Medicines Management Group
Terms of Reference and
Operating Arrangements

Date: 05/11/25	**Version 1**

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1. Introduction:

A medicines Management Group for PHW is being established to strengthen the governance around Medicines Management in Public Health Wales (PHW).

The Medicines Management Group is responsible for:

- Ensuring that PHW has a Medicines Management Policy and Procedure in place which complies and remains compliant with current guidance, standards and legislation;
- Ensuring that there are mechanisms and key performance indicators in place to monitor effectiveness and compliance with the Medicines Management Policy and Procedure;
- Ensuring that key issues, incidents, risks and other governance issues relating to the medicines management are identified, reviewed and managed;
- Providing and seeking expert advice and leadership on serious untoward incidents (including national reportable incidents via the Yellow Card Scheme) involving medicines, and on any proposed changes of medicines used, where appropriate;
- Ensuring that learning arising from issues, incidents and risks is identified and shared and recommendations from lessons learned are implemented in accordance with PHWs' protocol for managing incidents;
- Promoting the safe use of medicines throughout PHW, providing assurance with relevant governance structures which includes procurement, transport, storage, administration and disposal by the organisation;
- Having oversight of the training needs for all relevant staff in the safe administration of medications;
- Ensuring there are effective mechanisms in place for the communication of matters relating to management of medicines.

2. Purpose

The purpose of the Medicines Management Group is to:

- Ensure that medicines management in PHW complies with relevant regulation, legislation and guidance.

- Provide assurance to the Medical Director that there are governance systems in place to meet the organisation's responsibility to minimise the risks associated with the safe procurement, transport, storage, administration and disposal of medicines. The Medical Director will provide onward assurance to Business Executive Team (BET) and the Quality, Safety and Improvement Committee (QSIC).

- Ensure compliance on the use of medicines in accordance with MHRA guidance.

- Provide oversight of the structure, processes, and systems for the safe and effective use of medicines in PHW, ensuring approaches used are informed by best practice and guidance to meet high quality standards and maintain service-user safety.

- Endorse relevant procedures and associated documentation for onward approval by BET and QSIC as appropriate via the Medical Director.

3. Delegated Powers and Authority:

The Sponsoring Executive Director, National Director, Health Protection and Screening Services/Executive Medical Director, delegates powers to the Deputy Medical Director to Chair.

4 Sub – Groups

Sub- groups within the Screening programmes that use medicines will report into the Medicines Management Group. The Group may establish task and finish groups to carry out particular aspects of medicine management business on its behalf i.e. to review policies and procedures in light of changes to guidance and legislation.

5. Accountability

The Medicines Management Group will be chaired by the Deputy Medical Director, and they will be directly accountable to the Medical Director.

6 Membership and Attendees:

6.1 Chair

The Chair is the Deputy Medical Director Office of the Medical Director (OMD) or nominated deputy from the OMD.

6.2 Members

Membership

- Deputy Medical Director, OMD
- Business Workforce Development Manager, OMD
- Head of Nursing , Screening Division
- Clinical Governance Manager, OMD
- Heads of Programmes, Screening Services
- Governance, Risk, Quality and Health and Safety Manager, Screening Division
- Programme lead nurse, DESW
- Regional Nurses, BTW
- Risk Manager , Nursing Quality and Integrated Governance (NQIG)
- Incident Manager, NQIG
- Programme Support Officer, OMD
- Principal Pharmacist for Medication Information and Advice, CAV UHB

6.3 By invitation:

The Group Chair may extend invitations to appropriate persons to attend Group meetings as required from within or outside the organisation who the Group considers should attend, taking account of the matters under consideration at each meeting.

6.4 Secretariat:

The secretariat will be provided through the OMD.

7. Access

Meetings may be held in person or by electronic means.
The agenda and papers will be circulated 1 week in advance of each meeting.

All meetings will be minuted and circulated within 10 days of each meeting.

Decisions, Actions, Risks and Issues will also be captured in formal logs and managed by the Medicines Management Group.

The secretary to the Group will ensure that:

- There is a timely agenda with appropriate documentation.
- Minutes are written up and disseminated.
- The Group are aware of dates and locations of meetings.
- Actions are followed up and reported back.

8. Quorum

A minimum of three members listed in Membership section (6.2), one of whom must be the Chair (See 6.1), nominated person from BTW and nominated person from DESW or nominated deputies.

9. Frequency of meetings

Meetings will be held on a bi-annual basis to align with the reporting timetable for BET. Ad hoc meetings may be required should the organisation procure new medicines, a risk is identified, or if advised by the Principal Pharmacist for Medication Information and Advice.

10. Approval out of Meetings

Business may be made outside of formal meetings when timely resolution is required. Any member of the group may propose a resolution for out-of-meeting business by submitting the proposed business in writing to the Chair. The proposal will be circulated to all members via email. Responses are required from the quorum and must be received within 10 working days. All matters shared out of meetings should be recorded in the minutes of the next meeting of the group.

11. Relationships and accountabilities with the Board

Individuals are required to declare any declarations of interest at the start of the meeting and declarations will be recorded in the minutes.

The group must have an effective relationship with the Clinical Governance OMDLT for the purposes of effective reporting and assurance.

The group should operate within the remit of its distinct role.

Assurance is provided through the Deputy Medical Director to the Medical Director.

12. Review

The terms of reference will be reviewed on an annual basis by the Medicines Management Group and recommended to the Clinical Governance OMDLT for approval.

13. Reporting Arrangements

The Medicines Management Group will report to the QSIC via the Medical Director on at least a bi-annual basis and will ensure appropriate escalation arrangements are in place to alert the Business Executive Team of any urgent or critical matter requiring attention.

The group must align to existing governance structures as outlined in section 14. The group will also produce a bi-annual highlight report for assurance which will be submitted to the Clinical Governance OMDLT. The group may be delegated appropriate actions based on the annual work plan and the progress against these actions will be reported biannually to the OMD Clinical Governance Group.

Members of this group will ensure that key messages and appropriate communications are disseminated from meetings to their Divisions/ teams as required.

14. Flow chart of Governance Arrangements