

Good Practice Guide Appendices Appendix 7

Primary Care Cluster Accountability

Primary Care Clusters will be held to account in a variety of ways, both formal and informal. Their primary formal line of accountability is to the Health Board. As a public body, they are also accountable to their local population and the cluster team will be expected to demonstrate public and service user involvement in their decision-making.

Accountability Requirements

Each Health Board, Local Authority and primary care cluster should ensure that there are robust governance and monitoring arrangements in place to regularly report and monitor the effectiveness of cluster programmes. It is difficult to be prescriptive with regard to what this should be, as each Health Board has different reporting structures. It is therefore essential that reporting and monitoring arrangements are incorporated into the existing accountability framework and this should be clearly described to all clusters. This will ensure that cluster plans and service developments meet both clinical and corporate governance requirements and scrutiny, and will provide assurance to the Health Board / Local Authority Executive Teams and Boards.

Mutual Accountability

There is a mutual accountability between the Cluster Team / Cluster Leadership Team and its member practices and partners. The Team will hold practices to account for delivery on cluster based plans and programmes, but must demonstrate to member practices that it is adhering to the common purpose and values in its deployment of resources and operations.

Accountability Framework

Welsh Government and s are supportive of clusters developing services locally for their communities based on local knowledge, skills and priorities. In order to ensure the governance for these developments is effective and transparent, cluster processes should be in place to:

- Provide assurance to the Health Board that funds allocated to the cluster are utilised in an effective way and offer value for money

- Demonstrate that new pathways and services are developed with reference to clinical governance standards and best practice guidance
- Ensure plans for service developments that require additional funding have a clear pathway for approval of these monies
- Enable all staff members of the cluster to understand their ability to influence the decisions and priorities made by the Cluster Team
- Build integration with partner organisations and other healthcare sectors into cluster operational and reporting procedures. These include cross party meetings and data sharing to create common standards.

Health Board Accountability *Need a section on Local Authority Accountability*

Health Boards are accountable to Welsh Government and service users for the delivery of the strategic vision for NHS Wales. They retain full accountability for ensuring that their service providers meet all national and local standards, with fair access to safe, high quality services that represent value for money. As such, the Primary Care Divisions or Directorates of Health Boards are both professionally and managerially accountable for clusters, including financial probity and governance arrangements.

Health Boards should provide clusters with the resources and support they need to effectively discharge their responsibilities (see Box 15) including access to relevant information, data, tools, expertise and support. Cluster teams require the relevant data to understand the needs of their populations, a financial framework to implement their ideas and robust clinical/corporate governance arrangements that include assessment of value for money. The Health Board will need to be assured that cluster teams take account of the requirements of clinical governance when developing new services. Guidance and support for organisational development are critical to improve the maturity and effectiveness of clusters

Box 15 Health Board Resources and Support for Clusters

Information

- National and local priorities
- Relevant data

Expertise

- Public health issues, including population needs assessments
- Management, including project management
- Planning for services, projects and programmes

- Finance
- Research analysis
- Data analysis
- Research and Development
- Specialist clinical advice
- Legal issues

Support

- Governance arrangements
- Public and stakeholder consultations
- Organisational development
- Evaluation process

Primary Care Teams should work with cluster teams to support the development of practice based plans and cluster development plans and agree their priorities in relation to local and national targets. They should discuss and agree cluster schemes and investment plans to ensure they address the needs of their population and shape the Health Board IMTP through prioritising local need. Health Boards should assure themselves that robust systems are in place for the assessment and agreement of cluster plans throughout the year.

Each Health Board should identify an Executive Lead for their cluster programme and inform all clusters of their identity and contact details. Currently the scope of this role varies between Health Boards, often due to historic arrangements and portfolios, and more consistency would be beneficial.

Whole Cluster Accountability

There must be clarity on the scope of the whole cluster, which represents the wider staffing body. Clusters are accountable to their communities for delivering services and providing access to resources that meet their needs and are safe, high quality and represent value for money.

All cluster professionals have the responsibility to ensure they provide care of the highest standards within available resources. There are 12 Health and Social Care Regulators in the UK that were set up to protect the public and ensure professionals meet the standards set by the relevant regulator. Each regulatory body oversees one or more of the health and social care professions and regulates individual professionals across the UK.

Independent contractors and providers in the public and private sector are required to provide a level of quality in healthcare that meets the requirements of clinical governance as described in *Standards for Better Health*.

Cluster Stakeholder Board and Cluster Leadership Team Accountability

The Cluster Stakeholder Board must hold regular meetings, with Terms of Reference that define their purpose and structure and give clarity on the vision, objectives, scope and deliverables for the cluster (see Chapter 13). A Cluster Lead will be appointed to chair cluster meetings and provide leadership for the whole cluster team. The more mature clusters have established cluster Leadership Teams, with membership and decision-making powers delegated by their Cluster Stakeholder Board.

All cluster teams should discuss and agree priorities for their cluster plans, ensuring these address the needs of their local population and are in line with national and local priorities. Cluster plans must be fair and equitable, with no vested interests. Cluster teams will share their plans with the Health Board, these being a key driver of IMTP priorities.

Cluster teams retain accountability for ensuring that new cluster pathways and services meet all national standards of clinical governance, undertake evaluation of outcomes and perform regular audits. They are responsible for the management of their financial allocation and must ensure the money is spent wisely to maximise patient outcomes, offering best value for money. *Need for clarity on level of accountability of cluster leadership team for SFIs*

As part of good clinical governance, clusters should support significant event reporting, reflection and identify learning. Cluster teams should work together within their locality area to improve service user engagement, share best practice, provide mutual support and develop services for the benefit of the wider community.

Cluster Management Team Accountability

Cluster Management Teams have been established by some Health Boards as the 'locus for influence', with accountability for the delivery of a range of cluster action plans in line with the priorities for their cluster area. These teams identify the immediate, medium and longer-term actions and deliverables that will benefit the population they serve. A range of initiatives or targets are planned and delivered by the Cluster Management Team, agreeing joint cluster action plans that are implemented and monitored across a locality area.

Performance Management Accountability for Clusters

Health Boards are accountable to Welsh Government for the implementation of targets articulated through the Annual Quality Framework (AQF). Clusters are integral to the delivery of the AQF targets as they relate directly, or through pathways, to primary care. The Cluster Team will ensure delivery of relevant domains within the Quality and Outcomes Framework of the GMS contract, e.g. Quality and Productivity domains.

Some Health Boards have developed a system of performance monitoring at different levels: Primary Care Division/Directorate, Cluster Team and practice level. Performance reports are reviewed within assurance groups, Cluster Lead forums and a range of corporate meetings. Gaining agreement on the appropriate metrics, to ensure data is both robust and sustainable, is essential. Cluster activity and outcomes may also be reviewed within Health Board performance and finance meetings.

Clusters will operate within the information sharing, clinical and corporate governance arrangements of the Health Board and of partnership organisations, e.g. Welsh Ambulance Service NHS Trust, Local Authorities and Third Sector organisations.

Information Accountability

The Data Protection Act and GDPR provides for each organisation within the cluster and individuals within each organisation to be accountable for the personal identifiable information (PII) that is collected, used and disseminated by them. Each organisation is legally accountable for their actions regarding PII. Each organisation will operate within the NHS information use standards to provide assurance of compliance with the legislation.

Reporting Arrangements *Need to reflect changes in GMS contract 2018/19*

At the end of each year, with support from the Primary Care Team, Cluster Teams have submitted an annual report to the Health Board to demonstrate progress against their Cluster Plan, with evidence that the priorities identified by their local needs assessments are being addressed. Reports should include: cluster activities over the year; achievements in meeting the objectives of the Cluster Plan; evaluations of cluster innovations / improvements on a cost basis, demonstrating outcomes for service users; financial savings and efficiencies. The report is submitted within 3 months of the year-end. As part of the End of Year Report, lessons learned should be highlighted.

The report also serves as a mechanism for clusters teams to feed back to constituent practices, partners, patient groups, relevant health and social care agencies and the wider NHS community on their progress in addressing local health needs over the year, helping to promote wider engagement with their communities. A **Highlight Report Template**^{xx} for monthly updates can be used to ensure progress, achievements and risks are reported and, if necessary, escalated.