Primary Care Cluster Governance

'*A Good Practice Guide*'

V16

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*Primary Care Cluster Governance – '**A Good Practice Guide**'*

Contents

A note on nomenclature …

For historic reasons, there is still a tendency for some clusters to be called 'GP Clusters' rather than 'Primary Care Clusters'. This dates back to the GMS Contract Quality and Outcomes Framework (QOF) 2015/2016 contractual requirements for GP practices to come together into cluster networks to draw up Action Plans'. These networks form a part of the wider multi professional, multi sector primary care clusters in Wales. This good practice guide for cluster governance is directed at the broader primary care clusters.

Terminology for **primary care clusters**, currently varies between Health Boards. Directors of Primary and Community Care across the seven Health Boards have agreed a working definition for primary care clusters as follows:

"*A cluster brings together all local services involved in health and care across a geographical area, typically serving a population between 25,000 and 100,000. Working as a cluster ensures care is better co-ordinated to promote the wellbeing of individuals and communities."*

This document uses the terms **Cluster Staffing Group, Cluster Stakeholder Board** and **Cluster Leadership Team** to denote different levels of decision-making within primary care clusters. Basic definitions are set out below:

Cluster Staffing Group – represents the wider staff body that are part of the cluster, accountable to their respective organisations for delivering services and providing access to resources.

Cluster Stakeholder Board – includes representation from all cluster GMS practices, partner organisations and professional groups working within the cluster.

Cluster Leadership Team – are established by the more mature clusters to take the cluster vision to reality, with responsibility that may be delegated from the Cluster Stakeholder Board

Terms currently used across Wales to denote the level of wider **Cluster Staffing Group** include:

- Primary Care Cluster
- Cluster Network
- Neighbourhood Care Network (NCN)
- Locality

Terms used for the level of the **Cluster Stakeholder Board** includes:

- Cluster Group
- Neighbourhood Care Network (NCN) Management Team
- Cluster Team
- Locality Network
- Cluster Network

This variation is reflected in the titles of **Cluster Leadership Teams** within the more mature clusters:

- Cluster Leadership Team
- Cluster Executive Team
- NCN Management Team
- NCN Clinical and Business Forum

Terms used to denote **leadership roles** within the decision-making bodies of clusters or NCNs:

- Cluster Lead
- Cluster Clinical Director Lead
- NCN Lead
- Locality Lead
- Practice Manager Lead

There are also terms for Health Board roles to support cluster teams:

- Locality Development Manager
- Cluster Support Manager
- Business Support Manager
- Cluster Development Manager

I. FOREWORD BY HEALTH BOARD DIRECTORS OF PRIMARY AND COMMUNITY CARE

The purpose of this good practice guide is to support the development of primary care clusters across Wales.

The 2015 national Primary Care Plan requires Health Boards to agree a set of all Wales governance arrangements to support clusters to develop and mature. The timing of this work has been important, especially with the emergence of a **Transformational Model for Primary Care**[2] across Wales which has now been adopted as the 'Primary Care Model for Wales'. Firstly, we wanted to avoid overwhelming clusters in their early days of development and give clusters the space to develop at their own pace. Secondly, we wanted the arrangements to be informed by learning, recognising that clusters are at different states of maturity.

We began preparatory work in 2017 and we held a workshop in February 2018 to draw together governance arrangements for optimally functioning clusters. This guide draws on learning and good practice to date. Importantly, the guide is intended to be enabling, not overly prescriptive, and designed to support each cluster's individual development journey.

Governance can be defined as "ensuring we are doing the right things, in the right way, for the right people, in a manner that upholds the values of our member organisations".

This guide sets out the principles of good practice and is accompanied by a suggested **Cluster Maturity Matrix**[3] for cluster self assessment; an online collection of appendices, accessible through hyperlinks to the guide, and an online **Resource Pack**[1] with a range of toolkits and templates developed locally around Wales based on learning. These are all hosted on the Primary Care One website http://www.primarycareone.wales.nhs.uk/home

The guide is a working document that will be periodically updated to reflect further learning.

Alan Lawrie, Director of Primary Care and Mental Health, Cwm Taf Health Board
on behalf of Health Board Directors of Primary and Community Care across Wales

II. GOOD GOVERNANCE GUIDE

The function of good governance is to ensure that an organisation fulfils its overall purpose, achieves its intended outcomes for citizens or service users, and operates in an effective, efficient and ethical manner. The **Nolan Principles** of public life represent the spirit of good governance, as summarised in the appendices.

Governance can be defined as ensuring we are doing the right things, in the right way, for the right people, in a manner that upholds the values of our member organisations. The purpose is to ensure sound decisions are made, resulting in better impact and outcomes for service users; promoting collaboration and integration where needed.

The key principles of good governance are summarised in the box below and set out in the Health and Social Care Review 2018 as **Principles of Good Governance[4].** Irrespective of primary care cluster organisational form, the principles of good governance should apply within all cluster systems and processes.

Academi Wales have recently updated **'The Good Governance Pocket Guide for NHS Wales Boards'.** This is also a good resource to be cross-referenced when thinking about governance arrangements to support cluster working.

Key Principles for Cluster Governance

- Set out a clear vision for clusters, promoting the values of the whole organisation
- Clarify the functions of cluster teams, focusing on the purpose and outcomes for service users
- Clearly define roles and responsibilities relating to cluster working
- Develop capacity and capability of the governing body
- Keep a focus on the longer term sustainability and success of the organisation / team
- Demonstrate transparent decision making and risk management within cluster teams
- Establish effective quality assurance mechanisms
- Demonstrate probity through strong moral standards and leadership based on honesty and decency
- Design an accountability framework for reporting arrangements and monitoring progress
- Engage stakeholders and specify accountability arrangements

1. Primary Care Clusters: Vision

A key principle for successful primary care cluster development is having a joint vision, with universal agreement and sign up by all cluster members. This focus on the vision and values of the cluster will enable the cluster to decide what is best for patients, citizens and professionals, adding value through a more structured approach. An example is given of a **cluster vision and mission**[5] in the Resource Pack.

A definition of the **Primary Care Cluster** in Wales is included in the appendices, with a set of **FAQs** providing more detail.

1.1 A Common Purpose

Experience demonstrates the need to be pragmatic in designing a governance framework, ensuring that it effectively manages risk whilst also representing value for money. In developing primary care cluster governance arrangements, it is helpful to initially focus on the purpose of the cluster and design the infrastructure, systems and processes around the key aims of the cluster, rather than starting with the structures. A **cluster maturity matrix**[3] summarises the key operational functions of clusters through increasing levels of development.

Allowing protected time for the cluster to discuss cluster working provides an opportunity for members to agree the common purpose for their future cluster model. In articulating their common purpose and values, cluster teams achieve the aim of improving citizens' experience of care, the health and wellbeing of the population and the pursuit of high value care, whilst also creating a more attractive professional and sustainable working environment in which to practise.

Purpose of Primary Care Clusters

- **Local health needs approach**: using cluster based population health information/ local assessment of need to plan and deliver local services
- **Integration of local services**: communication and integration between local agencies, stakeholders and people so that local services are coordinated as much as possible
- **Quality improvement**: improving the quality of services delivered locally, reducing unnecessary variation and waste
- **Service delivery**: expanded delivery of primary and community services through direct management of resources for the cluster
- **Management of resources**: direct control through health/social care budgets or allocated cluster funds
- **Communication**: providing a route for two way communication between Primary Care / GMS Practices and the rest of the health and care system
- **Sustaining core GMS/ primary care services** through communication, redesign and shared solutions
- **Informing the planning** / delivery of specialist services so that they are responsive to local needs and delivered close to home where feasible

1.2 Drivers for Change and Priorities

A clear understanding by member practices and partner organisations of the benefits of working as a cluster is essential and cluster leaders will need to actively communicate the drivers and purpose of the cluster to the cluster members an early stage. The key elements to consider when forming a cluster are set out in the **key elements**[6] document and teams may find an **option appraisal**[7] exercise helpful.

Consideration of the priorities at practice, community or locality, health board, region, and national level will help members to agree on the main reasons to collaborate locally, with clear lines of accountability and communication between individual statutory governing bodies.

Clusters have an increasingly important role in undertaking local health needs assessments, supported by Local Public Health Teams, in order to allocate appropriate resources and forecast the potential future demand on primary care services. Through the promotion of integration, joint working and co-ordination across pathways and services, clusters give their patients access to a wider range of local services.

Many clusters also support and facilitate collaboration between member practices, including those struggling to remain viable. Further collaboration should develop across other organisations such as Local Authority and the Third Sector. This type of working takes many forms, including the sharing of staff and expertise, peer support and workload management.

Drivers and Priorities for Cluster Development

- **Better health and wellbeing outcomes** for local citizens
- **Timescales** – there may be an urgent need to work differently for practices and partner agencies experiencing difficulties with staff recruitment or service viability
- **Workload** – opportunities to share the pressures of demand and develop more sustainable services, leading to improved care for patients and a better work/life balance for staff
- **Workforce issues** – staff vacancies, current or future, present opportunities to work differently
- **Economies of scale** – there are potential benefits from more efficient working through shared staff, greater skillmix, streamlined back-office functions, etc.
- **Autonomy** - agreement on the extent of control chosen by practice teams and agencies in determining their own direction, their systems & processes, their individual working practice
- **Finance** – the importance of the financial position, with consideration of impacts on profits, budgets, remuneration, income streams and new service developments etc.
- **Prudence** – new ways of working can offer exciting opportunities to address long-standing issues and service gaps within practices and communities
- **Estates** – the potential to review current premises and estates across sectors and agencies to assess the options for the future

Suggested Key Actions - Vision (1)

1. Cluster to develop a joint cluster vision, with universal agreement and sign up by all members.
2. Cluster to agree and write down a shared statement of strategic intent and way of working.
3. Cluster to agree the common purpose and values of their future cluster model.
4. Cluster leaders to actively communicate the drivers and purpose of the cluster to the cluster at an early stage.

2. Primary Care Clusters: Strategy

2.1 Key Functions of Primary Care Clusters

Directors of Primary and Community Care across the seven Health Boards in Wales have agreed a working definition for Primary Care Clusters as follows:

"*A cluster brings together all local services involved in health and care across a geographical area, typically serving a population between 25,000 and 100,000. Working as a cluster ensures care is better co-ordinated to promote the wellbeing of individuals and communities."*

The functions of Primary Care Clusters include assessing the needs of local populations, strategic planning, design and delivery of services, disease prevention and support for the maintenance and promotion of well-being improvements. Primary care clusters across Wales are at differing levels of maturity[1], but core functions for all clusters include planning, integration and quality improvement as summarised in the **cluster maturity matrix[3].**

As clusters mature, they will respond to the needs of their local communities through the design of more innovative pathways and fully integrated services, resourced by new financial arrangements. The key functions of clusters are summarised in the box below.

Key Functions of Clusters

1. Planning & Engagement

- Undertake local needs assessments, working closely with colleagues in public health to agree a shared understanding of priorities across health and social care services
- Develop 3 year rolling cluster plans, based on assessment of local need, to inform health board IMTPs and Regional Partnership Board plans
- Engage and involve the community in service redesign and respond to the views of service users

2. Integration and multi-disciplinary team (MDT) working

- Systems, process and mechanisms established to promote joint / integrated working
- Effective communication and coordination between agencies, stakeholders and local people
- Strengthened multidisciplinary team working, informing local workforce strategies
- Expand provision of care closer to home
- Work on horizontal integration to support sustainable primary care and new models of care led by local teams
- Foster effective collaborative multi-professional working with community services (including WAST, local authority and third sector) to optimise the quality of care and availability of professional skills

3. Quality improvement

- Sustain core primary care services through peer support and pooled expertise
- Provide mutual support and peer review to reduce variation, address sustainability challenges,

4. Pathways & Service Delivery

- Design pathways that address local need with improved access to services
- Prioritise signposting to the most appropriate professional or self care
- Ensure the sustainability of core primary care services through innovation and redesign that build professional capacity
- Expand delivery of care closer to home through direct management of resources for the cluster (staff and budgets) and collaboration with other key partners.

5. Innovation

- Establish new mechanisms by which services and resources are transferred, integrated or co-ordinated to meet the needs of the local population

2.2 Developing the Strategy of Primary Care Clusters

Once the cluster has agreed their drivers and priorities, purpose and key functions of their cluster, they will be ready to draw up their cluster strategy, supported by LHB-based Cluster Development staff. The suggested components of the cluster strategy are set out in the box below:

Suggested Components of the Cluster Strategy

- A compelling vision for the future with clear strategic objectives and intent, a statement of desired outcomes and key performance indicators
- A clear statement of the purpose of the cluster
- An approach aligned to the context in which the cluster operates
- A perspective that balances national and local priorities
- Evidence that the strategy is shaped by cluster data, intelligence and evidence of effective intervention
- Collaboration with relevant key partners
- Demonstrable links to the needs of users, patients and communities – prioritising inclusion, safety and quality
- Evidence of engagement of service users in cluster planning and design
- A longer-term view (3 -5 years), with a long-term financial model and risk analysis.

Suggested Key Actions – Strategy (2)

1. Clarity on the functions of clusters at different stages of maturity.

2. Cluster team to draw up the Cluster Strategy: vision, principles, purpose, functions.

3. Cluster to develop and implement a development plan setting actions, outcomes and timelines towards increased maturity.

3. Primary Care Clusters: Accountability Framework

Irrespective of the organisational form agreed by the cluster, the principles of good governance must apply to all cluster systems and processes.

3.1 Developing a Cluster Governance Framework

Key to developing a governance framework is a clear understanding of four areas in relation to the cluster:

- How the cluster is constituted
- How the cluster is structured: its leadership, membership, relationship to member practices
- How the cluster operates: decision-making, managing conflicts of interest, engaging with stakeholders
- What the cluster does: setting strategy, vision and values, exercising financial control and risk management

The first steps in developing the cluster governance framework should focus on the actions summarised below.

Developing a Cluster Governance Framework

- Promote the values of the whole cluster
- Provide clarity on the functions of primary care cluster, with a focus on the key purpose of the cluster and outcomes for service users
- Clearly define the roles and responsibilities of staff relating to cluster working
- Demonstrate transparent decision-making and risk management within the cluster
- Establish effective quality assurance mechanisms
- Describe a robust accountability framework for reporting and monitoring progress

3.2 Code of Conduct

A code of conduct or formal agreement that binds those included in the clusters (all cluster partners and organisations) is vital for the success of primary care clusters. There must be a fair and democratic approach to decision-making, with all significant decisions clearly documented and declarations of interest openly recorded. Strong governance is reliant upon robust information, so cluster teams need access to a wide range of evidence and information to underpin their decision-making. Mechanisms that ensure a clear demarcation between the provision and commissioning of services should be incorporated into the framework, demonstrating compliance with competition law and guidance.

3.3 Probity

Probity is the principle of upholding strong moral standards and practising leadership based on honesty and decency. It will be the responsibility of Health Board governing bodies and Cluster Teams / Cluster Leadership Teams to ensure that probity is maintained, with established values and standards of conduct for all members of staff. All members of the Cluster Team/Cluster Leadership Team will need to demonstrate high ethical standards in their behaviour.

3.4 Confidentiality

The Cluster Leadership Team and wider Cluster Team shall, in respect of information relating to individual patients, operate established NHS control procedures in all data information systems for which they, their subcontractors or agents use.

3.5 Transparency

Cluster Teams must be transparent in their decision-making using a transparent democratic process that is clearly documented.

3.6 Managing conflicts of interest

Declarations of interest should be openly recorded and considered when decisions are made. Individual members may be asked to abstain from particular decisions where appropriate. The appendix document entitled **Managing Conflicts of Interest** indicates the processes that can be used to manage potential conflicts of interest within clusters.

3.7 Decision Making

Cluster teams should ensure they use equitable decision-making processes that represent the views of all groups of cluster staff. Cluster teams should seek to reach consensus decisions wherever possible. A fair and democratic approach is used, with all significant decisions clearly documented.

Cluster decision-making must be clear and represent the views of the membership fully, working to a set of principles as summarised in **Cluster Decision Making**. When a consensus decision is not reached, a **Voting System or Memorandum of Understanding**[8] may be used, with perhaps each member having one vote; the size of the majority will depend on whether there are financial implications or not for the decision. Clusters may seek advice and support from the health board in order to facilitate decision-making when a consensus cannot be reached.

A **Resource Pack**[1] that includes guidance, templates and toolkits is available on the PCOne website to support decision-making within cluster teams. Establishing an effective management structure will assist decision-making and use of a framework can assist teams.

3.8 Cluster Risk Management

Cluster risk management processes ensure that any operational risks that threaten the cluster's ability to achieve its objectives are escalated. The processes need to be robust, but not so restrictive that they limit cluster innovation and flexibility. They include:

- Defining who owns the risk and who is responsible for taking action to alleviate it
- Risks can be assessed, monitored and evaluated by means of a risk register
- Use of a joint risk register within partnership working
- A mechanism to report on the lessons learned from risk reviews

Further guidance on **cluster risk management** is included in the appendices and **risk scoring guidelines**[9] are in the Cluster Resource Pack.

3.9 Resources and expertise for good decision-making

There are a range of resources in the form of guidance, templates and toolkits to support decision-making within cluster teams. Establishing an effective management structure will assist **cluster decision-making**[10] and use of a framework applied through the **Cluster Terms of Reference**[11] and/or **Cluster Leadership Group Terms of Reference**[12] can assist teams. The framework can be adjusted to the needs of the cluster but will include the decision-making mechanism, indicate the relative weights of decisions made and provide clarity on how resolution is to be reached, including agreement between management and cluster teams.

Resources available to support sound decision-making within clusters include:

- A tool to support the **prioritisation of multiple projects**[13] in an objective and transparent way
- A **cluster voting system**[8] differentiating between decisions with and without financial implications.

- Some proposals or decisions require a wider consideration of potential impacts, particularly in relation to service change or potential major investment. Assessments to assist include:

    - **Integrated All-Wales Primary Care Needs Assessment**[14]
    - **Integrated Impact Assessment**[15]
    - **Equality Impact Assessment**[16]
    - **Privacy Assessment**[17]
    - **SBAR Template**[18] (Situation, Background, Assessment, Recommendation)

Other tools that have been shared in support of **cluster decision-making**[10] include:

- **Decision-making Tool**[10] with guidance and a structure for the process
- **Decision-Tracker**[19] to assist in monitoring progress

3.10 Terms of Reference

The terms of reference for the cluster determine the scope of the clusters responsibility, along with the responsibility of each individual member. They ensure there is ownership of cluster plans, with a focus on developing new services and pathways of care to improve outcomes based on the needs of the community. A sample **Cluster Terms of Reference**[11/12] is included in the Cluster Resource Pack.

Primary Care Cluster Terms of Reference

Clearly set out:

The broad functions of the cluster

- The vision / purpose of the cluster, with duty statement
- Membership, those in attendance / by invitation
- Role of individual group members
- Service user engagement
- Decision making framework with voting rights, including voting rights of proxies
- Risk management processes
- Reporting, monitoring and assurance arrangements
- Communication arrangements within the cluster
- Business / meeting arrangements:
    - Quorum and attendance
    - Frequency of meetings
    - Standards/arrangements for agenda, minutes, record keeping, other documentation
    - Administrative support
- Date Terms of Reference agreed and Review date
- Signatures

3.11 Accountability

Health Boards are accountable to Welsh Government for the delivery of the strategic vision for NHS Wales. The main lines of accountability for clusters are to the Health Board. Each Health Board, Local Authority and Primary Care Cluster must ensure there are robust governance and monitoring arrangements in place to regularly report and monitor the effectiveness of cluster programmes.

Cluster processes must provide assurance that cluster funds are used in an effective way, offer value for money and develop new pathways and services in line with best practice guidance. Further details on **cluster accountability** are included in the appendices.

At the end of each year, with support from the Primary Care Team, Clusters should submit an annual report to the Health Board that demonstrates progress against their Cluster Plan, with evidence that priorities identified by their local needs assessments are being addressed. The report also serves as a mechanism to feed back to stakeholders on cluster progress in addressing local health needs over the year. These reports are important not only as an assurance on delivery against cluster objectives, but also directly influence Health Board planning priorities.

Suggested Key Actions – Accountability Framework (3)

1. Cluster to be clear on the components of a cluster governance framework: constitution, structure, operational processes and functions

2. A Code of Conduct to be drawn up between cluster partners and organisations

3. Cluster to ensure their standards for probity are agreed, understood and documented

4. Cluster to agree the principles, systems and processes for cluster decision-making

5. Cluster to ensure there are robust risk management systems and processes for the cluster in place

6. Cluster Terms of Reference are agreed by the whole cluster team and partner organisations

7. Robust cluster accountability mechanisms, with regular monitoring and reporting arrangements, are in place

4. Primary Care Clusters: Leadership, Infrastructure and Support

To be successful, clusters need sufficient resource to develop their people, structures, and processes, providing cluster teams with guidance and support that match their level of need. It is important for cluster teams to set out the expertise they need, with provision made for protected time and an infrastructure designed to support leadership and quality improvement activity.

4.1 Cluster Leadership

The successful delivery of cluster working calls for the development of leadership among the wider multi-disciplinary team to promote collaborative working and drive change. Leadership development requires new career structures, succession planning, active talent management and leadership to reflect the diversity of the workforce. Cluster Business Managers are required who can manage the business of the cluster and work in partnership with practitioners to drive improvements and innovation.

Successful transformational organisations have invested in leadership development programmes to grow leaders from within. Programmes support clinical and non-clinical leaders to enable multidisciplinary and multi-agency working across health, social care, housing, independent and third sectors.

There is significant potential for cluster leads to support each other and share success, failures and good practice through the cluster network, which must be accessible and equitable across all regions of Wales.

4.2 Infrastructure

Clusters have the potential to be complex organisations and therefore need the governance, financial mechanisms, estates, communication channels, informatics and technology to enable them to effectively fulfil their roles and responsibilities. With sound foundations, including agreement on the key governance issues and guidance to facilitate clusters on their journey, the organisational models for cluster will evolve over time.

Resources should be in proportion to the size of the cluster and the volume and complexities of the work undertaken, with access to expertise in vital areas. Providing cluster teams with sufficient 'transformative capacity' is critical, with support for effective planning and advanced informatics being key elements.

4.3 Expertise and Support

Support for clusters must include essential skills aligned to the maturity and stage of development of the cluster. These include business and financial expertise, public health skills for population need assessments and project/programme management that works across the system.

- **Organisational Development**

OD support required by clusters should not be restricted to the traditional expertise required for workforce training, facilitation and leadership. The development of cluster teams is dependent on the growth of partnerships and integrated working, taking a whole system approach across the range of organisations, sectors and agencies that provide primary care and community services. Undertaking a skills audit for the local cluster workforce assists team development, supported by a central resource for workforce information and data.

- **Finance**

Each Health Board has a finance department and a team with responsibility for supporting the cluster budget and facilitating the associated reporting. Finance personnel can provide assistance to support the cluster team's management of available budget. Health Board arrangements vary, so it is recommended that cluster teams meet with relevant finance leads to understand the available information, support and working arrangements.

- **Public Health**

Close partnership working with local public health teams can offer clusters a number of benefits. Where resources permit, these may include: access to public health advice; help to develop cluster plans and implement action; evaluation advice and support for innovation. Ongoing dialogue and engagement with the public health team can help keep clusters sighted on the bigger population health picture and ensure that local challenges are escalated where appropriate.

- **Planning**

A cluster plan agreed by the cluster team is central to the work programme of the team. It is essential that cluster-level population needs assessments inform the planning processes of all key partner organisations and local community needs feed into IMTPs, Wellbeing Plans, Local Authority planning processes, etc. Access for cluster and Local Public Health teams to high quality qualitative and quantitative data to support innovation and quality improvement is essential.

Suggested Key Actions – Leadership, Infrastructure and Support (4)

1. Cluster to identify resources for developing leadership skills and quality improvement activity.

2. Cluster to make provision for protected time for cluster activities.

3. Cluster to review the estates, informatics / technology systems and communication channels to assess their needs to deliver their vision and purpose.

4. Cluster to set out the guidance, expertise and support they need to fulfil their aims, aligned to their level of maturity: e.g. population health expertise, planning, finance & business skills, project management, data analysis.

5. Primary Care Clusters: Operational Models

There are a range of organisational forms and operational models for clusters to consider, once they are clear on the future purpose of their cluster. To be successful, it is important to choose a model with operational functions designed to meet the needs of the cluster - form must follow function – and for clusters to have ownership of their chosen model. Successful organisations are large enough to offer economies of scale yet small enough to build trust.

5.1 Options for Operational Models

Different operational models have different functions and levels of collaboration, from informal networking arrangements through to the highly formalised structures, as depicted diagrammatically by the **Collaborative Continuum**. Final agreement on the model requires buy-in from all cluster practices and key partner organisations, with equality across and within clusters, and an **option appraisal** methodology can be used to assess of the benefits and costs from a short list of possible models.

Some clusters have established **different legal entities**[x] to deliver services on behalf of the cluster.

- **Networking**: At this level, collaborators are willing to share information about their activities and services. Networking requires low levels of trust and limited time, and does not require collaborators to resolve any difficult issues. For many, networking might be sufficient to reach a particular goal.
- **Coordinating**: Collaborators exchange information and are willing to alter their services or program activities to achieve the common goal. E.g., several service providers might coordinate their service delivery schedules to avoid overlap and increase access for high need families in the community.
- **Cooperating**: In addition to sharing information and altering service delivery, collaborators share resources to reach the common goal. Resources include labour, space and equipment, and financial contributions. For example, partner agencies might contribute staffing, a meeting space, financial support, and educational materials to offer a new after-school activity for youth in their community.
- **Collaborating**: At this level, collaborators enhance each other's capacity by fully sharing their respective expertise. They are willing to learn from each other, share risks, and take on challenges. This requires very high commitment, trust, and effective handling of turf and territorial issues.
- **Integrating**: When collaborative partners or agencies work this closely and effectively together, merging operational and administrative structures would be a logical next step.

Suggested Key Actions – Operational Models (5)

1. Cluster to consider the range of organisational forms for their cluster model
2. Cluster to agree the operational model that best meets the needs of their cluster.

6. Primary Care Clusters: Roles and Responsibilities

Health Boards and clusters will need to be able to demonstrate clear management accountability and clinical governance arrangements for their clusters, and have the appropriate groups and teams in place with clearly defined roles to ensure cluster working is conducted effectively.

6.1 Health Board Role and Responsibilities

Primary Care Cluster development is evolving across Wales and differs within and between Health Board areas. However, when considering organisational and governance arrangements made by Health Boards to support each cluster, there are basic rolls and responsibilities Health Boards need to discharge to support effective cluster working. **Health Boards need to:**

- Set out Welsh Government's strategic vision, aims and objectives for clusters
- Be accountable for all cluster funds allocated to them by Welsh Government and ensure fair access to high quality services for their populations within available resources
- Provide clusters with the tools and support needed to effectively discharge their responsibilities including finance, information, data analysis, public health expertise and support
- Ensure robust systems are in place for clinical and corporate governance arrangements, including assessment of value for money
- Work with cluster teams to agree priorities and outcomes for their action plans, recognising the differences between communities and cluster teams
- Support the development of Practice Based Plans and Cluster Development Plans, ensuring plans address the needs of local populations and fit with local and national priorities
- Ensure robust systems are in place for the assessment and agreement of cluster plans and case for change throughout the year
- Agree the mechanism for spending indicative budgets on procurement of equipment and appointment of staff, within the constraints of Health Board Standing Financial Instructions
- Support and advise on the implementation of cluster working through a designated management link/lead from the Health Board, with clarity on their role and responsibilities in supporting clusters across Health Boards.
- Provide the necessary information and support to enable clusters to understand their needs from a workforce, leadership and OD perspective
- Support clinical and managerial cluster leadership through incentive payments or Health Board employment contracts
- Provide guidance on public and stakeholder consultations
- Advise, co-ordinate and inform clusters of the wider implications of proposed service redesign and improvement schemes
- Work with cluster teams to implement innovative service developments, with systems in place to avoid conflicts of interest and ensure compliance with tendering requirements
- Establish robust systems to ensure value for money, sound clinical and corporate governance arrangements and improved patient services are established for any proposed service change
- Ensure equity of provision for patients

6.2 Cluster Stakeholder Board

The Cluster Stakeholder Board represents all professional groups and partner organisations working within the cluster. Clusters are accountable for achieving financial balance with their allocated funds and must demonstrate best value for the budget. The Board has specific responsibilities, which include:

- Set up regular cluster team meetings involving representatives of all stakeholders and relevant partners/agencies, supported by an agenda, minutes of discussions and actions agreed.
- Ensure all significant decisions relating to cluster priorities are agreed and documented through a fair and democratic approach.

- Develop and agree cluster plans with the Health Board Primary Care Team. These should be central to the Health Board IMTP process. It should be clear how improvements in population health will be achieved, with evaluation criteria and priorities highlighted.
- Share and agree cluster investment plans with the Primary Care Team. Evaluate the plans at regular intervals to demonstrate cost effectiveness and patient focused outcomes.
- Manage the cluster financial allocation, with support from nominated Health Board staff.
- Ensure that all stakeholder organisations and agencies are involved in the cluster work programme. Special efforts should be made to ensure smaller and/or remote teams and practices are able to engage with the cluster work programme.
- More mature clusters should establish a clearly defined Cluster Leadership Team, nominated and agreed by cluster members.

6.3 Cluster Leadership Team

The purpose of the mature cluster is to give primary care professionals the freedom to develop cost effective, innovative, high quality services that meet the needs of their community. Mature cluster-working calls for diverse leadership among professionals, partner organisations and members of the cluster team to drive change and promote collaborative working. Cluster Leadership Teams are established to:

- Agree the strategic direction, common purpose and key aims of the cluster team and work programme
- Ensure accountability to the public for cluster performance
- Provide assurance that the cluster is managed with probity and integrity
- Plan for sustainable success of the cluster over the longer term.

Members of the cluster leadership team should be able to demonstrate the necessary leadership skills and establish credibility with stakeholders and partners. It is important that the Team remains in tune with its member practices and partner organisations, securing their confidence and engagement.

The constitution and method of appointment to the cluster leadership team are agreed by cluster stakeholders and approved by the Local Health Board. Membership should be broad, representing the range of cluster professional groups and partner organisations, and members will demonstrate the core skills, competencies and attributes for their role. The role of the chair is critical to the success of the Cluster Leadership Team, with a range of important responsibilities.

Further details are available on key purpose of the **Cluster Leadership Team** its constitution, appointment processes, roles and skills of leadership team members and the responsibilities of its Chair including the role of:

- **Cluster Lead**[20]
- **Cluster Practice manager**[21]
- **Health Board Executive Lead for clusters**[22] **Awaiting role**
- **Cluster Support Manager**[23]
- **Project Support Officer**[24]
- **Locality Manager**[25] **Awaiting role**

6.4 Whole Cluster Staffing Group

Each cluster professional is responsible for their own working practice and for ensuring their actions fall within professional codes of practice, their employers' policies, procedures and quality standards. Professional leads are responsible for the effective maintenance and support of professional practice within their own discipline, with their employing organisations, employment and operational policies.

All members of the cluster team are responsible for ensuring that the advice of the Cluster Stakeholder Group is formally communicated throughout their teams and organisations and acted upon appropriately.

Suggested Key Actions – Roles and Responsibilities (6)

1. Health Boards to provide appropriate management support and resources to optimise cluster working

2. Clusters to assess leadership skills and competencies necessary for cluster multi-disciplinary team working and to meet cluster level needs

3. Clusters to ensure appropriate training, supervision and mentorship is in place for all multi-disciplinary professionals working in cluster teams

7. Primary Care Clusters: Addressing Population Needs

There is a legal duty on Health and Social Care statutory bodies to undertake population needs assessments (PNA) to inform routine planning. An assessment of the impact of specific plans, including cluster plans, is undertaken as part of the area planning process. The appendices include further detail on **population needs assessments**, including sources of information.

7.1 Primary Care Cluster Planning

Planning is a structured process for designing and organising services to ensure that patient needs are met. Steps for cluster in planning service improvements include:

- Identify citizen, service user and/or carer needs
- Define the population
- Agree the aim of the project / programme
- Develop a process to meet the identified needs
- Implement the plans
- Undertake checks to ensure that the aim is met

Cluster plans are fundamental elements within the Integrated Medium Term Plan (IMTP) process. **Projects and business cases** approved will be considered for inclusion in the funding priorities for the subsequent IMTP. They should also inform plans developed by Regional Partnership Boards.

7.2 Assessment into Cluster Plans

The needs assessments identify priority areas for suggested action and cluster teams will agree the best mechanisms for delivering action against these. The assessments present a new opportunity for health and care organisations to work more closely with third sector organisations and communities, building on their assets to jointly meet the needs of the population. An **option appraisal** can assist the cluster team to prioritise projects to address their local needs, including a cost / benefit / risk comparison of schemes to address the areas prioritised (see also **option appraisal sample template**[26]).

7.3 Data Gathering

Vital to the effectiveness of any project is the gathering of evidence before, during and after changes are made. Analysis of the data will demonstrate whether progress has been made against the desired outcomes of the project. Investment in IT software that collates data in an effective and timely way is therefore essential, with automated collection and reporting capability to avoid the limitations of manual collection. Quantitative and qualitative data give the fullest picture of impact and effectiveness, including service user experiences and outcomes.

7.4 Co-production

Co-production is about involving service users and other beneficiaries in the design of services:

Co-production is a meeting of minds coming together to find a shared solution. In practice, people who use services are consulted, included and work together from the start to the end of any project that affects them. Social Care Institute for Excellence website (SCiE)

Involving service users and beneficiaries can be through representation on cluster boards or through a service user group that feeds ideas to the board. The approach aims to ensure that services meet a genuine need / identified gap, are fit for purpose and sustainable. This patient-centred approach puts the service user at the heart of the development of pathways, services and assets. For more information, visit: www.participationcymru.org.uk

7.5 Reporting and Accountability

The Project Steering Group and stakeholders need clarity on the measures that indicate whether the project is progressing in line with the original business case, is on target, within budget and will continue to deliver in the longer term.
Consideration of the following is helpful:

- Who needs to be updated, in what format and how often
- Who is responsible for providing the updates
- Arrangements for an escalation process when issues require action or decision
- Responsibility for issues requiring action or decision

7.6 Cluster Project Evaluation

Evaluation should be systematic, rigorous and help cluster teams understand the effectiveness of service interventions through timely and accurate data. The **Logic Evaluation Tool**[27] provides a framework for cluster project evaluation.

Cluster teams should ensure they have access to the necessary systems, processes, expertise and support from their Health Board Information Department and Local Public Health Team at the outset of any initiative. The project team will need the relevant data and skills in data analysis and evaluation to be readily accessible at key points of the project. Done well, evaluation improves cluster activity, gives a sense of achievement and a greater understanding of the impact of projects and improvement activity.

Suggested Key Actions - Addressing Population Needs (7)

1. Cluster have support from Local Public Health Team to undertake a Population Needs Assessment to underpin Cluster Plans.

2. Priority areas for service development are agreed by the cluster; an option appraisal methodology may assist, with expertise and support from Planning Department.

3. The public / service users are involved in co-production of all services, pathways and assets through representation on cluster board or a service user group that feeds ideas to the board.

5. IT and data collection systems / processes are assessed for ability to support needs assessments.

8. Primary Care Clusters: Integration and Partnerships

Increasing maturity of clusters is demonstrated by a wider involvement of partners such as Local Authorities, Third Sector, Community Pharmacy and Public Health. Breaking down the artificial divisions within local health and care systems promotes integrated care designed around the wellbeing of individuals and communities.

8.1 Promoting Integration

Essential to improved health and wellbeing at cluster level is integration between partner organisations through collaboration and partnership working:

8.2

Promoting Integration

- Encourage mutual respect between all stakeholders
- Encourage partnership in local needs assessment and strategic planning with the shared ambition of improving population health
- Support the sustainable delivery of high quality care in a community setting, based on identified local community needs
- Strive for appropriate and proportionate transparency of essential information across sectors and agencies providing services for the community
- Apply joint approaches to common problems
- Encourage the best use of available resources, recognising the need for choices in how resources are used
- Promote continuous improvement in citizens' experience of care, with transparency and openness in cluster team interactions with other professionals and the public
- Recognise that evaluation and research across partner organisations are essential to support an evidence-based approach to quality improvement

Holistic Care

People who present with both health and social care needs can be supported by seamless care from community resource teams, frailty or other integrated local health and care teams. Complex issues arising from welfare, housing and employment problems can be better managed through a whole system, multi-professional approach.

Effective cluster working enables the multi-professional team to have more time to proactively care for people with complex needs at home or in the community. Significantly longer consultation times are required to assess, plan and coordinate anticipatory care and the appropriate time, skills and resources must be available to manage complex, often elderly, patients at the point of need.

Mature shared care and integrated mechanisms across organisations are essential for managing high-risk patients, with measures in place that capture levels of integration, care co-ordination and patient activation to ensure robust evaluation of initiatives

8.3 Complex Care Closer to Home

Cluster teams across Wales are already promoting closer joint working between specialist staff and cluster teams, with an increase in community posts for consultants, allied health professionals and specialist nurses bringing outreach services into clusters. An increase in the numbers of specialist staff supporting cluster teams is likely to make a significant impact on community based care and assists in keeping people out of the hospital setting.

A clear, proactive approach to developing new pathways of care and resources in the community should underpin integrated service planning within all Health Boards and Local Authorities. Reviews of clinical pathways for ambulatory care sensitive conditions and other common respiratory, cardiovascular, musculoskeletal, gastrointestinal and diabetic conditions will inform planners where staff should be located to deliver effective patient-centred care outside the hospital setting.

The cluster team is also well placed to support unscheduled care and care of the acutely ill within Virtual Wards and Community Hubs, working alongside specialist colleagues to care for those who would otherwise be admitted to hospital and risk losing their independence. Such community teams can also facilitate prompt discharge from hospital.

8.4 Joint contracts

Joint contracts for practitioners working in different sectors, e.g. primary care staff with professionals from WAST or social services, promotes collaboration and cultural change across organisations. Clusters could offer placements that support the joint training of health and social care staff to facilitate integration, foster a greater understanding between professional groups and promote strong team working. Co-location of staff and rotating practitioners between different sectors have both been shown to be successful in progressing cultural change and integration.

Suggested Key Actions – Integration and Partnerships (8)

1. Integration of partner organisations within cluster is promoted through collaboration in local needs assessments and strategic planning

2. Joint cluster appointments between partner organisations are established, with clear line management arrangements

3. Service developments are evaluated using joint monitoring and reporting arrangements

4. Financial planning for the cluster is undertaken through partnership agreement on the use of resources

5. Mechanisms are in place to regularly review cluster partnership arrangements

9. Primary Care Clusters: Financial Arrangements

Robust financial planning is a key principle for clusters. Health boards are accountable to Welsh Government and service users for financial probity and sound clinical governance arrangements, ensuring cluster services represent quality, value for money and fairness of access. The ***NHS Finance (Wales) Act (2014)*** introduced new duties for health boards in Wales with implications for their integrated planning arrangements.

9.1 Cluster Financial Arrangements

The Cluster Leadership Team is responsible for ensuring that the cluster fulfils its duties effectively, efficiently and economically, improving the quality of services and the health of the local population whilst maintaining value for money. Members of the Cluster Leadership Team should assure themselves that budget management is compliant with the Health Board's Standing Financial Instructions (SFIs) and associated financial policies. The Team should ensure effective business processes are in place and test compliance through internal audit and management testing.

All members of the Cluster Leadership Team should ensure their financial skills are sufficiently developed to effectively engage in financial debate, discussion and challenge. Members should not be afraid of asking the obvious questions - the non-specialist often has a different perspective that can prove helpful. Co-opting a member with appropriate financial expertise onto the Cluster Leadership Team can ensure the necessary skills and experience are brought to the Team.

9.2 Financial Governance and Cluster Risk Management[6]

Clusters are required to deliver a balanced budget position and have no authority to overspend against delegated budget. However, a balance is required to ensure the benefits of annual ring-fenced budgets for sustainability and planning are retained without rigid funding streams that stifle innovation.

To avoid over or under spending against budget, effective financial planning is key, with regular monitoring of spend and robust management of plans throughout the year. Good financial governance for clusters includes:

- Robust financial procedures and controls
- Effective financial management and financial planning arrangements
- Comprehensive financial systems operated by well managed, adequately resourced and suitably trained staff

All cluster leadership teams bodies should use scenario planning around their financial model to identify potential risks and weaknesses. Cluster teams should avoid basing confidence in performance on the trust in colleagues to deliver, but should base their judgements on robust data subject to regular testing by internal audit. Timely financial reporting and monitoring will help a project to be brought back on plan. Reports should include an analysis of financial trends and incorporate projections as well as historic reporting.

9.3 Support for Cluster Finance

The Health Board finance team will signpost clusters to relevant expertise and provide advice and training on financial processes and business planning activities. An understanding of cluster plans informs Health Board finance reports and finance leads may need to test and challenge some assumptions to ensure that cluster plans are feasible and resources are spent wisely.

9.4 Cluster Budget Allocation

Budgets are delegated to primary care clusters through Welsh Government allocation to Health Boards to improve the care and wellbeing of their communities, aligned to Health Board and Welsh Government objectives. The funds are directed to the relevant budget area within the organisation and managed by the cluster team.

The expectation is that cluster team members determine spending priorities for the benefit of the community through discussion and agreement. Decisions should be reached collaboratively amongst stakeholders, led by the relevant cluster leads and ensuring a balanced representation of stakeholder groups. Cluster monies need to be applied appropriately and should not be used to resource areas funded by other budgets.

In the absence of a separate governance model being in place for clusters, the official budget holder for cluster funds facilitates approval for cluster spending plans using the Health Board's financial and procurement control framework. These arrangements include ordering items and recruiting staff. Effective engagement between the cluster team, relevant budget holder and finance team will help to ensure processes operate smoothly and without unnecessary delay.

9.5 Financial Planning

The cluster has responsibility for ensuring funds are spent appropriately, in line with agreed priorities, and that good planning ensures annual budgets are effectively managed and fully committed for the year.

The cluster financial plan is generated in line with the Health Board's Integrated Medium Term Plan (IMTP), which determines the objectives and priorities for the coming financial year. Plans are developed for Health Board agreement and clusters should ensure they are aware of the IMTP timescales and process for their Health Board. Establishing a clear process to prioritise cluster projects ahead of the planning year will help to ensure that the necessary monies are in place.

9.6 Project Planning

Time must be allocated to consider **project proposals**[28] and **project planning, implementation / monitoring**[29-33] and **evaluation**[27] at cluster level that will feed into the Health Board IMTP cycle. A cluster project steering group may be set up to help with project planning, decision-making, problem solving and monitoring progress and performance. A **project manager**[12] may be appointed to undertake day-to-day management and co-ordination of starting up and delivering a project, with responsibilities as summarised in the appendices.

A detailed and time-scaled project plan will contribute to effective monitoring and management of the project and helps to identify and resolve any obstacles, risks and issues. Internal or external expertise and advice may be helpful for specific areas of the project.

9.7 Maximising Opportunities

- **Slippage**

As part of the annual planning and prioritisation process, once the available funds are fully committed within the plan, it is worth considering further non-recurrent priority schemes so that projects are agreed and ready to be delivered should any slippage materialise.

- **Evaluation**

As part of the planning process, it is important that projects are **evaluated**[27] against criteria set at the start of the project to ensure money is spent efficiently and effectively. If a project does not demonstrate the expected outcomes, the funds may be better spent resourcing new projects. If the outcomes of a scheme are shown to impact positively elsewhere in the system, a business case that rebalances available resources may be considered as explained in the **Resource Shift Framework**[34].

- **Collaboration**

Opportunities to maximise resources may be found through collaboration between clusters on a project or joint development, thereby sharing the financial commitment. There is also potential for clusters to collaborate with academic partners to support generation of research outputs.

- **Additional funding sources**

There may be alternative sources to fund prioritised projects, e.g. Integrated Care Funding (ICF), Efficiency Through Technology Fund (ETTF) and Invest to Save (I2S), Transformation Fund. Each funding stream has specific criteria / application processes, and finance teams can signpost clusters for advice.

9.8 Cluster Business Cases[35]

Across NHS Wales, resource constraints mean that funding decisions need to be fully considered and based on all the associated information. Often multiple programmes are pursuing the same pot of money and service change proposals need to be prioritised. Health Boards operate a process to consider business cases and offer guidance and support to facilitate the cluster decision-making process.

It is important that funding decisions for cluster projects are based on their **impact**[15-17]. If a development has not realised the intended outcome or demonstrated a benefit for the community, then the project should cease. A particular project that does not work well in one community may be effective within a different community. Clusters should operate flexibly to consider such variation, evaluating projects at a local level and not assuming that 'one size fits all'.

Robust **business cases** are needed to describe the plans and intended impacts of projects by presenting the benefits, cost (finance, resources, time) and impact of any proposed project, and can be used to gain approval from cluster stakeholders. The new financial framework will enable contingency plans and potential exit plans to be built into business cases where there is short term funding. In this way, developments can be brought to a timely close when funding ends or long-term funding sources are indicated upfront to ensure successful developments can be sustained. The business case also reassures stakeholders and assists with approval of next steps, giving clarity on sustainable funding for successful initiatives through the new financial framework.

9.9 Procurement

All Health Boards have an established set of Standing Orders, Standing Financial Instructions, **procurement processes**[41] and teams who will be able to advise clusters on their procurement plans. It is essential that the appropriate procurement and financial rules are followed to ensure that the cluster, associated budget holders and wider Health Board remain compliant with the relevant legislation, e.g. in relation to tender processes. Finance teams will be able to signpost cluster teams to the correct procurement contact.

9.10 Service Level Agreements (SLAs) / Memorandums of Understanding (MoU)

If a service or resource is needed from an external party or organisation (e.g. staff secondment or commissioned service), clear documentation that clarifies the detail of the agreement will prevent confusion or complications - see for key points to cover. Agreements may be with a range of organisations - other NHS bodies, third sector partners, Local Authorities and private companies.

Details of the contractual agreement will depend on the value of the agreement and the organisations involved and will signed off by all parties. Key points to cover are summarised in **Service Level Agreements**

Regular communication between all parties is important, with agreement at the outset on how adverse performance issues should be managed. To ensure the agreement is met, delivery must be monitored and reviewed.

Further advice can be sought from the finance team for help or signposting to the relevant team.

Suggested Key Actions - Financial Arrangements (9)

1. Cluster Leadership Team to be assured that their cluster budget management is compliant with Health Board's Standing Financial Instructions (SFIs) and associated financial policies

2. All Cluster Leadership Team members develop financial skills to effectively engage in financial debate, discussion and challenge.

3. Effective financial planning for the cluster includes regular monitoring of spend and robust management of plans throughout the year

4. Cluster team to establish regular contact with their cluster budget holder and know how to access advice / support for financial decisions

5. Time and resources are allocated for cluster project planning, delivery, monitoring and evaluation.

6. A clear process for prioritising cluster projects ahead of the planning year is in place, ensuring all decisions on spending priorities are reached collaboratively amongst stakeholders

7. The Cluster Leadership Team is aware of funding opportunities outside usual cluster budget processes

8. Cluster teams to understand their local systems and processes for developing a business case, with sources of expertise and support

10. Primary Care Clusters: Employment and Contractual Arrangements

It is essential to have clear, strong processes and contractual arrangements, underpinned by legal advice, when making decisions about the employment of cluster staff. Arrangements made without due care, for the sake of expediency and/or avoiding excessive bureaucracy, can result in costly legal challenges. There needs to be consideration of the relative risks and potential conflicts of interest of different employment models, with clarity and transparency on the roles of each party.

At present clusters are being advised that it is the safest and most cost effective option for their staff to be employed centrally by the Health Board, with continuing personal protection provided by Medical Defence Organisations. It is imperative that the rights of cluster staff are protected and that practices/clusters are not unexpectedly put at risk of significant legal challenges and/or costs.

10.1 Cluster Hosting Arrangements

It is important for cluster teams to understand the employment and governance responsibilities, and potential risks, for an organisation 'hosting' a service on behalf of a cluster and therefore the need to have robust arrangements in place for managing their cluster staff.

Consideration of the employment relationships between a cluster and its employees is important because employers are liable for the majority of employment rights for their employees. The Test of Employment is especially relevant for cluster staff employed by Health Boards who have much of their work controlled and supervised within the cluster environment. See **Cluster Hosting Arrangements** for more information.

Issues to be considered include the implications of vicarious liability, the need by professional staff to have personal indemnity and the line management arrangements for cluster staff. A framework to support the operational model is helpful to ensure these issues are fully addressed, with clarity and transparency by employer and employee.

10.2 Contractual Arrangements

There are a number of different contractual arrangements that could be used for the employment of cluster staff, including:

- The Health Board acting as the employer
- One practice acting as 'host' employer for the cluster, with cross charging arrangements
- One practice holding an honorary contract with the Health Board on behalf of the cluster
- The Social Enterprise as the employer, involving the transfer of staff to the new organisation
- Other organisation employing cluster staff, e.g. WAST, Local Authority, Third Sector
- Co-option of staff with specialist expertise to the cluster team

These different options for contractual and employment models carry different implications in terms of contracts, indemnity, reporting arrangements, etc. Secure employment and access to NHS pensions are clearly important in the recruitment and the long-term retention of cluster staff.

Alternative contractual arrangements are being explored which overcome some of the restrictions of GMS in relation to pensions, etc. Contractual options include:

- Contracting for care at a cluster level, designed around the needs of patients
- Direct employment of GPs with services commissioned through alternative provider services contract model (APMS)
- Practice mergers
- Development of federations

10.3 Cluster Lead Employment Model

Clusters need a good, workable model for the employment of their staff, underpinned by sound legal and contractual arrangements that apply wherever staff work. There is potential for an operational model for cluster staff using SLAs to underpin their contractual arrangements. There are various ways that this could operate:

- The relevant geographical Health Board for the cluster could act as the Lead and the cluster would in that instance be the Host Employer
- One cluster could be the Lead for a number of clusters which would be the Host Employer, but this arrangement would not provide NHS WRP cover
- One body in Wales could act as the Lead for all cluster staff with a number of clusters acting as Hosts. (There is potential for NWSSP to be the Lead in such circumstances, if deemed acceptable by NWSSP, clusters and Health Boards).

NWSSP Legal Services are available to offer advice and guidance on cluster employment issues. An **Operational and Professional Management Protocol**[36] for staff employed by the Local Health Board working in GP Practices has been developed by one Health Board.

10.4 Cluster Staff Employment Protocol

A protocol has proved useful in addressing the complexities of cluster staff employment setting out the operational arrangements for managing cluster staff employed by the Health Board (see Appendix x). It aims to provide a mechanism for maintaining professional alignment with the relevant professional departments, with appropriate line management arrangements in place.

10.5 Indemnity

The issues around **indemnity** for staff employed to work in cluster teams are complex and currently being worked through at national level. A key issue relates to vicarious liability of GP practices, meaning that practices could be pursued legally if there is negligence on the part of an uninsured employee. Cluster teams must be absolutely clear on the scope of work that their staff are engaged in and inform their Medical Defence Organisation (MDO) of cluster arrangements for indemnity purposes.

Granting a practice an honorary contract, using an SLA arrangement with the Health Board on behalf of the cluster, would in effect mean that cluster staff are directly employed by the Health Board and would benefit from liability coverage through the Welsh Risk Pool. The Welsh Risk Pool offers protection for a pool of staff, rather than individual professionals. It is essential, therefore, that professionals continue to have personal indemnity with their MDO in relation to their registration and professional interests.

10.6 Pensions

Secure employment and access to the NHS pension scheme are essential for the long-term retention of cluster staff. Clarity on the status of a cluster as an NHS body is therefore essential and any contractual mechanism to commission services outside Enhanced Services, e.g. SLA, must factor in NHS pension rights for staff. The APMS contracting arrangements offers pensionable income under the NHS to staff and can be safely used within the social enterprise model.

There should, however, be some flexibility built into pension arrangements for cluster staff, especially in light of potential rises in taxation levels. Any cluster teams who employ professional staff directly will need to factor in the 14.38% employer's pensions contribution to their costs.

11. Primary Care Clusters: Staff Recruitment and Training

With cluster development comes the need to find new workforce roles and alternative models that do not simply move existing resources around the healthcare system. In areas where it is harder to recruit professionals, a collaborative approach across adjacent Health Boards can be effective.

At present, many practices use the corporate systems of Health Boards to recruit cluster-based staff, thereby reducing the risks and workload of direct employment. Joint recruitment and appraisal processes are helpful in facilitating integration amongst cluster multiagency teams.

11.1 Values and Behaviours

There should be a focus on building lasting relationships between employees and the community, identifying people who might stay for the longer term. The cluster team could spend more time on understanding candidates' personalities and behaviours than technical skills, on the basis that it is harder to change employees' personal styles than to fill a gap in their technical skill sets.

The following processes can be helpful in recruiting to values of the cluster team:

- Job descriptions emphasise the vision and principles of the cluster
- Rigorous checks are undertaken on candidates' backgrounds and accreditations
- Behaviour- based interviews focused on workforce competencies, including:
    - Patient care and relationships
    - Communication and teamwork
    - Improvement and innovation
    - Workforce development skills

A committee-based interviewing model can be helpful, using behavioural methodologies and interviewing candidates together for categories of jobs that require similar skill sets. The interviewers make a broad assessment of the candidate's fit with the cluster ethos, competencies and the roles for which they might be most suitable before making an offer.

11.2 Recruitment to Cluster Teams

Recruitment processes for cluster staff should be efficient and timely. Mapping out cluster skills and competencies to meet service user need will assist successful recruitment, rather than a more rigid approach to recruit to a specific professional role. The **knowledge, skills and training survey**[37] is a tool to assess training and development needs of staff to support the growth of clusters. It can be customised to support any other development needs or areas of specific interest, such as clinical information and skills.

When clusters recruit to specialist roles traditionally provided by a particular organisation, eg paramedics by WAST, joint cluster decision-making will facilitate the arrangements for professional accountability, networking and clinical supervision. In these instances, it may be appropriate for employment to remain with the current employer, with collaborative agreement on managerial and professional lines of accountability.

11.3 Workforce Planning

A key consideration is how we 'grow' the cluster model and increase impact through effective workforce planning, developing cluster skills and capacity to meet the needs of local populations. Robust population needs assessments, local workforce plans and high quality training programmes will ensure the skill-mix of

clusters is based on a sound understanding of local population needs, which vary in different parts of Wales and within Health Board areas.

System-wide planning, taking into account health, social care and the contribution of carers, the third sector and service users themselves, is the only way in which the broad range of cluster skills necessary to tackle the causes of ill health and promote well-being can be secured.

11.4 Education and Training of Cluster Staff

Appropriate education, training and clinical supervision of all cluster staff are essential for the success of new ways of working, with cluster skills and capacity factored into workforce plans and training programmes. Structured training opportunities should be available to all primary care staff wishing to develop extended clinical, academic or leadership skills.

Professionals working in new roles need to be empowered, supported and trained appropriately. Training programmes must ensure that trainees are exposed to the challenges of providing care in the community within a team-based working culture. Mentorship schemes for professionals in new roles are an essential part of cluster governance, along with appropriate clinical supervision.

Primary care clusters need suitably trained clinical staff to meet the needs of citizens in the cluster population, compliant with the roles and professional requirements outlined in their contract. Each cluster must ensure clear management and professional accountability for their staff and robust clinical governance arrangements for their services.

A strong cluster workforce is founded on the integration of multi-professional roles and ideally those working together will be trained together. Training placements for therapists and specialist staff within the primary care setting are vital to expose students to the challenges of providing care in the community, with an emphasis on multi-professional team working.

The cluster may prove a suitable training / CPD vehicle for primary care roles and existing GP training practices with vacancies may support cluster staff training and development. It is important to cater for the diversity of educational needs across practices when designing training programmes for cluster staff.

11.5 Professional Support and Supervision

Mentorship and clinical supervision of professionals in new cluster roles are an essential part of cluster governance. Clinical supervision has been well established in many disciplines, but the transformational primary care framework calls for a review of the supervisory arrangements for new professional roles within clusters, e.g. physiotherapist and community pharmacist. This applies to all new roles, including non-clinical and non- health roles.

Cluster practitioners need a practice-based supervisor, access to a daily reference point, protected time for supervision and mechanisms for monitoring the process and outcomes of their clinical supervision. A review of the necessary skills and resources required for clinical supervision should inform Primary Care Postgraduate Training curricula. Mentorship networks could be a vital source of support for cluster teams but need recognition and resource. Mentoring is a means of establishing a culture where sensitive issues and vulnerabilities can be discussed. Cluster Leads would benefit from a mentorship scheme and a co-mentorship network could be a potential way forward.

Suggested Key Actions - Employment and Contractual Arrangements (10) & Staff Recruitment and training (11)

1. The cluster understands the options and responsibilities of 'hosting' a service on behalf of other cluster practices and organisations

2. The Cluster has robust arrangements in place for managing their cluster staff, with employment contracts that are clear on employment relationships and implications for indemnity, line management arrangements and pension implications

3. Robust processes for cluster workforce planning and organisational development ensure that cluster skills and capacity are developed to meet the needs of the cluster population

4. Recruitment processes for cluster staff are efficient, timely and have a focus on the values and behaviours of applicants

5. Professionals recruited to the cluster team have been trained in a primary care / community environment and have skills for working within a multi-disciplinary team

6. Appropriate clinical supervision and mentorship arrangements are in place to support all professional staff

12. Primary Care Clusters: ICT and Information Systems

For effective cluster working, teams need mechanisms to access relevant information and different technologies to transform the delivery of care, drawing together a broad range of professionals and coordinating care across a range of previously distinct services. See App x for more detail on IT infrastructure, information governance and legal / contractual implications for clusters.

12.1 ICT Infrastructure

The importance of good infrastructure for immediate and future technologies is essential to support staff and patient expectations and the delivery of high quality care through improved capability, usability and good response times. Appropriate stakeholder engagement is crucial to the success of any ICT development and implementation.

Clusters must be supported by technical infrastructures that provide safe, reliable and accessible information that supports the coordination and management of services. Information flows should be seamless between within and across clusters and with care partners. Clusters require a consistent, fast, and reliable network and hardware matched to the optimum requirements of the applications software. Efficient mobile capabilities are required both on site and in all community settings with all community staff working with Primary care Clusters to have use of a mobile device capable of communicating with all other primary care staff.

There should be prioritisation of areas that currently have no ICT access and all IT systems must be kept up to date.

12.2 Information Governance

Information Governance (IG) concerns the way in which we manage the confidentiality, integrity and availability of information (CIA) about patients, families, staff, and about the organisation itself. A robust Information Governance framework is one of the keystones to support the delivery of services through the effective management of information and records. Effective IG provides assurance that the cluster will comply with the legislation and standards and supports the delivery of patient centred services, improves quality and makes better use of resources.

12.3 *Data Protection Act 2018, General Data Protection Regulations (GDPR), Network & Infrastructure Directive (NISD), Digital Economy Act, etc.*

The new **Data Protection Act 2018**[38] and General Data Protection Regulation (GDPR) are the biggest changes in data protection laws for 20 years and impact on clusters - on the way information is managed and the way that clusters support patients, service users and staff. See **Cluster ICT and Information Systems** for more information.

Each organisation within the cluster is classed as a Data Controller (as defined in GDPR).

12.4 Legal Requirements for Clusters

Each organisation within the cluster must comply with the legislation and must nominate a Data Protection Officer [DPO]. For smaller organisations e.g. primary care practices, this need not be within the organisation but can be to a different body, e.g. with the Health Board. Where this is outside the organisation, a contract will be drawn up defining terms and conditions.

Each cluster (and organisations within the cluster) must have appropriate IG and technical security policies and procedures in place that are consistent across all clusters. Where new information systems are to be implemented, a Data Protection Impact Assessment (DPIA) will be undertaken by the lead organisation, taking advice from the DPO.

Each organisation is accountable for their compliance and for ensuring staff are trained in IG processes and systems.

12.5 Contractual Implications

For the purposes of data protection and IG, staff working within the cluster or across the cluster are considered employees of the organisation with whom they hold their employment contract.

12.6 Information Sharing

Sharing between partners is based on the Wales Accord on the Sharing of Personal Information (WASPI) framework, supported by the appropriate Information Sharing Protocols (ISP's). Each organisation within the cluster will sign up to the WASPI framework and participate in the development of appropriate ISP's to share information between sector partners. Concerns about the risks of data exposure should not override the safety and benefit of information sharing to the patients' health.

The design, functionality, implementation and rollout of information systems must support the effective and efficient sharing of patients' digital data across boundaries and along patient pathways, subject to appropriate IG protocols and benefit assessment.

12.7 Freedom of Information

Each cluster and organisation within the cluster must comply with the relevant requirements of the Freedom of Information Act, based on openness and transparency in all actions. Clusters will use the appropriate publication scheme to publish its official documents.

Suggested Key Actions - ICT and Information Systems (12)

1. The cluster is supported by IT infrastructures that provide safe, reliable and accessible information to support cluster working and service developments

2. Mobile devices and smart technologies support the cluster team both on site and in the community setting

3. All organisations within the cluster are signed up to the WASPI framework and jointly develop appropriate ISP's to share information between partners

4. All cluster staff must be aware of and understand the implications of the new Data Protection Act 2018 and General Data Protection Regulation (GDPR)

5. The cluster, and organisations within the cluster, has appropriate and consistent IG and technical security policies and procedures in place

6. The cluster must be know who their Data Protection Officer [DPO] is, their responsibilities and contractual arrangements

7. Implementation of all new cluster IT systems will be subject to a Data Protection Impact Assessment (DPIA) by the host organisation, with advice from the DPO

8. All cluster staff will attend training sessions to keep updated on IG law

13. Primary Care Clusters: Quality Assurance

Clusters are the agents for change across primary care and will be the basis for innovation through redesigned funding and contractual arrangements, new service models, shared definitions of workforce roles and collaborative relationships. Innovative ways of thinking and planning help in the development of integrated primary care cluster teams, building community capacity and increasing the sustainability of primary care services.

13.1 Quality Assurance

Quality improvement is the responsibility of all staff working for a primary care cluster, sharing good practice and learning from the experiences of cluster success and 'failure'. Cluster quality assurance systems must allow for local flexibility, using data to identify local clinical and social priorities, and promote proper engagement with local communities about their priorities and experiences in relation to cluster working. Cluster assurance mechanisms can strengthen partnerships and facilitate key leadership roles within cluster teams.

Quality improvement techniques ensure providers have the necessary skills to understand and address variations in quality. Techniques include data feedback and interpretation; self-reflection and benchmarking, using quality indicators; PDSA cycles; equity audits. Quality control measures actual performance and planned performance and takes action on the difference. It includes national audits, local practice evaluation, practitioner appraisal and peer group review.

See **Cluster Quality Assurance Mechanisms** for more information.

13.2 Clinical Governance

Clusters must have a framework for dealing with clinical governance issues and a clear protocol in place for reporting clinical governance issues to the relevant Primary Care Clinical Director and Professional Lead to appropriate professional body. Some clusters have designated clinical leads to advise on developing their cluster plans. As clusters work more collaboratively with other partners to deliver care, the governance arrangements will need to be reviewed to reflect the wider network of care delivery.

Learning and outcomes from the All Wales Clinical Governance Practice Self Assessment Tool (CGPSAT) should inform peer reviews at cluster meetings, with any agreed actions incorporated into Practice Development Plans.

13.3 Clinical Audit

To support the planning, organisation and delivery of primary and community care services, the cluster should audit their services and clinical outcomes against guidelines and quality requirements. http://www.wales.nhs.uk/governance-emanual/clinical-governance

13.4 Research

Clusters are encouraged to participate in research projects in support of Health Boards' university status and cluster partner requirements. Health Care Standard 21 sets the requirements by Welsh Government for NHS organisations in research, development and innovation to improve the health, wellbeing and wealth of people of Wales.

13.5 New Pathways and Service Delivery

Direct management of resources by the cluster, in the form of staff and budgets, will provide more opportunities for redesign of pathways and services, ideally planning at a small population level of up to 100k. Devolved management of services enables clusters to plan the transfer of appropriate services and resources into local communities and deliver care through integrated pathways in response to local needs.

Quality planning is a structured process for designing and organising services to ensure that community needs are met, described in more detail in Section 12. Evaluation of innovation and service improvements should include costs, clearly identifying any savings and efficiencies. Data sharing across cluster agencies and sectors will help to drive integration and establish agreed standards.

13.6 Complaints Management

Where complaints relate to a new service provided by clusters under GMS, existing practice complaints management processes will be implemented. If a complaint is made to the Health Board relating to a service provided within a GMS practice as part of a cluster scheme, then the complaint must be communicated to the Health Board's *Putting Things Right* Team. There is a call for a process to be adopted by the cluster to manage such complaints that are made directly to the practice or cluster team. The current guidance on dealing with concerns about the NHS in Wales is available from: http://www.wales.nhs.uk/governance-emanual/putting-things-right

Where other concerns are raised over the quality of clinical services, clusters will be able to use the mechanisms set up through the Health Board's clinical governance system.

Suggested Key Actions – Innovation and Quality Assurance (13)

1. All in cluster leadership roles are given protected time and headspace for innovation

2. Accurate and timely data is used to identify local clinical and social priorities for the cluster, engaging with service users and the local community to plan, design and implement initiatives

3. All quality improvements are implemented using effective QI techniques

4. The CGPSAT is used to identify cluster governance issues that can be addressed through cluster peer meetings

5. Protected time is allocated for clinical audit and research

6. All cluster staff understand the processes to use in managing a complaint relating to cluster services

14. Primary Care Clusters: Communication and Engagement

Communication and engagement are crucial to ensure the successful implementation of transformational change by clusters. They help to build a compelling vision and strategy that reflects the needs, aspirations and strengths of service users, staff and wider stakeholders. They also help to deliver the strategy because service users, staff and wider stakeholders know who cluster teams are, recognise the strategy as meaningful to them and understand their role in delivering it. See **Cluster Communication and Engagement** for more detail on good practice.

Recommendation 4 of the Parliamentary Review of Health and Social Care, *Putting The People In Control,* states:

> *'Wales must be a listening nation not just by paying full regard to citizens' experiences of health and care, but actively seeking out diverse views and experiences….*
> *One aspect is information – Welsh citizens should be health literate, so that they are able to take appropriate responsibility for their own wellbeing, and make informed choices as to their care, which is fundamental to co-production and prudent health care'.*

14.1 Principles, Strategy and Goals; Audiences and Approaches

Cluster communication and engagement principles are the cluster's commitment to putting communication and engagement at the heart of everything the team does. They reinforce that it is everyone's responsibility to encourage active communication and engagement with staff, service users and wide stakeholders in all aspects of cluster working. They support the aims and objectives of the Cluster Team.

The **Cluster Communication and Engagement Strategy** describes the cluster's stakeholders and audiences, the channels and approaches used to communicate and engage with them, responsibilities for making this happen, how success will be measured, risks to delivery, and goals for continuous improvement in communication and engagement. A sample **cluster communication and engagement strategy**[39] is available.

Communication and Engagement Goals are described in the strategy as high level objectives that reflect local ambitions as well as national standards and requirements. Examples of **Communication and Engagement Goals** are given for inclusion in the cluster strategy.

Cluster Stakeholders and Audiences cluster stakeholders and audiences are defined in the strategy: service users, carers and the public; cluster staff; the local health and care system; wider stakeholders. Over time, clusters will work with stakeholders and audiences to describe them more specifically (e.g. by neighbourhood, equality characteristic, professional role, or organisational sector) and reflect these characteristics in the cluster communication and engagement strategy.

Channels and Approaches used to communicate and engage with stakeholders and audiences are set out in the strategy – some examples are given in **Channels and Approaches**. Over time, clusters work with stakeholders to understand their preferred methods and these will be reflected in the cluster communication and engagement strategy.

14.2 Communication and Engagement with Service Users, Carers and the Public

Effective service user, carer and public engagement is vital in developing more effective services that meet local needs with higher quality and user experience, greater community support, improved staff morale, and higher levels of productivity and efficiency. An open, two-way engagement between service providers and users should be developed and maintained by clusters/practices to enable the identification of opportunities, challenges and options for change. Examples of cluster approaches to service user and

public engagement are described in **Communication and Engagement with Service Users, Carers and the Public**.

Evidence of communication and engagement with service users can be shown in cluster plans, progress reports and business cases. These demonstrate consultation with relevant patient groups, taking their views into account and ensuring there are mechanisms in place for continued involvement.

14.3 Communication and Engagement with Cluster Staff

High levels of staff engagement are associated with job satisfaction, organisational commitment, discretionary effort, organisational advocacy, continuous improvement and productivity. This is explicit in the Quadruple Aim set out in the Parliamentary Review: *'to enrich the wellbeing, capability and engagement of the health and social care workforce'.*

Effective internal communication and engagement is therefore critical to the success of clusters and should be a key priority, with characteristics summarised in **Communication and Engagement with Cluster Staff.**

14.4 Channels and Approaches for Health and Care System Engagement

The success of the cluster will be critically dependent on how it works effectively as part of the health and care system. Examples of how the cluster may interact with the wider system include:

- Identifying organisational champions to engage in partnership working
- Focusing on staff engagement to increase organisational advocacy across the cluster
- Ensuring that your staff are clear about the cluster aims and goals so that they can advocate for these within local partnership, and that they are also aware of how to bring stakeholder feedback to influence and inform cluster strategy and priorities.

14.5 Channels and Approaches for Wider Stakeholder Communication and Engagement

A wide range of local stakeholders have interest and/or influence that can affect the success of the cluster, e.g. local politicians, town and community councils, regulators, community and voluntary organisations, businesses, national & regional bodies, commissioned organisations (e.g. neighbouring Health Boards), local public service partners (e.g. Police, Fire Service, Local Authority) etc. In terms of engaging external local stakeholders, it is important to:

- Identify key stakeholders from the outset
- Agree clear accountabilities and reporting structures with other institutional stakeholders
- Ensure that statutory duties around consultation are appropriately met (e.g. the role of Regional Partnership Boards in bringing together partners to match community needs through integrated provision of services, care and support).

14.6 Implementing the Strategy

The next step is to plan implementation of the strategy by clarifying who will do what, by when, and how to know if its been done. See **Defining What Success Looks Like** for a method of capturing success criteria. It is good practice to identify the key risks to the delivery of the strategy so they can be actively managed.

14.7 Continuous Improvement in Communication and Engagement

Ensuring that any feedback from the public and service users are used to inform cluster developments will be vital to the success of the cluster. Feedback from local engagement helps to ensure that communication tools are adapted to meet the needs and answer the queries of specific audiences.

14.8 Cluster Communication and Engagement Delivery Plans - OASIS

Cluster communications and engagement delivery plans are more detailed plans for a specific cluster goal or campaign. They describe a planned sequence of communication and engagement activities that use a compelling and co-produced narrative over time to deliver a defined and measurable outcome.

OASIS is an approach developed to assist delivery plans: Objectives, Audience insight, Strategy / idea, Implementation, Scoring / evaluation. It offers a series of simple steps that can help bring order and clarity to the plan. Often an OASIS plan can be on a single sheet of A3 - the more complicated the plan, the lower the chance of delivery within available resources.

An OASIS planning template is available to support short communication and engagement plans. More information about the OASIS model is available from the Government Communication Service website at www.gcs.civilservice.gov.uk

14.9 Information for management and sharing

Constituent partners within the cluster will need to be mindful of the nature of the information they share through communication and engagement and of relevant statutory requirements, particularly data protection. Personal patient level information must be anonymised and aggregated where it forms part of your communication and engagement activities. Policies and processes will be developed to enable appropriate data to be exchanged.

14.10 PCOne Website

PCOne is designed to promote primary care cluster collaborative working in Wales and aims to support cluster development at a national level. PCOne provides professionals with up to date national and local information specific to clusters and the wider Primary Care community across Wales. PCOne encourages clusters to share best practice and hosts a cluster discussion forum.

Suggested Key Actions – Communication and Engagement (14)

1. Cluster has established principles for cluster communication and engagement

2. The cluster stakeholder groups and audiences are defined

3. Effective channels and methods of cluster communication are agreed with the local community

4. Feedback from the public and service users informs all service and pathway developments

5. Effective internal communication processes are in place for all cluster staff and partner organisations

6. A cluster Communication and Engagement Strategy is drawn up to define stakeholders, communication / engagement goals, channels/ approaches and responsibilities

7. Cluster communication and engagement delivery plans are used to deliver on a specific cluster goal or campaign, e.g. using OASIS methodology

8. Evidence of regular communication and engagement with service users is demonstrated through cluster plans, progress reports and business cases

Summary of Suggested Key Actions

Suggested Key Actions - Vision (1)

1. Cluster to develop a joint cluster vision, with universal agreement and sign up by all cluster members.
2. Cluster to agree and write down a shared statement of strategic intent and way of working.
3. Cluster to agree the common purpose and values of their future cluster model.
4. Cluster leaders to actively communicate the drivers and purpose of the cluster to the cluster at an early stage.

Suggested Key Actions – Strategy (2)

1. Clarity on the functions of clusters at different stages of maturity.

2. Cluster team to draw up the Cluster Strategy: vision, principles, purpose, functions.

3. Cluster to develop and implement a development plan setting actions, outcomes and timelines towards increased maturity.

Suggested Key Actions – Accountability Framework (3)

1. Cluster to be clear on the components of a cluster governance framework: constitution, structure, operational processes and functions

2. A Code of Conduct to be drawn up between cluster partners and organisations

3. Cluster to ensure their standards for probity are agreed, understood and documented

4. Cluster to agree the principles, systems and processes for cluster decision-making

5. Cluster to ensure there are robust risk management systems and processes for the cluster in place

6. Cluster Terms of Reference are agreed by the whole cluster team and partner organisations

7. Robust cluster accountability mechanisms, with regular monitoring and reporting arrangements, are in place

Suggested Key Actions – Leadership, Infrastructure and Support (4)

1. Cluster to identify resources for developing leadership skills and quality improvement activity.

2. Cluster to make provision for protected time for cluster activities.

3. Cluster to review the estates, informatics / technology systems and communication channels to assess their needs to deliver their vision and purpose.

4. Cluster to set out the guidance, expertise and support they need to fulfil their aims, aligned to their level of maturity: e.g. population health expertise, planning, finance & business skills, project management, data analysis.

Suggested Key Actions – Operational Models (5)

1. Cluster to consider the range of organisational forms for their cluster model

2. Cluster to agree the operational model that best meets the needs of their cluster.

Suggested Key Actions – Roles and Responsibilities (6)

1. Health Boards to provide appropriate management support and resources to optimise cluster working

2. Clusters to assess leadership skills and competencies necessary for cluster multi-disciplinary team working and to meet cluster level needs

3. Clusters to ensure appropriate training, supervision and mentorship is in place for all multi-disciplinary professionals working in cluster teams

Suggested Key Actions - Addressing Population Needs (7)

1. Cluster have support from Local Public Health Team to undertake a Population Needs Assessment to underpin Cluster Plans.

2. Priority areas for service development are agreed by the cluster; an option appraisal methodology may assist, with expertise and support from Planning Department.

3. The public / service users are involved in co-production of all services, pathways and assets through representation on cluster board or a service user group that feeds ideas to the board.

5. IT and data collection systems / processes are assessed for ability to support needs assessments.

Suggested Key Actions – Integration and Partnerships (8)

1. Integration of partner organisations within cluster is promoted through collaboration in local needs assessments and strategic planning

2. Joint cluster appointments between partner organisations are established, with clear line management arrangements

3. Service developments are evaluated using joint monitoring and reporting arrangements

4. Financial planning for the cluster is undertaken through partnership agreement on the use of resources

5. Mechanisms are in place to regularly review cluster partnership arrangements

Suggested Key Actions - Financial Arrangements (9)

1. Cluster Leadership Team to be assured that their cluster budget management is compliant with Health Board's Standing Financial Instructions (SFIs) and associated financial policies

2. All Cluster Leadership Team members develop financial skills to effectively engage in financial debate, discussion and challenge.

3. Effective financial planning for the cluster includes regular monitoring of spend and robust management of plans throughout the year

4. Cluster team to establish regular contact with their cluster budget holder and know how to access advice / support for financial decisions

5. Time and resources are allocated for cluster project planning, delivery, monitoring and evaluation.

6. A clear process for prioritising cluster projects ahead of the planning year is in place, ensuring all decisions on spending priorities are reached collaboratively amongst stakeholders

7. The Cluster Leadership Team is aware of funding opportunities outside usual cluster budget processes

8. Cluster teams to understand their local systems and processes for developing a business case, with sources of expertise and support

Suggested Key Actions - Employment and Contractual Arrangements (10) & Staff Recruitment and training (11)

1. The cluster understands the options and responsibilities of 'hosting' a service on behalf of other cluster practices and organisations

2. The Cluster has robust arrangements in place for managing their cluster staff, with employment contracts that are clear on employment relationships and implications for indemnity, line management arrangements and pension implications

3. Robust processes for cluster workforce planning and organisational development ensure that cluster skills and capacity are developed to meet the needs of the cluster population

4. Recruitment processes for cluster staff are efficient, timely and have a focus on the values and behaviours of applicants

5. Professionals recruited to the cluster team have been trained in a primary care / community environment and have skills for working within a multi-disciplinary team

6. Appropriate clinical supervision and mentorship arrangements are in place to support all professional staff

Suggested Key Actions - ICT and Information Systems (12)

1. The cluster is supported by IT infrastructures that provide safe, reliable and accessible information to support cluster working and service developments

2. Mobile devices and smart technologies support cluster teams both on site and in the community setting

3. All organisations within the cluster are signed up to the WASPI framework and jointly develop appropriate ISP's to share information between partners

4. All cluster staff must be aware of and understand the implications of the new Data Protection Act 2018 and General Data Protection Regulation (GDPR)

5. The cluster, and organisations within the cluster, has appropriate and consistent IG and technical security policies and procedures in place

6. The cluster must be know who their Data Protection Officer [DPO] is, their responsibilities and contractual arrangements

7. Implementation of all new cluster IT systems will be subject to a Data Protection Impact Assessment (DPIA) by the host organisation, with advice from the DPO

8. All cluster staff will attend training sessions to keep updated on IG law

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1. All in cluster leadership roles are given protected time and headspace for innovation

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Primary Care Cluster Governance – 'A Good Practice Guide'

Content of Online Appendices/Hyperlinks

Nolan Principles of Public Life

Definition of Primary Care Clusters

FAQ Guide for Primary Care Clusters

Managing Conflicts of Interest

Cluster Decision Making

Cluster Risk Management

Primary Care Cluster Accountability

Collaborative Continuum (Dotterwieich 2006)

Option Appraisal for Cluster Model

Cluster Leadership Team

Population Needs Assessments

Project Planning

NHS Finance (Wales) Act

Support for Cluster Financial Arrangements

Cluster Business Cases

Service Level Agreements

Cluster Hosting Arrangements

Indemnity

Clinical Supervision and Mentorship

ICT and Information Systems

Primary Care Cluster Quality Assurance Mechanisms

22-31. Primary Care Cluster Communication and Engagement: suite of documents
22 / 23 / 24 / 25 / 26 / 27 / 28 / 29 / 30 / 31

Primary Care Cluster Governance – 'A Good Practice Guide'

Content of Online Resource Pack *(Model Documents)*

General Information

Components of Transformational Model for Primary and Community Care – Pack 2

Maturity Matrix for Clusters – Pack 3

Principles of Good Governance - *The Health and Social Care Review – Pack 4*

Cluster Development

Key elements to consider when forming a Cluster – Pack 6

Example of Cluster Vision and Mission – Pack 5

Sample Cluster Options Appraisal – Pack 7

Sample Cluster Terms of Reference – Pack 11

A PESTEL analysis

A SWOT analysis

Sample Terms of Reference for Cluster Leadership Group – Pack 12

Sample Cluster Voting System – Pack 8

Social Enterprise Toolkit for clusters – Pack 40

Population Needs

Integrated All-Wales Primary Care Needs Assessment – Pack 14

Cluster Project Planning

Sample Project Prioritisation Framework – Pack 13

Project Proposal Document – Pack 28

Primary Care Development Project Template – Pack 29

Goal Directed Plan Template – Pack 30

Project Action Plan Template – Pack 31

Sample Project Decision - Making Framework – Pack 10

Sample Decision-Tracker – Pack 19

Sample Highlight Report Templates – Pack 32

Post Project Review – Pack 33

Impact Assessments

Integrated Impact Assessment – Pack 15

Equality Impact Assessment – Pack 16

Privacy Impact Assessment – Pack 17

Risk Assessment

Risk Management Guidance – Pack 9

Sample Risk Register

Sample Risk-scoring matrix

Project Evaluation

Logic Models in Evaluation – Pack 27

Business Case Development

Sample SBAR Template – Pack 18

Primary Care Project Initiation & Business Case Development Process – Pack 35

Business Case Template - Pack 26

Resource Shift Framework – Pack 34

FAQ Guide to Procurement – Pack 41

Workforce Development

Cluster Development - Knowledge, Skills and Training Survey – Pack 37

Protocol for Staff Employed by the Local Health Board working in GP Practices – Pack 36

Sample Cluster Lead Role – Pack 20

Sample Cluster Practice Manager Role – Pack 21

Sample Health Board Executive Lead for Clusters – **Pack 22 awaiting information**

Sample Cluster Support Manager – Pack 23

Sample Project Support Manager – Pack 24

Sample Locality Manager – **Pack 25 awaiting information**

Information Governance

Data Sharing Agreement (DSA) – Pack 38

Communication and Engagement

Sample Cluster Communication and Engagement Strategy – Pack 39