executive and non-Executive team and outcomes should be discussed at Board level.	Quality Forum; Patient Safety Improvement Group; Falls Group		https://www.rcplondon.ac.uk/projects/outputs/naif-audit-report-2017
Financial Report	Bi Monthly	Not Delegated	Regulatory	None		Financial information for NHS I and statutory end of year returns		Operational Executive Board	
Financial Report - in months when Board not meeting	Bi Monthly	Delegated	Regulatory	FPC		Financial information for NHS I and statutory end of year returns		Operational Executive Board	

Financial Accounts including Going Concern; Annual Auditor Letter; Accounting Policies	Annual	Not Delegated	Statutory	None		Audit and Assurance Committee		
Fit and Proper Person Requirement (FPPR) for Directors self-declaration	Annual	Not Delegated	Statutory	None	The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Section 1 Paragraph 5 "known as Regulation 5" is used by the CQC to hold NHS trusts to account in relation to FPPR as part of the key lines of enquiry under their regulatory assessment framework (under their well-led domain). Its role is to assess that NHS trusts have appropriate and effective processes in place to assess a directors' suitability and to take action if they are failing to meet these requirements.			LPT Declare online system provides reporting as needed.
Flu Self-Assessment	Annual	Not Delegated	Regulatory	None	NHS Trusts should complete a self-assessment against a best practice checklist which has been developed based on five key components of developing an effective flu vaccination programme. The completed checklist should be published in public board papers at the start of the flu season	Quality Forum; Infection, Prevention and Control Group	Operational Executive Board	
Freedom to Speak Up Guardian Report - Biannual	6-monthly	Delegated	Best Practice	QAC			Strategic Executive Board	QAC has in-depth mid-year review and highlight any issues/concerns to Board.
Freedom to Speak Up Guardian Report - Annual	Annual	Not Delegated	Regulatory	None	CQC and NHS I requirement		Strategic Executive Board	
Gender Pay Gap Report	Annual	Not Delegated	Statutory	None	In 2018 the government made Gender Pay Gap (GPG) reporting mandatory by amending the Equalities Act 2010 (Specific Duties and Public Authorities) Regulations 2017 so that all public sector employers with more than 250 employees are required annually to measure and publish their Gender Pay Gap prominently on the government website and their own.	Strategic Workforce Committee		
Green Plan	Annual	Delegated	Best Practice	FPC	Green Plans, formerly known as Sustainable Development Management Plans (SDMPs) form a key part of sustainable healthcare delivery to ensure services remain fit for purpose today and for the future. Health and care organisations should use their Green Plan to describe their plans to improve prevention and the wider determinants of health in the communities they serve. A good Green Plan will for example, help target action for minimising air pollution from health-related transport, travel and logistics	Estates and Medical Devices Committee; Sustainability Champions Group	Operational Executive Board	Guidance from the Sustainability Development Management Unit. www.sduhealth.org.uk/delivery/plan.aspx
Guardian for Safe Working Report - Annual	Annual	Not Delegated	Regulatory	None	This document represents the annual report from the Guardian of Safe working (GOSW) as per Schedule 6, Paragraph 11 of the Terms and Conditions of NHS Doctors and Dentists in Training Version 8. Note: https://www.nhsemployers.org/-/media/Employers/Documents/Pay-and-reward/Junior-Doctors/NHSDoctorsandDentistsinTrainingEnglandTCS2016VERSION8231219.pdf	Strategic Workforce Committee		Not seen by QAC ahead of Board as full Board needs to be sighted.

Guardian for Safe Working Report - Quarterly	Quarterly	Delegated	Best Practice	QAC	The guardian is a senior person, independent of the management structure within the organisation, for whom the doctor in training is working and/or the organisation by whom the doctor in training is employed. The guardian is responsible for protecting the safeguards for doctors and dentists in training. The guardian will ensure that issues of compliance with safe working hours are addressed, as they arise, with the doctor and /or employer, as appropriate; and will provide assurance to the trust board or equivalent body that doctors' working hours are safe.	Strategic Workforce Committee		
Health and Safety Report	Annual	Not Delegated	Statutory	None	The Management of Health and Safety at Work Regulations 1999, Regulation 7 requires every employer to appoint one or more competent persons to assist with putting measures in place to ensure legal compliance. There is also a requirement for a NED to have a role in overseeing the Trust's health and safety arrangements. The Health and Safety Responsible Person is expected is expected to review and maintain compliance with relevant health and safety legislation including the Control of Substances Hazardous to Health (COSHH) and the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR 2013) and provide information and advice and development of the Trust-wide safety management systems. http://www.legislation.gov.uk/uksi/1999/3242/regulation/7/made	Health and Safety Committee	Operational Executive Board	
IM& T Strategy	Annual	Not Delegated	Strategic	None		Transformation Committee; IM& T Committee	Strategic Executive Board	As whole Board strategy for review not sighted at QAC and FPC prior to Board.
Infection, Prevention and Control Report - Annual	Annual	Not Delegated	Statutory	None	Report to be written in line with the ten criteria as outlined in the Health and Social Care Act 2008 Code of Practice in the Prevention and Control of Infection (updated 2015).	Quality Forum; Infection, Prevention and Control Committee		
Insurance Arrangements - Review	Annual	Delegated	Statutory	Ops Executive Team	All NHS Trusts are insured with NHS Resolution. Premium varies depending upon risk profile.			Commercial insurance can be taken out for activities/risk not covered by NHS R eg some forms of income generation.
Internal Audit report including Head of Internal Audit Opinion	Annual	Not Delegated	Statutory	None		Audit and Assurance Committee	Operational Executive Board	
Learning Disability Improvement Standards	Annual	Delegated	Best Practice	QAC	It is good practice for Boards to receive a self-assessment against the Learning Disability Improvement Standards every year. https://improvement.nhs.uk/resources/learning-disability-improvement-standards-nhs-trusts/	Quality Forum		
Ligature Risks Report - annual	Annual	Not Delegated	Best Practice	None		Quality Forum; Incident Oversight Group	Operational Executive Board	
Ligature Risks Report - progress	Quarterly	Delegated	Best Practice	QAC		Quality Forum; Incident Oversight	Operational Executive Board	

						Group		
Local Clinical Excellence Awards	Annual	Delegated	Regulatory	QAC	Run by NHS Employers, the British Medical Association (BMA) and HCSA, the tripartite negotiating group representing senior doctors and their employers.			
Local Security Management	Annual	Delegated	Statutory	FPC	The Local Security Management Specialist is responsible for producing an Annual Security Management Report for the Board and a Trust-wide annual risk assessment.	FPC	Operational Executive Board	
Medical Revalidation	Annual	Delegated	Statutory	QAC	The Boards of regulated designated bodies have statutory responsibilities to ensure all doctors are keep up to date and remain fit to practise. Revalidation is how the General Medical Council (GMC) ensures that doctors are working to a good standard. All doctors working in the UK must be licensed and registered with the GMC and they must go through a process known as 'revalidation' every five years.	Strategic Workforce Committee		
MHA Annual Report including Hospital Managers' Panel Annual Report	Annual	Delegated	Best Practice	QAC	Annual report which examines not only the data and activity in relation to the use of the Mental Health Act (MHA) 1983 and the Mental Capacity Act (MCA) 2005 but also how the Trust discharges its statutory duties and responsibilities under both pieces of legislation.	Legislative Group		Mental Health Act Code of Practice: https://assets.publishing.servi ce.gov.uk/government/upload s/system/uploads/attachment _data/file/435512/MHA_Code _of_Practice.PDF
Modern slavery act and human trafficking statement	Annual	Not Delegated	Statutory	None	This statement published on the website comprises the slavery and human trafficking statement of LPT for the financial year in accordance with Section 54, Part 6 of the Modern Slavery Act 2015.		Operational Executive Board	Statement publicised on Trust Website.
Mortality Review	Annual	Not Delegated	Regulatory	None	The publication of Learning from deaths by the National Quality Board in March 2017 mandated all English trusts to conduct mortality reviews. Includes the Learning Disability Mortality Review (LeDeR) Programme which is the result of one of the recommendations of the Confidential Inquiry into premature deaths of people with learning disabilities (CIPOLD). Following CIPOLD, NHS England pledged to review every death of a person with learning disabilities across England to identify common issues, or problems, that might have led to these deaths. This way, improvements could then be made to health or social care to prevent similar deaths.	Quality Forum; Learning from Deaths Group		
NHS I Self-Certification Licence Conditions	Annual	Not Delegated	Regulatory	None			Operational Executive Board	Operational consideration for Accountable Officer.
NHS Premises Assurance Model (PAM)	Annual	Delegated	Regulatory	FPC	The NHS PAM has been developed to provide a nationally consistent basis for assurance for trust boards, on regulatory and statutory requirements relating to their estate and related services, and this NHS constitution right: "To be cared for in a clean, safe, secure and suitable environment."	Estates Medical and Equipment Committee	Operational Executive Board	Detailed report so Board to be aware of key issues only.

Nurses' Revalidation Report	Annual	Delegated	Regulatory	QAC	Revalidation is the process that all nurses and midwives in the UK and nursing associates in England will need to follow to maintain their registration with the Nursing and Midwifery Council (NMC). To demonstrate that they continue to practise safely and effectively, nurses have to revalidate every three years to renew their registration with the NMC.	Strategic Workforce Committee		http://revalidation.nmc.org.uk /welcome-to-revalidation/index.html
Organisational Risk Register	Monthly	Not Delegated	Regulatory	None	Trust's are required to compile and review a list of all the major organisational risks.	Audit and Assurance Committee (oversight); QAC (Clinical risks); FPC (Financial and Performance risks)	Operational Executive Board	Directors review their risks with the Risk Assurance Team.
Patient/Staff Story	As Required	Not Delegated	Best Practice	None	Led by Service Directors and Director of HR & OD. Reports highlight themes where patient experience correlates with other quality measures (for example patient safety and clinical outcomes) and patient experience data to provide an early warning system for deteriorating standards of care.			Planned in by Chair
Patient Safety Report	Annual	Not Delegated	Best Practice	None	Under the Health and Social Care Act (2012) we are obliged to ensure that users of our services are involved / consulted in – a) The planning and provision of services b) The development and consideration of proposals for changes in the way those services are provided and c) Decisions we make which affect the operation of those services. Under the Single Equalities Act (2010), we are obliged to ensure that we deliver services that meet the needs of our diverse communities. This means that we must ensure that people from seldom heard communities have a say in how and in what way they want our services to be delivered.	Quality Forum; Patient Safety Improvement Group; Equality, Diversity and Inclusion for Patients Group		
People Plan	Annual	Not Delegated	Strategic	None	We are the NHS: People Plan 2020/21 – action for us all, along with Our People Promise, sets out what our NHS people can expect from their leaders and from each other.	Strategic Workforce Committee	Strategic Executive Board	As whole Board strategy for review not sighted at QAC and FPC prior to Board.
Performance Report	Bi Monthly	Not Delegated	Regulatory	None	Covers the KPIs for Trust Board oversight on delivery of Trust's activities.	Ops Executive Meeting	Operational Executive Board	
Performance Report - in months when Board not meeting	Bi Monthly	Delegated	Regulatory	QAC & FPC	Covers the KPIs for Trust Board oversight on delivery of Trust's activities.		Operational Executive Board	

Patient Led Assessment of Care (PLACE) audit	Annual	Delegated	Regulatory	FPC	PLACE is a system for assessing the quality of the patient environment. It is an organisational voluntary self-assessment which takes place annually, and applies to NHS trusts, voluntary, independent and private healthcare providers.	Estates Medical and Equipment Committee; Patient Carer and Experience Group	Operational Executive Board	NHS Digital website for forms and guidance.
Privacy and Dignity Annual Declaration and Single Sex Accommodation Annual Declaration	Annual	Not Delegated	Regulatory	None	NHS I driver		Operational Executive Board	Statement published on public website.
Quality Accounts	Annual	Not Delegated	Statutory	None		Quality Assurance Committee; Quality Forum	Strategic Executive Board	
Quality Improvement Strategy	Annual	Not Delegated	Strategic	None				As whole Board strategy for review not sighted at QAC and FPC prior to Board.
Reference Costs	Annual	Delegated	Regulatory	FPC			Operational Executive Board	
R&D Report - Annual	Annual	Delegated	Regulatory	QAC		Quality Forum; R&D Strategy Group		
R& D Report - Quarterly	Quarterly	Delegated	Best Practice	QAC		R&D Strategy Group		
R& D Strategy	Annual	Not Delegated	Strategic	None				As whole Board strategy for review not sighted at QAC and FPC prior to Board.
Risk Appetite	Annual	Not Delegated	Best Practice	None	Supports the framing of risk scoring in the Trust's risk register	Board Workshop		
Risk Management and Strategy Plan	Annual	Not Delegated	Strategic	None		Audit and Assurance Committee	Strategic Executive Board	As whole Board strategy for review not sighted at QAC and FPC prior to Board.
Safeguard Report - Annual	Annual	Not Delegated	Statutory	None	Annual report for safeguarding children and adults in line with 'Working Together to Safeguard Children' 2018, the Children Act 2004 and the Care Act 2014 for an annual report with an analysis of the effectiveness of local safeguarding	Quality Assurance Committee; Quality Forum; Legislative Committee		
Safeguarding Report - Quarterly	Quarterly	Delegated	Best Practice	QAC	The purpose of this regular report is provide an overview of activity within the remit of our Safeguarding activity on all Domestic Homicide Reviews, Safeguarding Child Learning Reviews and Safeguarding Adult Reviews conducted in the reporting quarter, and to highlight any key learning.	Quality Forum; Legislative Group		

Safer Staffing	Monthly	Not Delegated	Regulatory	None	Boards should ensure there is sufficient and sustainable staffing capacity and capability to provide safe and effective care to patients at all times, across all care settings in NHS provider organisations. Guidance updated by NHSI in May 2019: https://improvement.nhs.uk/resources/supporting-nhs-providers-right-skills-staff-place-time/			When no Board meeting circulated to Board members or taken to QAC
Serious Incidents/Serious Case Reviews	As Required	Not Delegated	Best Practice	None				Led by Director of Nursing
Service Presentations	As Required	Not Delegated	Best Practice	None				Planned in by Chair
Sexual Safety Report	Annual	Delegated	Best Practice	QAC	https://www.cqc.org.uk/publications/major-report/sexual-safety-mental...	Quality Forum		
Single Use Plastics Pledge Renewal	Annual	Delegated	Best Practice	FPC	NHS England and NHS Improvement have launched a pledge which requires NHS trusts who sign up to commit to phase out avoidable single-use plastic items which are used in catering services and office spaces.	Estates and Medical Devices Committee; Sustainability Champions Group	Operational Executive Board	
Staff Side Facilities Statement - Annual	Annual	Delegated	Statutory	QAC	Under the Trade Union (Facilities Time Publication Requirements) Regulations 2017 Trusts are required to publish data as per Schedule 2 on the Trust Trade Union Facilities time	Strategic Workforce Committee		
Staffing Capacity and Capability Report	6 Monthly	Not Delegated	Regulatory	None	National Quality Board guidance on Safe Staffing is here: https://www.england.nhs.uk/wp-content/uploads/2013/04/nqb-guidance.pdf	QAC		
Staff Side Facilities Statement	Annual	Delegated	Statutory	QAC	Under the Trade Union (Facilities Time Publication Requirements) Regulations 2017 Trusts are required to publish data as per Schedule 2 on the Trust Trade Union Facilities time	Strategic Workforce Committee		
Staff Survey	Annual	Not Delegated	Regulatory	None	NHS National Staff Survey Co-ordination Centre.	Strategic Workforce Committee	Operational Executive Board	
Stakeholder Strategy - partnerships/JVs	Annual	Not Delegated	Strategic	None		Strategic Workforce Committee	Strategic Executive Board	As whole Board strategy for review not sighted at QAC and FPC prior to Board.
Standing Orders and Standing Financial Instructions	Annual	Not Delegated	Regulatory	None	Trust's required to have SO and SFIs and a Scheme of Delegation	Audit and Assurance Committee	Operational Executive Board	
Treasury Management	Annual	Delegated	Best Practice	AAC			Operational Executive Board	AAC for adequacy checking Executive Team for checking operationally sound
Trust Annual Report	Annual	Not Delegated	Regulatory	None	Contents prescribed by NHS I; Accounting Manual	Transformation Committee	Strategic Executive Board	Includes the Annual Governance Statement.
Trust Signed Under Seal Report	Quarterly	Not Delegated	Best Practice	None	Standing Orders	None		
Trust Strategy "Step	Annual	Not	Strategic	None	Framework for all Trust strategies.	Transformation	Strategic	As whole Board strategy for

Up To Great"		Delegated				Committee; Strategic Workforce Committee; Quality Forum	Executive Board	review not sighted at QAC and FPC prior to Board.
Conflicts of Interests		Delegated		AAC			Operational Executive Board	
Mandatory Training	6 Monthly	Delegated	Regulatory	QAC		SWC		
Statutory duties of the Chair		Delegated		AAC				
Rights under the Data Protection Act 2018	Annual	Delegated		FPC		Data Privacy Group		
Freedom of Information	Annual	Delegated		FPC		Data Privacy Group		
Accessibility Standards	Annual	Delegated	Regulatory	QAC		QF / Patient experience		
IPC BAF		Not Delegated						

Appendix B Trust Board Public and Confidential Work Plan 2021/22

Items	April 2021	June 2021	August 2021	October 2021	Dec 2021	Feb 2022
Type of Meeting	CORE	EGM & CORE	CORE	CORE	CORE	CORE
Theme of Meeting	AMH	LD	AMH	CHS	FYPC	TBC
Quarterly Reports	Q4		Q1	Q2		Q3
Standing Agenda Items						
Patient voice Film	X	X	X	X	X	X
Staff Voice Presentation	X	X	X	X	X	X
Matters Arising, Action Log, Previous Minutes for approval	X	X	X	X	X	X
Chair's Report	X	X	X	X	X	X
CEO's Report	X	X	X	X	X	X
CEO Verbal Update **(Confidential)**	X	X	X	X	X	X
Governance and Risk						
Appointment of Senior Independent Director, Deputy Chair, Chairs of Committees	(As required)					
CQC Registration	X	X	X	X	X	X
Fit and Proper Person Requirement (FPPR) for Directors self-declaration (annual)			X			
AGM date to be agreed	X					
Documents Signed under Seal	X	X		X	X	
ORR	X	X	X	X	X	X
Trust Board Meeting Dates to be agreed			X			
Strategy and System Working						
Service Presentation	X	X	X	X	X	X
SUTG Delivery Progress Mile stones KPIs	X	X	X	X	X	X
Business Plan			X			
Board review of strategic objectives, risk and risk appetite (annual)		X				
Group Model		X		X		X
Provider Collaborative		X	X	X	X	X
Quality Improvement and Compliance						
FTSU Guardian Report		X annual			X 6m	
Staff Survey (annual)	X					

Items	April 2021	June 2021	August 2021	October 2021	Dec 2021	Feb 2022
Patient and Carer Experience, Involvement and Complaints Report		X	X annual		X	X
IPC Report		X	X		X	IPC
Safer Staffing Report	X	X	X	X	X	X
Staffing Capacity and Capability 6m Report (NQB)			X			X
Guardian of Safe Working Hours Quarterly Report		X	X		X	
Patient Safety and Serious Incidents bi-monthly Learning Report	X	X	X	X	X	X
Mortality Review / Learning from Deaths		X	X		X	
Privacy and Dignity Annual Declaration and Single Sex Accommodation Annual Declaration (annual)		X				
Serious Incidents Learning Assurance Report **(confidential)**	X	X	X	X	X	X
Safeguarding Annual Report			X			
Child Safeguarding Practice Reviews and Serious Adult Reviews **(confidential)**	X	X	X	X	X	X
Annual Flu Plan				X		
Modern slavery act and human trafficking statement (annual)				X		
Ligature Risks Report (annual)		X				
Performance and Assurance						
Finance Report	X	X	X	X	X	X
Standing Orders and SFIs and SORD						
Performance Report (including Waiting Times)	X	X	X	X	X	X
FPC Highlight Report	X	X	X	X	X	X
QAC Highlight Report	X	X	X	X	X	X
Health and Safety Report (annual)						X
AAC Highlight Report	X	X	X	X	X	X
CFC Highlight Report	X		X	X	X	
Remuneration Committee Highlight Report **(confidential)**	X		X		X	
Charitable Funds Annual Report		X				
Annual Equality Report - WRES & WDES Annual Reports	X					
Gender Pay Gap (annual)					X	
Strategies						
Operational and Financial Planning	X					
Clinical Strategy		X				

Items	April 2021	June 2021	August 2021	October 2021	Dec 2021	Feb 2022
Estates Strategy			X			
IM& T Strategy				X		
People Plan	X					
Quality Improvement Strategy					X	
R& D Strategy						X
Green Plan					X	
EGM Agenda Items						
Receive Auditor's Annual Governance Statement (KPMG Progress Report)		X (EGM)				
2019/2020 review of Trust's Going Concern status		X (EGM)				
Accounting Policies		X (EGM)				
Receive Head of Internal Audit Opinion		X (EGM)				
Approve Letter of Representation – Finance		X (EGM)				
Approve Letter of Representation – Quality		X (EGM)				
Receive Trust's Annual Governance Statement 2020/2021		X (EGM)				
Approve 2020/2021 Audited Financial Accounts		X (EGM)				
Approve 2020/2021 Annual Report		X (EGM)				
Approve 2020/2021 Annual Quality Account		X (EGM)				
NHS Provider Licence Self Certification		X (EGM)				

Appendix C – Key to group / committee names and abbreviations

Abbreviated group / committee	Full group / committee title
AAC	Audit and Assurance Committee
EDI	Equality, Diversity & Inclusion Workforce Group
EoL	End of Life Steering Group
IPC	Infection, Prevention and Control Committee
LDG	Learning from Deaths Group
OEB	Operational Executive Board
PCEG	Patient Carer and Experience Group
PSIG	Patient Safety Improvement Group
QF	Quality Forum
SEB	Strategic Executive Board
SC	Safeguarding Committee
SWC	Strategic Workforce Committee
TC	Transformation Committee
TB	Trust Board

Governance table

For Board and Board Committees:	Public Trust Board
Paper sponsored by:	Chris Oakes, Director of Governance and Risk
Paper authored by:	Kate Dyer, Deputy Director of Governance and Risk
Date submitted:	17 April 2021
State which Board Committee or other forum within the Trust's governance structure, if any, have previously considered the report/this issue and the date of the relevant meeting(s):	None
If considered elsewhere, state the level of assurance gained by the Board Committee or other forum i.e. assured/ partially assured / not assured:	
State whether this is a 'one off' report or, if not, when an update report will be provided for the purposes of corporate Agenda planning	Report provided at each Trust Board
STEP up to GREAT strategic alignment*:	High **S**tandards	
	Transformation	Yes
	Environments	
	Patient Involvement	
	Well **G**overned	Yes
	Single Patient **R**ecord	
	Equality, Leadership, Culture	Yes
	Access to Services	
	Trust wide Quality Improvement	Yes
Organisational Risk Register considerations:	All
Is the decision required consistent with LPT's risk appetite:	Yes
False and misleading information (FOMI) considerations:	None
Positive confirmation that the content does not risk the safety of patients or the public	Confirmed
Equality considerations:	None