

# NHS Wales Joint Commissioning Committee (NWJCC) Policy Validation Group

## Terms of Reference

Document Information	
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Abbreviations	
Integrated Medium Term Plan	IMTP
Individual Patient Funding Request	IPFR
Joint Committee	JC
NHS Wales Joint Commissioning Committee	NWJCC
Quality, Safety and Outcomes Sub-Committee	QSOC

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## 1. Introduction and Constitution

The Corporate Directors Group resolved to establish a Policy Group (the Group) as a sub-group of the NWJCC Corporate Directors Group Board, now referred to as the Senior Leadership Team (SLT).

For the purpose of the Group and these terms of reference the term “policy” includes commissioning policies, service specifications, policy position statements and all other written control documents.

## 2. Purpose

The Group will influence and ensure that the:

- internal governance arrangements for the management and implementation of all clinical policies are considered
- commissioning of services ensures equitable access to safe, effective, sustainable and affordable services for the people of Wales.

The Group will be responsible for undertaking the following duties:

- ensure all policies align with the strategic direction and planning / priorities for JCC and NHS Wales
- ensuring all policies are developed, reviewed and published following the Procedure for NWJCC commissioned policies ([insert link to document when final](#))
- ensuring the checklist for each proposed or updated policy has been followed and completed prior to policy consultation and publication
- agreeing (with the relevant commissioning team/policy author) the stakeholder group with whom each policy is reviewed
- ensuring all consultation comments have been considered and responded to appropriately and the necessary amendments made to the policy
- identifying and agreeing the type and length of each individual policy consultation
- ensuring that relevant impact assessments are completed (e.g. WLEIA, HIA, Quality, socio economic duty) are completed and appropriately considered at all stages of policy development/review and ensuring that appropriate actions are implemented if an inequality/inequity is identified

## 3. Scope and Duties

Prior to work being undertaken on a policy, the Commissioning Team will provide the Group with a completed scope and checklist proforma for each policy or service

specification. The Group will review the proforma to ensure all requirements have been completed and proceed as follows:

- Where there are no issues highlighted and there is no financial or service impact, or where the funding requirement has already been identified within the Integrated Medium Term Plan (IMTP) or Annual plan, will agree the policy proposal/review to be undertaken
- Where a proposed policy is identified as having a significant financial or service impact or is not identified within the IMTP or Annual Plan, will formally recommend the policy to QSOC for a decision on whether the policy proposal/review can be undertaken.
- May request further work be undertaken on any policy prior to consultation or publication, if for example, stakeholder feedback has not been addressed or if further evidence is required.

## 4. Membership

The Group will be chaired by the Deputy Medical Director.

In the absence of the Chair, the appointed deputy (the Medical Director) will chair the meeting.

### The membership of the Group is as follows:

Member	Deputy
Deputy Medical Director (Chair)	Medical Director
Assistant Director of Evidence, Evaluation and Effectiveness (Deputy Chair)	Advanced Pharmacist
Deputy Director of Corporate Planning & PMO	Assistant Director of Planning and Programmes
Deputy Director of Finance	Assistant Director of Finance
Assistant Director of Nursing and Quality	Head of Quality and Patient Care
Committee Secretary/Deputy Director of Corporate Governance	Assistant Committee Secretary
Senior Individual Patient Funding Request (IPFR) Manager	Individual Patient Funding Request (IPFR) Manager
Project Manager – Policy	Project Manager

### **Attendees by invitation:**

Other members of the NWJCC staff will be invited to attend dependent upon the policies being considered on the agenda.

## **5. Quorum**

At least five members must be present to allow any formal business to take place. Two of whom must be the Chair, or Deputy Chair and another clinically qualified member. In the absence of a Member, a Deputy will count towards Quoracy.

## **6. Meeting Secretariat**

The Group secretariat function will be provided by the Project Manager for Policy or their deputy.

## **7. Frequency of Meetings and Attendance**

The Chair will ensure the Group's decisions are balanced, equitable, transparent and unbiased to ensure decisions are made upon the best interests of NHS Wales. The Chair may convene additional meetings as deemed necessary.

The timing of meetings will be arranged to allow adequate time for the business of the group to be conducted effectively.

In-person meetings shall be held every 6 to 8 weeks, with virtual discussions on policies arranged as and when necessary.

## **8. Circulation of papers**

Papers will be distributed at least 5 working days prior to the meeting.

## **9. Reporting and Assurance**

- The Group will provide regular updates to the Senior Leadership Team (SLT) as required.
- Commissioning Policies, Service Specifications and Policy Position Statements with a financial implication should be reported to Collaborative Commissioning Leadership Group (CCLG) and noted in the relevant Director reports to ensure JCC oversight for information.

The Group, through the Chair, shall:

- report formally to the QSOC on the Group's activities
- provide a quarterly report to the QSOC on the activities and decisions of the Group
- bring to the QSOC's specific attention any significant matters under consideration by the Group
- ensure appropriate escalation arrangements are in place to alert NWJCC of any urgent/critical matters.

## **10. Sub-Groups**

The Group may establish sub-groups to carry out work on specific aspects of the business within its remit.

## **11. Review**

These Terms of Reference will be reviewed in 6 months and then annually.