

## Good Practice Guide Appendices Appendix 5

### Cluster Decision Making

Cluster teams should seek to reach consensus decisions wherever possible. For transparency, a fair and democratic approach to decision-making will be exercised, with all significant decisions clearly documented.

Clusters may seek advice and support from the Health Board in order to facilitate decision-making when a consensus cannot be reached. In the event of a conflict of opinion amongst cluster team members, it would seem to be in the best interest of local services for the dispute to be resolved locally. Measures must be taken to minimise the risk of decisions being inappropriately influenced by individual (or collective) financial gain.

### Principles for Cluster Decision Making

- Ensure the cluster team has access to the necessary data and information on which to make decisions
- Information should not be accepted at face value – there should be healthy challenge and a requirement for underpinning evidence to decisions
- Allow time in meetings for debate and challenge, especially for contentious issues
- Ensure the cluster team documentation is of high quality
- Ensure clarity on actions required, timescales and responsibilities. The chair plays a critical role here, assigning accountability for decisions and good quality debate
- Clarify in writing the types of decisions delegated to the Leadership / Executive Team
- Cluster Teams may wish to define ethical standards to assist in making difficult decisions
- Agendas should be designed to ensure that significant items are considered at the start of a meeting

### Systems and Processes for Cluster Decision-making

Effective decision-making within cluster teams is essential. The process should be clear and decisions made must represent the views of the membership fully. All significant decisions relating to cluster priorities and funding will be documented and a fair and democratic approach to decision making will be undertaken, with regular reviews of progress. When a consensus decision is not reached, a voting scheme can be used through a mechanism determined by local agreement.

Decision-making within a cluster team may trigger the need for escalation, if a decision is deemed outside the remit of the group. It is generally expected that all relevant decisions will be made

within cluster groups and should only be escalated when there is conflict in decision-making, there are risks of clinical/financial governance or issues of patient safety that cannot be resolved at this level. All escalated matters need to be reported to the appropriate Divisions for resolution. Similar reporting arrangements will need to be agreed for reporting to the Social Services Senior Management Team and wider local authority reporting mechanisms.

The selection of cluster team members should be subject to clear role and responsibility criteria to maximise the potential for effective decision-making and encourage a broad multi-disciplinary constituency, in line with the 'five ways of working' requirement of the *Future Generations Act*. Cluster members from individual organisations should be able to provide assurance that they are expressing the views of the organisation and not a personal perspective. Cluster members representing a profession, such as local pharmacists or dentists, or peer organisations such as pharmacies or dental practices, must provide assurance that they are expressing the views of those professions or peer organisations, and not a personal perspective.

Before any higher level decisions or recommendations are escalated, impact assessments should be completed to support the scrutiny process. Robust systems for risk management within clusters must be established.