Barking, Havering and Redbridge University Hospitals NHS Trust | Barts Health NHS Trust | Homerton Healthcare NHS Foundation Trust | North East London Integrated Care Board

North East London Acute Provider Collaborative Joint Committee

TERMS OF REFERENCE

Introduction	1. The NHS North East London Integrated Care Board ('**ICB**') and the following NHS providers of acute services, who are all partners of the North East London Integrated Care System ('**ICS**'), have come together to form the North East London Acute Provider Collaborative ('**APC**'). 2. The NHS providers of acute services are: (a) Barts Health NHS Trust ('**Barts Health**') (b) Barking, Havering and Redbridge University Hospitals NHS Trust ('**BHRUT**') (c) Homerton Healthcare NHS Foundation Trust ('**Homerton Healthcare**'). 3. For the purpose of these terms of reference, the providers and the ICB shall be known as the **'NHS Partner Organisations.'** 4. The APC Joint Committee, whose governance arrangements are described in these terms of reference, is the collective governance vehicle for joint decision-making by the NHS Partner Organisations in relation to acute services. 5. It has been established with a view to enabling the NHS Partner Organisations to work collaboratively, with a shared purpose, and at scale across multiple places in North East London, to: reduce inequalities in health outcomes, access and experience; improve resilience (e.g. by mutual aid); and ensure that specialisation and consolidation can occur where this will provide better outcomes and value.
Status	6. Section 65Z5 of the National Health Service Act 2006 (as amended) (the '**2006 Act'**) permits Integrated Care Boards, NHS trusts, and NHS foundation trusts to exercise their functions jointly with each other, subject to: (a) Regulations made by secondary legislation, which may constrain that joint exercise of functions, limit the power in relation to certain functions of one or more of those organisations, or impose conditions on the exercise of that power. (b) The expectations of statutory guidance about the exercise of this power, which is published by NHS England under section 65Z7 and which the NHS Partner Organisations must have regard to. 7. Section 65Z6 permits the organisations to arrange for the functions which are exercisable jointly to be exercised by a joint committee and, if they wish, for one or more of the organisations or the joint committee itself to establish and maintain a pooled fund.

	8. Arrangements made under section 65Z5 and section 65Z6 may be made on such terms as may be agreed between the organisations, including terms as to payment. 9. An NHS foundation trust is also permitted by section 47A of the 2006 Act to enter into arrangements for the carrying out, on such terms as it considers appropriate, of any of its functions jointly with any other person. NHS trusts have an equivalent power under paragraph 18 of Schedule 4 to the 2006 Act. 10. Integrated Care Boards also have powers under section 12ZA of the 2006 Act, in relation to arrangements they have made with service providers, which includes a power to confer discretions on those services providers. 11. By virtue of the powers described above, and in accordance with each of their constitutional and governance arrangements, the NHS Partner Organisations have formally established the APC Joint Committee.
Authority	12. The APC Joint Committee is authorised by the Boards of the NHS Partner Organisations to take all necessary actions to fulfil the remit described within these terms of reference, including commissioning reports and creating groups. The APC Joint Committee is permitted to establish sub-committees.
Role of the APC Joint Committee	13. The APC Joint Committee has been established in order to: (a) Provide the NHS Partner Organisations with the ability to collaboratively direct and oversee the delivery of high-quality patient care relating to acute services in North East London; (b) Ensure the development of further collaboration between the NHS Partner Organisations; (c) Enable collaboration with an emphasis on minimising health inequalities, striving to: embed joint accountability, improve equity of access to appropriate and timely health services; and ensure that people participation is at the heart of the activities of the APC's work; (d) Coordinate improved resilience of services (e.g. by mutual aid) where it is the case that action across the NHS Partner Organisations and/or the ICS is required and ensure that specialisation and consolidation can occur where this will provide better outcomes and value; (e) Ensure and encourage the engagement of the partner organisations of the ICS, with a view to shaping the future of acute services across North East London; (f) Lead the development of the ICS strategy and planning for acute services, and put in place arrangements to ensure its delivery with ICS partners including the seven place-based partnerships; (g) Provide assurance to the NHS Partner Organisations on the delivery of the ICS's strategy and plans for acute services and the

NHS Long Term Plan, and agree mitigations where there are significant delivery risks;

(h) Enable the joint exercise of the functions which have been delegated to the APC Joint Committee by the NHS Partner Organisations, in a simple and efficient way ('the **Delegated Functions**').

14. In particular, the APC Joint Committee shall oversee and assure the work of the APC Executive which has been established as a sub-committee of the joint committee.

15. **Annex 1** lists the Delegated Functions, which have been delegated to the APC Joint Committee by the NHS Partner Organisations and, in relation to which, the APC Joint Committee may take decisions which shall be binding on each of the NHS Partner Organisations. It is expected that the arrangements described in these terms of reference will evolve, including to bring further functions within scope over time. For the avoidance of doubt, no party can delegate its functions into the APC Joint Committee without the agreement of all the NHS Partner Organisations.

16. Annex 1 is divided into two respective parts, setting out the functions delegated by the ICB and the functions delegated by the provider NHS Partner Organisations. It also records whether the APC Joint Committee has delegated a function to a sub-committee, and the sub-committee's role in respect of that function.

17. The Delegated Functions shall be exercised with particular regard to the APC Joint Committee's priorities and objectives, as described in the **APC Plan**, which the APC Joint Committee shall approve on behalf of the NHS Partner Organisations. A summary of the APC Joint Committee's priorities and objectives shall be contained at **Annex 2**.

18. In addition, the APC Joint Committee will support the NHS Partner Organisations to achieve the aims and the ambitions of:

(a) The Joint Forward Plan;

(b) The Joint Capital Resource Use Plan;

(c) The Integrated Care Strategy prepared by the NEL Integrated Care Partnership;

(d) The joint local health and wellbeing strategies and associated needs assessments prepared by the eight health and wellbeing boards;

(e) The plans prepared by the seven place-based partnerships, within the ICS's area; and

(f) The developing ICB Financial Framework.

19. The APC Joint Committee will prioritise its work against:

(a) The strategic priorities of the ICS and the ICS operating principles set out on the ICB's website, here;

(b) Relevant plans and priorities developed by the NHS Partner Organisations.

	20. In supporting the NHS Partner Organisations to discharge their statutory functions and deliver the strategic priorities of the ICS, the APC Joint Committee will, in turn, be supporting the ICS with the achievement of the 'four core purposes' of Integrated Care Systems, namely to: (a) Improve outcomes in population health and healthcare; (b) Tackle inequalities in outcomes, experience and access; (c) Enhance productivity and value for money; (d) Help the NHS support broader social and economic development. 21. The APC Joint Committee is also a key component of the ICS, enabling it to meet the 'triple aim' of better health for everyone, better care for all and efficient use of NHS resources.
Chairing Arrangements	22. The Chair of the APC Joint Committee will be the Chair of Homerton Healthcare. The Chair will be responsible for agreeing the agenda and ensuring matters discussed meet the objectives as set out in these terms of reference. 23. The Deputy Chair of the APC Joint Committee will be Chair in Common of Barts Health and BHRUT.
Membership	24. The APC Joint Committee shall have the following members drawn from the NHS Partner Organisations, as follows: Barts Health/BHRUT roles: (a) Chair in Common (b) Group Chief Executive Officer / Accountable Officer for Barts Health and BHRUT (c) Executive Director for Barts Health and BHRUT (d) Joint Non-Executive Director Homerton Healthcare: (e) Chair (f) Chief Executive (g) Executive Director (h) Non-Executive Director ICB: (i) Chief Executive (j) Chief Finance and Performance Officer (k) Chief Medical Officer 25. When determining the membership of the APC Joint Committee, active consideration will be made to diversity and equality.

	26. With the permission of the Chair of the APC Joint Committee, the members of the APC Joint Committee set out above may nominate a deputy to attend a meeting that they are unable to attend. The deputy may speak and vote on their behalf. The decision of the Chair regarding authorisation of nominated deputies is final.
Participants	27. The APC Collaboration Director will have a standing invitation to attend meetings of the APC Joint Committee, aside from in rare circumstances when the Chair determines that it is appropriate for only members of the APC Joint Committee to be present. 28. The APC Joint Committee may invite others to attend meetings, where this would assist it in its role and in the discharge of its duties. This shall include other colleagues from the partner organisations within the ICS, professional advisors or others as appropriate, at the discretion of the Chair of the APC Joint Committee. In particular, the APC Joint Committee may invite: (a) The Senior Responsible Officers for the APC programmes; (b) Individuals who can bring the perspective of the local authorities in North East London; the Voluntary, Community and Social Enterprise sector; Healthwatch; Patients and services users.
Collaborative working and substructures	29. In exercising its responsibilities, the APC Joint Committee shall work with other provider collaboratives, joint committees, committees, or sub-committees which have been established by the NHS Partner Organisations or wider partners of the ICS. This may include, where appropriate, aligning meetings or establishing joint working groups. 30. In particular, the APC Joint Committee will, as appropriate, work with: (a) The place-based governance structures within the ICS; (b) The North East London MHLDA Collaborative, the North East London Community Health Collaborative, the North East London VCSE Collaborative and the North East London Primary Care Collaborative. 31. The APC Joint Committee may delegate any of the Delegated Functions to the APC Executive and any other sub-committees which it establishes in accordance with these terms of reference. 32. Where a function has been delegated by the APC Joint Committee to a sub-committee it shall be recorded in **Annex 1.** All sub-committees established within the APC's governance must operate under terms of reference approved by the APC Joint Committee. 33. The APC Joint Committee or its sub-committees may establish transformation boards, working groups or task and finish groups. All groups established within the APC's governance must operate under terms of reference approved by the APC Joint Committee or the APC sub-committee which established them.

Key duties relating to the exercise of the Delegated Functions	34. When exercising any Delegated Functions, the APC Joint Committee will ensure that it acts in accordance with, and that its decisions are informed by, the relevant policies and procedures which have been developed by the NHS Partner Organisations to support those functions and to inform the commissioning, provision and delivery of any relevant services. 35. When exercising a function which has been delegated by an NHS Partner Organisation, the APC Joint Committee will have particular regard to the statutory obligations imposed on that organisation, and that organisation's policies and procedures. As particularly relevant to the Delegated Functions, these include, but are not limited to, the statutory duties set out in the 2006 Act. Key duties are listed in **Annex 3.** The NHS Partner Organisations will also have due regard to the public sector equality duty under section 149 of the Equality Act 2010. 36. All sub-committees or groups established within the APC's governance must also have due regard to the applicable statutory duties which apply to the NHS Partner Organisations.
Resource and financial management	37. The NHS Partner Organisations have made arrangements to support the APC and the exercise of the Delegated Functions. 38. Further information about resource allocation and financial management is contained in the NHS Partner Organisations' standing financial instructions and associated policies and procedures, which includes the ICB Financial Framework. The NHS Partner Organisations are currently working together to finalise the formal aspects of accountability and responsibility for financial decision-making for activities in scope of the APC Joint Committee, and will update the terms of reference once finalised. 39. Financial decisions need to be made in the line with the Standing Financial Instructions of the organisation at the source of the funding; where this is multiple organisations this will need to be taken through all organisations' approval routes.
APC Partnership Agreement	40. In due course, the NHS Partner Organisations will consider entering into a partnership agreement to address operational matters including: (a) Details of the operational resource to support the APC Joint Committee to meet its responsibilities with regards to the Delegated Functions; (b) Risk and gain share agreements between the NHS Partner Organisations; (c) The process for commissioning / securing professional advice (including external advice); (d) Terms for withdrawal from the APC Joint Committee; (e) Dispute resolution; (f) Information sharing; (g) Management of conflicts of interest;

	(h) Complaints handling. 41. The partnership agreement will supplement these terms of reference. To the extent that there is any conflict between the terms of reference and the agreement, these terms of reference shall prevail.
Meetings	*Scheduling meetings* 42. The APC Joint Committee will ordinarily meet quarterly, and, as a minimum, shall meet on three occasions each year. Additional meetings may be convened on an exceptional basis at the discretion of the Chair. 43. The Chair of the ICS, the Boards of the NHS Partner Organisations, or the ICB's Population Health and Integration ('PH&I') Committee may ask the APC Joint Committee to convene further meetings to discuss particular issues on which they want the APC Joint Committee's advice. *Quoracy* 44. In order for a meeting to be quorate there must be at least six members in attendance, which shall include: (a) A non-executive and an executive from Homerton Healthcare (b) A non-executive and an executive from the collaboration between Barts Health and BHRUT (c) An executive from the ICB. 45. If any member of the APC Joint Committee has been disqualified from participating on an item in the agenda, by reason of a declaration of conflicts of interest, then that individual shall no longer count towards the quorum. Nominated deputies who have been authorised by the Chair shall count towards quorum. 46. If the quorum has not been reached, then the meeting may proceed if those attending agree, but no decisions may be taken. *Voting* 47. The APC Joint Committee will ordinarily reach conclusions by consensus. When this is not possible, the Chair may call a vote. Only members of the APC Joint Committee may vote. Each member is allowed one vote and a simple majority will be conclusive on any matter. Where there is a split vote, with no clear majority, the Chair of the APC Joint Committee will hold the casting vote. The result of the vote will be recorded in the minutes. Decisions taken shall be binding on each of the NHS Partner Organisations. *Papers and notice* 48. A minimum of seven clear days' notice and dispatch of meeting papers is required. Notice of all meetings shall comprise venue, time and date of the meeting, together with an agenda of items to be discussed.

	Supporting papers must be distributed at least five clear working days ahead of the meeting. 49. On occasion it may be necessary to arrange urgent meetings at shorter notice. In these circumstances the Chair will give as much notice as possible to members. Urgent papers shall be permitted in exceptional circumstances at the discretion of the Chair. *Virtual attendance* 50. It is for the Chair to decide whether or not the APC Joint Committee will meet virtually by means of telephone, video or other electronic means. Where a meeting is not held virtually, the Chair may nevertheless agree that individual members may attend virtually. Participation in a meeting in this manner shall be deemed to constitute presence in person at such meeting. How a person has attended a meeting shall be specified in the meeting minutes. *Recordings of meetings* 51. Except with the permission of the Chair, no person admitted to a meeting of the APC Joint Committee shall be permitted to record the proceedings in any manner whatsoever, other than in writing. *Minutes* 52. The minutes of a meeting will be formally taken in the form of key points of debate, actions and decisions and a draft copy circulated to the members of the APC Joint Committee together with the action log as soon after the meeting as practicable. The minutes shall be submitted for agreement at the next meeting where they shall be signed by the Chair. *Governance support* 53. Governance support to the APC Joint Committee will be provided by the ICB's Governance Team. *Confidential information* 54. Where confidential information is presented to the APC Joint Committee, all attendees will ensure that they treat that information appropriately in light of any confidentiality requirements and information governance principles.
Conflicts of interest	55. Conflicts of interests will be managed in accordance with relevant policies, procedures and joint protocols developed by the ICS, which shall be consistent with the NHS Partner Organisations' respective statutory duties and applicable national guidance.
Disputes	56. Where there is any uncertainty about whether a matter relating to a Delegated Function is within the remit of the APC Joint Committee in its

	capacity as a decision-making body, including uncertainty about whether the matter relates to: (a) a matter for determination by a Board or other governance structure of an NHS Partner Organisations; or (b) determination by a placed-based committee of the ICB or another provider collaborative, then the matter will be referred to the relevant Trusts' Board in the case of a provider function, or the PH&I Committee or Board of the ICB in the case of an ICB function. 57. Where any other dispute arises between the NHS Partner Organisations, which is connected to the operation of the APC and its work, this shall be resolved in accordance with the dispute resolution procedure which has been agreed between the NHS Partner Organisations.
Referral to the ICB's Population Health & Integration Committee	58. Where any decision before the APC Joint Committee which concerns an ICB function is novel or contentious or repercussive across services which fall outside its remit, then the APC Joint Committee shall give due consideration to whether the decision should be referred to the PH&I Committee of the ICB and reported to the ICB Board, as per the arrangements described at paragraphs 64-69 below. Where the APC Joint Committee does decide to make such a referral, the Chair will action this on behalf of the APC Joint Committee. 59. Where a matter is referred to the PH&I Committee under paragraph 58, the Committee (at an appropriate meeting) shall consider and determine whether to accept the referral and make a decision on the matter. Alternatively, the PH&I Committee may decide to refer the matter to the Board of the ICB, one its committees or subcommittees, or to a joint committee or other collaborative for determination. The PH&I Committee will keep the Chair of the Committee informed of its actions in relation to any referral from the APC Joint Committee and the Chair shall in turn ensure that the APC Joint Committee is keep updated. 60. In addition to the APC Joint Committee's ability to refer a matter to the PH&I Committee of the ICB, the Board of the ICB, or its Chair and the Chief Executive (acting together), may also require a referral of any decision falling with paragraph 58 to the Board of the ICB.
Behaviours and Conduct	61. Members will be expected to behave and conduct business in accordance with: (a) The policies, procedures and governance documents that apply to them, including any jointly developed procedures or codes developed by the ICS. (b) The NHS Constitution; (c) The Nolan Principles.

	62. Members must demonstrably consider equality diversity and inclusion implications of the decisions they make. 63. Members will seek to act in the best interests of the population of the ICS area, rather than representing the individual interests of the NHS Partner Organisations.
Accountability, reporting, and shared learning	64. The APC Joint Committee is established by and ultimately accountable to the Boards of the NHS Partner Organisations and the Joint Committee shall report to the Boards accordingly through the provision of the information described at paragraph 66 below. 65. In addition to this, a committee of each of the NHS Partner Organisations' Boards may be given operational oversight of the exercise of the relevant organisation's respective functions. This includes: (a) The ICB's Population Health and Integration Committee in respect of the ICB functions. 66. A copy of the meeting minutes along with a summary report shall be shared with the above committee(s) for information and assurance. The report shall set out matters discussed and pertinent issues, together with any recommendations and any matters which require disclosure, escalation, action or approval. 67. The APC Joint Committee will also report to the NHS Partner Organisations' committees for quality and finance, where its work is relevant to the functions of those committees, or as otherwise requested by those committees. 68. **Annex 4** shows the APC Joint Committee's governance, including its usual reporting lines. *Sharing learning and raising concerns* 69. Where the APC Joint Committee considers that an issue, or its learning from or experience of a matter, to be of importance or value to the North East London health and care system as a whole, or part of it, it may bring that matter to the attention of the Director who is responsible for governance within the ICB for onward referral to the PH&I Committee, the Chair or Chief Executive of the ICB, the Integrated Care Partnership or to one or more of ICB's committees or subcommittees as appropriate.
Review	70. The APC Joint Committee will review its effectiveness at least annually and provide an annual report to the PH&I Committee and Boards of the NHS Partner Organisations on its work in discharging its responsibilities, delivering its objectives and complying with its terms of reference. 71. These terms of reference, including membership and chairing arrangements, will be reviewed at least annually and more frequently if required. Any proposed amendments to the terms of reference will be submitted to the Boards of the NHS Partner Organisations for approval.

Annex 1 – Delegated Functions (for the commencement of year one)

Part A: Functions delegated by the Board of the ICB

Role of the APC Joint Committee:		Role of the APC Executive:
Planning		
The APC Joint Committee will undertake the following specific activities in the domain of Planning:		-
1	Making recommendations to the PH&I Committee of the ICB in relation to, and contributing to, the Joint Forward Plan and Joint Capital Resource Use Plan and other system plans, in so far as it relates to the provision of, and the need for, acute services in the ICB's area and the exercise of the ICB's functions.	To prepare such recommendations for consideration by the APC Joint Committee.
2	Overseeing, and providing assurance to the PH&I Committee regarding, the implementation and delivery of the Joint Forward Plan, and Joint Capital Resource Use Plan, the Integrated Care Strategy and other system plans or strategies (including the joint local health and wellbeing strategies and associated needs assessments), in so far as they require the exercise of ICB functions relating to acute services.	To monitor implementation and report to the APC Joint Committee, as appropriate.
3	Developing and approving the APC Plan and assuring implementation and delivery of the plan, in so far as that requires the exercise of ICB functions. *The APC Plan shall be developed by drawing on population health management tools and in coproduction with service users and residents of North East London. It is aimed at ensuring delivery of the Joint Forward Plan, the Integrated Care Strategy and other system plans (including joint local health and wellbeing strategies and associated needs assessments), in so far as they require the exercise of functions relating to acute services.* *In particular, this shall include the development and approval of the APC's priorities and objectives set out in Annex 2.* *The APC Plan shall be tailored to meet particular local needs in specific places, where appropriate, but shall always maintain ICB-wide operational, quality and financial performance standards.*	To lead on developing and preparing the plan for approval by the APC Joint Committee, and overseeing its implementation.
4	Reviewing plans developed by the seven place-based partnerships in relation to the provision of services relating to acute services, with a view to ensuring appropriate cohesion across the ICB area. This shall include reviewing such plans, making recommendations to the relevant Place ICB Committee and sharing learning.	To lead on such matters.
Leadership and engagement		

The APC Joint Committee will undertake the following specific activities in the domain of Leadership and engagement:		-
1	Responsibility on behalf of the ICB for engagement with partner organisations within the ICS (including primary care) on matters relating to acute services with a view to ensuring that such needs are considered within wider system planning.	To lead on such matters.
2	Providing leadership, on behalf of the ICB, on matters relating to acute services across the ICB's area, and working with ICS partners and NHS England as required. This shall include responsibility, on behalf of the ICB, for developing the vision and culture of the Collaborative, and engaging staff in that regard.	To lead on such matters.
3	Driving and overseeing service user and citizen participation, in relation to the exercise of ICB functions relating to acute services.	[ ]
Governance		
The APC Joint Committee will undertake the following specific activities in the domain of Governance:		-
1	Responsibility on behalf of the ICB for developing the governance framework of the APC, including: • making recommendations to the ICB on the commissioning functions which should be within the scope of the APC; • establishing the sub-structures necessary to facilitate delivery of the Delegated Functions; • putting in place the documentation necessary to ensure robust governance and assurance.	To make recommendations to the APC Joint Committee in relation to such matters. Leading on horizon scanning for examples of best practice.

Part B: Functions delegated by each of the Boards of Barts Health, BHRUT and Homerton Healthcare (for the purposes of this section, "the Trusts")

Role of the APC Joint Committee:		Role of the APC Executive:
Planning		
The APC Joint Committee will undertake the following specific activities in the domain of Planning:		-
1	Making recommendations to the Trusts' Boards in relation to, and contributing to, the Joint Forward Plan and Joint Capital Resource Use Plan, and other relevant system plans or strategies, in so far as it relates to the provision of, and the need for, acute services in the ICB's area and exercise of the Trusts' functions.	To prepare such recommendations for consideration by the APC Joint Committee.

2	Developing and approving the APC Plan and assuring implementation and delivery of the plan, in so far as that requires the exercise of the relevant Trust's functions.	To lead on developing and preparing the plan for approval by the APC Joint Committee, and overseeing its implementation.
3	Overseeing, and providing assurance to the Trusts' Boards regarding, the implementation and delivery of the Joint Forward Plan and Joint Capital Resource Use Plan, and other relevant system plans or strategies, in so far as they require the exercise of the APC functions.	To monitor implementation and report to the APC Joint Committee, as appropriate.
4	Providing information to the Trusts' Boards for the purposes of each Trust's duty to prepare its annual report for provision to NHS England, in so far as NHS England has requested, or those reports require, information connected with the exercise of the APC's functions.	[ ]
Leadership and engagement		
The APC Joint Committee will undertake the following specific activities in the domain of Leadership and engagement:		-
1	Responsibility on behalf of the Trusts for engagement with partner organisations within the ICS (including primary care) on matters relating to the provision of, and the need for, acute Services with a view to ensuring that such needs are considered within wider system planning.	To lead on such matters.
Governance		
The APC Joint Committee will undertake the following specific activities in the domain of Governance:		-
1	Responsibility on behalf of the Trusts for developing the governance framework of the APC, including: • making recommendations to the Trusts' Board on the functions which should be within the scope of the APC, • establishing the sub-structures necessary to facilitate delivery of the Delegated Functions; • putting in place the documentation necessary to ensure robust governance and assurance.	To make recommendations to the APC Joint Committee in relation to such matters. Leading on horizon scanning for examples of best practice.

Annex 2- APC Joint Committee objectives and priorities

The following priorities and objectives are summarised from the current APC Plan:

1	*[To be populated once plan developed]*
2	
3	
4	

Annex 3 – Key statutory duties

Key duties of the ICB:

- Section 14Z32 – Duty to promote the NHS Constitution
- Section 14Z33 – Duty to exercise functions effectively, efficiently and economically
- Section 14Z34 – Duty as to improvement in quality of services
- Section 14Z35 – Duty as to reducing inequalities (and the separate legal duty under section 149 of the Equality Act 2010, the Public Sector Equality Duty)
- Section 14Z36 – Duty to promote involvement of each patient
- Section 14Z37 – Duty as to patient choice
- Section 14Z38 – Duty to obtain appropriate advice
- Section 14Z39 – Duty to promote innovation
- Section 14Z40 – Duty in respect of research
- Section 14Z41 – Duty to promote education and training
- Section 14Z41 – Duty to promote integration
- Section 14Z43 – Duty to have regard to the wider effect of decisions
- Section 14Z44 – Duties as to climate change etc
- Section 14Z45 – Public involvement and consultation (and the related duty under section 244 and the associated Regulations to consult relevant local authorities)
- Section 14Z30 – Registers of interests and management of conflicts of interest
- Section 223GB – Financial requirements on the ICB [where set by NHS England]
- Section 223GC – Financial duties of the ICB: expenditure
- Section 223L – Joint financial objectives for the ICB [where set by NHS England]
- Section 223M – Financial duties of the ICB: use of resources
- Section 223N – Financial duties of the ICB: additional controls on resource use
- [Section 223LA – Financial duties of the ICB: expenditure limits]

Key statutory duties of Barts Health, BHRUT, Homerton:

Foundation trusts

- Section 63 - Duty to exercise functions effectively, efficiently and economically
- Section 63A - Duty to have regard to the wider effect of decisions
- Section 63B – Duties in relation to climate change

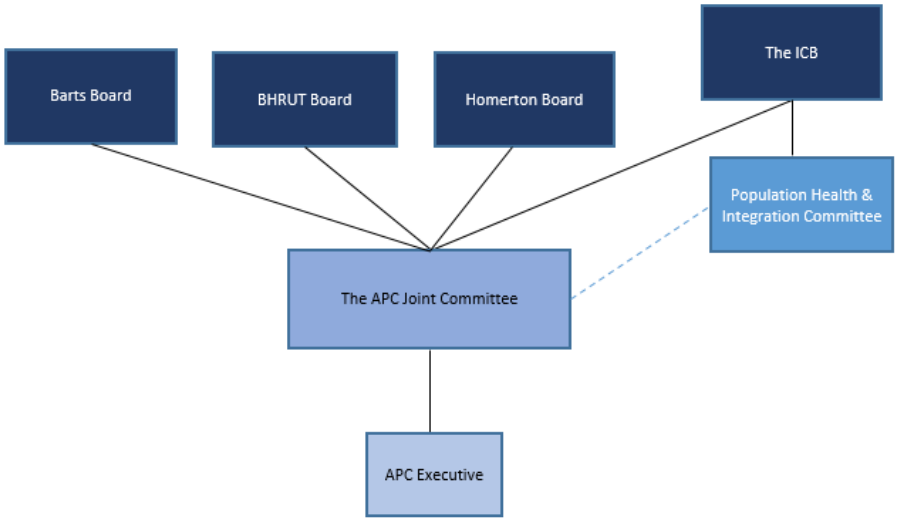
Trusts

- Section 26 - Duty to exercise functions effectively, efficiently and economically
- Section 26A - Duty to have regard to the wider effect of decisions
- Section 26B – Duties in relation to climate change

Foundation trusts and trusts

- Section 223L – Joint financial objectives [where set by NHS England]
- Section 223M – Financial duties: use of resources
- Section 223N – Financial duties: additional controls on resource use
- [Section 223LA – Financial duties: expenditure limits]
- Section 242 – Public involvement and consultation

Annex 4 – Governance Diagram



[*Drafting note:* A fuller governance diagram with reporting lines and a key will be inserted, and can include any other relevant committees, e.g. of the Trusts]