Learning and development opportunities for new and existing cluster lead roles
A discussion paper

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1. EXECUTIVE SUMMARY

- The Accelerated Cluster Development (ACD) programme is a large scale programme of transformation to enhance and enable clusters to provide sustainable services to meet the needs of their local population. Clusters provide the local footprint for the delivery of regional plans. The programmes aims to separate and strengthen the planning and delivery functions of clusters by introducing the concept of Pan Cluster Planning Groups and Professional Collaboratives.

- April 2022-2023 will be a transition year to implement and embed the programme.

- Cluster working has been in place for over 10 years and has evolved at different stages of maturity across Wales. For some clusters, health boards and professional groups the ACD will involve minimal change whilst for others this may involve greater change in the way they work.

- The ACD introduces a revised structure to the cluster working system and with this new leadership roles. New Professional Collaborative Lead roles will be drawn from the existing local professional workforce delivering primary care services to the local population. (Appendix 1). Each professional collaborative will nominate a lead, from the Collaborative Leads, to work in the Cluster. Clusters will identify representation to attend the Pan Cluster Planning Group.

- Supportive blended learning and development opportunities to enhance the knowledge and skills of local leaders should align with local organisational development (OD) work to achieve the ambition set out by the ACD programme and the wider strategic objectives. (Appendix 2)

- Some learning and development opportunities will be designed nationally and some will be adopted or adapted for local delivery.

- Recognition of the learning, development and OD requirements is critical and will be a developing process as Cluster arrangements mature.

- This paper aims to describe the activities to be completed to inform the proposed the learning and development offer for the various lead posts for Professional Collaboratives and Clusters. (Appendix 3 and Appendix 4)

- It would be desirable that the learning and development offer should support generic learning that will be suitable for other lead roles supporting cluster working across the system e.g. Cluster Support staff employed by the health board, Practice Managers etc.

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2. CONTEXT

The Accelerated Cluster Development (ACD) programme is a large scale programme of transformation to enhance and enable clusters to provide the local footprint for sustainable services to meet the needs of their local population. Progress is being made to deliver the programme across Wales with April 2022-2023 is being a transition year.

In order to achieve the ambition a system structure chart is provided in Figure 1.

Figure 1: Accelerated Cluster Development programme
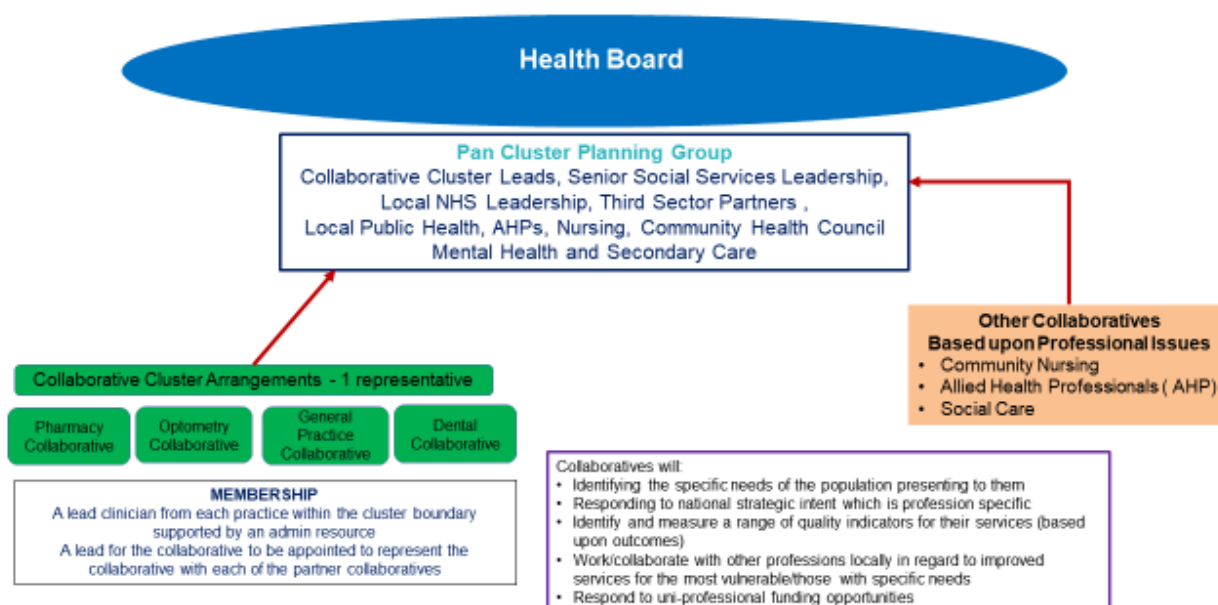
The introduction of a Pan Cluster Planning Group (PCPG) is new for many health boards and cluster areas, though some have arrangements that fulfil many of the aims for these groups. The structures that underpin the PCPG may already be in situ in some cluster areas and for some professions. As cluster working has evolved at different stages and maturity across Wales over the last 10 years, for some clusters and health boards this will involve minimal change whilst for others this may involve greater change in the way they work.

Generally the concept of a professional networking has been in place for some professionals (general practice and community pharmacy) for some time whilst for others (optometry and dental) this may be new. Local arrangements have also been in place for some time in some health board areas where professional groups to come together to collaborate and inform cluster discussions.

In addition to the Professional Collaboratives for independent contractors, similar arrangements are being developed for Nursing, Allied Health Professionals and Healthcare Scientists.

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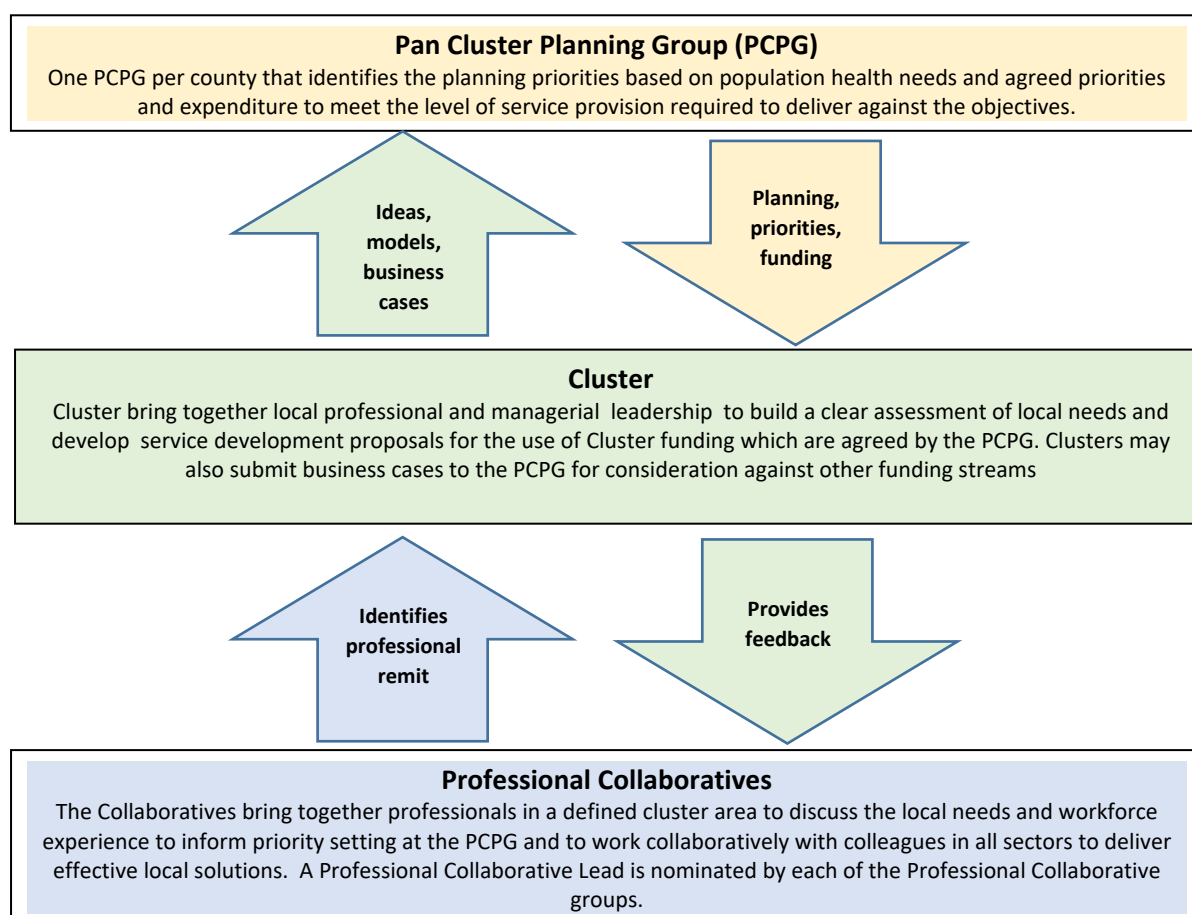
A brief description of the function of a Professional Collaborative is embedded below:

ACD Role of the
collaboratives VS0.4

The relationship between the different groups is illustrated in Figure 2.

Figure 2: Illustration of the relationships between collaboratives and the PCPG

Pan Cluster Planning Group (PCPG)
One PCPG per county that identifies the planning priorities based on population health needs and agreed priorities and expenditure to meet the level of service provision required to deliver against the objectives.

Ideas, models, business cases ↑   *Planning, priorities, funding* ↓

Cluster
Cluster bring together local professional and managerial leadership to build a clear assessment of local needs and develop service development proposals for the use of Cluster funding which are agreed by the PCPG. Clusters may also submit business cases to the PCPG for consideration against other funding streams

Identifies professional remit ↑   *Provides feedback* ↓

Professional Collaboratives
The Collaboratives bring together professionals in a defined cluster area to discuss the local needs and workforce experience to inform priority setting at the PCPG and to work collaboratively with colleagues in all sectors to deliver effective local solutions. A Professional Collaborative Lead is nominated by each of the Professional Collaborative groups.

This paper aims to focus on the learning and development needs and proposed offer for the various lead posts that operate with the Professional Collaborative and Cluster levels illustrated in figure 2.

The generic learning and development offer for other roles supporting cluster working across the system e.g. Cluster Support staff employed by the health board, Practice Managers etc.

3. SITUATION

As the work of the ACD programme picks up pace and is implemented, the underpinning learning and organisational development needs of people working in or supporting clusters requires some consideration.

There is a need to ensure understanding of the ACD model across the health and social care workforce and who is enabling this to happen. That the ACD programme supports the wider responsibilities of Regional Partnership Boards to understand the work required locally to support this programme of transformation.

For the purpose of this paper, an attempt to describe what is meant by learning, development and organisational development is noted below:

- **Learning** is defined as gaining new knowledge and giving leaders new skills. Learning becomes development when it's applied at work.
- **Development** is applying that knowledge to drive change and advance as a leader.
- **Organisation Development** is a systematic approach in which the conditions are right to improve the overall performance of the organisation. OD involves working with people and includes the culture, strategy, system, and practices, enabling alignment with the organisational goals.

This paper focussed on what leadership training needs to look like and how it will be available to support the collaboratives and their leaders to lead and influence at cluster and pan-cluster planning groups.

The success of the ACD programme however is dependent on the learning, development and OD for the whole system which would also include the following (not covered in this paper)

- The Pan Cluster Planning Group and its representatives.
- Non-clinical staff group such as Practice Managers and health board employed staff to support cluster working.

4. BACKGROUND

A Plan on a Page to illustrate the work that is needed to begin describing the future learning offer for Professional Collaborative and Cluster leads is embedded below.

Plan on a Page -
Future Cluster Leade

It outlines the scope and activity required to underpin a learning and development offer for the transition year 2022-2023. This was presented to the Workforce and Organisational

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Development workstream of the Strategic Programme for Primary Care in September 2021 as a joint piece of work between the Primary Care Hub (PC Hub) and the Strategic Programme for Primary Care and consist of 3 phases:

- **Taking stock:**   what is already available and/or in development and for who.

- **Scoping:**   identification of requirements for new leadership opportunities and/or resources. Exploring future programme delivery and/or commission.

- **Testing:**   piloting new leadership opportunities and programmes for refinement based on feedback and evaluation.

5. ASSESSMENT

5.1 Taking stock

5.1.1 Types of roles

For the purpose of this paper, the type and number of Professional Collaborative Leads and Cluster Leads are detailed in Appendix 1. Some of these are currently in place whilst others are yet to be established. Many of the functions of these roles will require common knowledge and skills. This will differ between individuals due to their experience, length of time in post, and other knowledge and skills which may be role specific.

There are many other leadership roles within the system of primary care and cluster working where leadership skills are important e.g. RPB leaders, Directors of and Heads of Primary Care but these are not covered in the context of this paper.

5.1.2 Identifying learning needs

How individuals identify the knowledge and skills they need to develop will differ. Some contractor professions will have a structure to identify learning needs built into their professional registration and revalidation mandated by their professional bodies. It cannot be assumed that all professionals will be having regular appraisals and an opportunity to develop Personal Development Plans to help them identify their learning needs for their leadership roles. A tool to help Professional Collaborative Leads or Cluster Leads to identify their learning need to support them in these existing or new leadership roles has yet to be identified and is being considered.

5.1.3 Resources available or in development

In exploring the learning and development opportunities it has become apparent that there is already a variety of resources available or being developed to support leaders working in clusters. Some of these have developed over time, based on necessity, with some being available

nationally and others on a local basis only. The providers also vary from externally commissioned providers to in-house provision. Some of these packages will need to be reviewed and may need updating to complement the ACD programme.

It is likely that a blended learning offer will be available for leaders to increase and enhance their skills and development. This will consist of self-directed reading and learning and time defined leadership programme(s).

It will take time to fully understand how the ACD programme is being embedded locally during the transition year and therefore to fully describe the skills and development needs of leaders working in clusters and how best to support those needs. There is however a requirement to have something ready to support the transition year of the ACD programme.

A summary of the resources available or in development is available in Appendix 2. The detail of the activities underway and planned to support the learning and development offer is presented in the Gantt chart and action plan in Appendix 3 and Appendix 4.

5.1.3 Organisational development

In addition the OD support underpinning the ACD programme needs further discussion and consideration. The OD support is opportunistically being discussed with health boards and HEIW in particular. The OD support is outside of the scope if this paper.

5.2 Scoping and testing

The work underway to scope and test the blended learning and development offer is provided in more detail in the action plan in Appendix 4 and the possible content which can be accessed in the various resources in Appendix 5.

5.3 Longer term consideration

The following needs to be considered and planned for as part of any national learning and OD programme, to ensure long term sustainable support to clusters:

- New leadership roles that emerge during ACD. This is particularly relevant for other professional groups.
- Numbers, types, differences, and similarities of the roles.
- Variation in the previous experience of individuals taking up new roles.
- What is already available both nationally and locally?
- What learning works well and what doesn't. What is required to get to where we need to be?
- The role of Regional Partnership Board and Health Boards in supporting cluster development and the ACD programme through learning and OD.
- What should be provided by the host organisation and what should be provided by the ACD programme?
- What is the route for co-ordinating the roles, the individual learning needs, and the learning offer?

▪ The role of cluster peer review – currently being worked up.

5.4 Emerging themes

▪ Some health boards appear to be developing structures to implement the ACD programme and considering the learning and development needs of professional leads working in the cluster landscape, whilst others appear to be waiting to see what is being offered nationally. Any national programme should complement any locally developed support. Health boards should therefore be encouraged to develop local learning as the need arises and continue to support the development of new and existing lead roles working in clusters.

▪ There appears to be an emerging need for an Induction Offer (programme) for the Professional Collaborative Leads. There are already several vacancies for existing Cluster Lead roles and there has been no formal programme provided for the existing Community Pharmacy Collaborative Leads.

▪ It is likely that a blended learning offer, consisting of self-directed learning, bespoke formal courses and local peer learning and development techniques, will emerge from the findings of this exercise. Joint learning across professional boundaries should be encouraged.

▪ Consideration is needed for the additional learning and development needs of the Cluster Leads that sit on the Pan-Cluster Planning Group. Outside of this paper the learning, development and OD needs of others involved in cluster working also requires consideration.

6 RECOMMENDATIONS

1. To note what has already been achieved and what will be developed in the short term to support the transition year of the ACD programme.

2. To consider the necessity for a tailored learning needs assessment tool and how this may be developed.

3. To consider the following
   ▪ The longer term requirements to support these roles.
   ▪ The role of the health boards and Regional Partnership Boards to provide Organisational Development support to the roles within clusters. This may require protected time, local commissioning, and provision for knowledge, learning and skills development.
   ▪ The role of key stakeholders (SPCC / PC Hub / HEIW) in developing and commissioning a once for Wales offer.

4.   To establish a Task and Finish group to take forward the issues raised in this paper.

Appendix 1

Table 1: New and existing lead roles

Title	Further information
Cluster Lead (n=60)	• 60 x posts pre-existing across all clusters in Wales. • Many are GPs but some are non-medical. • Supported by Yma as an All Wales Cluster Leads Peer group. • It is likely these roles will be absorbed into the Professional Collaborative Lead and / or the Cluster Collaborative Lead role.
Professional Collaborative Leads : Contractor groups • *community pharmacy* • *primary care dental* • *community optometry* • *general practice* NB: all *have slightly different titles* (n=240 maximum)	**Community Pharmacy Cluster Leads** • 60 x posts across all clusters in Wales – established in April 2021. • Supported by 1 PTE post (Director Contractor Engagement) hosted by Community Pharmacy Wales **Community Optometry Collaborative Leads** • Potentially 60 new posts • Not formally established on a national basis. • Some health boards have established local arrangements. • 1 PTE post and deputy post appointed Jan '21 to a pilot to support to 1 cluster in 1 HB– post hosted by Optometry Wales. **Primary Care Dental Collaborative Leads** • Not formally established on a national basis. • Some health boards have established local arrangements. • Due to the number of dental practices across a specific area there may be one post spanning a number of cluster areas. **General Practice Collaborative Leads** • Not formally established on a national basis although general practitioners meet on a cluster footprint as part of the existing cluster structure and meetings facilitated by their contract arrangements. • Current GPs who hold the post of Cluster Lead are likely to evolve into this role which would mean 60 posts.
Professional Collaborative Leads :Nursing AHP Health Sciences	• Work being undertaken to build on existing professional networks to ensure full engagement of the nursing and AHP workforce
Cluster Collaborative Lead (n=60 maximum)	• Not formally established on a national basis and will be developed during the transition year. • This role will be nominated by the Professional Collaborative Leads for the cluster area and will sit of the Pan Cluster Planning Group. • It may be a GP, community pharmacists, optometrists or dentist. • Possible 60 posts arising from the Professional Collaborative Leads pool.

There are many other roles / professions working within the cluster landscape that would benefit from learning and OD. Examples include the following:

- National Professional Collaboratives Leads who provide a support function to local Professional Collaborative Leads,

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- Health board employed professional advisors for the contractor professions and wider primary care workforce,
- Practice Managers

Appendix 2

Table 2: Summary of the resources currently available or in development

Resource	Detail	Expected completion date
ACD Toolkit	[ACD Toolkit Content page v0.3.d]	March 2022 – evolving content during transition year and beyond
[Cluster Working in Wales](#)		Existing. Refresh June / July 2022
[Cluster Governance: A Guide to Good Practice](#)		Existing. To be retired – relevant content included in newer resources
Cluster Planning Support Portal	[Cluster Planning Support Portal Inde:]	March 2022 – evolving content during transition year and beyond
Gwella (HEIW) top 20 leadership resources [potentially hosting on PC page of Gwella]		Expected April 2022
Population health information by topic	[Population Health Info by topic.docx]	March 2022 – ongoing work as pages develop
[Primary care cluster workforce planning](#) toolkit		Existing
Project management & other operational tools – Starter guide		Expected April 2022
Tailored leadership programme - syllabus • [Built from review of past topics included in national and local programmes and other resources] • [Syllabus will include non-operational topics not covered in other resources as a starting point]	[List of leadership programmes audite]	Expected April 2022
Tailored leadership programme – model Description - agreement made with external provider to work with PC Hub to develop this.		Spring 2022
Tailored leadership programme - model Tested - to be commissioned out		December 2022

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Appendix 3

The full detail of the activities completed, panned or underway to support the learning and development offer in preparation for the ACD transition year is provided in Appendix 24. A summary of key activities and the timeline is presented in figure 3 below.

Figure 3: Gantt chart of key activities and expected delivery timeline

	Activity	Q1 2021-22	Q2 2021-22	Q3 2021-22	Q4 2021-22	Q1 2022-23	Q2 2022-23	Q3 2022-23	Q4 2022-23
Taking stock	Identify existing resources				▓				
	Review and report on Gwella leadership resources				▓	▓			
	Identify local cluster specific resources and OD developments				▓	▓	▓		
	Review the content and format of programmes				▓				
	Explore existing learning needs assessment tools					▓	▓		
Scoping	Insight from existing GP Cluster Leads about their needs	▓							
	Feedback about Professionals Collaborative Leads needs				▓	▓			
	Develop a Primary Care Gwella network page resources					▓			
	Describe the range of products to support leadership roles				▓	▓			
	Propose the topics areas for inclusion in a core syllabus					▓	▓		
	Describe delivery options for new leadership programmes				▓	▓			
Testing	Pilot new leadership programmes						▓	▓	▓
	Seek user feedback on newly developed ACD online resources				▓	▓			

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Appendix 4

Table 3– Action plan of activities to support the learning and development offer for collaborative and cluster lead roles

	No.	Description	How is this to be delivered	Lead	Timescale	Rationale	Risks	Benefits	Progress
Taking stock	1a	Identify existing and planned national paper / online resources to support cluster working.	Task and finish exercise by end March '22 using existing PCD and SPPC collective intelligence to identify key resources. This will be and ongoing activity as the ACD programme is implemented.	SPPC & PCD	March '22 and ongoing	Some existing resources still of value, others need refreshing, retirement or inclusion in new resources before and need to be included in the leadership offer.	Some resources may be missed.	Resources available will be identified and amended or retired to current and fit for purpose.	Commenced Dec'22 See Appendix 2 Can be updated if new resources come to light.
	1b	Identify and review self-directed leadership resources already available via Gwella and HEIW website.	Review, assessment, report, and recommendations of resources on the Gwella and HEIW site most suitable to primary care. Commissioned out to enable impartiality and timely delivery of repot due to limited existing capacity to achieve this activity.	PC Hub	March '22	This is a plethora of national resources available free of charge hosted by HEIW.	If no provider wishes to take the commission this will cause delay in timescales.	Assessment of the resources most suited to primary care will enable signposting to the most relevant material and resources. This will also identify gaps in self-directed learning materials.	Commission granted Dec 2021. Report due March 2022

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	No.	Description	How is this to be delivered	Lead	Timescale	Rationale	Risks	Benefits	Progress
	1c	Identify information about cluster resources and OD are already available or planned on a local basis.	HEIW are undertaking an opportunistic audit of Health Board delivered / commissioned learning with HB OD leads. As part of that exercise Health Boards will be asked '*What is their Learning and OD strategy for Cluster?*'	HEIW	TBC	This will ensure a complete picture of what is available for clusters is identified.	Reliant of HEIW providing the information on this audit. Health boards may not respond.	This will identify local activity and. Health boards will take ownership and potentially include clusters when considering organisational responsibilities for the learning and OD needs for clusters development.	Commenced Dec '22. Feedback from 3 HB areas (Feb 2022) – Limited or no local development in place or planned
	1d	Review the content and format of national and local development programmes.	To audit and report on the content of the *Confident Leaders programme* and the *ABCi programme* in ABUHB.	PC Hub / ABUHB / SPPC	Dec '21	Using some of the feedback of what participants found most useful to build on.	The content of previous programmes may not be current or relevant.	Learning from previous existing home-grown programme to support Lead roles in one health board area.	Activity completed Dec '21. Findings used to inform national resource development
	1e	Explore existing learning needs assessment tools being used in Wales which could be adopted or adapted for	Work with HEIW to identify what is currently available either in generic format or for specific professional groups.	PC Hub / HEIW / HB OD leads	March '22	Will provide foundation for individuals to tailor their learning and development	Limited capacity in PC Hub to undertake this work. Uncertain of capacity of HEIW.	Learning and development efforts will match individual learning and development needs.	Not started.

	No.	Description	How is this to be delivered	Lead	Timescale	Rationale	Risks	Benefits	Progress
		use by the new and existing roles.							
Scoping	2a	Gain insight from existing GP Cluster Leads about their learning and development needs.	Facilitated discussion via Yma and the All Wales Cluster Leads Group (AWCLG) about their learning needs.

'What would make the biggest difference in improving the competence and confidence across the GP leadership landscape in Wales?' | PC Hub via Yma | Activity completed May 2021 | All Wales Cluster Leads group consist of new and more experience Cluster Leads so will get feedback from a range of those already doing the job. | No one size fits all.
May be difficult to satisfy everyone's needs. May raise expectations of the offer.

Potential cost to facilitate this discussion. | Insight and engagement so what is developed is fit for purpose and meets the majority if not all of the needs. | Activity completed May 2021

Discussed at AWCLG May 2021 and reported to PCD |
| | 2b | Seek feedback by a variety of mechanisms to identify and describe the learning and development needs of existing and future Professionals Collaborative Leads. | Feedback from workshop being planned at the ACD Engagement event in February 2022. | SPPC & PC Hub | March '22 | Gain insight and feedback from range of stakeholders. | N/A | Collaborative programme framework developed on current insight. | On ACD event (Feb 17, 2022) agenda |
| | | | Facilitated discussions with pharmacy, optometry and dental professional leaders / lead roles to identify what support is in place, where they want to be and what support is | PC Hub | Spring '22 | Gain insight and feedback from range of uni-professional stakeholders. | Limited capacity in PC Hub & SPPC to undertake this work Dependant on a provider's availability run workshops to inform ACD work. | Collaborative programme framework developed on current insight. | Discussions with one provider underway Feb'22 |

	No.	Description	How is this to be delivered	Lead	Timescale	Rationale	Risks	Benefits	Progress
			required. *(To be commissioned)*						
	2c	Develop a Primary Care Gwella network page resources.	Explore the feasibility to develop a Primary Care Gwella network page to signpost to most relevant HEIW leadership resources.	PC Hub / HEIW	Spring '22	To provide a tailored repository of Gwella resources.	It won't be used once established. This will need to be kept up to date.	This could host the relevant resources identified in point 1b.	Initial discussion (Jan'22) indicates this is possible.
	2d	Describe the range of products to support new and existing leadership roles.	Identify where this information will be hosted. SPPC pages on PC One may be a good option.	SPPC & PC Hub	Spring '22	To provide a tailored repository of all resources	Duplication with Gwella PC Network. Need to ensure both sites are consistent.	People will be able to see what is available to support their needs.	Linked to action 1a – progress in identifying and describing resources. Appendix 5
	2e	Propose the topics areas for inclusion in a core syllabus of future leadership programmes.	Linked to activity 1d above. Use the review of the content of previous leadership programmes to identify topics for	PC Hub & provider	Spring '22	Expertise sits outside of SPPC and PC Hub. To be commissioned out to support	Dependant on a provider available to be commissioned to undertake the work.	There are a number of providers with expertise in this area that would add value to the development.	Discussions with one provider underway Feb'22

	2f	Describe the delivery options for new leadership programmes.	inclusion and delivery options in a framework for future leadership programmes. *(To be commissioned - provider to work with PC Hub) provider to work with PC Hub)*			capacity and work in partnership to deliver this work.		Some elements to be commissioned out to support PC Hub and SPPC to undertake this work. Requires less capacity from central team and timelier reporting to inform the ACD programme.	
	No.	**Description**	**How is this to be delivered**	**Lead**	**Timescale**	**Rationale**	**Risks**	**Benefits**	**Progress**
Testing	3a	Piloting new leadership opportunities and programmes then refining the programmes based on feedback and evaluation.	TBC – Already identified at least one Health Board willing to be a pilot site and / or a group of Professional Collaborative Leads. *(Programme to be designed internally with external provider and commissioned for external development and provision)*	PC Hub & SPPC	Jan – March 2022 to be commissioned After April 2022 for delivery	To enable testing and seek feedback by those doing the job to further develop skills and learning opportunities for cluster lead roles.	Time	All contractors will have opportunity to come on board at the same time. Potential for greater overall impact, integrated delivery across the system and a broad range of learning opportunities for cluster lead roles to meet their needs.	Not started

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| | 3b | Seek user feedback on newly developed online resources designed specifically to support the ACD programme. | One HB already volunteered to user test the ACD toolkit and provide feedback. | PC Hub & SPPC | March '22 | Gain insight from users to inform ACD Toolkit development. | Feedback may means changes to toolkit which could affect timeline for delivery. | Collaborative programme framework developed on current insight. | PC Hub and SPPC working with SBUHB to user test new Cluster Planning Support Portal (Feb '22) |
| | | | | | | | | | Further testing needed as resources are developed |

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Appendix 5

Table 1: Suggested content for knowledge and development (presented in alphabetical order)

Topic	To cover	Project management & other operational tools – Starter guide*	ACD Toolkit*	Cluster Planning support portal*	Population health information by topic	Cluster Working in Wales handbooks **	Primary care cluster workforce planning	Gwella top 20 resources	Tailored leadership programme
Business Cases /Planning	Importance of these, what they should contain, how to write them.	?		√		√			
Behaviour Change	What do we mean by behaviour change; models, and tools								√
Change Management	Theory, the change curve, how to do this successfully. Delivering system change.					Partly			√
Coaching	Skills and practice.					Partly			√
Compassionate Leadership	What is it and how to practice it; Benefits to patients.							√	
Conflict / Difficult Conversations	How to deal with conflict, being prepared, planning for difficult conversations etc.								√
Engagement And Collaboration*	Communication Skills, with population, public, and each other.		Partly			Partly			√
Evaluation / Measurement	Success criteria, measures for project and for system, qualitative & quantitative, process & outcomes, Social Return on Investment, case studies and patient stories.			Partly		Partly			
Green Healthcare	Environmental sustainability and relevance to local initiatives. National policy and strategy. Personal and professional responsibilities.				Place holder				

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Topic	To cover	Project management & other operational tools – Starter guide*	ACD Toolkit*	Cluster Planning support portal*	Population health information by topic	Cluster Working in Wales handbooks **	Primary care cluster workforce planning	Gwella top 20 resources	Tailored leadership programme
Influencing	How to influence peers & outside practice boundary (If part of a programme suggest using a challenge relevant to them to practice and role play).			Partly					√
Leadership	Different types of leadership styles and when to use which type. Difference between leadership and management					Partly			√
Meetings	Agenda setting, chairing, notes/actions taking, how to host and manage a meeting F2F and virtually – Top Tips (If part of a programme could involve role play).	TBC				√			
Negotiation	As under influencing.								√
Personality Types	Myers Briggs or equivalent session with feedback (1-2-1 or group). To understand people are different and react and respond differently.					Partly			√
Planning /Projects	Goal setting, aims & objectives. Simple presentations, Plan on a page, driver diagrams, logic models, swim lanes, elevator pitch. Project management tools and techniques.	√		Partly		Partly			
Policy Context	For example: Care Closer to Home, Compassionate Communities, Environmental Sustainability, Reducing inequalities, A Healthier Wales			√	√				
Population health**	What is meant by population health and relevance to the roles? To cover available data, demographics, and health needs assessment, logic models. Identifying and capturing local priorities.			Partly	Partly	Needs review			
Presentation skills	Styles, top tips, when to use slides and what makes a good presentation. Etc.								√
Primary Care in Wales	Awareness of healthcare structures in Wales: Who is who in your system (The decision makers, influencers/levers for change)		√ partly			To update			

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Topic	To cover	Project management & other operational tools – Starter guide*	ACD Toolkit*	Cluster Planning support portal*	Population health information by topic	Cluster Working in Wales handbooks **	Primary care cluster workforce planning	Gwella top 20 resources	Tailored leadership programme
Primary Care Model for Wales	What it is and relevance to their role and patients.		√			√			
Problem solving & creative thinking	Theory, top tips, and practice.								√
Prudent Healthcare	What are prudent principles and the relevance to their practice					Add			
Quality Improvement (QI)	What is meant by QI; theory, practice, PDSAs, Driver diagrams, charts.	Driver diagrams				Partly			
Risk management	Identifying and managing risk, risk registers	TBC							
Social prescribing	Linked to Primary Care Model for Wales, Definition, evidence, way forward in Wales, case studies and examples.				?	Needs review			
Team working / building	Building and developing effective teams. How to, methods to do this, engaging others etc.					Partly			√
Time management	Tips and tools for self and others.	?							?
Stress management & resilience	Tips and tools for self and others.								√
Wellbeing and Future Generations Act	What it is, goals, ways of working.					Add			
Workforce planning						Review		√	

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To Note:

*   ***Cluster Governance: A Guide to Good Practice*** – this resource is being reviewed and relevant content included in other resources listed in the table above

**   ***Cluster Working in Wales handbooks*** – this resources is available and content will be freshened and content updated where necessary Q1-2 2022-2023

***   **Population Health** should be brief and not intended to make public health professionals of the participants but just an understanding and through a lens of their role, professional and what it might mean to their local population.

****   **Community Engagement** featured in previous Confident Leader programmes and feedback from participants was for this topic to not be part of a tailored programme. Although it is a core principal, it is suggested that this gets covered in other resources and link with the Prudent Healthcare Principle of Co-production.

All resources need clear Accelerated Cluster Development Programme branding