

Enghraifft o Gylch Gorchwyl ar gyfer Grŵp Arwain Clwstwr – Pecyn 12

Terms of Reference for Cluster Leadership Group (Sample)

[name of CLUSTER] Cluster LEADERSHIP / GROUP MEETING

Version	Issued To	Date	Comments
V0.1			
V0.2			
V0.3			
V0.4			

1. Introduction

It is the function of the Cluster to:

1.1 Plan services and engagement with local providers and users of services to :

- Develop local plans based on assessment of local need
- Further develop local needs assessment working closely with colleagues in public health and developing a shared understanding of priorities across health and social care services
- As a collective influence the Health Boards priorities identified in the IMTPs.
- Develop more effective engagement with the population to strengthen the arrangements to respond to the views of patients and service users

1.2 Support and further develop Multi-disciplinary Team Working / Integration:

- Ensure the sustainability of core services with appropriate risk management and actions to address local needs, including improved access to services.
- Provide mutual support and peer review, e.g. to reduce variation or to address sustainability challenges
- Strengthen the multidisciplinary team working and inform local workforce strategies
- Further develop horizontal integration to support sustainable general practice and new models of care led by local teams (for example developments may include cross referral for clinical care; federations of GP practices; shared administrative support; full practice mergers
- Develop more effective collaborative working with community services (including nursing, local authority and third sector) to improve the communication, coordination and quality of care and to optimise the availability of professional skills.

1.3 Review and develop new pathways and models for improved service delivery:

- To continue and develop the Cluster Network actions from previous years where appropriate
- Prioritise signposting to the most appropriate professional or self-care

2. Membership

2. The membership of the Group shall comprise of the following:

Member <i>[to be discussed and agreed locally]</i>
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 <i>[list each practice on a separate line]</i>
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

3. Quorum and Attendance

3. A quorum shall consist of no less than *[to be agreed locally]*.
3. 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. 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.

4. Purpose

- To develop a set of Cluster population health priorities which are then articulated annually into a Cluster Plan.
- The Cluster Plan to be finalised no later than *date*.
- The Cluster Funding Plan to be developed, where possible, by *date*.
- To submit the Cluster Funding Plan for 'light touch' approval to the Health Board's Primary Care Sub-Committee.
- To deliver the agreed actions contained within the Cluster Plan and the Cluster Funding Plan.
- To complete an End of Year Report, including outcomes against the Cluster Plan and the Cluster Funding Plan, no later than *date*.
- To monitor utilisation of the Cluster Fund, with support from Health Board finance teams.
- To consider, as part of the Cluster Plan and Cluster Funding Plan, the holistic needs of the population.
- To be accountable for achieving best value within their Cluster Fund and to achieve financial balance with funds allocated.

- To recognise that contractors are different and should facilitate providers to be able to engage with the Cluster work programme.

5. Agenda and Papers

5.1 The Cluster Development Manager and/or the Practice Manager Lead will support the administration of the Meeting.

5.2 The Cluster Development Manager and/or the Practice Manager Lead will liaise with the Cluster Lead and the membership of the group to set each agenda.

5.3 The agenda and papers for meetings will be distributed **x** days in advance of the meeting.

5.4 The minutes and action log will be circulated to members within **x** days to check the accuracy.

5.5 Members must forward amendments to the Cluster Development Manager and/or the Practice Manager Lead within the next **x** days.

6. Frequency of Meetings

6.1 The Meeting will be held [add in the frequency of the meetings...bi-monthly suggested].

6.1.1 [add in here the months of the meetings or dates if you can for annual review]

6.2 The Cluster Lead, in discussion with the Cluster Development Manager and/or the Practice Manager Lead, shall determine the need for additional interim meetings in order to make timely decisions, or determine whether these decisions can be made virtually and confirmed by Cluster Lead action.

7. Reporting

7. The Cluster Leads will attend Bi-monthly Cluster Development Network Meetings and will report on the Cluster Plan, Cluster Funding Plan and delivery of the priorities within it.
7. The Cluster Funding Plan to be developed, where possible, by the *date* and submitted for 'light touch' approval to the Health Board's Primary Care Sub-Committee.
7. The End of Year Report, including outcomes against the Cluster Plan and the Cluster Funding Plan, to be completed no later than 31st March and submitted to the Primary Care Sub-Committee for review.

8. Secretarial Support

8.1 The Cluster Development Manager and/or the Practice Manager Lead will provide secretariat support for the meeting.

9. Review Date

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

[ABM UHB TOR](#) Quality & Safety Committee

[Aneurin Bevan TOR](#) Operating Arrangements

[Betsi Cadwaladr TOR](#) Quality & Safety Committee

[C&V TOR](#) Regional Partnership Board

[Cwm Taf TOR](#) Primary and Community Care Committee

[Hywel Dda TOR](#) Primary Care Applications Committee

[Powys TOR](#) Quality & Safety Committee