Resource Pack 11 – Cluster Terms of Reference (Sample)

(Sample Terms of Reference for Cluster Leadership Group Resource Pack 12**)**

Terms of Reference (TOR) provide a statement of the background, objectives, and purpose of a project or development of a cluster. The following template is a starting point to create a cluster. Terms of Reference can be changed to suit the specific needs of the cluster. They include a range of criteria that are necessary for strategic cluster decision-making and provide an overview of the key sections of a TOR document.

Add Cluster Name

Terms of Reference

Version No.	Author	Issued to	Date	Comments / Changes applied	Review Date
V0.1		CD Leads / Cluster Managers/ PCIC CD & Director		Draft for consideration by Clusters	

Contents

4. Introduction
5. Membership
6. Role of individual group members
7. Business/Meeting Arrangements
8. Purpose & Duty Statement
9. Reporting & Assurance Arrangements

10. Review

11. Signatures

1. Introduction

It is the function of the Cluster to: *add a brief description on the key driver(s) for Cluster development and implementation.*

Include background information on both the WG papers and UHB papers, e.g.

34. C&VUHB Shaping our Future Wellbeing Strategy (2015-2025)

35. Our Plan for a Primary Care service for Wales up to March 2018, Welsh Government, Nov 2014

36. A Planned Primary Care Workforce for Wales – approach and development action to be taken in support of the plan for a primary care service in Wales up to 2018, Welsh Government

37. Social Services & Well-being Act 2014, part 2 section 16

38. Well Being & Future Generations Act 2016

39. QOF Section 2.3: Summary Cluster Network Domain

Any other information that may be of use to the Cluster membership.

2.1 The membership of the Group shall comprise of the following:

2. Membership

Member *[to be discussed and agreed locally]*
Cluster Lead
Nominated clinical lead (where the Cluster lead is not a clinician)
Practice Manager Lead
Cluster Development Manager
County Director / Leadership member
Clinical & managerial representation from Cluster GP Practices *[list each practice on a separate line]*
Community Pharmacy Lead
Community Optometry Lead
General Dental Lead
Local Authority Lead
Third Sector Broker / Lead
Community Health Council / Patient Representative
In Attendance
Public Health Wales
Finance

IM&T
Medicines Management

Other members may be included as required.

2.2 Membership of the Committee will be reviewed on an annual basis.

3. Quorum and Attendance

3.1 A quorum shall consist of no less than *[to be agreed locally].*
3.2 Any senior officer or clinician of the UHB or partner organisation may, where appropriate, be invited to attend, for either all or part of a meeting to assist with discussions on a particular matter.
3.3 It is expected that Cluster members will reach consensus decisions where possible. All significant decisions relating to Cluster priorities and funding will be documented and a fair and democratic approach to decision making will be undertaken. Where a consensus decision is not reached the following voting scheme will be utilised *[to be amended according to local discussion]*

3.3.1 Each Member listed above has ONE vote.

3.3.2 For decisions where there is NO financial implication, a majority vote (50% + 1) will secure the decision.

3.3.3 For decisions where there is a financial implication, no less than 75% of members will secure a decision.

3.4 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.

3. Responsibilities of individual group members

The responsibilities of the individual member of the *(insert name)* Cluster include:

3.1 Attending regular Cluster meetings as required *six* times per year and actively participating in the cluster work programme

3.2 Representing the interest of all Cluster member employees, as appropriate

3.3 A genuine interest in the initiatives and the outcomes being pursued in the Cluster

3.4 Being an advocate for the Cluster outcomes

3.5 Being committed to and actively involved in pursing the Cluster outcomes

4. Business/Meeting Arrangements

4.1 The Cluster CD Lead, in discussion with the Cluster Manager and/or Practice Manager Lead, shall determine the need for additional interim meetings in order to make timely decisions. Alternatively the Lead may decide that a decision can be made virtually, confirmed by Cluster Lead action.

4.2 A quorum shall consist of representatives of no less than *x* GP Practices.

4.3 Any senior officer or clinician of the UHB or partner organisation may, where appropriate, be invited to attend for all or part of a meeting to assist with discussions on a particular matter.

4.4 It is expected that Cluster members will reach consensus decisions where possible. All significant decisions relating to Cluster priorities and funding will be clearly documented and a fair and democratic approach to decision making undertaken. Where a consensus decision is not reached, the following voting scheme will be utilised:

- Each Member listed above has ONE vote.
- For decisions with NO financial implication, a majority vote *x* will secure the decision.
- For decisions where there is a financial implication, no less than *?* of members will secure the decision.

1.1 Declaration of interest should be openly recorded and considered when decisions are made. Individual members may be asked to abstain from particular decisions where appropriate.

1.2 The Cluster Manager and/or the Practice Manager Lead and /or Project Support Officer will support the administration and provide secretarial support to the meeting.

1.3 The Cluster Manager and/or the Practice Manager Lead and /or Project Support Officer will liaise with the Cluster CD Lead and the membership of the group to set each agenda.

1.4 The agenda and papers for meetings will be distributed a minimum of *?* days in advance of the meetings.

1.5 The minutes / action log / decision log / dashboard will be circulated to members within *x* days to check the accuracy.

1.6 Minutes to be approved at next meeting.

5. Purpose & Duty Statement

Otherwise known as roles and functions, which need to be worked through and agree at Cluster meeting.

The Terms of Reference should include:

- The reasons for Cluster development (current purpose, objectives and intended outcomes including key output, outcomes and impact indicators)
- What it intends to accomplish including the history of the Cluster and how the outcomes have changed
- How it will be accomplished; maybe include a Cluster PESTLE / SWOT analyses (see App 1&2)

- Who will be involved in the evaluation
- When milestones will be reached and when
- What resources are available to support Cluster development, both resources and financials
- Communication
- Sustaining core GMS / primary care services
- Local Health needs approach
- Integration of local services
- Quality Improvement
- Service delivery
- Extended service delivery
- Informing the planning / delivery of secondary care services

Could include something along the lines of:

- Provide strategic leadership in the development, implementation and sustainability of health and wellbeing programs and strategies within the Cluster.
- Provide advice, support and assistance in the implementation of the program and projects within.
- Assist in the promotion of Cluster development.
- Monitor identified and emerging risks and advise on their prevention, mitigation and management.
- Recognise barriers and enablers to Cluster development and assist in developing initiatives to address these
- Identify local population needs
- Monitor Cluster trends in the health and wellbeing of the local population
- Monitor the Cluster budget and expenditure

Insert any additional roles/functions as necessary avoiding a lengthy list of objectives. Use clear outcome-focused language.

6. Reporting & Assurance Arrangements

6.1 The CD lead and the Cluster Manager will report on the Cluster Plan and delivery of the priorities within it via the Primary Care CD Forum.

6.2 The Cluster Plan to be developed, where possible, by x and submitted for approval to the Health Board's Primary Care Team.

6.3 The Annual Report, including outcomes against the Cluster Plan to be completed no later than x and submitted to the Health Board's Primary Care Team for review.

7. Review

7.1 These terms or reference and operating arrangements shall be reviewed on at least an annual basis.

8. Signatures

Signed by Cluster CD Lead: ……

Date: ……

App 1

A **PESTEL analysis** is a framework or tool used to analyse and monitor external environmental factors that have an impact on an organisation. The result is used to identify threats and weaknesses, as used in a SWOT analysis.

PESTEL stands for:

P – Political

E – Economic

S – Social

T – Technological

E – Environmental

L – Legal

The impact of political, economic, socio-cultural, environmental and other external influences **Health Knowledge**

Exercise PESTEL Business Wales

App 2

A **SWOT analysis** is strategic planning technique that can help an organization identify the *Strengths*, *Weaknesses*, *Opportunities*, and *Threats* related to project planning. It is intended to specify the objectives of the project and identify internal and external factors that are favourable and unfavourable to achieving those objectives.

Users of a SWOT analysis often ask and answer questions to generate meaningful information for each category. Strengths and Weakness are usually internally related, while Opportunities and Threats focus on environmental factors.

1. ***S****trengths*: characteristics of the project that give it an advantage
2. ***W****eaknesses*: characteristics of the project that place it at a disadvantage
3. ***O****pportunities*: elements in the environment that the project could exploit to its advantage
4. ***T****hreats*: elements in the environment that could cause trouble for the project

Standards and Guidance for Role Redesign in the NHS in Wales

Last updated: 05 February 2019