

# Triennial Review Report: Advisory Group on Military Medicine

Reviewing the function, form and governance of the Ministry of Defence Advisory Group on Military Medicine.

## Executive Summary

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### Aims of Review

The aim of this triennial review of the Ministry of Defence Advisory Group on Military Medicine (AGoMM) was to determine its utility and consider the best delivery model, including whether it should remain as an advisory Non Departmental Public Body (NDPB).

### Outcomes of Stages One and Two

#### Stage One

The Ministry of Defence Advisory Group on Military Medicine provides essential advice to the Ministry of Defence's Surgeon General (SG), as required. This advice includes the areas policy for medical issues within medical force protection, and for clinical treatments used on operations. This review recommends that, based on the evidence, the provision of this independent advice must continue.

AGoMM costs less than £14,000 a year, has no dedicated staff or infrastructure, and is highly cost effective.

Of the Government's "three tests" for any review of a public body, AGoMM meets two in full, with the third – of the need for independence from Ministers – reaching the standard of highly desirable.

There continues to be a requirement to retain AGoMM as an advisory body but it should not continue as an NDPB. It is judged that the most appropriate delivery model for this body is as a Public Sector Working Group.

#### Stage Two

Having concluded that AGoMM should not be retained as a NDPB there is no requirement to conduct stage two of the review. However, there is value in ensuring this body, acting as a Public

Sector Working Group, meets the principles of good corporate governance, including requirements on openness, transparency and accountability.

Additional recommendations are therefore made below, to be taken forward when the body becomes a Public Sector Working Group.

## Additional Recommendations

### Recommendation 1.

To ensure that AGoMM members are provided with timely and consistent information about their role and responsibilities, the Headquarters Surgeon General Secretariat should initiate and formalise an induction programme for all new members.

### Recommendation 2.

To ensure appropriate oversight of AGoMM, an annual report of its work should be produced for the Surgeon General and MOD should seek to publish unclassified information about the work of AGoMM, including the annual report, to the *.gov.uk* website.

# Introduction

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## Aims of the Review

It is Government policy that a non-departmental public body (NDPB) should only be set up, or remain in existence, where the model can be clearly evidenced as the most appropriate and cost-effective way of delivering the function in question.

In April 2011, the Cabinet Office announced that all NDPBs still in existence following the reforms brought about by the Public Bodies Review would have to undergo a substantive review at least once every three years.

These triennial reviews would have two purposes:

- a. To provide a robust challenge of the continuing need for individual NDPBs – both their function and their form, employing the ‘three tests’ discipline; and
- b. Where it is agreed that a particular body should remain as an NDPB, to review the control and governance arrangements in place to ensure that the public body is complying with recognised principles of good corporate governance.

## Background to Advisory Group on Military Medicine

In 2008 AGoMM replaced the Advisory Group on Medical Countermeasures (AGMC), the majority of members from AGMC being appointed by due process to AGoMM. At this time the then Chair and members were recruited under the then extant Code of Practice<sup>1</sup>.

The functions of AGoMM are described at stage one of the review.

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<sup>1</sup> The Commissioner for Public Appointments – Code of Practice for Ministerial Appointments to Public Bodies (2007); and Ministry of Defence – Statement of Civilian Personnel Policy, Making Public Appointments (7 April 2008).

# The Review: Stage One

## Process

The then Surgeon General, Vice Admiral P Raffaelli CB, appointed Colonel J E Burgess MSc FRCGP L/RAMC to undertake the review. At the time of appointment the reviewer held the post of Deputy Inspector General for Surgeon General. The reviewer was assisted by the Secretariat from Surgeon General.

Mark Francois MP, Minister of State for Defence Personnel, Welfare and Veterans, announced the review on 4 December 2012, a copy of the notice is at Annex A.

As a small NDPB, a formal “Challenge Group” was not required to oversee the review of AGoMM. However, independent scrutiny of the review was led by a member of the Senior Civil Service, the Head of Secretariat and Finance for the Headquarters Surgeon General (HQ SG), Mr A R Arber, to ensure robust challenge of its findings.

## Evidence and Stakeholder Engagement

The key stakeholder is Surgeon General who receives advice from AGoMM. Following this advice SG then takes executive decisions on behalf of the Department and assumes responsibility for all decisions.

The then Surgeon General was interviewed as the stakeholder. Engagement was undertaken with the current members of AGoMM.

## Functions of the Body

The key functions of AGoMM are to provide the Ministry of Defence, and in particular its Surgeon General, with advice in the following key areas:

- a. Independent statements on the safety, efficacy and quality of medicines and medical devices that may be deployed and employed by the Armed Forces.
- b. Specific advice on medical products that are unlicensed or MOD intends to use for a purpose other than its licensed use.
- c. Peer review research, development and acquisition programmes that will deliver future operational medical capability.
- d. Provide independent advice on policy, doctrine, training and practice issues.

The group has senior representation, usually with chairs of medical organisations attending in person. The chair is the professor of environmental medicine and consultant physician from a UK university and medical school. The members include chairs or senior staff from the following organisations:

- a. The Department of Health.

- b. The UK Commission on Human Medicines and the Director, Division of Genomic Medicine and Biomedical Sciences based at a UK university.
- c. The Health Protection Agency.
- d. The National Patient Safety Agency.
- e. The National Institute for Health and Clinical Excellence.
- f. A previous chair of the Healthcare Commission.
- g. Experts in therapeutics, pharmacology, psychiatry and infection control.
- h. The Surgeon General (SG) from the Ministry of Defence, acting as Executive Officer.
- i. Appropriate uniformed and civilian members from the Ministry of Defence.

It should be noted that the majority of AGoMM's membership is not appointed in a personal capacity but actually represent an organisation, appointed on the basis of holding a particularly relevant post within that organisation. This includes the military members of AGoMM and those from other Government Departments and public bodies. There remain of course, a minority of personal appointees to AGoMM, who are experts in particular scientific or medical fields for which advice is required.

## The AGoMM Process

The reviewer examined the AGoMM process from initiation of issues through to decisions and implementation. Issues are usually raised by Defence Equipment and Support, Defence Science and Technology Laboratory, the single Services, Joint Forces Command or staff in HQ SG. The Strategic Medical Policy staff in HQ SG work up each issue, brief SG and forward the case to the HQ SG Secretariat in London.

If resolution is urgently required the Secretariat passes the paperwork to the Chair of AGoMM for consideration. If an Out of Committee decision is required, the Chair discusses the case with a number of key specialists from AGoMM. The advice and recommendation is passed back to the Secretariat and to SG who makes the decision, records this in writing and assumes responsibility.

Out of Committee decisions are ratified at the bi-annual AGoMM meetings. Less urgent subjects are presented in advance to AGoMM members with recommendations made and recorded at the formal meetings.

## Costs of AGoMM

The annual budget for AGoMM is £14,000, which is provided through the Surgeon General. This does not include salary costs for MOD members or Secretariat time. AGoMM has no staff, infrastructure or dedicated IT. All civilian and MOD involvement, including the Secretariat, remains part of personnel secondary duties. The release of civilian personnel to give this advice is with the goodwill of employers.

The civilian fees chargeable are £465 per day for the chairman and £380 per day for civilian members. On many occasions these fees are not claimed. In accordance with the Fees, Travel and Subsistence Rules and Rates for Non Departmental Public Bodies sponsored by the Surgeon

General “Civil Servants and other public sector employees who already draw a full time salary from the public purse will not be remunerated for serving on the boards of NDPBs”.

Information from the Finance branch of HQ SG indicates that the average yearly cost of AGoMM is £13,250. This comprises £4,265 for civilian fees; £6,985 for travel and subsistence expenses; and £2,000 (estimated) for travel and subsistence costs incurred by a variety of different MOD budgets. These figures are based on data from the last six years.

The expenditure of AGoMM is accounted for within the MoD’s HQ SG budget.

## Functions Determined During Course of the Review

The reviewer had full access to all MOD documentation relating to AGoMM. The unclassified documents included:

- a. The Constitution (revised January 2012)
- b. The Code of Conduct for the Chairman and Members of AGoMM (revised January 2012)
- c. Members’ Terms and Conditions of Employment (revised February 2012)
- d. Fees, Travel and Subsistence Rules and Rates for Non Departmental Public Bodies Sponsored by Surgeon General (revised January 2012)
- e. The Code of Conduct for Ministerial Appointments to Public Bodies (dated April 2012)
- f. The Code of Conduct for Board Members of Public Bodies (dated June 2011)

The reviewer examined all Agendas from inception of AGoMM and reviewed each Agenda against the Minutes and Action Grids from each meeting. These documents are classified.

SG regards AGoMM as essential. It provides him with necessary advice on specialist areas that are outwith the expertise of staff in HQ SG or the wider Ministry of Defence. The highly specialised advice in areas such as unlicensed preparations, vaccines and countermeasures is delivered by the most senior staff from key Department of Health, NHS and regulatory bodies. SG commented that this advice protects the Ministry of Defence.

Much of the advice is undertaken out of committee. When specialist advice is required quickly, Surgeon General’s Secretariat approaches the Chairman. He seeks advice from key members and the Chairman responds to the Secretariat.

The Chair described in detail the workings of the Group and how Chairman’s actions are taken with review and recording in the later formal meetings. He described the governance and assurance mechanisms which were compared to those required in the constitution.

The feedback from members of AGoMM was universally supportive. There was universal agreement that AGoMM fulfils the Government’s “Three Tests”.

Examining the agendas and records of decisions, it is clear the AGoMM meetings have considerable and rapid outputs. The decisions are compatible with the agenda items. Members reported that the necessary documentation was provided in good time for pre meeting preparation.

## Delivery Models

The triennial review guidance sets a checklist of delivery options. The options include:

- a. Abolish.
- b. Move out of central government.
- c. Merge with another body.
- d. Deliver via a new Executive Agency.
- e. Continue delivery by an advisory NDPB.
- f. Bring in-house.

### Abolish

The stakeholder, the Ministry of Defence Surgeon General, was adamant that the functions of AGoMM must continue. The advice is essential and the independence of the advice (from the SG as decision maker) is essential. The independence of the advice protects the Department. This was not considered further.

### Move out of Central Government

The advice is provided to Surgeon General by a wide spectrum of senior specialists from across the medical field. These specialists are from the Department of Health, the NHS, universities and from within the MOD. The agendas and outputs are classified: to move the functions from central government would therefore be inappropriate.

### Merge with another Body

The reviewer and the AGoMM Chair explored the potential for merger with a body called the UK Stockpile Deployment Group, hosted by the Department of Health. Following a review of ways of working, respective membership, and core functions, both agreed that the bodies fulfilled different functions and could not absorb the others' work. Furthermore, due to differences in membership, it would not be appropriate to routinely share particular material, with a merged body, given the classified medical advice intended for the Surgeon General. The option of merger was rejected.

However, this exercise considered several opportunities for both bodies to pool expertise and work more closely to standardise work on medical countermeasures across Government. This way of working is now being taken forward as normal business.

### Delivery via a new Executive Agency

The functions of AGoMM are advisory; they are not executive in nature. Furthermore, its costs are within the allocated budget of £14,000 a year and it has no staff or infrastructure. It would therefore not be appropriate to set up an as new Executive Agency and this option was rejected.

### Continue delivery by an advisory NDPB

A key aspect of an advisory NDPB is that the body provides advice to the Minister with appointments usually made by ministers. Those appointed to an advisory NDPB are drawn from

outside government and appointed in a personal capacity because of their skills, expertise in a relevant field and experience.

In the case of AGoMM, the body is indeed set up to provide advice to the Surgeon General who then takes executive decisions on behalf of the Department and assumes responsibility for all decisions. However, the majority of its membership is not appointed in a personal capacity, but actually represent an organisation, appointed on the basis of holding a particularly relevant post within that organisation. This includes the military members of AGoMM and those from other Government Departments and public bodies. There remain of course, a minority of personal appointees to AGoMM, who are experts in particular scientific or medical fields for which advice is required. In assessing this arrangement against the Cabinet Office's formal guidance<sup>2</sup>, it is concluded that this body is most closely aligned with the characteristics of a Public Sector Working Group and so should no longer remain as an NDPB.

### Bring in House

The requirement to provide medical advice to Surgeon General remains essential and it is equally essential for this advice to remain independent. A succinct comment when seeking evidence on the requirement for AGoMM was: "To provide balanced and independent advice based upon current medical knowledge and best practice".

Given the above, it is therefore concluded that AGoMM should remain as an advisory body, benefiting from independent expert membership. However, to better reflect the membership, its particular status should change from an Advisory NDPB to that of an in house Public Sector Working Group. It is important to note that whilst the administration of the body itself will be recognised as 'in house', by becoming a Public Sector Working Group the independence from MOD of the actual advice will be retained through the nature of the membership of the group.

### The Three Tests

The Stage One of the review concludes that the body should be retained; however, the method of delivery of this function will change from an advisory NDPB to a Public Sector Working Group. In its new form it is still necessary to determine if AGoMM passes at least one of the Government's "three tests", namely:

- a. Is this a technical function which needs external expertise to deliver?
- b. Is this a function which needs to be, and to be seen to be, delivered with absolute political impartiality, such as certain regulatory or funding functions?
- c. Is this a function which needs to be delivered independently of Ministers to establish facts and / or figures with integrity?

Is this a technical function which needs external expertise to deliver?

The MOD does not have the breadth and depth of medical expertise internally to deliver the required advice. The opinions are highly specialised and are provided by the highest grade specialists across UK. The MOD could never develop such expertise, nor would it be appropriate to attempt to develop it in house.

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<sup>2</sup> 'Categories of Public Bodies: A Guide for Departments' (December 2012)

Conclusion: This test is met in full.

Is this a function which needs to be, and to be seen to be, delivered with absolute political impartiality, such as certain regulatory or funding functions?

The AGoMM advice consists of statements on the safety, efficacy and quality of medicines and medical devices that may be deployed and employed by the Armed Forces. It additionally provides advice on medical products that are unlicensed or MOD intends to use for a purpose other than its licensed use.

These key functions must be delivered with absolute political impartiality, in order to retain public confidence that decisions on the use of medicines and medical devices by the UK's Armed Forces are informed by independent and unbiased expert advice.

Conclusion: This test is met in full.

Is this a function which needs to be delivered independently of Ministers to establish facts and / or figures with integrity?

The independence of the advice is essential and it is highly beneficial to have this advice independent of Ministers.

Conclusion: This test is met.

## Conclusions of Stage One

The AGoMM provides essential advice to the Ministry of Defence's Surgeon General. The provision of this independent advice must continue. AGoMM costs less than £14,000 per annum, has no staff or infrastructure, and is highly cost effective.

It meets in full two of the Government's "three tests".

AGoMM should continue as an advisory body. However, given the function and characteristics of this body, the method of delivery should more properly be that of a Public Sector Working Group.

## The Review: Stage Two

Having determined that AGoMM should remain as an advisory body, with its mode of delivery changed from an NDPB to a Public Sector Working Group, there is no requirement to continue to the second stage of the review. However, there is value in conducting this second stage to consider how far the currently constituted AGoMM aligns with the principles of good governance, as an NDPB, and what additional measures we may wish to take when the body becomes a Public Sector Working Group. The assessment is summarised below and articulated in detail in Annex C.

### Accountability

#### Principle:

- a. The minister is ultimately accountable to Parliament and the public for the overall performance and, and continued existence, of the advisory NDPB.
  - (1) AGoMM is compliant. However, an annual report on AGoMM should be published to highlight its activities over the year.
- b. The departmental board ensures that there are appropriate governance arrangements in place with the advisory NDPB
  - (1) AGoMM is fully compliant.
- c. There is a sponsor team within the department that provides appropriate oversight and scrutiny of, and support and assistance to, the advisory NDPB.
  - (1) AGoMM is fully compliant.
- d. The chair is responsible for leadership of the advisory NDPB and for ensuring its overall effectiveness.
  - (1) AGoMM is fully compliant.
- e. The members should provide independent, expert advice.
  - (1) AGoMM is fully compliant.
- f. The advisory NDPB should be open, transparent, accountable and responsive.
  - (1) The outcomes of AGoMM are classified and AGoMM cannot always comply. However, some unclassified information, including an unclassified annual report could be published on the internet; and individual requests for information will continue to be considered on a case by case basis.

### Recommendations

#### Recommendation 1.

To ensure that AGoMM members are provided with timely and consistent information about their role and responsibilities, the Headquarters Surgeon General Secretariat should initiate and formalise an induction programme for all new members.

Recommendation 2.

To ensure appropriate oversight of AGoMM, an annual report of its work should be produced for the Surgeon General and MOD should seek to publish unclassified information about the work of AGoMM, including the annual report, to the *.gov.uk* website.

**WRITTEN MINISTERIAL STATEMENT ANNOUNCING THE TRIENNIAL REVIEW OF THE ADVISORY GROUP ON MILITARY MEDICINE**

I am today announcing the start of the Triennial Review of the Advisory Group on Military Medicine (AGoMM). Triennial reviews of Non Departmental Public Bodies (NDPBs) are part of the Government's commitment to ensuring that NDPBs continue to have regular challenge on their remit and governance arrangements.

AGoMM provides independent, specialist advice to the Ministry of Defence, as required, on the policy for medical issues within medical force protection, and for clinical treatments used on operations.

The AGoMM Review is to be conducted in accord with Government guidance for reviewing Non-Departmental Public Bodies, and will consider the effectiveness of how the functions of AGoMM are currently delivered, whether there is a need for the function and the advisory NDPB to continue, and if so, how the function might best be delivered in future. The review will be led by a member of the Surgeon General's senior staff who is not involved with the day to day business of the Group.

Key stakeholders are being informed of the review and invited to submit views. The aim is to complete the review and announce the outcome by 31 March 2013.

## List of Stakeholders Consulted

### Principal Stakeholder:

Ministry of Defence Surgeon General: Vice Admiral P Raffaelli CB OSJ

### Advisory Group Members

#### Chairman:

Professor P G Blain  
Professor of Environmental Medicine and Consultant Physician  
Newcastle University Medical School.

#### Members:

Professor Sir Gordon Duff  
Chairman UK Commission on Human Medicines

Professor Sir Ian Kennedy  
Previously chair Healthcare Commission

Professor Sir Michael Rawlins  
Chairman, National Institute for Health and Clinical Excellence (NICE).

Professor Sir Simon Wessely  
Vice Dean, Institute of Psychiatry; Head Department of Psychological Medicine; Director, King's  
Centre for Military Health Research.

Professor E Millar  
Head of Immunization Division, Health Protection Agency.

Dr B Bannister  
Infectious Diseases Department, Royal Free Hospital.

Dr I Levack  
Clinical Group Director, Clinical Care NHS Tayside.

Dr Robert Jefferson  
Medical Toxicology Research Centre, Wolfson Unit Newcastle University.

Dr M Spittle  
Department of Radiation Medicine, University College Hospital, London.

Dr S Thomas  
Director National Poisons Information Centre, Newcastle upon Tyne.

Department of Health

Dr P Bevan  
Director Emergency Response  
Richmond House, Department of Health.

Dr J Stephenson  
Director of Research, Health Protection Agency.

Ministry of Defence:

Specialists from Headquarters Surgeon General

Other advisors from Ministry of Defence as required.

Independent challenge for the Review:

Led by Mr A R Arber  
Head of Secretariat & Finance, Headquarters Surgeon General, Ministry of Defence

Relevant Select Committee:

Chair and members of the House of Commons Defence Committee

## Assessment of AGoMM, in its currently constituted form as an advisory NDPB, against Principles of Good Governance

Principles of corporate governance for advisory NDPBs	Description	Assessment of AGoMM
<b>Accountability</b>		
<b>Principle</b>	<b>The Minister is ultimately accountable to Parliament and the public for the overall performance and continued existence of the public body.</b>	<b>AGoMM is an advisory body comprised of individuals appointed by the Secretary of State in accordance with the Code of Practice on Public appointments. Ministers are accountable to Parliament and the public for the overall performance of AGoMM.</b>
Supporting Provisions	The Minister and sponsoring department should exercise appropriate scrutiny and oversight of the public body. This includes oversight of any public monies spent by, or on behalf of, the body.	Scrutiny and oversight of attendance claims and claims for travel and subsistence is achieved by HQ Surgeon General finance staff
	Appointments to the board should be made in line with any statutory requirements and, where appropriate, with the <i>Code of Practice</i> issued by the Commissioner for Public Appointments.	Appointments are made in line with the Commissioner for Public Appointments <i>Code of Practice</i> .
	The Minister will normally appoint the Chair and all board members of the public body and be able to remove individuals whose performance or conduct is unsatisfactory	Ministers agree appointments before they are made, and appointment letters allow for the possibility of early termination.
	The Minister should meet the Chair on a regular basis.	As AGoMM provides advice to the Surgeon General, there is no provision or need for regular meetings between the Chair

		and Ministers.
	There should be a requirement to inform Parliament and the public of the work of the public body through publication of an annual report (or equivalent publication).	The outcomes of AGoMM are classified and are not published. However, an unclassified annual report will be published at <a href="http://www.gov.uk">www.gov.uk</a> .
	The public body must be compliant with Data Protection legislation.	AGoMM is compliant with Data Protection legislation.
	The public body should be subject to the Public Records Acts 1958 and 1967.	AGoMM is compliant.
Roles and Responsibilities		
Role of the Department		
<b>Principle</b>	<p><b>The departmental board ensures that there are appropriate governance arrangements in place with the public body.</b></p> <p><b>There is a sponsor team within the department that provides appropriate oversight and scrutiny of, and support and assistance to, the public body.</b></p>	<b>The SG Secretariat supports AGoMM and ensures appropriate governance arrangements are in place.</b>
Supporting Provisions	The departmental board's regular agenda should include scrutiny of the performance of the public body.	AGoMM provides independent advice to the MOD Surgeon General rather than departmental board. However, the Surgeon General and his Strategic Medical Policy team provide oversight and scrutiny of AGoMM's performance. Additionally, an annual report will be produced.
	There should be a document in place which sets out clearly the terms of reference of the public body. It should be accessible and understood by the sponsoring department and by all board members. It should be regularly reviewed and updated.	This is included in the AGoMM Constitution and Operating Conditions, revised January 2012.
	There should be a dedicated sponsor team within the parent	The sponsor of AGoMM is the Surgeon General who works

	department. The role of the sponsor team should be clearly defined.	through the secretariat.
	There should be regular and ongoing dialogue between the sponsoring department and the public body.	AGoMM is compliant.
	There should be an annual evaluation of the performance of the board and its committees – and of the Chair and individual board members.	This requirement is laid down in Schedule 1 of the Duties of the Chairman.
<b>Role of the Chair</b>		
<b>Principle</b>	<b>The Chair is responsible for leadership of the board and ensuring its overall effectiveness</b>	<b>This is the case.</b>
Supporting Provisions	The board should be led by a non-executive head.	This is the case.
	There should be a formal, rigorous and transparent process for the appointment of the Chair. This should be compliant with the <i>Code of Practice</i> issued by the Commissioner for Public Appointments. The Chair should have a clearly defined role in the appointment of non-executive board members.	There is a formal process for appointing the Chair which complies with the Commissioner's code. The Chair has an advisory role in appointing board members.
	The duties, roles and responsibilities, terms of office and remuneration of the chair should be set out clearly and formally defined in writing. Terms and conditions must be in line with Cabinet Office guidance and with any statutory requirements.	This is clearly articulated in the updated Terms and Conditions of employment for the Chair.
	The responsibilities of the Chair will normally include:  Representing the body in discussions with Ministers  Advising the sponsoring Department and Ministers about	The January 2012 updated and refined version of the Terms and Conditions of the Chairman comply with these requirements.

	<p>board appointments and the performance of individual non-executive board members</p> <p>Ensuring that non-executive board members have a proper knowledge of their role and responsibilities. The Chair should ensure that new members undergo a proper induction process and is normally responsible for undertaking an annual assessment of non-executive board members' performance</p> <p>Ensuring that the board, in reaching decisions, takes proper account of guidance provided by the sponsoring department or Ministers</p> <p>Ensuring that the board carries out its business efficiently and effectively</p> <p>Representing the views of the Board to the general public.</p>	
<b>Role of Board Members</b>		
<b>Principle</b>	<b>Board Members should provide independent, expert advice.</b>	<b>This is the case and AGoMM members are recruited from a very broad range of specialities across UK.</b>
Supporting Provisions	There should be a formal, rigorous and transparent process for the appointment of non-executive members of the board. This should be compliant with the <i>Code of Practice</i> issued by the Commissioner for Public Appointments.	This is the case as laid down in the January 2012 revised Terms and Conditions for Members.
	Board members should be properly independent of the Department and of any vested interest (unless serving in an ex-officio or representative capacity).	This is the case.
	Board members should be drawn from a wide range of diverse	This is the case and the board comprises an appropriate

	backgrounds. The board as a whole should have an appropriate balance of skills, experience, independence and knowledge.	balance of skills, experience and knowledge.
	The duties, role and responsibilities, terms of office and remuneration of board members should be set out clearly and formally defined in writing. Terms and conditions must be in line with Cabinet Office guidance and with any statutory requirements.	The duties are laid down in the letters of appointment.
	There should be a proper induction process for new board members. This should be led by the Chair. There should be regular reviews by the Chair of individual members' training and development needs.	There is currently no formalised induction process for Board members. See recommendation.
<b>Communications</b>		
<b>Principle</b>	<b>The Public Body should be open, transparent, accountable and responsive.</b>	<b>The particular role of AGoMM is to advise on highly specialised and potentially sensitive areas. Agendas and records of decisions are typically classified. However, unclassified information, including an annual report will be made available.</b>
	The public body should operate in line with the statutory requirements and spirit of the Freedom of Information Act 2000.	The outcomes of AGoMM are classified and AGoMM cannot fully comply; however, requests for information will be considered on a case by case basis.
	The public body should make an explicit commitment to openness in all its activities. Where appropriate, it should establish clear and effective channels of communication with key stakeholders. It should engage and consult with the public on issues of real public interest or concern. This might include holding open meetings or annual public meetings. The results of reviews or inquiries should be	Traditionally, this approach has not been appropriate for AGoMM as a MOD body that handles classified information. However, an unclassified annual report will be published at <a href="http://www.gov.uk">www.gov.uk</a> .

	published.	
	The public body should proactively publish agendas and minutes of board meetings.	Traditionally, agendas and minutes have not been published, and we would not expect to begin publishing classified information. However, unclassified version of the annual report will be published at <a href="http://www.gov.uk">www.gov.uk</a> .
	There should be robust and effective systems in place to ensure that the public body is not, and is not perceived to be, engaging in political lobbying. There should also be restrictions on board members attending Party Conferences in a professional capacity	This is the case and is articulated clearly in the Terms and Conditions of the Chair and Members of AGoMM.
<b>Conduct and Behaviour</b>		
<b>Principle</b>	<b>Board members should work to the highest personal and professional standards. They should promote the values of the public body and of good governance through their conduct and behaviour.</b>	<b>Board members are aware of the standards required of them.</b>
Supporting Provisions	A Code of Conduct must be in place setting out the standards of personal and professional behaviour expected of all board members. This should follow the Cabinet Office Code. All members should be aware of the Code. The Code should form part of the terms and conditions of appointment.	AGoMM has an updated Code of Conduct dated January 2012. The Members and Chair are required to sign to acknowledge acceptance. The Code of Conduct will be published at <a href="http://www.gov.uk">www.gov.uk</a> .
	There are clear rules and procedures in place for managing conflicts of interest. There is a publicly available Register of Interests for board members. This is regularly updated.	These are laid down in the recently updated Code of Conduct, to be published at <a href="http://www.gov.uk">www.gov.uk</a> .
	There must be clear rules in place governing the claiming of expenses. These should be published. Effective systems should be in place to ensure	These rules are laid down in the Terms and Conditions for members and Chairman and compliance is monitored by HQ SG finance staff. These rules will be published at

	compliance with these rules.	<a href="http://www.gov.uk">www.gov.uk</a> .
	There are clear rules and guidelines in place on political activity for board members and that there are effective systems in place to ensure compliance with any restrictions.	This is the case.
	There are rules in place for board members and senior staff on the acceptance of appointments or employment after resignation or retirement. These are enforced effectively.	This is included in the updated Conditions of Employment.