CIPD Candidate evidence matrix 5ADCM Contributing to Coaching and Mentoring in the Organisation (CEM1)

Candidate name: Louise Berner				CIPD Membership/registration No.: 53280348		
Qualification title: CIPD Level 5 Diploma in Applied Human Resources Apprenticeship				Unique Learner No. (ULN): 1810268		
Unit code	**Unit title**	**Assessment criteria no.**	**Evidence description**	**Evidence reference number**	**Assessor initials**	**I/V initials if sampled**
5ADCM	Contributing to Coaching and Mentoring in the Organisation	LO1	Learning and Development Policy	EV01		
5ADCM	Contributing to Coaching and Mentoring in the Organisation	LO1	Leadership and Management Development Section of the HDdUHB intranet page	EV02		
5ADCM	Contributing to Coaching and Mentoring in the Organisation	LO1	Email to CD the Assistant Director of Organisation Development on the 27th January 2020	EV03		
5ADCM	Contributing to Coaching and Mentoring in the Organisation	LO1	Email to LS OD Project Support Officer and CR Senior OD Manager dated the 29th January 2020	EV04		
5ADCM	Contributing to Coaching and Mentoring in the Organisation	LO1	Email response from Senior OD Manager dated the 29th January 2020	EV05		
5ADCM	Contributing to Coaching and Mentoring in the Organisation	LO1	Email to Senior OD Manager on the 13th February 2020	EV06		
5ADCM	Contributing to Coaching and Mentoring in the Organisation	LO1	Emails to PA to the Assistant Director of Workforce dated the 10th and 11th February 2020	EV07		
5ADCM	Contributing to Coaching and	LO1	Managers Passport	EV07A		

CIPD

	Mentoring in the Organisation					
5ADCM	Contributing to Coaching and Mentoring in the Organisation	LO1	Preceptorship Policy	EV08		
5ADCM	Contributing to Coaching and Mentoring in the Organisation	LO1	Personal Development Catalogue	EV09		
5ADCM	Contributing to Coaching and Mentoring in the Organisation	LO1	Hywel Dda Today Global news email 29th January 2020	EV10		
5ADCM	Contributing to Coaching and Mentoring in the Organisation	LO2	Coaching Best Practice document	EV11		
5ADCM	Contributing to Coaching and Mentoring in the Organisation	LO2	Core PADR	EV12		
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5ADCM	Contributing to Coaching and Mentoring in the Organisation	LO2	Leadership/Management PADR document	EV14		
5ADCM	Contributing to Coaching and Mentoring in the Organisation	LO2	Checklist for Appraisers	EV15		
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	Mentoring in the Organisation					
5ADCM	Contributing to Coaching and Mentoring in the Organisation	LO2	Checklist for Appraisees	EV18		
5ADCM	Contributing to Coaching and Mentoring in the Organisation	LO2	Discussion with Head of Workforce West, Senior Workforce Manager, Ceredigion County Director, Head of Service Development and Integration for Ceredigion and Senior Workforce Manager of various dates	EV19		
5ADCM	Contributing to Coaching and Mentoring in the Organisation	LO2	Mentorship and PADR for a Mentors role	EV20		
5ADCM	Contributing to Coaching and Mentoring in the Organisation	LO2	PADR SMART Objective Setting Guidance	EV21		
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5ADCM	Contributing to Coaching and Mentoring in the Organisation	LO2	Coaching Handout	EV24		
5ADCM	Contributing to Coaching and Mentoring in the Organisation	LO2	Email from Senior Workforce Manager dated 18th October 2019 asking me to train/coach the Team Secretary on the Oracle system	EV25		
5ADCM	Contributing to Coaching and	LO2	Email from Senior Workforce Manager dated 18th October 2019 asking me to mentor the Team Secretary on the filing system within Workforce	EV26		

	Mentoring in the Organisation		Dept			
5ADCM	Contributing to Coaching and Mentoring in the Organisation	LO2	Action Plan	EV27		
5ADCM	Contributing to Coaching and Mentoring in the Organisation	LO2	2 x Emails from myself to the Head of Service Development and Integration for Ceredigion dated the 12th March 2020 and response from the Head of Service Development and Integration for Ceredigion dated the 13th March 2020	EV28		

Candidate declaration:

- I confirm that the work/evidence presented for assessment is my own unaided work.
- I have read the assessment regulations and understand that if I am found to have 'copied' from published work without acknowledgement, or from other candidate's work, this may be regarded as plagiarism which is an offence against the assessment regulations and leads to failure in the relevant unit and formal disciplinary action.
- I agree to this work being subjected to scrutiny by textual analysis software if required.
- I understand that my work may be used for future academic/quality assurance purposes in accordance with the provisions of the Data Protection Act 1998.
- I understand that the work/evidence submitted for assessment may not be returned to me and that I have retained a copy for my records.
- I understand that until such time as the assessment grade has been ratified through internal and external quality assurance processes it is not final.

Signature:	**Louise Berner**	**Date:**	**14/03/2020**

Notes on candidate evidence matrices

Candidates should be encouraged to develop a matrix indicating how their evidence relates to each unit/module and learning outcomes/assessment criteria. This helps advisors and assessors to support candidates to draw links between units and encourage cross-referencing and the possible multi-use of evidence.

Evidence matrices can be developed using the unit/module and learning outcomes/assessment criteria, giving candidates an opportunity to link their evidence to each outcome.

Another approach is to have a more generic form where candidates list evidence and tick relevant boxes to show coverage.

Whatever approach is employed candidates should be encouraged to complete these forms themselves and not expect assessors to do this for them.

Qualification: CIPD Level 5 Diploma in Applied Human Resources

Module Name: Clare Louise Berner

Contributing to Coaching and Mentoring in the Organisation 5ADCM

LO1: BE ABLE TO ACCESS THE IMPACT OF COACHING AND MENTORING ACTIVITY WITHIN AN ORGANISATION AND MAKE RECOMMENDATIONS FOR FURTHER DEVELOPMENT

LO2: BE ABLE TO SUPPORT THE IMPLEMENTATION OF COACHING AND/OR MENTORING PROGRAMMES WITHIN AN ORGANISATION

Total wordcount: 5161

Student Name: Clare Louise Berner

Student Number: 1810268

CIPD Membership Number: 53280348

By signing below, I confirm that the work/evidence presented is my own, unaided work. I understand the regulations pertaining to candidate malpractice and the action that may be taken as a result.

Signed: Clare Louise Berner

Date: 14/03/2020

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LO1: BE ABLE TO ACCESS THE IMPACT OF COACHING AND MENTORING ACTIVITY WITHIN AN ORGANISATION AND MAKE RECOMMENDATIONS FOR FURTHER DEVELOPMENT

Having had numerous discussions with management in Bronglais General Hospital, there is no formal coaching available for staff in the Health Board, but there some is informal coaching and mentoring and a formal Preceptorship programme for nursing staff. A conversation I had with the Senior Workforce Manager who mentioned that she had attended a coaching workshop with which she could coach managers on specific HR tasks and activities on an ad- hoc basis, see **(EV19)**.

There were various diagnostic tools and methods that I could have utilised to carry out the investigation into coaching and mentoring within the Health Board, such as surveys, think tanks, interviews and examination of organisational information etc. I chose to have discussions with managers **(EV19)** that would have knowledge of any coaching and mentoring information and examination of the organisational information via the intranet due to the limitation of time constraints of others and myself.

I have searched the Health Board's intranet system, which is not an easy system to navigate as a lot of information on the system is out of date. There is no specific Coaching Policy or Coaching and Mentoring Policy within the Health Board. On reading the Learning and Development Policy, it mentions that staff are encouraged and are accountable for their own development and will be supported through career progression and that staff should "actively contribute to the learning and development culture by coaching, mentoring and developing the workforce throughout their careers" (HDdUHB, 2018), this is an informal form of coaching and mentoring. Attached hereto as **(EV01)** is the Learning and Development Policy (HDdUHB, 2018).

Within the Learning and Development Policy, there are other policies which are linked or required to be read in conjunction with it, such are the PADR Policy. Within the PADR Policy it mentions the PADR process and where there is evidence of a meeting that has taken place during that year and development e.g. training/coaching/mentoring/shadowing has been agreed with the member of staff to support a weakness in practice, this is required to be evidenced that what has been agreed has happened and the development objectives achieved. This is linked with the Pay Progression Policy whereby if objectives have been agreed and discussed, but that the agreed development has not taken place the appraisee will pass through the pay progression automatically (HDdUHB, 2017). Attached hereto as **(EV02)** is the Leadership and Management Development Section of the HDdUHB intranet page listing the courses available for managers. The PADR course is listed on pages 4 and 5.

Having emailed CD the Assistant Director of Organisation Development on the 27th January 2020 attached hereto as **(EV03)** asking as to whether there was any formal or informal coaching and mentoring within the Health Board and that I had heard there was something in the pipeline, no response back until after I had emailed LS and CR to which she had referred me to in her response. I had also emailed LS OD Project Support Officer and CR Senior OD Manager on the 29th January 2020 attached hereto as **(EV04)** to ask the same question, as I had not received a response from the

Assistant Director of Organisation Development. CR the Senior OD Manager responded on the 29th January 2020 attached hereto as **(EV05)** saying there was no specific Coaching Policy, which I was already aware of and I was aware of the Preceptorship Policy for Nursing Staff, but that they offered coaching on an ad-hoc basis due to the capacity of their team. She also mentioned that she was developing a coaching network and to include a policy but did not want to expand any further or disclose any further information. I also emailed CR the Senior OD Manager on the 13th February 2020 attached hereto as **(EV06)** to ask if there was any Executive Coaching still being carried out within the Health Board, to which she responded there was and that this is completed by an external company, utilising an external coach as would be expected for Executive Coaching; for a specific amount of time or number of sessions on a one to one basis (Winfield, 2019 and Zentis, 2016).

The only form of internal training within the Health Board for line managers is the Management Passport, I had emailed the PA to the Assistant Director of Workforce KM, asking for a copy, email attached hereto dated the 10th and 11th February 2020 as **(EV07)**. The Management Passport **(EV07A)** is in relation to what the workforce teams provide and basically covers what a line manager should be doing as HR tasks, although it does not specifically mention coaching and mentoring. There are specific areas of workforce (HR) that can provide training/coaching e.g. On the core/foundation training on the new Managing Attendance at Work Policy, local workforce teams can coach/train a line manager if they are unsure of the policy, this is informal coaching. Attached hereto as **(EV02)** is the Leadership and Management Development Section of the HDdUHB intranet page listing the courses available for managers. The Managers Passport Programme and the Managers Passport Plus Programme for managers is listed on pages 5 and 6.

Within the Health Board there is Preceptorship programme for newly qualified nurses and midwives or staff returning to professional practice. This is a mentoring programme which lasts 12 months and the aim being a preceptor/mentor will help enable the staff member to *'develop their confidence as an autonomous professional, refining skills, values and behaviours to enable their life-long journey of learning'* (DOH, 2010). The Preceptorship Policy attached hereto as **(EV08)** (HDdUHB, 2019). Also attached hereto is the Personal Development Catalogue as **(EV09)** for employees to book on to the Preceptorship Programme.

Whilst searching the intranet on the Leadership and Management Development section of the intranet, there is an ILM level 5 Certificate in Coaching and Mentoring course, although a date for this course is not listed, see attached hereto as **(EV02)** on page 1 and 2; the system was last updated in December 2019, this course at present is not available to management. This course may be something that is in the pipeline in connection with the Coaching Network already mentioned above.

On the 29th January 2020 via the Hywel Dda Today Global news email which is attached hereto as **(EV10)** was a notice from the Royal College of Physicians for a Mentoring Skills Consultant Workshop. This is to enable Consultants that are interested in becoming a peer mentor. A two-day workshop specifically for Consultants to support them in becoming an effective mentor, exploring different models and how to integrate them into practice.

I also asked for a copy of the Induction Welcome Pack but on perusal there was nothing mentioned with regards to coaching and mentoring. Within the Hywel Dda University Health Board there is a Corporate Induction and a Department Induction Process, staff are asked to complete their mandatory e-learning, which is compulsory and ongoing throughout their lifecycle. There was no formal or informal coaching and mentoring in relation to the Induction process.

There seems to be a very informal ethos of coaching and mentoring; the coaching and mentoring which is mentioned within certain policies is more of a leadership style and colleague mentoring. The only formal mentoring in the Health Board is the Preceptorship Programme for nursing staff, there are no formal coaching programmes, but as stated earlier external Executive Coaching is available as and when required. Although coaching and mentoring is mentioned within certain policies, this is something that staff have to adopt within their lifecycle; whether they are aware of this it is unknown, coaching and mentoring is not well known or established, there is no policy except for the Preceptorship. The Health Board is more training centred which is the most common method of learning. On critical reflection when a member of staff commences within the Health Board, the department manager should hold a coaching conversation and go through certain policies to point out and explain their accountability with regards to their own development, along with contributing to other members of the workforce, in continuous development by coaching and mentoring junior staff throughout their career, which links in with the Learning and Development Policy (HDdUHB, 2018).

Currently informal coaching and mentoring is reliant upon individual staff helping each other out, especially on wards and HR managers coaching on an informal ad-hoc basis of ward managers in HR tasks such as sickness absence policy, employee relations such as disciplinaries, capabilities and grievances, although there is the Management Passport this could be vastly improved to incorporate line managers objectives, to ensure that managers have the correct skillset and mindset going forward. Senior managers supporting ward managers with regards to financial performance management, rosters and their own Performance Appraisals. I feel there is a great deal that the Health Board can do to improve individual and team performance and meeting organisational objectives.

If there were internal mentoring and coaching programmes for staff at different working levels, this could be of benefit eg. for Health Care Support Workers (HCSWs); this would help improve with the retention of staff and also encourage HCSWs to go for formal nurse training. Coaching and mentoring can also be utilised to use current staff in a different way; such as coaching/mentoring for HCSWs, but coach and mentor them to become personal therapy assistants, to help encourage patients with their recovery and to enable them to eventually be discharged from Hospital and be treated out in the community, in their own homes if required. Coaching can be utilised for a number of purposes within the Health Board in clinical and non-clinical environments.

Within the Health Board the structure is hierarchical with many layers of management, the culture being a low trust and high authoritative power. Any introduction of a new procedure/process has to go to the Executives for their approval. It is said moving to a more collaborative, creative and participative leadership style and moving away from a command and control approach helps an organisation to fulfil its purpose and

coaching and mentoring is an ideal tool for this purpose. AI will change the landscape of the business in the next few years so being creative now will enable the organisation to transform (CIPD, 2019a, Richards, 2020, LaMarco, 2020, Thomas Mori, 2017 and Ketley, 1995).

Line managers that can incorporate coaching within their role, although this can be conflicting due to their leadership, management and direct reports; their mindsets need to change in order to support their employees through coaching, a leadership style which integrates a coaching and mentoring approach into their role is of great benefit to an organisation, their team and department, which enables effectiveness and efficiencies in order to achieve the organisational objectives (Downey, 2003 and Sharp, 2018).

The organisation would have great benefit if they established a coaching culture. Although there are many definitions, they share the similar meanings and behaviours. Clutterbuck and Megginson (2005) in Clutterbuck et al (2016) define a coaching culture as one where:

'Coaching is the predominant style of managing and working together, and where a commitment to grow the organisation is embedded in a parallel commitment to grow the people in the organisation'.

Creating a coaching and mentoring culture brings organisational effectiveness and needs to align to the needs of the organisation. The culture needs to transform to embed coaching and mentoring within the fit of the organisational values, structure and objectives; linking it to the Learning and Development strategy and initiatives (Clutterbuck et al, 2016).

As previously mentioned, the Workforce Department provide coaching on an ad-hoc basis due to small teams, this style of coaching and mentoring does not really support the organisational objectives as Coaching and Mentoring is not really recognised within the Health Board. There is a great deal of opportunity for the Workforce and Organisation and Development Teams to set up a coaching and mentoring network for each of the four sites. This could involve Senior Managers, Workforce Staff who are CIPD qualified and Line Managers and any Executives who are qualified in Coaching and Mentoring who are clinical or non-clinical, which could also include Coaching Champions. I also feel all staff should have an opportunity to be involved in some way due to the statement within the Learning and Development Policy, in that staff have the accountability of developing, coaching and mentoring others within the workforce (HDdUHB, 2018). Coaching and Mentoring networks could also involve other Health Boards which border our own Health Board. The work of the Mid Wales Joint Committee ensures that Health and Social Care are a joined-up approach, working with Powys Teaching Health Board, Betsi Cadwaladr University Health Board, Local Authorities and Welsh Ambulance the Committee could help in the organisation and development of a Coaching Network for Health and Social Care (MWJC, n.d).

I have also researched other Health Boards which utilise coaching and mentoring, Cardiff and Vale University Health Board, (n.d) have a section on their internet in relation to coaching and ABMU Health Board (2018) have a Workforce and Organisational Development Committee – Coaching Strategy developed with policy.

These could be links into a Coaching Network for Health Boards throughout Wales or could work in a formal or informal way in providing some training to each other by working collaboratively.

Factors that could impact on effective implementation of coaching in the Health Board would involve the hierarchical structure on a decision whether to introduce a culture of coaching. Barriers are also present as coaching is not integrated into the HR system, there is only very informal ad-hoc coaching for line managers, this is not official. Management are not trained in coaching and some managers are not confident and are inexperienced, this is due to ward managers having a dual role of trying to balance HR tasks with their clinical role. Understandably the clinical role overpowers the HR tasks. Financial constraints/budget cuts would also impact if there was a cost involved in the initial training of a coaching network. There are a lot of drivers for coaching such as wanting to grow the workforce and 'grow your own', changing the mindset of managers to coaching styles, encouraging a coaching culture and working collaboratively and creatively and transforming. Working with neighbouring Health Boards on a Coaching Network. Having coaching conversations with the workforce and enhancing working relationships between managers and the workforce (Clutterbuck et al, 2016).

The UK Working Lives Report (2019) has reported around half of workers consider their job to offer good opportunities to develop, but only 3 in 10 workers see good prospects for career development. It is said that younger workers have more opportunities, reinforcing the CIPDs view that the UK skills policy needs to do more to help all workers at all stages of their working lives, not just looking at apprenticeships.

Also coaching is said to be a rapidly growing industry which is estimated at around $2 billion. There was estimated to be around 53,300 coaches in 2016 which have been growing at around 1,500 coaches per year for the last 4 years (Dunlop, 2017).

I propose a lower level of coaching is introduced within Bronglais General Hospital locally, due to the limitations of introducing formal coaching through the Board of Executives. I will only focus on one area for my portfolio, which is Coaching, due to the limited wordcount and that Mentoring is available in the form of Preceptorships.

The components of a successful coaching culture strategy tend to focus on the four areas listed below which could be utilised in Bronglais General Hospital, (Clutterbuck et al, 2016):

- Accessibility and relevance: Creating or increasing access to an appropriate or relevant coaching/mentoring modality – Instant Pay-off, GROW, OSCAR models (Landsberg, 2015)
- Support and Reinforcement: Building and sustaining momentum of coaching/mentoring in the organisation – management coaching styles, change initiatives, development projects etc
- Integration: Making coaching part of 'how we do business' moving forward
- Measurement: Evaluating progress and effectiveness of coaching

The organisations current priority is to ensure the Hospital is fully staffed; due to its rurality and difficult to fill positions. Coaching can support this through informal

coaching of Partnership Nurses, HCSWs and anyone new (6 months) to the workforce or who understands the organisation who require coaching. Coaching defined by Downey, (2003, P21) in Clutterbuck et al (2016) as 'Coaching is the art of facilitating the performance, learning and development of another'.

My recommendations to introduce coaching are as follows:

- To ensure that all PADR documentation and standardised templates have coaching and mentoring incorporated within and to include the associated guidance documentation. Some of the documentation mentions mentoring/coaching/shadowing. All the documentation needs to align with the Learning and Development Policy, these should be amended. This will encourage coaching conversations during 1-2-1 sessions and the annual PADR with the manager, which a non-directive approach to coaching on performance, development and areas for improvement. Managers also need to be aware of the policies that mention/incorporate coaching and mentoring to ensure staff are fully aware of their accountability in the development of others.

- To enable line managers and CIPD qualified to complete an ILM Level 5 Certification in Coaching and Mentoring; this will give managers confidence to coach their workforce in a non-directive way either formally or informally.

- A Coaching Policy/Coaching and Mentoring Policy, although high level, should sometime in the future be introduced to link in with the new School of Nursing, this will benefit all of the workforce, management and HR.

- Development of a Coaching Contract should be introduced when a Policy is developed. This ensures that all parties know what is expected and also protects the coach.

- Coaching 'Best Practice' documentation to help managers.

- Further future development can include the introduction of Coaching Champions.

LO2: BE ABLE TO SUPPORT THE IMPLEMENTATION OF COACHING AND/OR MENTORING PROGRAMMES WITHIN AN ORGANISATION

2.1 Promote the benefit of coaching/mentoring within the organisation, recognising and addressing the potential barriers

Within the Health Board there would be great benefit in introducing Coaching informally and formally as well as Mentoring, which is already in place for nursing staff.

Techniques of Coaching and Mentoring are based on 1:1 discussion that build, develop and improve skills, knowledge and performance of individuals. Although there are differences, many aspects are interchangeable which can apply to both coaching

and mentoring. Coaching is short term, has a designated end date and targets on what the coachee would like to achieve, focusing on the individual's situation, whereas, in contrast, mentoring tends to be long term learning and support which can be formal and informal.

Also important is that individuals have different learning preferences; one individual may respond better to coaching but not to mentoring or vice versa, also important is how the individual is likely to respond, the development or performance intervention will likely fail if the wrong intervention is utilised. Coaches use questioning and listening, whereas mentors advise. Mentors have an in-depth knowledge similar to that of a teacher. Coaches create an environment for the individual to learn for themselves (Kennedy, 2020).

Coaches can be internal and external to an organisation. External professional certified coaches are outsourced and hired from outside of the coachees' organisation for a specific amount of time or sessions to coach on a one-to-one or team/group basis. It is important to ensure a coaching agreement/contract is produced which is known as 'Best Practice', this is a potential barrier at present as there is no formal coaching or documentation within the Health Board. Coaching is proactive and so to ensure that both parties sign an agreement before commencing a coaching programme will protect both parties. Being a legal document the coach's liability is kept to a minimum and gives parties peace of mind and also gives protection to the coach if the coachee is unhappy or if the coachee needs to be signposted on, contracts can be terminated. Making the relationship formal demonstrates professionalism and also protects from being sued for breach of contract. Within the contract should define an outcome. The coach enables the coachee to define, refine and redefine clear goals (Newby, 2017 and Saberr, 2018 and R. H. Educational Consulting and Coaching, 2015).

Line managers have a role which incorporates elements of leadership, management and coaching. Coaching is critical within a line managers role. Coaching and mentoring have grown to be the most powerful tools with which to develop the workforce. A line manager has a conflicting role due to their leadership, management and their direct reports, but it is said that managers need to change their mindset in order to help support their employees through coaching and mentoring (Downey, 2003 and Sharp, 2018).

Internal Coaching: can be carried out by line managers, senior managers or anyone who is trained in coaching and internal to the organisation. Downey (2003) states that coaching is a crucial element of line-management. There are also benefits from internal coaching, this can form better relationships and trust, a committed team, improved team performance, generation of ideas, better communication, retaining expertise in-house, more cost effective, feedback to HR/L&D can be instant, Professional Code of Practice is abided to and the Coach has inside knowledge of challenges/opportunities that are facing the organisation. **Barriers:** can evolve from people working internal to the organisation and working together in that they have the same blind spots, communication styles. Time constraints/pressures of achieving a coaching style of management, both parties having hidden agendas, skills level and lack of confidence and culture and conflict in regard to confidentiality etc and inequality of who will receive coaching. New ideas may not be well received along with being

unable to question established ideas. The relationship is most likely to be informal but can be both dependant on who is coaching (Clutterbuck, 2012 and R. H. Educational Consulting and Coaching, 2015).

External Coaching: is outsourced and hired from outside the coachees' organisation/ company; being external the coach remains completely impartial, the employee may feel more secure about confidentiality, the coach will share external expertise, dedicated quality time to coach with no internal distractions from work pressures. The coach is likely to be specialist in their skills and experience and unaffected by internal policies and culture within the organisation. The relationship is almost always formal. **Barriers:** cost is one of the main barriers, these may be high and or unbudgeted for, work culture and processes could cause issues, identified changes may not fit within the organisation. What is offered may not match the short-term needs. Lack of understanding that Coaching should be integrated into the organisation, less familiar with the company's culture and politics (Ehrich and Hansford, 1999 and R. H. Educational Consulting and Coaching, 2015).

Coaching Best Practice document attached hereto as **(EV11)**.

2.2 Contribute to the development of organisational coaching/mentoring processes

Having perused the Core PADR **(EV12)**, Supervision/1-2-1 Notes **(EV13)** and Leadership/Management PADR document **(EV14)** these documents require amending to incorporate Coaching and Mentoring within. The Checklist for Appraisers **(EV15)** mentions the OSCAR model; line managers need to be fully aware that coaching skills are required and the need to be trained. The Guidance for Appraisers **(EV16)** and the Guidance for Appraisees **(EV17)** needs to incorporate Coaching and Mentoring within the 'Development to Meet Objectives' section, also the Checklist for Appraisees **(EV18)** would also benefit from having Coaching and Mentoring mentioned within. Please see discussion with Head of Service Development and Integration for Ceredigion and Senior Workforce Manager dated 2nd March 2020, regarding all the documentation in relation to the PADRs as **(EV19)**.

Please see attached **(EV20)** the Mentorship and PADR for a Mentors role, this also gives quality assurance for the mentoring that has taken place and the PADR SMART Objective Setting Guidance which are to be utilised in conjunction with completion of the PADR objectives as **(EV21)**.

The Health Board would benefit from having a Coaching and Mentoring Policy along with Coaching Contract, which are coaching best practice. I have attached herewith **(EV22)** which is an SBAR to the County Management Team on the proposed amendments to the PADR documentation and the future introduction of an ILM Level 5 Certification in Coaching and Mentoring with costings. This will also encourage management and staff to have those coaching conversations; coaching is said to improve engagement, productivity and benefit from a healthier workplace culture (Chipscholz, 2016).

There are two approaches of coaching and mentoring, these are as follows:

Directive Style: This style is about the coach/manager having greater knowledge, so instructs, advises and directs the coachee. The coachee may feel that they are being 'told' to do or to action something. The coach with a directive style relays ideas/actions/solutions within the conversation and the coachee is expected to comply (Starr, 2016).

Non-Directive Style: This style is about the coachee leading the way, listening and questioning. The coach helps the coachee to think through their own agenda/schedule and conclusions. Non-directive coaching is more beneficial to the coachee, in that they are more likely to recall what has been learnt. It is facilitative, reflective learning and problem solving which is structured. The benefits are long lasting (NLIAH, n.d and Beckett-McInroy, 2015).

There are many models that can be utilised for coaching and mentoring, the most popular are the GROW model which can be used for both coaching and mentoring, for performance coaching and basic skills and the OSCAR model can be utilised for employee development and working towards long term outcomes. These encourage the workforce to take ownership of their own development (MindTools, n.d. and C S Training UK Ltd, 2016).

2.3 Support coaches/mentors to build and develop the knowledge, skills and behaviours required for the role

Please see PowerPoint presentation I had developed on the benefits of coaching to try and encourage coaching conversations within the organisation attached hereto as **(EV23)** which was presented to senior managers and the Head of Service Development and Integration for Ceredigion along with Best Practice document **(EV11)** and Coaching Handout, which was part activity to go through the Oscar model attached hereto as **(EV24)**. Not all managers were able to attend due to the Covid-19 pandemic, but I discussed the OSCAR model with the Head of Service Development and Integration and went through the model with him in detail after the presentation. This presentation showed how the benefits of coaching could sit within the Bronglais Strategy and aligning it with CAREdigion strategy. Coaching and Mentoring will be of great benefit to Bronglais General Hospital and will fit in with the strategic workforce objectives and future School of Nursing that is currently being developed.

Please see attached **(EV28)** email confirmation from the Head of Service Development and Integration for Ceredigion in connection with the Presentation given on Coaching to managers.

2.4 Assist potential coachees/mentees to understand and participate fully in coaching/mentoring programmes

Email from Senior Workforce Manager dated the 18th October attached hereto as **(EV25)** asking if I could train/coach their new Team Secretary on the Oracle stationery ordering system.

This Coaching on Oracle was done via the GROW framework by Sir John Whitmore

(Performance Consultants (International) Ltd, 2019):

GROW:

Goal: I asked the Team Secretary what she would like to achieve out of the time available to us? ***She responded wanting to know how to order off oracle***

Reality: I asked her to describe the current situation, so where she was now? ***She mentioned that she didn't know how to use oracle at all and that training on oracle would be in a few months, so she needed to order ink cartridges for the departments and if I could go through this with her***

Options: I asked what she could do on oracle? ***She said she was unfamiliar with it.*** I asked her to log on, so that we could go through the system. I asked her did she know what she should do next? ***She tried to search under catalogue items.*** I asked what else could she do? ***She found the stationary tab and searched she found the items required***

Will: I asked what else will she do to overcome obstacles? ***She answered by saying she would take notes for next time to enable her to remember what tab she needed to go through to search. She would only order items if they were needed and there may be a long period in between ordering, so she may forget how to do this and would also await her official training on the system.*** I prompted and asked if there was anything else that she could use that may be helpful on the system and to look at the screen in detail. ***She then noticed she could add to favourites so that they would be there for next time.*** I mentioned that it would be advisable to add anything that is required regularly to add it to favourites, as this would then develop an own self catalogue of items, as the system is not very user friendly and to ensure that before ordering the items are correct.

The grow model will enable and encourage the coachee to become self-managed in their learning, it helps solve problems and makes decision making easier. Coaching is helping an employee come up with their own answers and by the coach asking the right questions (McCarthy, 2019).

A second email on the 18th October asking if I could mentor the new Team Secretary on the filings system in the Workforce Department which is attached hereto as **(EV26)**.

I mentored/trained the Workforce Team Secretary on the internal filing system, showing her the way the files were filed, which was in alphabetical and year order; this was to ensure that any files that need to be destroyed could be easily picked out of the filing cabinets. I also showed her on the shared drive how they were recorded and the information that was required and where the spreadsheet was filed. Any files that were sent in error were logged on a specific tab and forwarded on to the manager and an email sent to let them know the file was in transit. This enables a tracking system of the file and where it is going in case anyone queried it. I explained that there was a policy on the intranet which she would have to print off which specifies how long information and files are kept.

2.5 Support the on-going evaluation and continuous improvement of the organisation's coaching/mentoring programmes

Please find Action Plan attached hereto as **(EV27)** in connection with the proposed recommendations in question LO1. The Action Plan follows on from the SBAR which is attached hereto as **(EV22)** the SBAR sets out the proposed amendments to the documentation along with further development of a Coaching Policy, Coaching Contract and the introduction of ILM Level 5 Certification in Coaching and Mentoring with some costings for consideration. The Action Plan details the actions, by who and when:

- Amendment of the PADR documentation to incorporate Coaching and Mentoring
- Introduction of ILM Level 5 Certificate in Coaching and Mentoring
- Introduction of a Coaching and Mentoring Policy
- Introduction of a Coaching Contract
- Coaching 'Best Practice' documentation to help managers
- Further future development can include the introduction of Coaching Champions.

Also attached is a confirmation email from the Head of Service Development and Integration for Ceredigion as **(EV28)** in connection with my SBAR and Action Plan which will be taken further to address documentation shortfalls and items within my Action Plan to other directorates for action. Also, confirmation of the presentation given to management on Coaching.

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APPENDICIES
LO1

EV01

Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

Learning and Development Policy

Policy Number:	113	Supersedes:		Classification	Employment

Version No	Date of EqIA:	Approved by:	Date of Approval:	Date made Active:	Review Date:
V5		W&OD Sub Committee	17.5.2018	18.5.2018	18/05/2020

Brief Summary of Document:	Outlines the process and management of learning and development opportunities in relation to study leave
Scope:	This policy applies to all employees excluding medical and dental staff who have their own study leave arrangements
To be read in conjunction with:	443 - AW Pay Progression Policy Degree and Higher Award Policy 045 – PADR Policy 248 - Standards Of Behaviour Policy - Incorporating Declarations of Interests, Gifts, Hospitality and Sponsorship 203 – All Wales Capability Policy 201 – All Wales Disciplinary procedure 192 – Records Management Policy 225 – Data Protection Act Policy

Owning Group	Workforce & OD Group

Executive Director:	Lisa Gostling	Job Title	Director of Workforce & Organisational Development

Reviews and updates		
Version no:	Summary of Amendments:	Date Approved:
1	New Policy	15/2/2011
2	Revised	4/4/2013
3	Revised	18/05/2017
4	Data Protection Act /General Data Protection Regulations 2016 or any subsequent legislation to the same effect – SECTION 21	17.5.2018
5	Amendment to higher award level	March 2018

Glossary of terms

Term	Definition
PADR	Personal and Development Review
CSTF	Core Skills Training Framework
CT1	Continuing Development 1
CT2	Continuing Development 2
KSF	Knowledge and Skills Framework
NHS KSF	NHS Knowledge and Skills Framework
CPD	
ROI	Return on Investment
TNA	Training Needs Analysis
ESR	Electronic Staff Record
HR	Human Resources

Keywords	Study Leave, Education, Training, Learning, Development

HYWEL DDA UNIVERSITY HEALTH BOARD

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1. INTRODUCTION

Hywel Dda University Health Board (HDUHB) is committed to delivering the highest standard of service and care to the population it serves. To achieve and maintain a first class service and appropriate levels of Clinical Governance, it is the responsibility of the organisation and its managers to ensure that members of staff have a clear direction and purpose regarding their role and are developed to meet the knowledge, skills and understanding they require to perform their role competently.

2. POLICY STATEMENT

HDUHB is committed to personal and professional development for all staff, and constantly seeks to improve the opportunities available to enable staff to reach their full potential in line with the Organisational Values. A robust and systematic, sustainable and prudent approach is taken to the planning and prioritisation of learning needs, ensuring these needs are linked to organisational priorities to deliver the best possible patient care.

3. SCOPE

This policy applies to all employees excluding medical and dental staff who have their own study leave arrangements. The policy is applicable only to all development programme up to graduate level all Post Graduate, Masters or Phd level have a separate policy.

4. AIM AND OBJECTIVE

This aim and objective of the policy is to define the systems and processes which support the HDUHB commitment to equitably and prudently support all staff access to personal and professional development to reach their full potential within their role and deliver a high quality service for the healthcare community.

5. DEFINITIONS OF TRAINING

5.1. Statutory /Mandatory

These are training interventions required by statute (law) or mandate. There are core mandatory programmes which are defined for all staff across the NHS in the Core Skills Training Framework in addition there is also specific mandatory training identified for specific staff groups/roles .

5.2. Essential

These are training interventions which have been identified as absolutely necessary or extremely important for specified staff in addition to the CSTF statutory/mandatory training.

5.3. University Health Board Priority

Study identified as an organisational need that is essential to delivering the agreed service strategy. Training and development objectives can be planned to map the course content with work and service delivery objectives and continuous professional development, and identified through PADR process and collated within the Departmental Training Needs Analysis.

5.4. Continuing Development 1 (CD1)

CD1 is study considered to have some relevance to the individual's current job or aspirational job role, and for which there are some benefits to the HDUHB in investing in development of the individual. This development must be identified on the individual's PADR, and the Departmental Training Needs Analysis and agreed at County Management Team (Executive Level for Corporate services) as appropriate.

5.5. **Continuing Development 2 (CD2)**
All other personal development for which study leave might be requested.

5.6. **Study Leave**
For the purposes of this document, Study Leave is defined as time away from the normal work location granted by the organisation for the purpose of undertaking formal or informal learning and development activity. Staff who are invited to give a presentation to an outside body are subject to the terms contained in this policy. A working day is defined as 7 1/2 hrs.

5.7. **Time Away from the workplace**
Any period of time when the employee is away from the workplace to attend training. This can be paid, unpaid or a combination of both.

6. NHS KNOWLEDGE AND SKILLS FRAMEWORK (KSF)

Learning and Development within HDUHB is underpinned by the principles of the KSF, which lie at the heart of the career and pay progression strand of Agenda for Change. The KSF applies across the NHS and is designed to:

- Identify the knowledge and skills that individuals need to apply in their post.
- Help guide the development of individuals though a structured approach to appraisal and personal development planning.
- Provide a fair and objective framework on which to base review and development for all staff.
- Provide the basis for career development and pay progression in the service.
- Provide a link to relevant occupational standards.

The NHS Knowledge and Skills Framework (NHS KSF) and Performance Appraisal and Development Process Handbook can be found at http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4090845

7. KEY PRINCIPLES

This policy is underpinned by the following principles

- To ensure that the investment in our workforce is prudent, sustainable, prioritised and aligned with the HDUHB service strategy and developments.
- The effectiveness of direct and indirect patient service delivery remains the basis for staff learning and development.
- Individuals will be developed in the post in which they are employed, so that they can be effective at work. Managers will enable staff to develop within their post and meet the demands of the KSF outline for some programmes, a learning contract between the individual, the manager, the Learning & Development Department and the HDUHB will be in place.
- Staff and managers fully support the Knowledge and Skills Framework and the associated Performance Appraisal and Development Review process and agree a Personal Development Plan in partnership
- Staff are accountable for their activity and practice and will be supported to develop so that they are fully able to perform their roles competently, and achieve their annual objectives effectively. Individuals take personal responsibility for their own development.
- Staff actively contribute to the learning and development culture by coaching, mentoring and developing other staff throughout their careers
- Individuals and teams, have access to effective learning and development opportunities, with all members of staff being supported to learn throughout their careers and develop in a variety of ways, offering opportunities to broaden experience and encourage career progression.

8. ROLES AND RESPONSIBILITIES

8.1. Individual's Responsibility

All staff must take responsibility for identifying their own learning and development requirements via the Performance Appraisal and Development Review process, which should be undertaken at least once annually. This will result in the development of a Personal Development Plan (PDP) which satisfies personal, departmental and organisational objectives. Staff are equal partners in meeting their personal learning and development requirements. As such, they are responsible for:

- Actively participating in appraisal and personal development processes, self-assessing their achievements and competencies in order to inform their personal development plans.
- Identifying their own development needs, including where appropriate, CPD for ongoing professional registration, ensuring that personal practice is up to date so that patient care and service delivery is based on current evidence and best practice.
- Accessing appropriate learning opportunities.
- Ensuring they attain the required mandatory updating as defined within the Core Skills TrainingFramework for their job role.
- Attending and completing all identified study days and courses.
- Providing feedback on the quality and effectiveness of learning activities.
- Evaluating and sharing learning opportunities with colleagues, the wider organisation and the NHS as a whole.
- Notifying their line manager and training provider if they are unable to take up a previously arranged training place or are experiencing difficulties with current study programmes

8.2. Manager's Responsibility

The manager is responsible for the identification of need and development of all staff within their area of responsibility. This responsibility includes:

- Identifying learning and development needs to meet the needs of the organisation, department and the individual through annual PADR.
- Providing a training needs analysis annually to inform the planning of prioritised training programmes.
- Ensuring that agreed personal development plans are deliverable within planned timescales. This includes completion and / or scheduling of identified mandatory training programmes, prior to agreeing all other requests / study leave applications for training.
- Ensuring all staff have equal opportunity to access learning and development activities.
- Ensuring all staff complete booked training, and that departmental records of attendance at training are maintained.
- Liaising with employees at regular intervals in addition to the annual Personal Development Review to review progress and offer any support, if the employee is experiencing difficulties.
- Recording evidence of the examples of application of knowledge and skills for staff which demonstrate evidence against the KSF outline.
- Ensuring that all staff undertake a PADR at least annually, and reporting when this has taken place through the PADR and monitoring process.
- Collating information from PDPs, to develop departmental training needs analysis.
- Feeding departmental needs into service and Organisational training needs into the organisational Training Needs Analysis (TNA).
- Ensure that staff are given the opportunity to provide feedback on the quality of the training undertaken.
- Provide the Leadership, Education & Development Department with an annual evaluation of the return on investment (ROI) by brief report on initiatives, changes in practice, service developments which have arisen following development of staff knowledge and skills.

8.3 Leadership, Education & Development Department

The leadership, education and development department will support the organisation in achieving a learning culture that supports and encourages development. The department will:

- Develop and maintain a live web page, to promote learning and development activity throughout the organisation. This will include information on accessing programmes, policies and procedures relating to learning and development, and will house the e-learning portal.
- Administer and facilitate all internal learning and development activity
- Provide evidence of the effectiveness of the education delivered, and return on investment on internal and external learning and development activities in the pursuit of improved patient care.
- Promote and facilitate the involvement of managers and staff in developing the strategic approach and contribution of learning, training, development and education within the organisation
- Provide development opportunities within the workplace, class base and e-learning programmes which can be accessed locally wherever possible
- Regularly review the organisational strategy and action plans for the continuous development of staff.
- Regularly review and develop training, education and development policies and processes.
- Foster the promotion of innovation and best practice in all areas of training, development and education, internally and externally.
- Produce the results of the annual training needs analysis process and produce a learning and development prospectus, which is informed by the TNA process.
- Maintain central electronic records relating to attendance at training, and provide reports to managers and the Board on a quarterly basis.
- Build relationships with education providers, informing curriculum development to reflect service and patient needs.
- Monitor equality of opportunity and provision throughout the HDUHB

8.3. **Director of Workforce and Organisational Development**

The Director of Workforce and Organisational Development is responsible for:

- Ensuring provision and delivery of the learning and development function across the organisation.
- Providing adequate resources to support learning and development, including statutory and mandatory requirements.
- Ensuring that progress is being made against the organisation's Education Strategy.

8.4. **Hywel Dda University Health Board**

HDUHB has ultimate responsibility for the continuous development of its staff ensuring that the provision of care and related services for patients are safe and clinically effective.

As such, the HDUHB is responsible for:

- Monitoring the equality of access to and Learning and Development activity information for all programmes.
- Ensuring that the UHB has adequate resources to deliver the required education and training in line with the Education and Training Strategy.
- Developing and aligning the strategy for education, learning and development with the IMTP and service plans within the organisation.

8.5. **Local Trainers**

- Many trainers work within the corporate, operational and service structures/teams and as such, have a key responsibility for the translation of the Learning and Development Policy at all levels In relation to their role, they must:
  - Ensure that any training opportunities developed locally reflect the strategic priorities.
  - Ensure staff are aware of the outcomes and content for training sessions prior to commencement and that the level of the learning content is appropriate.
  - Liaise with the Learning and Development department, and provide written course descriptions, identifying the aims, objectives and any assessment criteria, for inclusion in the corporate prospectus.
  - Maintain professional and technical competence in terms of personal updating relating to both teaching skills and area of specialist knowledge.
  - Ensure quality and effectiveness of locally delivered programmes.
  - Record all training activity on registers and send to the Learning and Development Department for recording on the electrónic staff record(ESR) to enable effective reporting of activity against Tier 1 targets.
  - Ensure evaluation of all training in terms of impact on patient care and feed this back to local managers and the Learning and Development department.
  - Participate in the development of an annual training report, reflecting activity and evaluation data.
  - Ensure that they inform line manager of any resource issues promptly in order to mitigate
  - any impact on service provision

9. ANALYSIS OF TRAINING NEED

Learning and Development needs will be identified through the annual Training Needs Analysis (TNA) process.

- Staff members identify their learning needs, through the PADR process, during which a personal development plan (PDP) is agreed jointly by the individual and reviewer / manager.
- The service managers are responsible for collating the identified training needs and submitting them to their senior manager, for approval prior to submission. The completed plans should then be submitted to the Education and training Department by end May annually to then be collated and included in a corporate TNA, which is used to inform the provision of internal training, and resource allocation for external programmes.

10. STUDY LEAVE ENTITLEMENT

The following guidance should be applied:

Definition	Amount of Course Fee paid by HB	Paid time away from the workplace*	Travel/ Accommodation **	Other Costs
Statutory / Mandatory - Training required for the role to meet statutory obligations and training which is designated as mandatory by HDUHB Policy to meet the needs of the service/role	100%	100%	100%	NA
HDUHB Priority– Study identified as an organisational need, that is essential to delivering the agreed service strategy. Training and development objectives can be set linking the course content with work objectives, and are identified on the Departmental Training Plan, and agreed at service management level (Executive Level for Corporate Departments).	100%	100%	100%	Negotiated in view of service position
Continuing Development 1 (CD1)- study that is considered to have some relevance to the individual's current job or aspirational job role, and for which some benefit to the HDUHB can be quantified through training and development objectives. This development must be identified on the individual's PDP, and the Departmental Training Plan and agreed at County Level (Executive Level for Corporate Departments).	50%	0%	0%	Negotiated in view of service position
Continuing Development 2 (CD2)- - All other personal development for which study leave might be requested	Not usually supported	Not usually supported	Not usually supported	Not usually Supported

One full day study leave is considered to be a shift of 71/2 hours.

11. QUALITY, EVALUATION AND RETURN ON INVESTMENT

Evaluation is an essential part of the ongoing PADR process. The success of learning and development activities should be discussed and assessed as part of this process and the extent that the investment in the individual has been applied within the workplace. Evaluation of all learning and development programmes will be undertaken, e.g. programme evaluation form and follow up methods, including manager feedback and focus groups.

12. TIME OFF

See Study Leave Guidance for Managers in Appendix 1.

13. REIMBURSEMENT OF EXPENSES

Reasonable expenses will be reimbursed in accordance with Agenda for Change guidance. The budget holder together with the applicant will determine and agree what is reasonable prior to the commencement of the study leave. Expenses can only be reimbursed on the production of receipts. Such expenses have to be applied for and must be reasonable in the circumstances.

Travelling expenses will be agreed by the budget holder and the applicant and could be:

- Full rates per mile travelled in accordance with the applicant's conditions of employment and at public transport rates.
- A set sum.
- No travelling expenses paid at all

The maximum amount of expenses payable are those set out in the Agenda for Change terms and conditions handbook. Applicants will be advised by the budget holder what expenses have been agreed in each case.The total cost of the study leave must be decided at the time of application.

14. WITHDRAWAL OF FUNDING

In exceptional circumstances the organisation reserves the right to withdraw some or all of the funding for the continuance of approved study leave e.g. failure to complete the work within the prescribed framework, failure to complete the course or to attend in accordance with the requirements of the course.

Funding would not under any circumstances be unilaterally withdrawn.

Full discussions with senior staff, the applicant and the Assistant Director of Workforce and OD (OD)/ Assistant Director of Nursing (Workforce)/ Assistant Director of Therapies and Health Science would take place prior to the notice of withdrawal of funding being issued. The final decision rests with the budget holder.

15. TRADE UNION EDUCATION AND TRAINING

Trade Union education and training is not study leave under the terms of this policy. However, it is included here for completeness in relation to granting leave with pay and, therefore, a study leave form must be filled in.

Leave with pay may be granted to recognised Trade Union Representatives for Trade Union activities and courses. This must be agreed by the Manager/Department Head/Professional Head of Service or County Director

16. OVERSEAS STUDY LEAVE

A member of staff may be granted leave with pay and expenses in attending a conference or undertaking a study tour overseas where it can be seen to benefit the organisation. Similarly if such conferences or study tours constitute an essential part of an educational programme, leave may be granted.

For overseas study leave, submission of an application form should be at least 3 months in advance and should be approved by an Executive Director of the HDUHB.

17. COMMERCIAL SPONSORSHIP FOR ATTENDANCE AT COURSES AND CONFERENCES

Acceptance by staff of commercial sponsorship for attendance at relevant conferences and courses is acceptable, but only where the staff member seeks permission in advance from their senior manager and the senior manager is satisfied that acceptance will not compromise purchasing decisions in any way.

Any sponsorship/hospitality related to Post Graduate Medical Education must be approved and signed off by the Associate Medical Director who has responsibility for Post Graduate Education and Training.

Any sponsorship/hospitality related to other learning and development activity must be approved and signed off by the Assistant Director of OD who has responsibility for organisational learning, education and development.

18. PROCESS FOR APPROVAL OF STUDY LEAVE AND FUNDING

All learning and development activity must be identified through the PADR process and the development of a jointly agreed PDP.

18.1. Approval of attendance at Internal Programmes

Staff wishing to attend in-house learning and development programmes must have agreement with their manager, who will check that the individual has undertaken mandatory training prior to approval of any additional development. The manager should reserve a place on the programme using ESR self service, using the Learning and Development department e-prospectus for reference. Confirmation of a place will be given at this time, and managers and staff are equally responsible for ensuring attendance at the programme.

A number of in-house programmes incur a charge to the organisation, therefore cancellations within 24 hours of the programme will be cross- charged to the department if a suitable replacement cannot be found. Managers are however able to substitute a member of staff at very short notice without incurring this charge.

18.2. Applications for external study leave and funding

All staff must complete an 'Application for Study Leave and Funding' form (Appendix 1a), in according with the 'Guidelines for completion of application for study leave (Appendix 1b).

Managers should prioritise all study leave applications into one of the following categories, Statutory/Mandatory, HDUHB Priority, Continuing Development 1 (CD1), or Continuing Development 2 (CD2). Applications must be signed by the immediate line manager, and countersigned by the senior service manager/general manager/director (as appropriate), or his / her nominated representative and professional head where appropriate. The application should then be forwarded to the Learning and Development Department at Withybush Hospital for final authorisation. This includes applications where no fee for the course is incurred.

Applications should be received by the Learning and Development Department at least 6 weeks prior to the development taking place. No staff should attend external training without receiving written confirmation of approval.

Under no circumstances will back-dated applications be considered.

18.3 Applications to undertake a Higher Award (e.g., Degree, Post graduate diploma, Masters Degree, PhD)

The Higher Awards process is managed separately from the routine study leave application process, and is concerned with studies at level 6 or above, and study at levels 4 and 5 as part of enrolment towards a first (Bachelors) Degree per academic year.

All applicants wishing to be considered for paid or unpaid study leave, and /or funding support to undertake a higher award must complete the usual study leave application, and a supporting statement (Appendix 3) by the **30th April** each year, prior to the commencement of courses in September of that year.

The line manager, Professional Head (if appropriate) and General Manager/ County or Assistant Director must sign the study leave form and supporting statement, clearly indicating if they are approving the requested study leave time on a paid or unpaid basis, and how the additional knowledge will be utilised within the workplace.

Funding

Submission of an application for higher award studies, does not guarantee funding. An Executive led panel will consider all applications on individual merit, and award / agree any funding for the academic year, according to available resources.

All applications for academic studies directed to charitable funds will be treated as unusual or novel and hence will need to be reviewed by the Charitable Funds Subcommittee and decisions reported to the full Committee.

Applications for funding must be made on a yearly basis and subsequent funding is not guaranteed.

For programmes leading to awards of more than 30 credits in one academic year, the maximum Health Board funding support available is 75%. Staff enrolling for higher awards are expected to contribute a minimum of 25% of the course fees. This includes staff who have studied via a modular route. For example, staff who have studied for a masters degree (180 credits at level 7) through a modular approach, the 25% contribution would equate to the costs for 45 x level 7 ('M' level) credits. An interest free loan, payable through salary for the remaining amount is offered to all staff. Full details of this process are available through the learning and development department.

The amount of paid study time must be agreed with the manager prior to application. No backfill should be used to support staff release. The maximum paid study leave that will be supported per year to undertake a higher award is 32 days.

Managers must not agree to support staff to undertake higher awards outside of this process, including as part of the recruitment process.

18.3. Fee Repayment Requirement

Where a contribution of the fees for an individual's higher award have been paid for by Hywel Dda Health Board; the member of staff will be required to pay back a proportion of the amount received if they leave the employment of the said Health Board within a specified period of completion, according to the following schedule:

Leaving Health Board employment	Fees Pay-Back
Before completion of qualification	100%
Within 1 year of completion	75%
Between 1 and 2 years of completion	50%
More than 2 years after completion	0%

Whilst it is unusual for staff to embark on a course and then to withdraw immediately or not to make any attempt to progress, this can happen and, depending on the situation, the Health Board reserves the right to request staff to repay the fees already incurred.

Each case will be reviewed individually and agreed by the Learning and Education Department; the individual's General Manager (or equivalent) and the appropriate Executive Director. The individual may appeal to the Executive Director should they not agree the outcome of the decision. Individual decisions will be made in respect of re payment in full or in instalments.

Each individual will be required to sign an agreement prior to the commencement of such a course which outlines the above; failure to sign the agreement will bar the student from accessing Health Board funding for the course.

19. TRAINING AND AWARENESS RAISING

All staff will be made aware of this policy upon commencement with the HDUHB at either the HDUHB or the departmental induction. Copies can also be viewed on the HDUHB's Intranet or obtained via the HR department. Training will be provided as appropriate depending on the complexity of the policy. Training may be provided at HR training sessions which all staff will be informed of via internal communication channels or their line manager in advance or via newsletters.

20. EQUALITY

Hywel Dda University Health Board recognises the diversity of its workforce. Our aim is therefore to provide a safe environment where all employees are treated fairly and equally and with dignity and respect. Hywel Dda University Health Board recognises that the promotion of equality and human rights is central to its work both as a provider of healthcare and as an employer. This policy has been impact assessed to ensure that it promotes equality and human rights. The assessment was undertaken using the toolkit of the NHS Centre for Equality and Human Rights. The equality impact assessment outcome is available to download with this policy.

21. DATA PROTECTION ACT /GENERAL DATA PROTECTION REGULATIONS 2016 OR ANY SUBSEQUENT LEGISLATION TO THE SAME EFFECT

All documents generated under this policy, including applications, and formal notes and documents generated by managers and any review panel, that relate to identifiable individuals are to be treated as confidential documents, in accordance with the 225 - Data Protection Policy. It is recommended that all parties familiarise themselves with the relevant parts of this Policy.

22. FREEDOM OF INFORMATION ACT 2000

All HDUHB records and documents, apart from certain limited exemptions, can be subject to disclosure under the Freedom of Information Act 2000. Records and documents exempt from disclosure would, under most circumstances, include those relating to identifiable individuals arising in a personnel or staff development context. Details of the application of the Freedom of Information Act within the HDUHB may be found in the Freedom of Information Act 2000 Policy. It is recommended that all parties familiarise themselves with the relevant parts of this Policy.

23. RECORDS MANAGEMENT

All documents generated under this policy, including applications, and formal notes and documents generated by managers and any review panel, are official records of the HDUHB and will be managed and stored and utilised in accordance with the 192 - Records Management Policy.

24. REVIEW

This policy will be reviewed in three years time. Earlier review may be required in response to exceptional circumstances, organisational change or relevant changes in legislation or guidance.

25. MONITORING

Details of all capability procedure outcomes will be recorded in a database and reported on periodically to the Partnership Forum and the HDUHB. The database will include equality monitoring data, which will be reviewed and presented to the HDUHB's Equality and Human Rights Steering Group.

26. DISCIPLINE

Breaches of this policy will be investigated and may result in the matter being treated as a disciplinary offence under the 201 – All Wales Disciplinary Procedure.

27. APPROVAL

Signed on behalf of the Staff Side:

Signed:

Name: .....

Title: .....

Date: .....

Signed on behalf of the Management Side:

Signed:

Name: .....

Title: .....

Date: .....

HYWEL DDA UNIVERSITY HEALTH BOARD

28. APPENDIX 1A – APPLICATION FOR STUDY LEAVE AND FUNDING (EXAMPLE ONLY – PAPER VERSION USED WITH COPY)

Full Name:	Job Title:	Department: Directorate: Tel. No: Payroll No:
Address for Correspondence: (Work address only)	Name and Full Address of Course Provider:	Start Date of Course: Paid / Unpaid Leave Required: (Please circle) If Paid state number of working days:
Course Title: Venue:		Applicant Signature: ..... Print Name: ..... Date: .....
Indicate Priority: Statutory □ Mandatory □ HB Priority/Essential □ CPD1 □ CPD2 □		Manager Signature: ..... Print Name: ..... Date: .....
Is this development identified on your PDP? Yes □ No □ Have you completed your Core Skills (Mandatory) training? Yes □ No □ Give the date of your most recent PDR:		Assistant/Acute/ County Director Signature: (or nominated representative) ..... Print Name: ..... Date: .....
How will this learning be shared with colleagues / other staff? How will this learning support personal objectives? How does this learning support organisational objectives?		This application is: **Approved □ Not approved □** **Authorised Signatory: .....** **on behalf of ADW&OD** **Date: .....**

To be completed by applicant	Cost	Pre-Paid by applicant	VAT if applicable	Total	Total approved	Financial Code
Course Fee						
Travel						
Accommodation						
Other						

Financial code *(to be completed by budget holder for work area)*	Central Study Leave Budget	Department Budget	Employee Pays	Charitable Funds
Course Fee				
Travel				

PLEASE NOTE

- **All applications must be submitted at least 6 weeks prior to the course.**
- **Retrospective applications will not be considered for funding from the central study leave budget.**
- **Receipts will be required when submitting claim to payroll for accommodation and other expenses.**
- **Approval must be obtained before attendance at any programme.**

Accommodation	[redacted]				
Other					

All applications should be sent directly to the Locality Manager/Executive Director to approve the application, and then forward to the Learning & Development Business Manager, L&D Dept, Sealyham, Withybush General Hospital. Staff **must not** attend courses, prior to receiving written confirmation of approval from the L&D department.

29. **APPENDIX 1B - GUIDELINES FOR COMPLETION OF APPLICATION FOR APPROVAL OF STUDY LEAVE AND FUNDING FORM**
This is a carbonised form - please press hard when completing and keep all copies together. The bottom copy [white] will be returned to the applicant when the form has been authorised. The pink copy will be returned to the applicant's Manager and the yellow copy will be retained by Learning and Development Department for their records. The top white copy will be sent to Payroll.

Failure to complete all sections will result in the application being returned to you.

This form should be used only for the approval of Study Leave and Funding related to the study. Claims for reimbursement of expenses should be made through Payroll in the usual way.

When you have completed your form and it has been approved by your Manager, please send it together with any booking forms, and where appropriate, a Request for Charitable Fund Expenditure form

The bottom copy of the form will be returned to the applicant when the application has been approved. Please do not book anything until approval has been given.

The Application for Study Leave and Funding Form can be obtained from the procurement department using a stock requisition.

FULL NAME – The name that appears on your contract of employment.

JOB TITLE - Your official job title as it appears on your contract of employment.

ADDRESS FOR CORRESPONDENCE -The address that any study leave related correspondence (i.e. approval etc) should be sent to. This would normally be your work base.

DEPARTMENT - The department within the organisation and where you are based.

TELEPHONE NO. - The number at work where we can contact you in the event of a query.

STAFF/PAYROLL NUMBER - Your staff number (you will find this on your payslip). We need this to identify you uniquely in our database.

COURSE DETAILS AND VENUE - The name of the course/conference/study day etc and where it is being held.

DATE OF COURSE -The date(s) the course is being held.

CLOSING DATE FOR APPLICATIONS - The last date that the course provider will accept applications.

NAME AND FULL ADDRESS OF COURSE PROVIDER - These details will be used for payment purposes and it is therefore imperative that they are correct. If you do not attach a completed booking form to your Study Leave application, an order will not be raised and you will be responsible for the payment of your course fee. This may be claimed back through Payroll.

PAID / UNPAID LEAVE REQUIRED - Delete whichever is not applicable.

NO. OF WORKING DAYS - The number of days that you will be away from the workplace. This includes travelling time and any time that will be taken in lieu of weekend courses. PRIORITY - Place a tick or cross in the box next to the relevant priority. (Discuss this with your manager).

PDP / PDR - Indicate if this development is.identified on your PDP, and give date of most recent PDR

OBJECTIVES TO BE MET - These should be in line with those identified in your PDR.

APPLICANT SIGNATURE - Please sign and print your name and give the date of the application.

MANAGER SIGNATURE - Support should be sought from your line manager in the first instance.

N.B. line management support does not necessarily mean that your application will be funded by the organisation, as the relevant County Director or Executive Director must support any applications before forwarding to the Learning and Development Department for authorisation of funding.

AUTHORISED SIGNATORY – Assistant Director of OD

COURSE FEE - The fee that is being charged by the course provider for attendance. This figure will sometimes include accommodation and meals and therefore needs to be separated.

TRAVEL - The amount it is going to cost to travel to and from your course. You will not be able to claim for anything other than has been approved on your Study Leave form. Actual mileage must be shown and the amount you claim must adhere to Agenda to Change or organisationally agreed rates of pay.

ACCOMMODATION - The amount your accommodation is going to cost. This will sometimes be included in your course fee and should be shown separately. These costs should be contained within the Agenda for Change terms and conditions limits. If accommodation is not included in the course fee or provided by the course provider, contact the Learning and Development Department who will advise you on the process to follow regarding the contracted travel agent. In the event that you pay for accommodation yourself, you will have to claim reimbursement through Payroll. You will not be able to claim for anything other than has been approved.

OTHER COSTS - Staff on Agenda for Change terms and conditions will be reimbursed up to the maximum amount specified in the Agenda for Change agreement. Receipts are required at all times.

TOTAL APPROVED - This column to be completed by the Authorised Signatory.

FINANCIAL CODE - This column to be completed by your Manager if the costs of the course are to be met by his/her own departmental budget or a Charitable Fund. If costs are to be met by Charitable Funds, a completed Request for Charitable Funds Expenditure form must be attached to the study leave application.

TO BE COMPLETED BY MANAGER - This section must be completed by your Manager and will identify the budget / fund the expenditure is being requested from.

TOTAL MILES - The total mileage that you will be claiming. ENGINE CAPACITY - eg. 1500cc

30. **APPENDIX 2 STUDY LEAVE GUIDANCE FOR MANAGERS**

The following guidance has been issued for the approval of funding and time away from the workplace relating to study leave in light of current financial restraints. The recommendations are intended to ensure consistency and equity throughout Hywel Dda Health Board.

Definition	Amount of Course Fee paid by HB	Paid time away from workplace*	Travel / Accom-modation**	Other Costs
Statutory / Mandatory - Training required for the role to meet statutory obligations and training which is designated as mandatory by Health Board Policy to meet the needs of the service/role	100%	100%	100%	Negotiated in view of service position
Health Board Priority– Study identified as an organisational need that is **essential** to delivering the agreed service strategy. Training and development objectives can be set linking the course content with work objectives, and are identified on the Departmental Training Plan, and agreed at County Level (Executive Level for Corporate Departments).	100%	100%	100%	Negotiated in view of service position
Continuing Development 1 (CD1)- study that is considered to have some relevance to the individual's current job or aspirational job role, and for which some benefit to the Health Board can be quantified through training and development objectives. This development must be identified on the individual's PDP, and the Departmental Training Plan and agreed at County Level (Executive Level for Corporate Departments).	50%	0%	0%	Negotiated in view of service position
Continuing Development 2 (CD2)- - All other personal development for which study leave might be requested.	Not usually supported	Not usually supported	Not usually supported	Not usually supported

*One full day study leave is considered to be 7.5 hours. **Travel to and from the study is not to be included in study leave time.
Due to the current financial position, the Health Board is only able to financially support study leave applications which fall within a

Mandatory or **Health Board Priority** category, unless the developments are supported through the use of Charitable Funds. This position will remain until further notice.

Current Funding Arrangements
Funding from the Health Board's central education budgets will be granted for the payment of the **course fee only**. All external study leave for which there is a cost **must** be identified on departmental training plans, and submitted to the Learning and Development Department through the annual training needs analysis process. It remains the discretion of the department / locality manager and their devolved authorised signatories to approve **all** other expenses, in accordance with the previous guidance.

In **all** cases, the County Director or relevant Executive Director must counter sign all applications, however, this does not guarantee that funding from the central education budgets will be available. A copy of all completed, county approved study leave applications must be forwarded to the, Learning & Development Business Manager, Learning & Development Department, Withybush Hospital at least 4 weeks prior to the study. Staff must not attend development, prior to receiving written confirmation of approval. No retrospective applications will be considered.

ALLOWANCES FOR TRAVEL, SUBSISTENCE, AND ACCOMMODATION EXPENSES

** Where travel, subsistence, accommodation and other expenses are necessary, these must adhere to the Terms and Conditions of the Agenda for Change

HYWEL DDA UNIVERSITY HEALTH BOARD

APPENDIX 3 - HIGHER AWARD GUIDANCE

APPLICATION FOR STUDY LEAVE AND FUNDING SUPPORT TO UNDERTAKE HIGHER AWARD STUDIES

Staff wishing to be considered for paid or unpaid study leave, and/or funding support to undertake a higher award must complete this application form in full, and return to the Learning and Education Department by **30st April**. Late applications are unable to be considered after this date due to University commissioning and enrolment requirements.

Please complete this application form and submit to your manager with the relevant course information for completion and signing. Your manager will then need to forward electronically to the General Manager/Professional Head/Assistant Director/County Director for appropriate signatory who will then forward electronically to the study leave account studyleaveHDd@Wales.nhs.uk.

Please note all application forms need to be completed in **word** format. Adobe (PDF) or hard copies sent through the post will not be accepted and will be returned to applicant.

Applications not fully completed will NOT be considered.

All of the below will need to be fully completed in order for the application to be considered.

- ✓ Higher Award study leave application
- ✓ Management questionnaire
- ✓ Full details of the programme – including a copy of the course details e.g. brochure/ leaflet showing title, cost per year, length of course, qualification awarded.

The authorising manager (budget holder) must sign this supporting statement and complete the management questionnaire, and also indicate if they are approving the requested study leave time on a paid or unpaid basis.

Submission of an application for higher award studies, does not guarantee funding. An Executive panel, will consider all applications in June annually on individual merit, and award any funding for the academic year, according to available resources. Applications for funding must be made on a yearly basis. Subsequent year(s) funding is not guaranteed.

Fee repayment requirement: the need to adopt fiscally responsible budgets.

Where the fees for an individual's higher award i.e. Bachelor degree level or higher, have been paid for by Hywel Dda Health Board; the member of staff will be required to pay back a proportion of the fees if they leave the employment of the said Health Board within a specified period of completion, according to the following schedule:

Leaving Health Board Employment	**Fees Pay-back**
Before completion of qualification	**100%**
Within 1 year of completion	**75%**
Between 1 and 2 years of completion	**50%**
More than 2 years after completion	**0%**

HYWEL DDA UNIVERSITY HEALTH BOARD

SECTION ONE – PERSONAL DETAILS			
1. Name			
Title:	First name:	Surname:	Payroll No.
2. Email Address (work)			
3. Post/Job Title			4. Grade:
5. Department		6. Base:	
7. Directorate			

SECTION TWO – COURSE DETAILS
8. Course Title:
9. Full Details/Address of Course Provider:
10. Date(s) of Course

From:	To:	Total Days Attendance Required:	Total Days Paid Requested:	Total Days Unpaid Requested:

11. Category of training (please tick below and give further details)	
☐Statutory/Mandatory (identify legal requirement)	
☐ Essential (identify standard/framework)	
☐ Other (eg CPD)	

Item	Amount	Budget Code	Total Agreed by Panel
Course Fee (Yearly Only)			
Travel Costs (public transport)			
Travel Costs (car –mileage/parking)			
Subsistence (as per Agenda for Change)			
Accommodation: (as per Agenda for Change)			
Total			

SECTION THREE – SUPPORTING STATEMENT Please support your application with reference to the questions detailed below, using no more than 500 words	
1. Award (e.g. Degree, MSc, MSc Module, PhD)	
2. University/Educational Institution	
3. Identify which year of study you will be undertaking during academic year (e.g. first, second, third)	
4. Course Information *Attach (scan) the course brochure/information including course fees for relevant academic year to this application or paste internet link*	
5. Total length of the programme.	

HYWEL DDA UNIVERSITY HEALTH BOARD

6. Date of your most recent PADR?	____/____/____
7. Is your mandatory training compliant (Core Skills level 1 minimum)	Yes / No *(if no please complete the e-learning modules via ESR)*

8. Indicate the development need, how it was identified and confirm that it is part of your agreed Personal Development Plan for 2018/2019
9. How will the development need be met? Please specify course aim and objectives, and method(s) of delivery.
10. Describe how the development: (max 500 words)
• Will benefit patient care
• Will improve your individual performance
• Will be applied to the workplace
• Will benefit and influence others within the organisation
11. If known, on what topic area will your work based project, summative assignment or dissertation focus? Explain how this will relate to your work area, and personal and professional development?
12. Indicate how this development will contribute to service priorities and objectives.

13. Have you explored / received alternative sources of funding? If yes please give details

Signature of Applicant	
Print Name	
Date	
Contact Number and Email	

SECTION FOUR – MANAGER/PROFESSIONAL HEAD SUPPORT	
The authorising manager (budget holder) must sign this supporting statement, and also indicate if they are approving the requested study leave time on a paid or unpaid basis.	
Signature of Manager	
Print Name	
Date	
Contact Number and Email	
Is the requested study leave time on a paid basis supported	Yes/ No (please indicate)
Signature of General Manager/Professional Head/Assistant Director/County Director	
Print Name	
Date	
Contact Number	
Is the requested study leave time on a paid basis supported	Yes/ No (please indicate)

HYWEL DDA UNIVERSITY HEALTH BOARD

GIG NHS | Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

LINE MANAGER'S STATEMENT IN SUPPORT OF A HIGHER AWARD APPLICATION

Why is this academic study being requested?	
Is the study linked to the Transforming Clinical Services Programme – if yes please give details	
If this higher award study was not supported, What would be the impact on patients?	

In relation to the service, please give details in relation to your support for this study – ie, what are the anticipated service benefits to be realised through this investment (please include qualitative and quantitative outcomes)	
How will the learning from this programme be directly utilised in practice within the service area?	

Are the activities and development/qualification described within the current JD as an essential criteria? *If yes, please identify why the post-holder does not currently hold the qualification required.*	YES (please give further details) NO
Add any additional supporting information	

Please confirm that no backfill will be required to enable any agreed release of staff to attend this programme of study.

Signed Manager (e-signature):

Date:

EV02

Hywel Dda University Health Board operates a smoke free environment. Please do not smoke anywhere on our sites

Leadership & Management

Please click on one of the links below to access that course:

- **LEADERSHIP & MANAGEMENT DEVELOPMENT**

1. ILM Level 3 Award in Leadership and Management
2. ILM Level 5 Certificate in Coaching & Mentoring
3. Improving Quality Together (IQT) Bronze Level - E-Learning
4. Improving Quality Together (IQT) Silver
5. Managers Passport Programme
6. Managers Passport Plus Programme
7. PADR - Performance Appraisal Development Review
8. Service & Workforce Re-Design



LEADERSHIP & MANAGEMENT DEVELOPMENT SECTION

ILM Level 3 AWARD in Leardership & Management	**Leadership & Management Development**

Who Should Attend?

Anyone who has completed the 'Managers Passport' and wishes to gain an accredited qualification through the ILM. The ILM Level 3 Award in Leadership and Management aims to give practising or potential first line managers the foundation for their formal development in this role. The qualification does this by developing basic management skills and assisting participants in gaining the basic knowledge required at this level.

Course Description:
A two half day programme of teaching and tutorials aimed at 'topping-up' the 'Managers Passport' to an accredited qualification, candidates can choose a minimum of two of teh following topics:

- Developing yourself and others
- Understanding Recruitment & Selection of New Staff
- Understanding Health & Safety at Work
- Understanding the Induction of New Staff

The programme has assessment criteria to meet which will include Work-based Assignments and reflective reviews.

Course Objectives
To give practising or potential first line managers the foundation for their formal development in this role.

KSF Dimensions:
Core Dimensions:
- Personal & People Development Level 3
- Service Improvement Level 3
- Quality Level 2

National Occupational Standards:
- M&L A2

Links to other programmes/modules:
Pre-requisites - Candidates must have completed the 'Managers Passport'.

Duration: 2 Half Days
Facilitator: TBC
Application Details:
Applications must be submitted using an authorised study leave form:

There are no dates at present for this course but please check again.

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ILM Level 5 CERTIFICATE in Coaching & Mentoring	**Leadership & Management Development**

Who Should Attend?
The ILM Level 5 Certificate in Coaching and Mentoring is an ideal qualification for managers with responsibility for coaching and mentoring as part of their day-to-day role, or those who wish to move into a development role.

Course Description:

ILM coaching and mentoring qualifications improve team performance by giving you the toolkit to build rapport, set powerful goals and inspire resilience and self-belief. The coach must be able to recognise the needs of individuals being coached, develop coaching programmes appropriate to meet those needs, and help individuals to achieve to their full potential and thereby unlock staff potential, increase engagement and enable change. This course is open to participants from within Hywel Dda UHB, emergency services, Local Authorities, and other partner agencies, and thereby enables cross agency networking and coaching.

Course Objectives
To assist first line managers to develop effective staff management skills, including an overview of the relevant theories, policies and practices in:

- Understand the skills, principles and practice of effective management coaching and mentoring
- Review own ability as a management coach or mentor
- Plan, deliver and review at least 12 hours of coaching and mentoring in the workplace.

KSF Dimensions:
Core Dimensions:
- Communication Level 3
- Personal & People Development Level 3

National Occupational Standards:
- CM1
- CM11
- CM12
- CM15
- CM22
- CM19
- CM16

Links to other programmes/modules:
On completion HDUHB applicants will be expected to contribute to the Hywel Dda Coaching Network, all participants will also have the option to be included in the Mid & West Wales Coaching Network.

Duration: 4 Half Days
Facilitator: TBC
Application Details:
Applications must be submitted using an authorised study leave form:

There are no dates at present for this course but please check again.

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Improving Quality Together (IQT) Bronze Level E-Learning	**Leadership & Management Development**

Who Should Attend?
All staff.
Course Description:
The course teaches you the basics of quality improvement to make our services better for patients carers and all who work in the NHS. It introduces staff to the Model for Improvement as the common language for quality improvement for NHS Wales.

Course Objectives
At the end of the course you will be able to:

- Recgognise how Bronze level training fits within the Improving Quality Together framework.
- List principles and benefits of quality improvement
- Explain the benefits of using a person centred approach in all we do
- Describe what your role and responsibility in quality improvement is
- Recognise an approach to quality improvement
- Identify the importance of measurement in all that we do by identifying key messages from simple displays of data
- Recognise how to start applying some quality improvement tools within your workplace
- Explain how to contribute to quality improvements within your service.

Links to other programmes/modules:
Repeat as per PDR - This is a pre-requisite for IQT Sliver
Duration: 1 1/2 Hours Approx.

Application Details: Learning & Development Department
This course is to be found on ESR e-Learning

Click here to access E-learning training portal
For login details onto ESR please log a job on Action Point using the following link
https://actionpoint.cymru.nhs.uk/ulite/?servicedesk=152

Please see above for application details.

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Improving Quality Together (IQT) Silver	**Leadership & Management Development**

Who Should Attend?
This course is aimed at clinicians interested in undertaking a quality improvement project.
Course Description:
Through this interactive lecture style course, participants will identify a quality improvement needed in their area of work and use the tools and skills learnt during the session to test small scale changes. The silver level will provide participants with practical experience of identifying a problem, measuring baseline data, formulating an aim, setting up measures, identifying possible changes that will make an improvement and testing changes using small scale Plan-Do-Study-Act cycles. The format is presential complemented by group exercises. Participants will be expected to complete a written summary of their work.

Course Objectives

- Understand how a health or social care organisation benefits from using a person centred approach

- Understand how a health or social care organisation, individuals and others benefit from quality improvment
- Understand the principles of quality improvement
- Be able to use quality improvment methodologies to identify an area for improvment KSF
- Be able to involve others in quality improvements
- Use the model for Improvement to implement a quality improvment in a health or social care organisation KSF
- Be able to reflect on quality improvement

Pre Requisite training required (if any)

- An entry requirement for the IQT silver level will be the completion of the e-learning Bronze module.
- IQT Silver day 1 must completed **before** attending day 2

KSF Dimensions

- Communication Level 3
- Personal and People Development Level 2
- Health & Safety Level 2
- Service Improvement Level 3
- Quality Level 3
- Equality & Diversity Level 2

Links to other programmes/modules:
IQT Bronze

Duration: 2 x 1Day (Both days need to be attended to complete this course, attending day 1 **before** day 2)

Facilitator: Jessica Svetz, Head of Quality & Service Improvement

Application Details: Learning & Development Department
Tel: 01437 772511
Email: **learning.development-hyweldda@wales.nhs.uk**
Learning & Development Dept, Withybush General Hospital, Fishguard Road, Haverfordwest, Pembrokeshire, SA61 2PZ

Available Dates Below:

PEMBROKESHIRE LOCALITY

Venue for the dates below: - Auditorium Conference Centre, WGH, Haverfordwest - 9.30am - 4.30pm

PLEASE NOTE:
YOU WILL NEED TO ATTTEND BOTH DATES
YOU WILL NEED YOUR LINE MANAGERS AUTHORISATION TO ATTEND
YOU WILL HAVE TO FULLY COMPLETE AN IQT PROJECT

Day 1
Tuesday, 8th January 2019

Day 2
Thursday, 21st February 2019

CARMARTHENSHIRE LOCALITY

Venue for the dates below: - Leadership, Education & Development Centre, Alun Building, HD, Carmarthen - 9.30am - 4.30pm

No dates at present

CEREDIGION LOCALITY

Venue for the dates below: - Collen Room, Cardigan Hospital, Cardigan, SA43 1DP - 9.30am - 4.30pm

PLEASE NOTE:
YOU WILL NEED TO ATTTEND BOTH DATES
YOU WILL NEED YOUR LINE MANAGERS AUTHORISATION TO ATTEND
YOU WILL HAVE TO FULLY COMPLETE AN IQT PROJECT

Day 1
Thursday, 27th September 2018

Day 2
Thursday, 8th November 2018

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Managers Passport Programme	**Leadership & Management Development**

Who Should Attend?
Designed for all Hywel Dda members of staff with line management responsibility as part of their current role and should be completed prior to attending the Managers Passport Plus Programme. This programme is for band 6 - 8c.

Summary:
The Managers Passport Programme is divided into three separate modules.
Managing Services 3 Days
Managing People 3 Days
Managing Yourself 2 Days
Within these modules are differing categories to support managers and their teams. **Link to the brochure for further information:**

We ask that delegates show a commitment to attend all 3 modules of the programme.

Course Description:
The Managers Passport is a programme that runs over 8 days and will equip newly appointed managers with effective operational management skills. Managers will be asked to complete this programme within the first **six months** of taking up a managerial role in Hywel Dda UHB. This development is for all employees between **bands 6-8c** and will offer operational managerial skills for managers to become successful in their roles.

The Managers Passport Plus programme follows on from the Managers Passport. For further details of this programme please view the prospectus sheet for 'Managers Passport Plus Programme'.

For further details and bookings please contact:

Aplication Details: **Jackie Wright, Programme Co-ordinator**
Tel: 01267 239701 or internal ext: 4701
Email: **jackie.wright@wales.nhs.uk**

Please see above for application details.

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Managers Passport Plus Programme	**Leadership & Management Development**

Who Should Attend?
Designed for all Hywel Dda members of staff with line management responsibility as part of their current role and should be completed following attendance at the Managers Passport Programme. Staff must attend the Managers Passport Programme prior to attending the Managers Passport Plus Programme. (See Managers Passport Prospectus sheet for further details). This programme is for band 6 - 8c.

Summary:
The Managers Passport Programme Plus is divided into three separate modules:
Managing Services 2 Days
Managing People 2 Days
Managing Yourself 2 Days
Within these modules are differing categories to support managers and their teams. **Link to the brochure for further information:**

We ask that delegates show a commitment to attend **all** 3 modules of the programme.

Course Description:
The Managers Passport Plus programme follows on from the Managers Passport programme. Managers are expected to sign up and complete the programme within **three years** of completing its predecessor. The programme runs over 7 days and gives managers a deeper understanding of leadership practices and skills. The programme also includes 3 half day action learning sets which will provide an opportunity to build relationships and learn from peers in the organisation.

For further details and bookings please contact:
Application Details: **Jackie Wright, Programme Co-ordinator**
Tel: 01267 239701 or internal ext: 4701
Email: **jackie.wright@wales.nhs.uk**

Please see above for application details.

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PADR - Performance Appraisal Development Review	**Occupational Knowledge & Skills Catagory - E - M**

Who Should Attend?
Designed for all Hywel Dda managers and reviewers who will be undertaking effective PADRs for staff who fall under the Agenda for Change (A4C) Agreement..

Course Description:
You will experience a real hands-on approach to learning in how to undertake an effective and meaningful Performance Appraisal Development Review (PADR) for reviewees in a relaxed and friendly environment.

This session also provides 'how to upload a PADR onto ESR')

We passionately believe that training should be participative, challenging, thought-provoking, intensive and enjoyable. This means that as well as having an outstanding learning experience, you will be ready to put it all into practice immediately when you are back in the workplace.

Course Objectives:

- Define the PADR process
- Understand the importance of an Integrated Appraisal and Review process
- Prepare for PADR
- Undertake a meaningful PADR with confidence
- Complete the Lean PADR documentation
- Set Smart Objectives
- Develop a Personal Development Plan

KSF Dimensions:
Core Dimensions:
- Communication Level 4
- Personal & People Development Levels 3/4
- Health Safety & Security Levels 2 (F)
- Service Improvement Level 2/3
- Quality Level 2/3/4
- Equality & Diversity Level 1/2
- People Management Level 2 (e) 3 Level 3 (fgh) Level 4 (b)

National Occupational Standards:
- Managers Passport
- ILM 3 in Leadership & Management
- NVQ Levels 3 & 4 in Management

Duration: 3 Hours

Available Dates Below:

CARMARTHENSHIRE LOCALITY

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Service & Workforce Re-design	**Leadership & Management Development**

Who Should Attend?
General Managers, Department Leads, Professional Heads of Service, Modernisation & Service Planners, Finance Managers.

Course Description:
The programme will provide the candidates with an understanding of the requirements of the new NHS Integrated Workforce Planning Framework, the tools and how it can be used to support the effective modernisation of the workforce, new roles and inform the development of a sustainable workforce.

Course Objectives

- To provide attendees with an understanding of workforce planning principles, documentation and application within the financial and service planning processes
- Core principles in undertaking service, workforce and role re-design
- Importance in identification of key stakeholders, impact on others and risks
- Use of the NLIAH workforce planning tool and use of the tool to model potential skillmix changes

KSF Dimensions:
Core Dimensions:
- Communication Level 3
- Personal & People Development Level 3
- Health, Safety & Security Level 3
- Service Improvement Level 3
- Quality Level 3
- Equality & Diversity level 2
- Capacity & Capability Level 3

Duration: 4 Hours
Facilitator: Liz Harris - Associate Director of HR, Workforce Planning & Modernisation

Application Details: Learning & Development Department:
Tel: 01437 772511
Email: **learning.development-hyweldda@wales.nhs.uk**
Learning & Development Dept, Withybush General Hospital, Fishguard Road, Haverfordwest, Pembrokeshire, SA61 2PZ

There are no dates at present for this course but please check again.

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Last updated: 11 December 2019

EV03

Louise Berner (Hywel Dda UHB - PA to Ceredigion County Director / Mid Wales Joint Comm

From: [redacted] (Hywel Dda UHB - Assistant Director of Organisation Development)
Sent: 30 January 2020 15:04
To: Louise Berner (Hywel Dda UHB - PA to Ceredigion County Director / Mid Wales Joint Committee Programme Lead); [redacted] (Hywel Dda UHB - PA to Head of Organisation Development)
Cc: [redacted] (Hywel Dda UHB - Senior OD Manager); [redacted] (Hywel Dda UHB - OD Project Support Officer)
Subject: RE: Coaching and Mentoring

Hi Louise

Thanks for getting in touch. Happy to support you in your development.

May I suggest that you link with Catherine Rees and Leanne Slaymaker in my team and I am sure they will be able to provide some more details etc.

kindest wishes

christine

From: Louise Berner (Hywel Dda UHB - PA to Ceredigion County Director / Mid Wales Joint Committee Programme Lead)
Sent: 27 January 2020 09:54
To: [redacted] (Hywel Dda UHB - Assistant Director of Organisation Development); [redacted] (Hywel Dda UHB - PA to Head of Organisation Development)
Subject: Coaching and Mentoring

Hi Christine

I am doing my CIPD level 5 Diploma in Applied Human Resources Apprenticeship through the Health Board and am on my last few assignments and portfolios and have a portfolio on Coaching and Mentoring. I have got the L&D policy, but can you let me know if there is anything with regards to Coaching or Mentoring that is formal or informal within the Health Board. I know that the wards would do mentoring for nurses, but there is nothing on the intranet with regards to formal or informal coaching and mentoring. I spoke with Kim Warlow in Bronglais on Friday and she suggested that I email you directly, as you may have something in the pipeline. I would be greatly for any information that would help me with my portfolio of evidence and research.

Kind Regards

Louise

Louise Berner

PA to Peter Skitt County Director Ceredigion/Programme Director Mid Wales Joint Committee
Cynorthwy-ydd Personol i Peter Skitt Cyfarwyddwr Sirol Ceredigion/Cyfarwyddwr Rhaglen Cyd-Bwyllgor Canolbarth Cymru

Bwrdd Iechydd Prifysgol Hywel Dda / Hywel Dda University Health Board
Ysbyty Cyffredinol Bronglais General Hospital
Ffordd Caradoc/Caradog Road
Aberystwyth
SY23 1ER

☎ Rhif ffon/Tel no 01970 635819 [Ext] 5819
E-bost/E-mail: louise.berner2@wales.nhs.uk

EV04

Louise Berner (Hywel Dda UHB - PA to Ceredigion County Director / Mid Wales Joint Comm

From: [redacted] (Hywel Dda UHB - Senior OD Manager)
Sent: 29 January 2020 15:57
To: Louise Berner (Hywel Dda UHB - PA to Ceredigion County Director / Mid Wales Joint Committee Programme Lead)
Cc: [redacted] (Hywel Dda UHB - OD Project Support Officer)
Subject: RE: CIPD Level 5 - Can you help please

Hi Louise,

Thanks for the email. There's not currently any policy specifically relating to coaching within the healthboard. As you say there is a nursing mentoring policy but that is for a specific group of staff. As a small team with limited capacity we do offer coaching on an ad-hoc basis and I envisage over the next 12 months that this will increase as I am currently developing a coaching network and that will oinclude a policy although we aren't quite there yet.

Sorry I can't offer more help at this stage

Kind regards
Catherine

From: [redacted] (Hywel Dda UHB - OD Project Support Officer) <[redacted]@wales.nhs.uk>
Sent: 29 January 2020 15:46
To: [redacted] (Hywel Dda UHB - Senior OD Manager) <[redacted]@wales.nhs.uk>
Subject: FW: CIPD Level 5 - Can you help please
Importance: High

Hi Catherine,

Are you able to reply to Louise please?

Thanks,
Leanne

From: Louise Berner (Hywel Dda UHB - PA to Ceredigion County Director / Mid Wales Joint Committee Programme Lead)
Sent: 29 January 2020 15:46
To: [redacted] (Hywel Dda UHB - OD Project Support Officer) <[redacted]@wales.nhs.uk>
Subject: CIPD Level 5 - Can you help please
Importance: High

Hi Leanne

I am doing my CIPD level 5 Diploma in Applied Human Resources Apprenticeship through the Health Board and am on my last few assignments and portfolios and have a portfolio on Coaching and Mentoring. I have got the L&D policy, but can you let me know if there is anything with regards to Coaching or Mentoring that is formal or informal within the Health Board. I know that the wards would do mentoring for nurses, but there is nothing on the intranet with regards to formal or informal coaching and mentoring. I spoke with Kim Warlow in Bronglais on Friday and she suggested that I email Christine Davies, I've not received a response and really need to move on with my portfolio. I was informed that you may have something in the pipeline. I would be grateful for any information that would help me with my portfolio of evidence and research.

Kind Regards

Louise

Louise Berner

PA to Peter Skitt County Director Ceredigion/Programme Director Mid Wales Joint Committee
Cynorthwy-ydd Personol i Peter Skitt Cyfarwyddwr Sirol Ceredigion/Cyfarwyddwr Rhaglen Cyd-Bwyllgor Canolbarth Cymru

Bwrdd Iechydd Prifysgol Hywel Dda / Hywel Dda University Health Board
Ysbyty Cyffredinol Bronglais General Hospital
Ffordd Caradoc/Caradog Road
Aberystwyth
SY23 1ER

☎ **Rhif ffon/Tel no 01970 635819 [Ext] 5819**
E-bost/E-mail: louise.berner2@wales.nhs.uk

EV05

Louise Berner (Hywel Dda UHB - PA to Ceredigion County Director / Mid Wales Joint Comm

From: [redacted] (Hywel Dda UHB - Senior OD Manager)
Sent: 29 January 2020 15:57
To: Louise Berner (Hywel Dda UHB - PA to Ceredigion County Director / Mid Wales Joint Committee Programme Lead)
Cc: [redacted] (Hywel Dda UHB - OD Project Support Officer)
Subject: RE: CIPD Level 5 - Can you help please

Hi Louise,

Thanks for the email. There's not currently any policy specifically relating to coaching within the healthboard. As you say there is a nursing mentoring policy but that is for a specific group of staff. As a small team with limited capacity we do offer coaching on an ad-hoc basis and I envisage over the next 12 months that this will increase as I am currently developing a coaching network and that will oinclude a policy although we aren't quite there yet.

Sorry I can't offer more help at this stage

Kind regards
Catherine

From: Leanne Slaymaker (Hywel Dda UHB - OD Project Support Officer) <Leanne.Slaymaker@wales.nhs.uk>
Sent: 29 January 2020 15:46
To: [redacted] (Hywel Dda UHB - Senior OD Manager) <[redacted]@wales.nhs.uk>
Subject: FW: CIPD Level 5 - Can you help please
Importance: High

Hi Catherine,

Are you able to reply to Louise please?

Thanks,
Leanne

From: Louise Berner (Hywel Dda UHB - PA to Ceredigion County Director / Mid Wales Joint Committee Programme Lead)
Sent: 29 January 2020 15:46
To: [redacted] (Hywel Dda UHB - OD Project Support Officer) <[redacted]@wales.nhs.uk>
Subject: CIPD Level 5 - Can you help please
Importance: High

Hi Leanne

I am doing my CIPD level 5 Diploma in Applied Human Resources Apprenticeship through the Health Board and am on my last few assignments and portfolios and have a portfolio on Coaching and Mentoring. I have got the L&D policy, but can you let me know if there is anything with regards to Coaching or Mentoring that is formal or informal within the Health Board. I know that the wards would do mentoring for nurses, but there is nothing on the intranet with regards to formal or informal coaching and mentoring. I spoke with Kim Warlow in Bronglais on Friday and she suggested that I email Christine Davies, I've not received a response and really need to move on with my portfolio. I was informed that you may have something in the pipeline. I would be grateful for any information that would help me with my portfolio of evidence and research.

Kind Regards

Louise

Louise Berner

PA to Peter Skitt County Director Ceredigion/Programme Director Mid Wales Joint Committee
Cynorthwy-ydd Personol i Peter Skitt Cyfarwyddwr Sirol Ceredigion/Cyfarwyddwr Rhaglen Cyd-Bwyllgor Canolbarth Cymru

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Aberystwyth
SY23 1ER

☎ **Rhif ffon/Tel no 01970 635819 [Ext] 5819**
E-bost/E-mail: louise.berner2@wales.nhs.uk

EV06

Louise Berner (Hywel Dda UHB - PA to Ceredigion County Director / Mid Wales Joint Comm

From: [redacted] (Hywel Dda UHB - Senior OD Manager)
Sent: 13 February 2020 13:30
To: Louise Berner (Hywel Dda UHB - PA to Ceredigion County Director / Mid Wales Joint Committee Programme Lead)
Subject: RE: Coaching and Mentoring

Hi Louise

No probs, I don't have any info that I can share with you on this as such

To answer your question, yes we do have executive coaching but this is provided by external coaches (it would be inappropriate for internal staff to coach the exec team) who we commission specifically. These won't form part of the coaching network as the network will be our own staff who are trained in coaching staff from across the HB

From: Louise Berner (Hywel Dda UHB - PA to Ceredigion County Director / Mid Wales Joint Committee Programme Lead)
Sent: 13 February 2020 13:19
To: [redacted] (Hywel Dda UHB - OD Project Support Officer) <[redacted]@wales.nhs.uk>; [redacted] (Hywel Dda UHB - Senior OD Manager) <[redacted]@wales.nhs.uk>
Subject: Coaching and Mentoring

Hi Both

Sorry to come back to you both, from a conversation that I had yesterday someone mentioned Executive Coaching. Is there Executive Coaching within Hywel Dda still, if so, would you have any further information on this that I could use as part of my portfolio. Is this different to the coaching network that you have previously mentioned.

Kind Regards

Louise

Louise Berner

PA to Peter Skitt County Director Ceredigion/Programme Director Mid Wales Joint Committee
Cynorthwy-ydd Personol i Peter Skitt Cyfarwyddwr Sirol Ceredigion/Cyfarwyddwr Rhaglen Cyd-Bwyllgor Canolbarth Cymru

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Aberystwyth
SY23 1ER

☎ **Rhif ffon/Tel no 01970 635819 [Ext] 5819**
E-bost/E-mail: louise.berner2@wales.nhs.uk

EV07

Louise Berner (Hywel Dda UHB - PA to Ceredigion County Director / Mid Wales Joint Comm

From: Julie Bassett (Hywel Dda UHB - Senior Human Resource Adviser)
Sent: 11 February 2020 09:21
To: Louise Berner (Hywel Dda UHB - PA to Ceredigion County Director / Mid Wales Joint Committee Programme Lead)
Cc: Karen Morris (Hywel Dda UHB - Personal Assistant)
Subject: FW: CIPD

Hi Louise

I have forwarded you a hard copy in the post.

Regards
Julie

Name/Enw: Julie Bassett
Title/Teitl: Senior Workforce Adviser/ Uwch Ymgynghorydd Y Gweithlu
Address/Cyfeiriad: Workforce & OD Department/Adran Y Gweithlu a Datblygu Sefydliadol
Hywel Dda University Health Board/Bwrdd Iechyd Prifysgol Hywel Dda

Tel/Rhif Ffon: WHTN 01827 8045/01267 229645
E-mail/E-bost: julie.bassett@wales.nhs.uk

GIG CYMRU NHS WALES
Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

From: Karen Morris (Hywel Dda UHB - Personal Assistant)
Sent: 10 February 2020 17:46
To: Julie Bassett (Hywel Dda UHB - Senior Human Resource Adviser)
Cc: Louise Berner (Hywel Dda UHB - PA to Ceredigion County Director / Mid Wales Joint Committee Programme Lead)
Subject: FW: CIPD

Hi Julie

Can you help please?

Regards

Karen

From: Louise Berner (Hywel Dda UHB - PA to Ceredigion County Director / Mid Wales Joint Committee Programme Lead) <Louise.Berner2@wales.nhs.uk>
Sent: 10 February 2020 16:53
To: Karen Morris (Hywel Dda UHB - Personal Assistant) <Karen.Morris2@wales.nhs.uk>
Subject: CIPD

Hi Karen

You don't happen to have a copy of a Manager's Passport do you that I could have for one of my assignments.

How are things with you?

Kind Regards

Louise

Louise Berner

PA to Peter Skitt County Director Ceredigion/Programme Director Mid Wales Joint Committee
Cynorthwy-ydd Personol i Peter Skitt Cyfarwyddwr Sirol Ceredigion/Cyfarwyddwr Rhaglen Cyd-Bwyllgor Canolbarth Cymru

Bwrdd Iechydd Prifysgol Hywel Dda / Hywel Dda University Health Board
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☎ **Rhif ffon/Tel no 01970 635819 [Ext] 5819**
E-bost/E-mail: louise.berner2@wales.nhs.uk

GIG CYMRU NHS
Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

Management Passport Workforce and OD Directorate

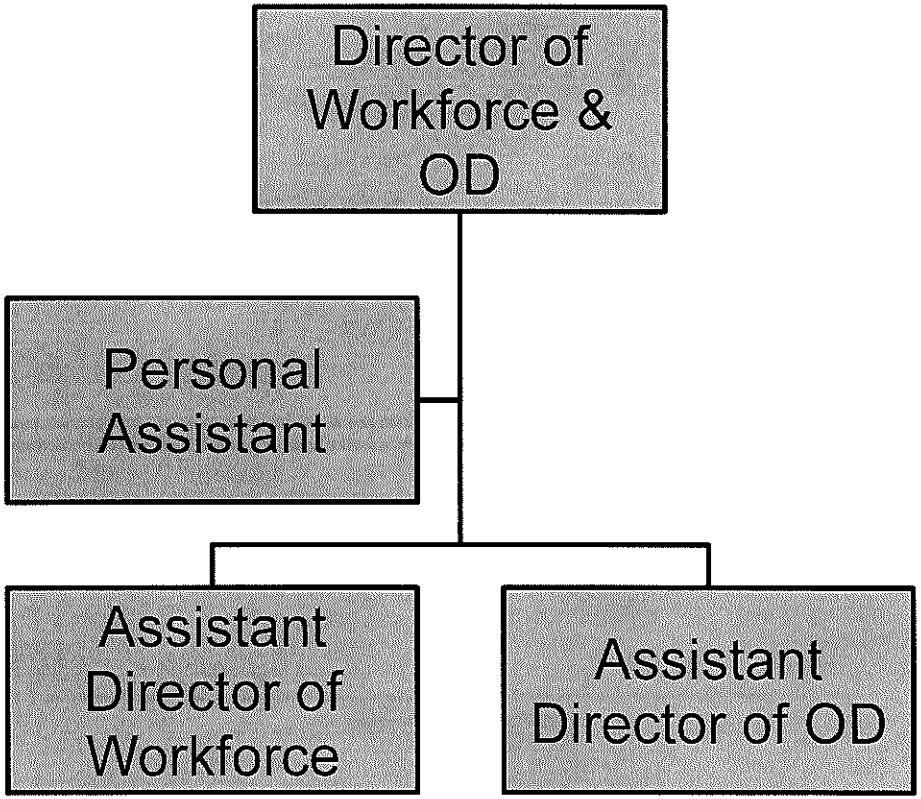
Calon Iechyd Lleol
The Heart of Local Health

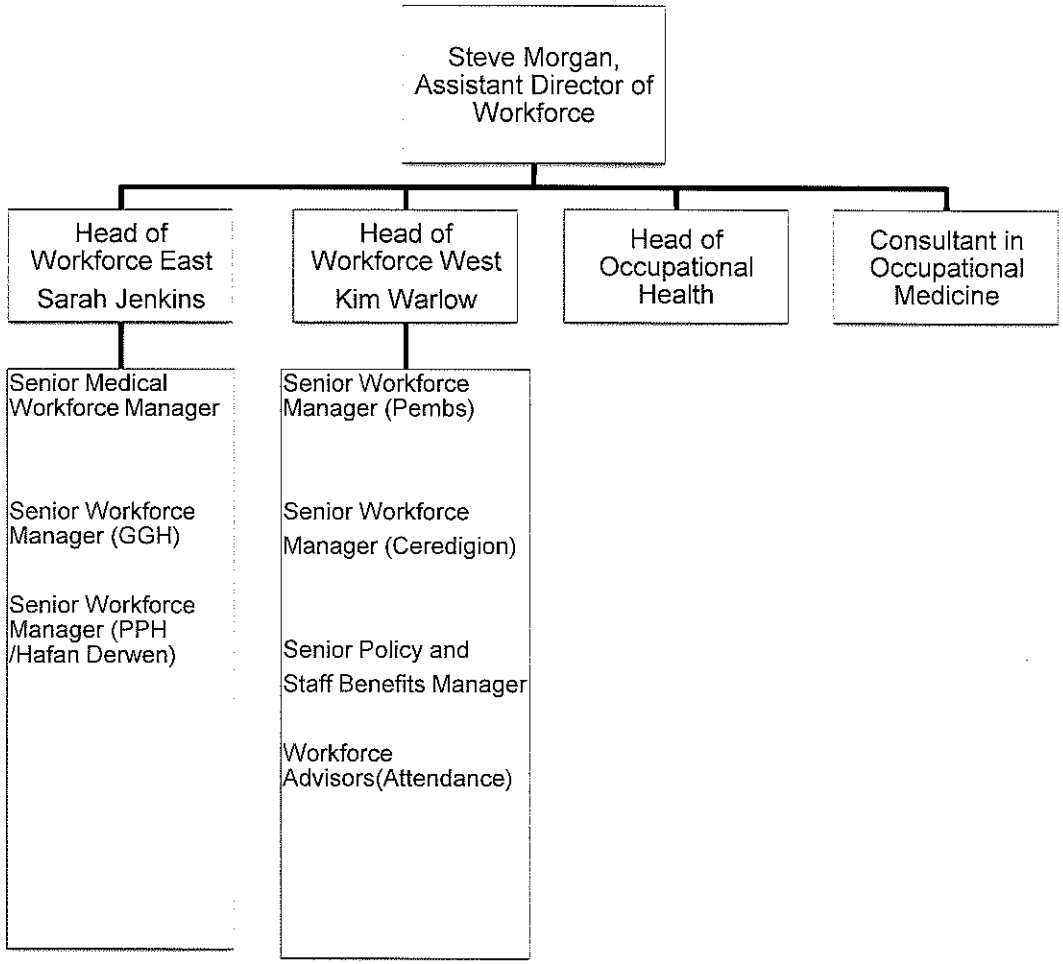
EVO1A

GIG CYMRU NHS
Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

Learning Objectives

- To give an overview of the Workforce Function
- To give a brief overview of which teams sit within Workforce and what we do - Who's Who
- To provide information on the main Workforce Policies that you will need
- Workforce is a support function to help you through difficult processes, keeping Health Board Values at the centre of what we do.


Director of Workforce & OD
Personal Assistant
Assistant Director of Workforce
Assistant Director of OD


Steve Morgan, Assistant Director of Workforce
Head of Workforce East
Sarah Jenkins
Head of Workforce West
Kim Warlow
Head of Occupational Health
Consultant in Occupational Medicine
Senior Medical Workforce Manager
Senior Workforce Manager (GGH)
Senior Workforce Manager (PPH /Hafan Derwen)
Senior Workforce Manager (Pembs)
Senior Workforce Manager (Ceredigion)
Senior Policy and Staff Benefits Manager
Workforce Advisors(Attendance)

GIG CYMRU NHS WALES
Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

Medical Staffing

- The Medical Staffing team is responsible for the provision of the Medical Staffing (including dental) function for managers and staff across the Health Board.
- They provide a broadly similar service as the county workforce teams but only for staff within the Medical and Dental staff group.
- There is a representative on each hospital site, except for WGH

Managing Attendance At Work

Essential Overview Policy Training for NHS Wales Managers

GIG CYMRU NHS WALES

Training Requirements

- You will need to attend the Core or Foundation Training for the Managing Attendance at Work Policy **in addition** to this overview. The two types of training are;

- **Core Training** – For existing Managers with some experience of managing sickness

- **Foundation Training** – For new managers or those who are new to managing sickness.

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Manager's Responsibilities and Absence Statistics

Manager's Responsibility

- Actively promote and encourage health and wellbeing
- Keep in touch and keep accurate records
- Discuss and consider reasonable/ tailored adjustments
- Signpost to support services
- Maximise the positive impact we have on the NHS by managing attendance proactively

Absence Statistics

Sickness absence rate target: **4.79%**

Sickness absence visible within ESR within 7 calendar days of occurrence: **100%**

Sickness absence held with sickness absence reason (excludes unknown or other) : **100%**

Documentation:

All Wales Managing Attendance At Work Policy

http://www.wales.nhs.uk/sitesplus/documents/862/768ManagingAttendanceAtWorkPolicy-V1.pdf

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Key definitions

Short term – period of less than 28 calendar days

Sickness day – unable to undertake their daily hours

Planned Absence – recognised and agreed period of recovery

Long term – period more than 28 calendar days

Rolling year – 12 months from the first date of the current absence

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Notification and Certification

- Self certify (calendar) days 1-7. Fit Notes required day 8 onward (within 3 days)
- Absences due to injuries sustained at work may only be discounted from the review prompts if a DATIX has been completed and the injury is deemed to be work-related
- Notifiable/infectious diseases – if advised to stay off while symptom-free, not noted as sickness absence
- If sickness occurs during annual leave, usual procedures apply and a Fit Note must be produced
- Other employment (in or outside of the service unless agreed in writing) should not be undertaken while absent

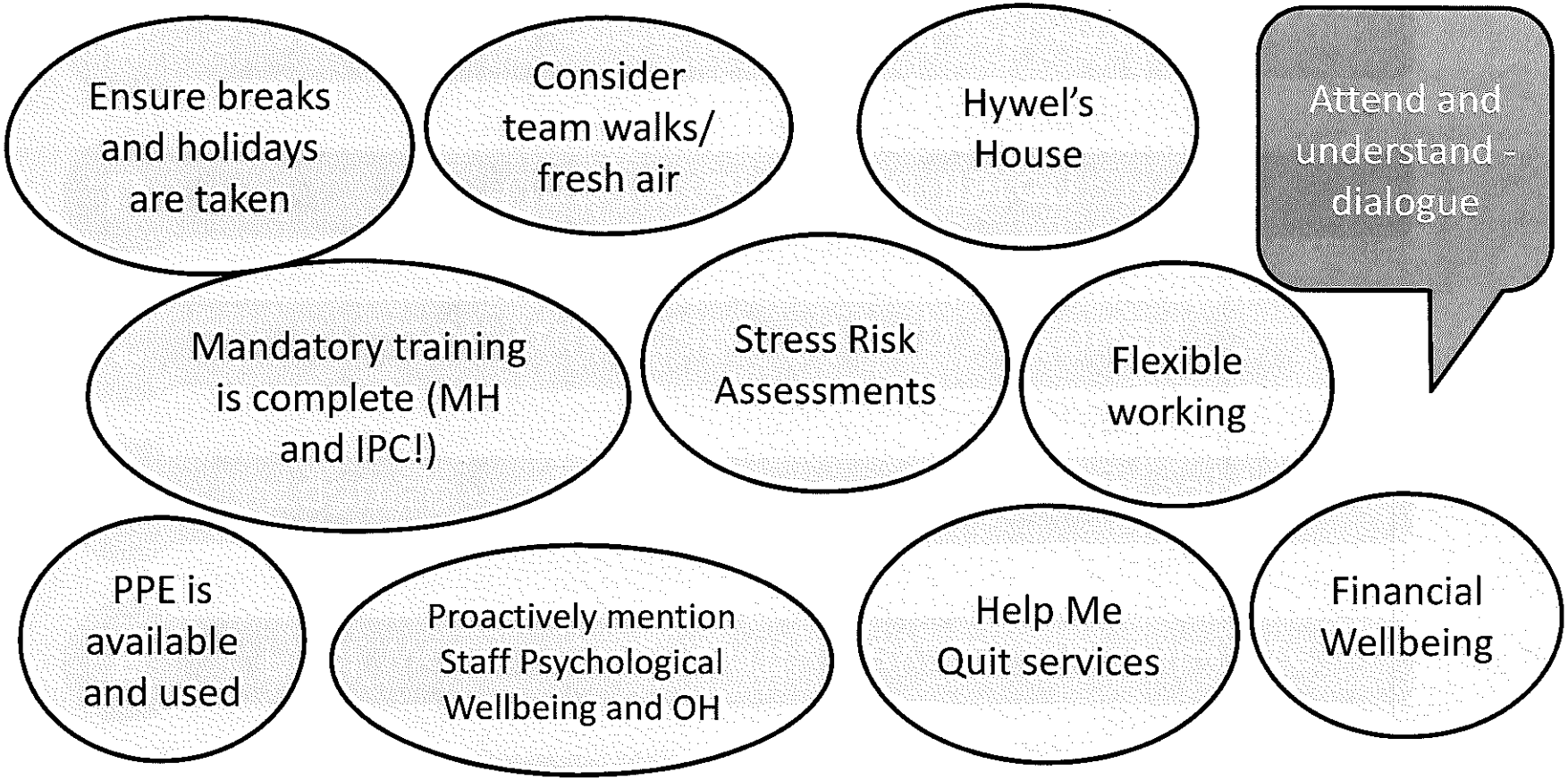
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Supporting absent staff

- **F** First week – self certify days 1-7 8- Fit note
- **O** Organise – agree communication and support
- **C** Communicate – keep in touch
- **U** Understand and listen
- **S** Support them getting well and returning to work

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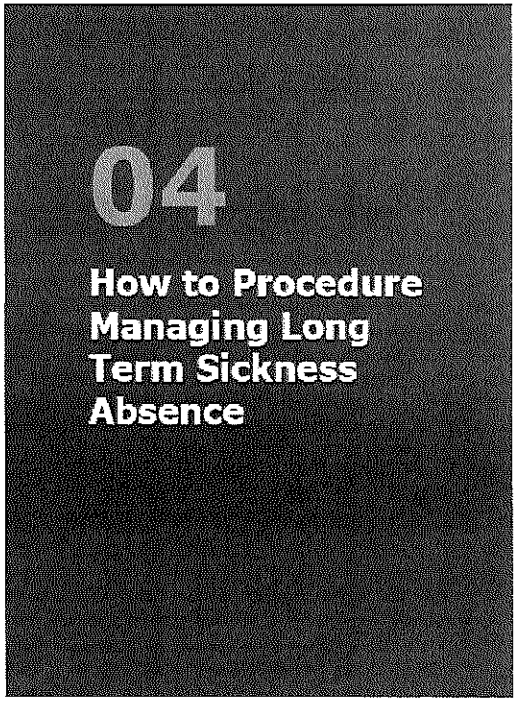
Wellbeing and prevention



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Long term absence

- Agree and keep regular, two-way contact (record and keep copies)
- Returning to work can be harder – agree positive support
- Long Term Formal Sickness Meetings should be held, with 7 days notice in writing, employees may be accompanied.
- Exploring any **Reasonable/Tailored Adjustments or Phased Return** that may facilitate a return to work.
- Discussion of any medical advice already received and the need for any further support or referrals
- Notification of sick pay entitlement
- Team updates – help them feel valued and still very much part of the team
- Continued absence may lead to dismissal (seek HR advice prior)



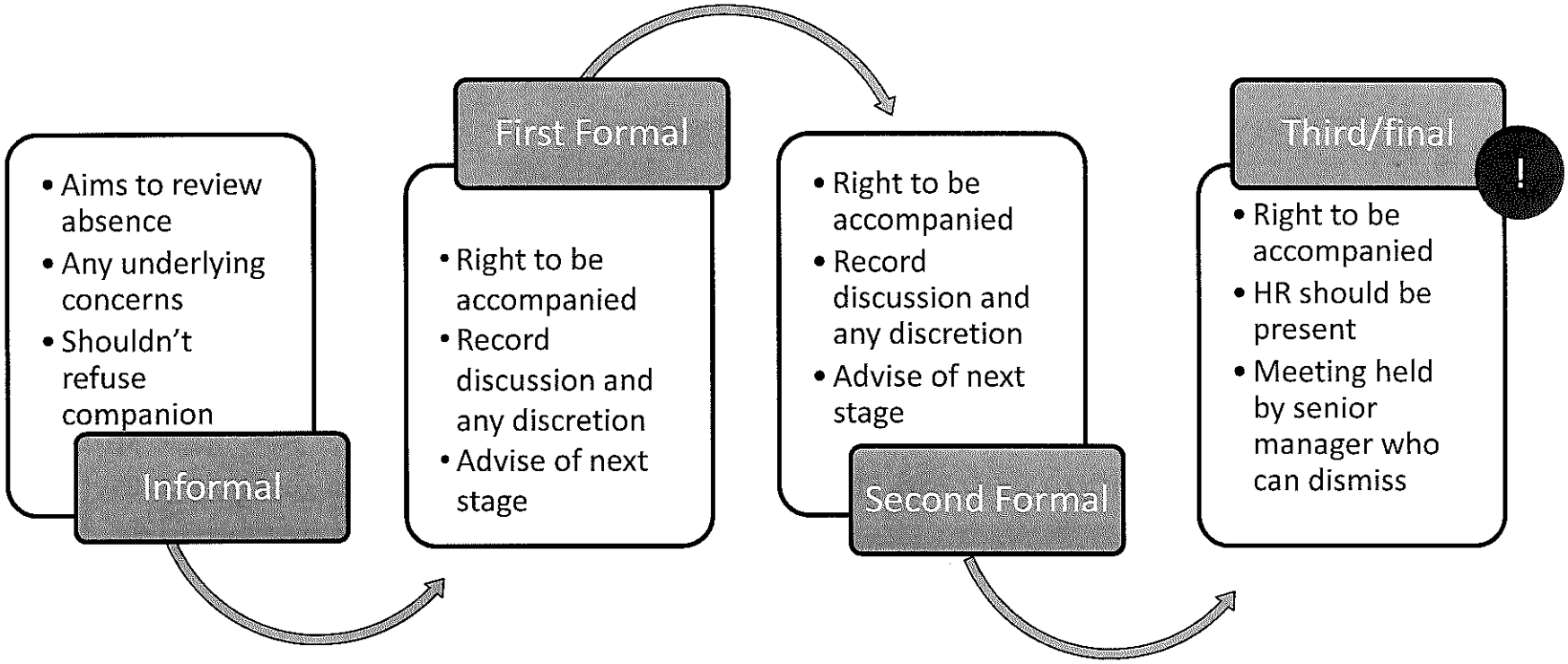
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Review Prompts

- Remember: regular dialogue and a trusting relationship is key.
- Pregnancy-related absence (not any illness experienced in pregnancy) and work-related injury/absence are recorded but will not be counted in the review prompts.
- Outside of ongoing catch ups, we should be prompted to discuss attendance if:
  - **Three** episodes of sickness absence *of any length* in any rolling **six** month period
  - **Two** or more absences totalling **ten** calendar days or more in a rolling **twelve** month period
  - **Recognisable patterns** of absence, including any in previous years, which cause concern but may not fall within either three in six or two in twelve

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Stages of the process



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Manager's Discretion

Remember: no two sets of circumstances will be the same and individuals should be supported as such

"The manager in 'knowing their employee', has the discretion that when reviewing their health and wellbeing following an episode of sickness absence, they will consider as to whether the employee progresses through the procedure. The decision will be determined and rationale **recorded** as part of the return to work/informal/formal stage meetings"

Equitable doesn't mean the same

Be able to justify what and why

Do so for the right reasons - perceptual positions

- It's the exception rather than the rule
- Recognise certain circumstances that may be missed with set procedures
- It's time-limited and not open-ended
- It leads to improved attendance

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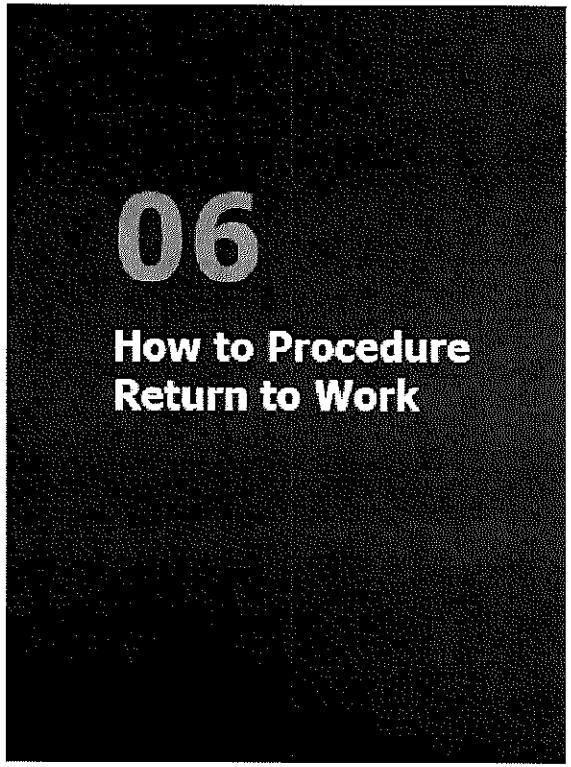
Occupational Health

- Can refer (or self-refer) at any time
- Aims to really build the relationship between employee wellbeing/needs and the employer
- Be clear on why – both to your staff member and to OH
- Ask specific questions to get specific responses

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Returning to work

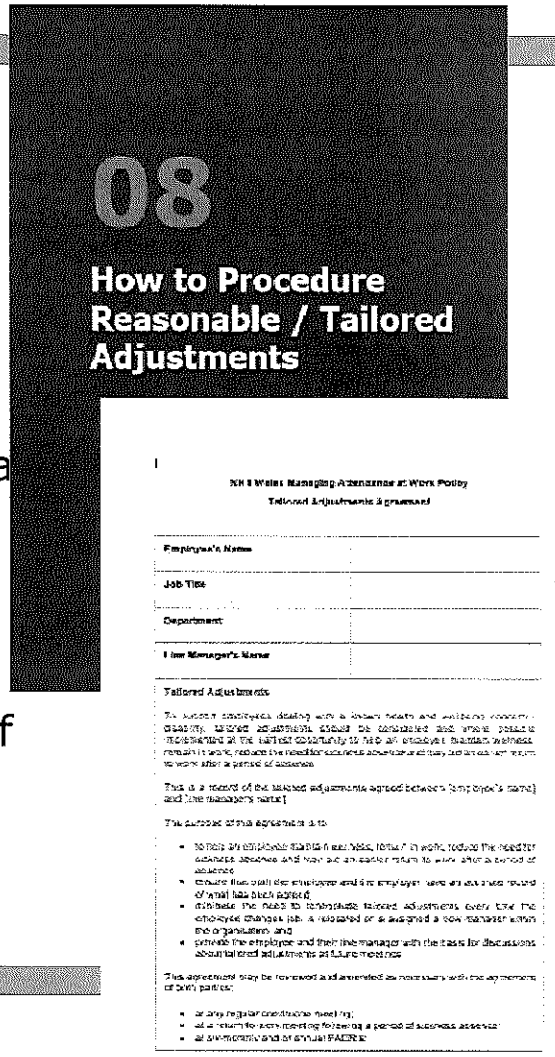
- Essential to managing attendance
- Complete on day of return or ASAP thereafter (no later than one week)
- Two-way conversation – not a form left on a desk!
- How are they – do they need any further support or adjustments made
- Complete/obtain documents if not already received



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Reasonable Adjustments

- Specifically aimed at supporting colleagues with underlying health conditions and/or a disability. Legally required to consider under the Equality Act 2010 but not precluded from applying to all
- Engage with Occupational Health and/or HR as early as possible – **we shouldn't wait for absence!**
- Tailored/ Reasonable Adjustment Agreement is a portable record of adjustments to support colleagues – removes the need to renegotiate if there is a change in manager.
- Examples could include a special chair because of back problems, a special keyboard because of arthritis, a ramp for a wheelchair user, changing working hours or patterns of work (i.e. not working night shifts)



Phased returns & Temporary Redeployment

Phased Returns

▪The policy aims to provide more support for earlier and gentler returns following a period of long term absence – standard option on a Fit Note but may be advised by Occupational Health. Could include altering hours/working days, adjustment in duties and/or change in location

- Period of 2-6 weeks
- 30% of hours in week one – increasing
- Advice from GP/OH

Temporary Redeployment

- Another form of supporting your staff member back to work
- Should be discussed with them and HR as soon as it's known that a phased return to their role isn't an option or we've tried and it's not working

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Industrial Injury Claims

Absences due to injuries sustained at work may only be discounted from the review prompts if a DATIX has been completed and the injury is deemed to be work-related.

Industrial Injury Claim Procedure:

- *"Wholly or mainly attributable to their NHS employment and is not due to or aggravated by their own negligence or misconduct."*
  - *s.4.5 – "wholly" means "totally" and "mainly" means "for the most part"*
  - *s.4.5 – "sustained or contracted in the discharge of the employee's duties of employment"*
  - *s.4.5 – "not sustained on duty but is connected with or arising from the employee's employment"*
- Eligible to receive (refer to Industrial Injury Claim Procedure) :
  - Payments linked to working patterns or additional work commitments (e.g. unsocial hours payments)
  - Injury allowance (tops up pay to 85% when moving into half sick pay) for a maximum of 12 months
  - Note such payments are paid retrospectively following the outcome of a successful claim

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Industrial Injury Claim

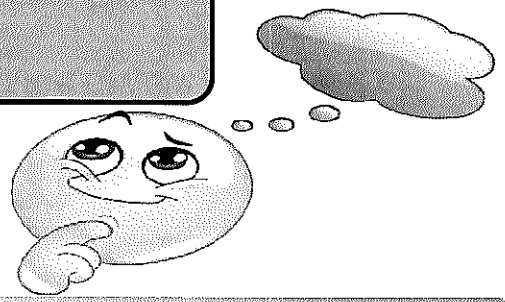
Recurring absences (s.4.9) – a new claim should be submitted – *"Employees who feel that a new episode of sickness absence is "wholly and attributable" to a previously confirmed industrial injury will need to submit an industrial injury claim..."*

Process

DATIX > Industrial Injury Claim Form (Parts A & B) & RIDDOR (if applicable)

(See also: Industrial Injury Claims Process Flowchart)

MP link for your learning – Working Safely and Risk Assessments



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ESR/Workforce Information Team

- Team responsible for roll-out of Manager and Employee Self Service within ESR
- Key benefits associated with embracing technology in terms of workforce issues e.g. system interfaces, moving to paperless systems for payslips, annual leave, e-learning etc
- Business Intelligence reporting software allows managers to run their own reports
- ESR Self Service Support Hub is available for any queries relating to Self Service

Calon Iechyd Lleol
The Heart of Local Health

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Local Workforce Teams

Local workforce teams are responsible for the provision of a Workforce and Organisation Development function for managers and staff within the county including:

- Employment practice and legislation.
- Discipline, grievance, capability and dignity at work matters.
- Partnership working and staff engagement.
- Flexible employment practices.
- Attendance management.
- Organisational change.
- Contractual changes.
- Policy development and application.
- Support service modernisation.
- Provide a mediation service.

The Teams provide advice and support and a Workforce Service to support the implementation of Health Board strategies and policies. The teams also provide this service to employees from corporate services which are based within the County.

Suggested reading material – The Human Workplace – Andy Swann (2017)

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Workforce Policy Development and Implementation Process

- All employment policies are available on the intranet.
  Link http://howis.wales.nhs.uk/sitesplus/862/page/64667
- Hywel Dda Employment Policy Group meets monthly.
- Management & Trade Union representatives work in partnership to develop and review policies.
- Following staff consultation, policies are considered by the Health Board's Partnership Forum before being finally approved.
- Major policies are developed on an All Wales basis to ensure a consistent approach.

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Management of Annual Leave

- all staff are able to book annual leave through ESR.
- the ESR record will clearly state the leave entitlement for the year.
- staff should take their annual leave at regular intervals.
- there should be a departmental protocol in place to ensure appropriate levels of annual leave are taken throughout the year and to maintain service and all staff are aware of it and who authorises it.
- leave is allocated on a fair and equitable basis, giving due consideration to the balance of service needs and staff requirements when approving or declining requests for annual leave;
- http://www.wales.nhs.uk/sitesplus/documents/862/111-AnnualleavePolicy-V5.pdf

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Management of Special Leave

Special leave will be granted in the following circumstances:

- **Emergency carers and dependant leave**
- **Unexpected crisis leave**
- **Bereavement leave**
- **Time off for statutory public duties**
- **Attending interviews within the NHS**
- **Jury service**

- **Special leave can be paid or unpaid and the amount of special leave available for individual circumstances is set out in the All Wales Special Leave Policy.**
- **There is also a managers' guide for special leave alongside the policy**
- http://www.wales.nhs.uk/sitesplus/documents/862/122-Special%20leave-guidance%20notes.pdf

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All Wales Disciplinary Policy

The All Wales Disciplinary Policy was reviewed and revised in April 2017.

The Policy is designed to ensure that fair and effective arrangements exist for dealing with disciplinary issues and to ensure that the expected standards of conduct and behaviour are observed.

General Principles:

- The right of all employees subject to disciplinary action to be treated fairly and with dignity and respect.
- No action will be taken against an employee until the case has been appropriately investigated.
- Employees will be given the right to be represented by a trade union representative or work colleague at all stages of the procedure.
- All employees have the right to appeal against any disciplinary sanction.

MP learning link to Root Cause Analysis training - Initial Assessment of Facts

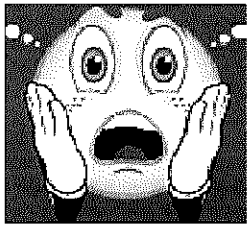
Case Study

- Happy Days Nursing Homes

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All Wales Capability Policy

- Capability issues need to be dealt with in a fair and consistent manner to help employees undertake their work to the required standard.
- These Standards should be clearly communicated and revisited at the PADR – There should be no shocks.



- Managers need to consider: Health or domestic issues, bullying or harassment, inadequate resources to do the job, insufficient training or the need for further training.
- If there is a performance issue, an initial discussion (informal stage) between the manager and employee should take place to identify the reasons for the unsatisfactory performance and the difficulties this presents.
- Workforce advice must be sought at each stage of the capability process.

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All Wales Grievance Policy

- All employees have the right to raise a grievance in relation to their employment. However, grievances cannot be raised in relation to appropriately applied A4C terms and conditions or Health Board policies.

- All grievances are dealt with promptly, fairly and consistently.

- Where possible all conflicts should be resolved informally (Stage1) by the employee and their manager.

There are 3 stages:

- Stage 1 – Initial Informal Discussion
- Stage 2 – Formal Grievance Hearing
- Stage 3 – Grievance Appeal Hearing



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All Wales Dignity at Work Process

- Any form of bullying and/or harassment will be regarded as misconduct, and may result in disciplinary action, including dismissal.
- In very serious cases criminal prosecution can result.
- The aim of this process is to resolve the concerns raised by any employee as quickly and effectively as possible. Strive for informal resolution. Formal process can fracture relationships permanently.
- Informal and formal processes to resolve issues – includes mediation, team building, investigation which may lead to disciplinary action being taken



Case Study: Goldie Locks & Pete De Beer

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Raising Concerns Procedure (Whistleblowing)

- This procedure aims to help people raise concerns.
- The safety and wellbeing of patients and service users is seen as the responsibility of **everyone** involved in the provision of health services.
- The Health Board is working towards developing a culture where people feel able to raise concerns and are treated with dignity and respect when doing so.
- This will lead to honesty, integrity, increased reporting, learning and sharing of incidents and development of best practice.

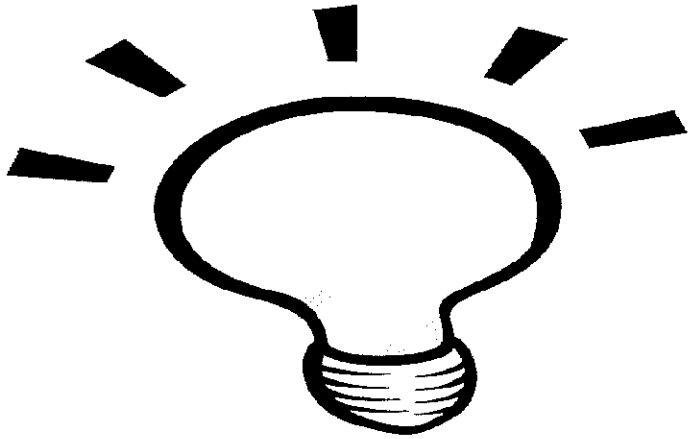
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Organisational Change

- Managed in accordance with Organisational Change Policy (OCP) – an All-Wales agreement
- Applied in organisational structure changes and service changes which impact on staff roles
- Sub-Group of Staff Partnership Forum monitors activity and ensures consistency of application
- HR advice to be sought as this is a complex area
- **MP link for your learning – 'Managing Change'**
- **Suggested reading material – *Who Moved My Cheese: An Amazing Way to Deal with Change in Your Work and in Your Life* Dr Spencer Johnson (1998)**

Learning Outcomes

- Do you now have an understanding of the Workforce Function ?
- Do you know who to call if you have a difficult Employee Relations problem?
- Do you know where to get the main Workforce Policies that you will need?



Thanks for Listening

Any questions?



Ev08

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Preceptorship Policy for Newly Registered Nurses and Midwives

Policy Number:	112	Supersedes:		Classification	Employment

Version No	Date of EqIA:	Approved by:	Date of Approval:	Date made Active:	Review Date:
V3	08/2019	W&OD Sub Committee	12.11.2019	10.12.2019	01/05/2023

Brief Summary of Document:	Best practice for supporting newly registered nurses and midwives in the transition from student nurse to qualified practitioner
Scope:	Registered nurses and midwives
To be read in conjunction with:	NMC Code (2018) Welsh Government Core principles for preceptorship (2014)

Owning Committee/ Group	W&OD Sub Committee

Executive Director:	Lisa Gostling	Job Title	Director of W&OD

Reviews and updates		
Version no:	Summary of Amendments:	Date Approved:
1	New Policy	January 2012
2	Revised	20.10.2015
3	Full review	19.11.2019

Glossary of terms

Term	Definition

Keywords	Preceptorship, newly registered nurse or midwife, SCPHN, Return to Practice nurses/midwives, Education Liaison Service, preceptor, preceptee, return to practice

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1. INTRODUCTION

The Nursing and Midwifery Council (NMC 2019) state that:

All new employees should have a thorough induction into their area of work, training and supervision where necessary, access to preceptorship* and mentoring (especially for newly registered staff), ongoing access to professional development and clinical supervision.

This policy statement is guided by the Nursing and Midwifery Council (NMC), the Core Principles for Preceptorship (WG, 2014),Health and care Standards for Wales (2015), relating to the support and supervision requirements of newly registered nurses, and the Department of Health (DOH) standards for preceptorship (2010). The aim of this document is to provide a policy statement in relation to the preceptorship requirements of newly registered nurses, midwives, Return to Practice nurses/Midwives and SCPHN.

Newly registered nurses/midwives, include all nurses/midwives who are 'new registrants admitted to the NMC register after completing a pre-registration nurse/midwifery training programme in the UK for the first time, or have subsequently entered a new part of the register'. This includes newly registered nurses/midwives from other 'European Economic Area States' (NMC 2006). Newly registered nurses/midwives also include nurses who are returning to practice and the professional register following a lapsed registration and those who have undergone an overseas adaptation programme. This policy will provide guidance to the preceptor and the preceptee to ensure consistent and standardised practice across the Health Board.

This policy applies to all newly registered nurses and midwives, as defined above, who are employed by Hywel Dda University Health Board in a nursing/midwifery capacity, including employment directly through the nursing/midwifery bank.

2. PRECEPTORSHIP

*Preceptorship is a period of support for people who have joined the register to help their transition from student to qualified nurse or midwife.

Preceptorship is defined as *'A period of structured transition for the newly registered practitioner during which he or she will be supported by a preceptor, to develop their confidence as an autonomous professional, refine skills, values and behaviours and to continue on their journey of life-long learning' (DOH, 2010).*

The Health Board's preceptorship programmes will therefore reflect this spirit of life-long learning in developing knowledge, skills and core values already acquired at the point of registration. The preceptorship programme will place an emphasis on the application of professional learning within preceptees' designated work setting and will also embed the principles of the spirit of nursing and professionalism, effectively communicating, developing resilience and working within a legal framework of nursing supported by reflective practice as well as development of clinical skills.

Preceptorship will comprise of a formal process for all newly registered practitioners, with Health Board level accountability for implementation, resource and impact assessment of the programme.

The NMC (2018) does not suggest a minimal time period, however, it is expected within this Health Board for newly registered practitioners to receive a minimum of 12 months post registration supported practice as preceptees. The preceptorship programme is also confirmed as a

mandatory requirement by the Health Board for new registrants in accordance with the Core Principles for Preceptorship (2014).

Preceptorship requires that the newly registered nurse/midwife (**preceptee**) has access to a named individual on the same part of the register and field of practice, for guidance and support as a **preceptor.**

Preceptorship:

- Does not replace mandatory training;
- Is not a substitute for performance management processes; however, line managers are advised to instigate the appropriate policy in relation to preceptees not achieving the required level of clinical performance;
- Includes the opportunity to reflect on practice and receive constructive feedback from a preceptor

The newly registered nurse/midwife will be expected to complete learning outcomes and developmental objectives throughout the preceptorship period, The completed outcomes will be a part of the new registrant's professional portfolio.

3. NEWLY REGISTERED NURSES & MIDWIVES (PRECEPTEES)

3.1 AWAITING PIN (Personal Identity Number)

If the newly registered preceptee is awaiting their PIN, then they must not practice as an accountable, registered practitioner, but under the direct supervision of a registered practitioner (known as a preceptor). Accountability in this situation is taken by the preceptor for the preceptees practice until their PIN is confirmed. Preceptees must have all documentation entries they have made countersigned by a preceptor during this time.

The preceptee awaiting their PIN will work as a Band 3 under Agenda for Change following the job description of a Health Care Support Worker (HCSW).

3.2 REGISTERED

The preceptee who has received their PIN from the NMC must be supported by a named preceptor for the duration of the preceptorship period. The preceptee is fully accountable (NMC Code 2018) for their own practice, and must be fully aware of their competency levels and areas for personal development from documented discussions with their preceptor and from completion of their professional portfolio.
Preceptees with a PIN do not need to work under the direct supervision of another registered practitioner but must be supported and have access to a more senior nurse for their preceptorship/novice period.

3.3 THE ROLE OF THE EDUCATION LIAISON SERVICE IN FACILITATING THE PRECEPTORSHIP PROGRAMME

The Education Liaison Service has ownership of the preceptorship programme and is responsible for planning, organising and arranging the programme with 12 days of protected learning time over a pre-determined time period. This programme will consist of 7 days front loading/ core clinical skills, 4 classroom based days designed for professional development and enhanced learning and one final conference day. The content of the programme will reflect the service development needs and will be subject to regular review.

The programme will also consist of 6 sessions of group clinical supervision.

Each Preceptee will be expected to complete a professional portfolio by the end of the preceptorship period. This portfolio development will be fully supported by the Education Liaison Service to enable the preceptees to demonstrate personal, professional and clinical growth and development within their field of practice. This portfolio will act as the evidence needed towards revalidation and the design template will reflect this. *This professional portfolio will be used by line managers to inform and determine the suitability of the NRN/NRM to proceed through their pay gateway - (All Wales Pay Progression Policy.*

The preceptee must attend all 12 days - 100% - of preceptorship programme in order to have completed the programme

I. The Education Liaison Service will facilitate a regular review of the content of the preceptees portfolios throughout the programme

ii) The Education Liaison Service will provide support and supervision where necessary to the preceptees throughout the preceptorship period, based on group or individually identified need.

iii) The Education Liaison Service will provide preparation, support and supervision to the preceptor, nursing team and Sister/Charge Nurse throughout preceptorship where necessary

iv) The Education Liaison Service will audit and evaluate the preceptorship programme in order to capture a concrete framework of evidence to show the effectiveness of implementing high quality standards of preceptorship. The evaluation process will also demonstrate the benefits of the programme to the HB as a whole.

v) If a Preceptee fails to complete the required 100% attendance, the preceptees line manager, senior nurse, Head of Service will be notified by the ELS and there will be no record of completion.

4.3 THE ROLE OF THE EDUCATION LIAISON MIDWIFE IN FACILITATING THE PRECEPTORSHIP STUDY PROGRAMME FOR MIDWIFERY PRECEPTORSHIP

Once fully registered with the NMC, the newly registered midwife must complete the 12 months work based preceptorship programme, which will include skills and drills days, e-learning packages, clinical study days and scenario based clinical situations. Areas for development will be identified from discussions with their preceptor, and the newly registered midwife must complete the Preceptorship and Competency Programme and specific learning outcomes.

Newly registered midwives with a PIN do not need to work under the direct supervision of another registered midwife but must be supported as required during the preceptorship period.

5. NEWLY REGISTERED SPECIALIST COMMUNITY PUBLIC HEALTH NURSES (SCPHN)

Adhering to the NMC recommendations (2006) all newly qualified SCPHNs are allocated a preceptor to guide their transition. The preceptor supports the SCPHN in their new post for 6 months or longer if needed. The preceptor is responsible for monitoring, supporting and reviewing the competencies of the SCPHN, ensuring that mandatory training is completed and that competencies are achieved in line with the NMC Code (2018). Newly Registered SCPHN are required to work to the service specific preceptorship programme.

6. THE ROLE OF THE EDUCATION LIAISON SERVICE IN FACILITATING THE PRECEPTORSHIP STUDY PROGRAMME FOR NEWLY REGISTERED RETURN TO PRACTICES NURSES

Nurses returning to practice must have access to the preceptorship programme. As detailed above they will be expected to complete a professional portfolio in line with NMC requirements and have access to a preceptor for support and advice. They will be required to complete 100% of the preceptorship programme.

7. RESPONSIBILITIES OF ALL NEWLY REGISTERED PRACTITIONERS (NMC 2018)

a) Practice in accordance with the NMC Code: *Professional standards of practice and behaviour for nurses and midwives* (NMC 2018)
b) To attend 100% of the preceptorship programme
c) Where a session cannot be attended, the preceptee must make arrangements to attend the same day with another preceptorship group running within the Health Board.
d) Where a preceptee does not attend the programme or leave any day early (unless previously confirmed by the preceptees line manager), the ELS will inform the new registrant's line manager
e) To ensure they are supported by a preceptor in the same clinical area during the preceptorship period and to identify timely to their manager if a preceptor is not available
f) Identify individual specific learning needs and develop support plans for addressing these needs with the preceptor
g) Seek regular feedback and supervision sessions with their preceptor in order to reflect on their practice and experiences ensuring they maintain a record of all meetings within their professional portfolio
h) Utilise and prioritise their protected learning time in order to successfully complete their preceptorship
i) Be aware of the relevant policies and procedures and a clear understanding of the expected standards, competencies and objectives required by their employer.
j) Maintain a professional portfolio which is in line with NMC revalidation and KSF requirements.
k) Complete role-specific workplace induction as appropriate to clinical areas.

8. PRECEPTOR ROLE AND RESPONSIBILITIES (NMC 2006)

a) Ensure that the preceptee has a minimum of two weeks supernumerary status as a newly registered practitioner.
b) Agree and facilitate appropriate protected time for reflection, learning and completion of the preceptorship programme and professional portfolio
c) Provide feedback and supervision meetings with the preceptee, ensuring that a record kept and a plan of action is devised as required in the preceptee portfolio
d) Identify any learning needs or areas for development throughout the preceptorship period and agreeing plans and actions necessary to enable the preceptee to achieve these learning objectives.
e) Enable the new registrant to consolidate learning and gain general confidence in the clinical area before undertaking crucial aspects of nursing practice unsupervised.

Although there are no formal qualifications associated with being a preceptor, all preceptors must be adequately prepared for the preceptor role and ideally with at least 2 years' experience within the same clinical area as the new registrant.

9. MANAGERS AND SENIOR NURSE RESPONSIBILITY–

a) Managers are responsible for ensuring that NRN/NRM have access to protected study time and for implementing clinical preceptorship in line with this policy document.
b) Managers and senior nurses are responsible for ensuring that all newly registered practitioners have a minimum of 2 weeks supernumerary status within the work place.
c) Managers and senior nurses are responsible for supporting the preceptor and the preceptee throughout the preceptorship period.

d) A 6 month Personal Appraisal and Development Review (PADR), must be undertaken by the Line Manager or identified Reviewer, using the KSF Post outline to guide the discussion around role performance in consultation with the named preceptor.
e) In addition, an Annual Professional Review should also be undertaken as part of the three-year NMC revalidation cycle, using the preceptee's professional portfolio to guide the discussion. Managers and senior nurses will review the programme attendance, preceptee portfolio and development in order for any pay step to be fulfilled.

NMC revalidation
Every 3 years at the point of their renewal of registration nurses and midwives will need to undertake a formal process of revalidation in order to demonstrate that they are practising in line with the Code's standards of practice and behaviour and have complied with all requirements of the NMC Revalidation process. Please refer to Hywel Dda University Health Board's Revalidation Policy.

REFERENCES

Welsh Risk Pool Standards 11: Supervision of staff and Standard 12: Assessing Competence http://howis.wales.nhs.uk/gsiteCW/home.cfm

NMC(2006) Preceptorship Guidelines NMC circular 21/2006 http://www.nmc.org.uk/globalassets/sitedocuments/circulars/2006circulars/nmc-circular-21_2006.pdf

NMC (2015) The Code: Professional standards of practice and behaviour for nurses and midwives http://www.nmc.org.uk/globalassets/sitedocuments/nmc-publications/revised-new-nmc-code.pdf

Department Of Health (2010) A Standard for Preceptorship. DH www.DOH.co.uk

HDUHB (2012) Agenda for Change Preceptorship Policy for band 5 posts HDUHB 2012 http://www.nmc.org.uk/globalassets/sitedocuments/nmc-publications/revised-new-nmc-code.pdf

Welsh Government (2014) Core Principles for Preceptorship Shared Services Partnership http://www.weds.wales.nhs.uk/sitesplus/documents/1076/Final%20Report%20for%20Preceptorship.pdf

Hywel Dda University Health Board operates a smoke free environment. Please do not smoke anywhere on our sites

Personal Development Catalogue

EV09

Please click on one of the links below to access that course:

- **AGORED CYMRU & CREDIT BASED LEARNING**

1. Assessor & Internal Verification Training

- **APPRENTICESHIPS IN HEALTH**

1. Apprenticeships in Health Level 2 & 3

- **CLINICAL SUPERVISION**

1. Clinical Supervision Workshop

- **EDUCATION PROGRAMME FOR STAFF & PATIENTS**

1. Chronic Disease Self Management Course
2. Looking After Me Course

- **LEARN WELSH**

1. Learn Welsh
2. Cwrs Cyfarch/Meet & Greet Course
3. Welsh Language E-Learning

- **NMC REVALIDATION CONFIRMERS WORKSHOP**

1. NMC Revalidation Confirmers Workshop

- **PORTFOLIO DEVELOPMENT FOR HEALTHCARE SUPPORT WORKERS**

1. Porfolio Development for Healthcare Support Workers

- **PRECEPTORSHIP FOUNDATION FOR NEWLY QUALIFIED NURSES**

1. Preceptorship

- **PRE-RETIREMENT COURSE**

1. Planning a Positive Retirement

- **REACH - A CINICAL CAREER FRAMEWORK**

1. REACH - Facilitating Personal Development (Appraiser Course)

- **REFLECTIVE PRACTICE & PORTFOLIO DEVELOPMENT WORKSHOP**

1. Reflective Practice & Portfolio Development Workshop

- **WELLBEING DEVELOPMENT SECTION**

1. Psychological Skills Training (ACT in the Workplace)

AGORED CYMRU & CREDIT BASED LEARNING SECTION

Agored Cymru Assessor & Internal Verification Training	Personal Development
Who Should Attend? Anyone wishing to become an assessor and/or Internal Verifier to develop/deliver credit based accredited learning via Agored Cymru. **Course Description:** Hywel Dda is an approved 'Centre' for the awarding body 'Agored Cymru', enabling our organisation to	

award credit for achievement of learning.
At the end of this interactive and participatory day, participants will be able to begin immediate assessment and internal verification within their department/service.

Course Objectives
To enable participates to undertake assessment and internal verification of learning within their department/service according to the quality
assurance standards of the awarding body Agored Cymru.

KSF Dimensions:
Core Dimensions:
- Communication
- Personal & People Development
- Health & Safety & Security Level 4
- Quality Level 6
- Equality & Diversity

Specific Dimensions:
- IK Level 3
- G1
- G2

Links to other programmes/modules:
Those wishing to proceed to undertake the full approved internal verification award (AIVS) can do so with the production of a portfolio.
The two units for the Approved Internal Verification Status (AIVS) equates to 9 credits at level 3 (for further information AIVS status see the
Learning & Development Intranet page or see Agored Cymru web site for routes to AIVS status.
Only participants who have attended this course are permitted to assess or internal verify learners with Agored Cymru in Hywel Dda Health
Board.

Duration: 1 Day
Facilitator:

Application Details:
(Please ensure that you provide your payroll number when booking a course).
Tel:
Email:

Please contact above for further information regarding booking a place.

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APPRENTICESHIPS IN HEALTH SECTION

Apprenticeships in Health Level 2 & 3

Personal Development

Who Should Attend?
All Health Care Support Workers.

Course Description:

Our Health & Social Care Apprenticeships provide learners with the knowledge and skills needed to work in a variety of health & social care settings. From helping people with a particular need to providing vital assistance to healthcare professionals in the care of patients. Apprenticeships are accepted as a key government and public sector strategy in meeting the skill need of the nation. Within the health sector, apprenticeships have become an acknowledged main stream approach with the following benefits:

- Developing the skills for the wider health sector workforce
- Attracting and retaining new and existing staff
- Enhancing staff morale, meeting changing service delivery requirements and associated new job roles
- Securing clear routes of progression

The apprenticeship programme will consist of unit based education to develop the knowledge and skills of the HCSW along with the Essential Skills framework. Optional units will be chosen that relate to the HCSW working environment so that the skills acquired will be workplace related. We will be working in partnership with Pembrokeshire College who will support all HCSW through this process with the support of the HCSW Development Managers.
The Apprenticeships will be available across all three counties and will be:-

- Level 3 Health (Clinical & Community)
- Level 3 Health (Mental Health & Learning Disabilities)

Course Objectives
An Apprenticeship is an integrated work based development programme reflecting required knowledge and competencies leading to nationally accredited qualifications. It is a framework containing a number of different qualifications all of which must be completed to achieve the qualification.

- Knowledge based qualification
- Competency based qualification
- Essential skills
- Employee Rights and Responsibilities

KSF Dimensions:
Core Dimensions:
- Communication Level 2
- Personal & People Development Level 1

- Health & Safety & Security Level 1
- Quality Level 2
- Service Improvement Level 1
- Equality & Diversity Level 2

Specific Dimensions:
- HWB3 Level 1

Naional Occupational Standards:
Linked to QCF Diploma Units:
1,2,3,4,5,6,7,8,9,10,11,16,20,29,30,31,36,39,41,42,45,46,47,48,50,52.
Links to other programmes/modules:
Organisational Induction Programme.
Skills2Care

Duration: 1 Day Per Month
Facilitator: HCSW Development Managers
Carmarthenshire - Trish Mathias - 01267 239609 - trish.mathias@wales.nhs.uk
Pembrokeshire - Please contact either of the above.
Additional Information
Candidates will be able to access a rolling programme of courses held in localities within Carmarthenshire, Ceredigion & Pembrokeshire. See on-line prospectus for further details

Available Dates Below:

PEMBROKESHIRE LOCALITY

CARMARTHENSHIRE LOCALITY

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CLINICAL SUPERVISION

Clinical Supervision Workshop

Personal Development

Who Should Attend?
Registered nurses who wish to become clinical supervisors in order to support nursing colleagues including newly qualified nurses completing their preceptorship training.
Course Description:
This is a 3 day experiential workshop preparing registered nurses to become effective clinical supervisors.
Course Objectives:
- To increase participants knowledge and understanding of the definitions and practice of clinical supervision.
- To identify existing skills and explore their transferability to the role of a clinical supervisor.
- To enable participants to gain confidence and competence in facilitating one to one and group supervision sessions.

Learning Outcomes:

At the end of the programme participants should be able to:
- Define clinical supervision.
- Explain the benefits of clinical supervision for patient care
- Describe the skills required of a clinical supervisor
- Facilitate a clinical supervision session

KSF Dimensions:
Core 1,2 & 4

Duration: 3 Days
NB: Due to nature of the workshops there is a maximum of 12 applicants. You must be able to attend ALL three days.
Facilitator: Sarah Tait - Lecturer College of Human and Health Sciences, Swansea University

For further information or to reserve a place:
Tel: (WHTN 01720) 2511
Email: learning.development-hyweldda@wales.nhs.uk

Available Dates Below:

CARMARTHENSHIRE LOCALITY

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EDUCATION PROGRAMME FOR PATIENTS SECTION

Chronic Disease Self Management Course

Personal Development

Who Should Attend?
If you are a member of staff working in the Hywel Dda Health Board and have a long term health condition or care for someone with a long term health condition outside of the work setting then this course could really help your personal development. This course is also suitable for patients over the age of 18, living with a long term health condition. A condition is considered long-term if the person has had it for 12 months or more..

Course Description:
This course will help you to improve your quality of life by learning skills to help you better manage your condition on a daily basis and maximise your potential in your daily life.

Course Objectives
The objective of the course is to learn new skills to:

- Manage your symptoms
- Deal with stress, depression and low self-image
- Manage pain and fatigue
- Relaxation techniques
- Eat healthily and physical activity
- Planning
- Problem solving
- Planning for the future

Duration: 2.5 hours over 6 weeks
Location: Carmarthenshire Localities - Llandeilo/Llanelli/Carmarthen
Ceredigion Localities - Newcastle Emlyn/Aberystwyth
Pembrokeshire Locality - Tenby
Facilitator: **Sarah Tomlinson/Caroline Davies**

Application Details: Education Programme for Patients Cymru
(Please ensure that you provide your payroll number when booking a course).
Tel: 01554 779507
Email: ***expert.patient@wales.nhs.uk***
Post: 13 Goring Road, Llanelli SA15 3HF

Courses are run on a regular basis across Hywel Dda Health Board, evening courses are also offered in certain areas.

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Looking After Me Course

Personal Development

Who Should Attend?
If you are a member of staff working in the Hywel Dda Health Board and are caring for someone who is living with a long term health condition.

Course Description:
This course will help you to improve your quality of life by learning skills to help you better manage your caring situation on a daily basis and maximise your potential in your daily life.

Course Objectives

The objective of the course is to learn new skills to:

- Deal with stress, depression and low self-image
- Manage fatigue
- Relaxation techniques
- Eat healthily and physical activity
- Planning/caring
- Problem solving
- Planning for the future
- Working with the health and social care team

Duration: 2.5 hours over 6 weeks
Location: Carmarthenshire Localities - Llandeilo/Llanelli/Carmarthen
Ceredigion Localities - Newcastle Emlyn/Aberystwyth
Pembrokeshire Locality - Tenby
Facilitator: **Sarah Tomlinson/Caroline Davies**

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LEARN WELSH SECTION

Learn Welsh

Personal Development

Who Should Attend?
Line Manager should prioritise staff attendance at training, in line with service capacity.
Priority will be given to those who work in front line posts (i.e. patient contact or those working with the 4 vulnerable groups (children, older people, mental health and those with learning difficulties).
How:
You will need to identify and record your requirement for developing your Welsh Language skills in your PDR, with your line manager's agreement you will be required to complete the Study leave Form and forward to the Learning & Development Department. You will need to identify a course of your choice from the Welsh for Adults prospectus (see link below) and enrol according to instructions of the centre who are providing the course.
Course Description:
You may join at different levels:

- Entry
- Foundation
- Intermediate
- Advanced
- Proficiency

For more information on each level and how each course is run, please follow the link below.
Course Objectives
To provide opportunity for staff to develop their Welsh Language skills and give them confidence to speak basic conversational Welsh with service users/patients.

- Carmarthenshire & Pembrokeshire: www.learnwelshsouthwestwales.org
- Ceredigion www.aber.ac.uk/welshforadults

Duration: Short or intensive courses available
Facilitator: Welsh for Adults

Application Details:
(Please ensure that you provide your payroll number when booking a course).
For help or guidance with complying with the Welsh Language Scheme please contact:
Tel: Enfys - 01267 239577
Email: enfys.williams@wales.nhs.uk

Please contact above for further information regarding booking a place.

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Welsh Meet & Greet Course/Cwrs Cyfarch

Personal Development

Who Should Attend?
The course has been designed to enable staff, particularly front line staff (i.e. those working in reception areas and outpatients clinics), to use basic courtesy Welsh with patients at first point of contact. This will help the Health Board to comply with the statutory Welsh Language declaration to provide a basic bilingual service to patients at main entrances, receptions and outpatients clinics, treating Welsh and English languages equally. But more than that, staff knowing and using at least basic Welsh demonstrates respect to Welsh speaking members of the public and offers comfort and dignity to those who for whatever reason find it easier to express themselves in Welsh.
Course Description:
'Cwrs Cyfarch/Meet & Greet' is a six hour course comprising of three units, each lasting two hours. The course is user-friendly and aimed at staff with limited or no Welsh language skills who wish or are required to use basic courtesy Welsh when dealing with the public on the phone, at reception and/or via email. Apart from learning to meet & greet in Welsh, the tutors will teach people to pronounce Health Board locations and useful phrases.
Course Objectives

- Participants will gain confidence in using basic words and patterns so that they have sufficient knowledge of Welsh to enable them to greet members of the public/clients bilingually, even though a greeting/greetings may be of a very basic nature.
- Using even basic courtesy Welsh will go a long way in respecting a Welsh speakers dignity and identity, and will make them feel at ease in vulnerable situations.
- Give staff with limited or no Welsh language skills the confidence and knowledge to facilitate language choice at first point of contact for patients and/or service users.
- Comliance with the Health Board's Welsh Language Scheme - Target 3. Staff at main entrances, reception areas and outpatient clinics can provide a basic bilingual service.

KSF Dimensions:

Core Dimensions:
- Communication - Level 2
- Personal & People Development - Level 1
- Service Improvement - Level 1
- Quality - Level 1
- Equality & Diversity - Level 2

Links to other programmes/Modules:
Occupational Credit Value: 1 (Agored Cymru).
This course is also key to achieving Target 3 of the Hywel Dda Health Board's Welsh Language Scheme, which ensures that in the conduct of public business in Wales it will treat the Welsh and English languages on the basis of equality and that patients, as a matter of good practice, should be provided with a service in the language of their choice. Please follow the link for a copy of the Health Board's Welsh Language Scheme: http://www.wales.nhs.uk/sitesplus/862/page/47406

Duration: 1 Day
Facilitator: Welsh for Adults

Application Details: Learning & Development Department:
(Please ensure that you provide your payroll number when booking a course).
Tel: 01437 772511
Email: learning.development-hyweldda@wales.nhs.uk
Learning & Development Dept, Withybush General Hospital,
Fishguard Road, Haverfordwest, Pembrokeshire, SA61 2PZ

Please contact above for further information regarding booking a place.

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Welsh Language E-Learning	Personal Development

Who Should Attend?
All Staff
Course Description:
This course is a self-directed E-Learning package that serves as a resource to raise awareness of the Welsh language in healthcare and as a training resource to start to speak the language.
Course Objectives:

- Understand the importance of the Welsh language in the delivery of healthcare services within Wales.
- Understand your own role and responsibilities in delivering Welsh Language and bilingual healthcare services.
- Assess how you currently deliver Welsh language services and identify areas for improvement.
- Understand and be able to use simple Welsh words and phrases that may be useful when dealing with Welsh speaking patients.

Links to other programmes/Modules:

- Welsh Meet & Greet
- Learn Welsh

Facilitator: E-Learning

Duration: 1 Hour Approx.

Application Details: Learning & Development Department
This course is to be found on the Learning@NHSWales all Wales site

Click here to access via the 'Online courses and Resources' intranet page.

For an access guide click here

Please see above for application details.

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NMC REVALIDATION CONFIRMERS WORKSHOP SECTION

NMC Revalidation Confirmers Workshop	Personal Development

Who Should Attend?
All registered nurses and midwives who line manage other registered nurses and midwives.
Course Description/Course Objectives:
The workshop involves a number of interactive sessions looking at different aspects of the revalidation process and associated activities.

The programme will:

- Provide current information about the NMC revalidation process and the NMC code
- Clarify the role of the confirmer in the revalidation process
- Provide information about the collection of evidence and portfolio development
- Review the reflective discussion and how to facilitate it
- Provide current PADR training

Learning Outcomes
On completion of the workshop participants will be able to:

- Explain the stages involved in the revalidation process
- Advise how to collect evidence and how to compile a portfolio in preparation for revalidation
- Undertake the role of the discussion partner and the confirmer in the revalidation process
- Underake a PADR

Pre Requisite training required (if any)
Must be on the NMC register

L&D NMC Confirmer Workshop updated letter If you are attending this course please click on this link and read the attached document.
L&D NMC Revalidation CPD information

KSF Dimensions:
Core Dimensions:
- Communication
- Personal & People Development

- Health, Safety & Security
- Service Improvement
- Quality
- Equality & Diversity

Duration: 1 Day
Facilitator: Practice Development Nurses and Workforce and Senior Organisational Development Manager
Application Details: Learning & Development Department:
(Please ensure that you provide your payroll number when booking a course).
Tel: 01437 772511
Email: learning.development-hyweldda@wales.nhs.uk
Learning & Development Dept, Withybush General Hospital,
Fishguard Road, Haverfordwest, Pembrokeshire, SA61 2PZ

Available Dates Below:

CARMARTHENSHIRE LOCALITY

Venue & Time for dates below: 9:00am - 1:30pm - Boardroom, F37, College of Human & Health Science (Building 3), St David's Park, Carmarthen
Thursday, 23rd January 2020

Venue & Time for dates below: 9:00am - 1:30pm - Meeting Room 2, Ty Nant, GGH, Carmarthen
~~Friday, 15th May 2020~~ **DATE CHANGED TO THURSDAY, 14TH MAY 2020**

PEMBROKESHIRE LOCALITY

Venue & Time for dates below: Auditorium Conference Centre, WGH, Haverfordwest -
No dates at present

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PORTFOLIO DEVELOPMENT FOR HEALTHCARE SUPPORT WORKER SECTION

Portfolio Development for Healthcare Support Worker Course	Personal Development

Who Should Attend?
This programme is designed to introduce all clinical and non-clinical Healthcare Support Workers to the development and maintain a portfolio. This is in line with the Code of Conduct for Healthcare Support Workers.
Course Description:
The course is practically orientated and the topic relates to the development of their portfolio.
Please Note: Delegates are required to bring an A4 Folder and Dividers with relevant certificates.
For further information please contact Trish Mathias-Lloyd.
Course Objectives:

- Development of a Personal Professional Portfolio
- CV Writing
- Job description and KSF Outline
- Self assessment and preparation for Lean PDR
- Development of a personal development plan
- Direct and indirect evidence
- Reflection
- Reading List
- What to do in the appendix

KSF Dimensions:
Core Dimensions:
- Communication Level 1
- Personal & People Development Level 1
- Service Improvement Level 1
- Quality Level 1
- Equality & Diversity Level 1

Links to other programmes/Modules:

- Induction
- Skills 2 Care
- Diploma
- Code of Conduct

Duration: ½ Day
Faculitator: Trish Mathias-Lloyd

Application Details: Learning & Development Department:
(Please ensure that you provide your payroll number when booking a course).
Tel: 01437 772511
Email: learning.development-hyweldda@wales.nhs.uk
Learning & Development Dept, Withybush General Hospital,
Fishguard Road, Haverfordwest, Pembrokeshire, SA61 2PZ

Please contact above for further information regarding this course.

CEREDIGION LOCALITY

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PRECEPTORSHIP FOUNDATION FOR NEWLY QUALIFIED NURSES SECTION

Preceptorship	Personal Development

Who Should Attend?
All Newly Registered & Return to Practice Nurses.
Course Description:
This course has been designed to facilitate the professional development of newly Registered & Return to Practice Nurses, joining the organisation; to provide effective support in making the transition from student ot confident, capable health practitioner.
Course Objectives:

- To promote excellence in practice
- To provide a flexible realistic programme that instils the practitioners ownership of their development
- To support confidence and effective practice
- To link theory and practice

Course Objectives:

- Develop communication and team working skills
- Promote patient safety and quality care
- Build on existing attributes and learning through reflection on and in practice
- Develop a meaningful portfolio of activities producing evidence of knowledge and skills gained in readiness for the NHS Knowledge & Skills Framework review.

KSF Dimensions:
Core Dimensions:
- *Communication Level 2*
- *Personal & People Development Level 2*
- *Health & Safety Level 2*
- *Service Improvement Level 2*
- *Quality Level 2*
- *Equality & Diversity Level 2*

Additional Information:
Further information regarding Preceptorship can be found by following this link:
http://howis.wales.nhs.uk/sitesplus/862/page/43343
Duration: 12 Days
Faculitator: Education Liaison Nurse

Application Details: Learning & Development Department:
(Please ensure that you provide your payroll number when booking a course).
CARMARTHENSHIRE:
Helen Thomas E.L.N. helen.thomas4@wales.nhs.uk. GGH 01267 227549 (Ext 2549)
CEREDIGION:
Angharad Jones, angharad.jones2@wales.nhs.uk BGH – Ext; 5449
M.H./L.D
Helen Thomas, Mental Health & Learning Disabilities, helen.thomas4@wales.nhs.uk WGH: Ext 3199/3131
PEMBROKESHIRE:
Helen Thomas, Mental Health & Learning Disabilities, helen.thomas4@wales.nhs.uk WGH: Ext 3199/3131

Available Dates Below:

CARMARTHENSHIRE LOCALITY	

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PRE-RETIREMENT COURSE SECTION

Planning a Postive Retirement	Personal Development

Who Should Attend?
Anyone considering leaving employment on normal, early or ill health retirement, or taking flexible retirement within approximately the next 18 months or so.
Course Description:
Forward planning is advisable when making any major change in life and retirement is no exception. Make sure your plans are realistic and based on knowledge not myth - join colleagues and a Retirement Specialist at a 'Planning for a positive retirement' workshop to consider a range of issues related to retirement and decisions you will need to make before you leave.
Course Objectives:
The aim of this event is to help you apply a positive attitude and realistic approach to a healthy and financially secure retirement. This workshop will raise your awareness of, and give you the tools to

address key issues you will need to consider as you move into retirement in respect of the following areas:-

- Changes in lifestyle - relationships, time, motivation, status
- Building a new life - social/leisure/learning/volunteering opportunities
- Health - practical steps and a personal health plan
- Occupational pension - entitlement, choices and decisions you will need to make before you leave
- State pensions - entitlement and claiming other benefit entitlements
- Personal Taxation - changes at retirement and some tax planning tips
- Budgeting - changes pre and post retirement
- Inflation - what real inflation means to you personally and how to protect against it
- Longevity - planning for the long term
- Investment - understanding investment principles and minimising risk in retirement
- Estate planning - Wills, Power of Attorney, Inheritance tax, long term care
- The opportunity to request Independent Financial advice

Duration: 1 Day
Facilitator: Affinity Connect

Application Details: Learning & Development Department:
(Please ensure that you provide your payroll number when booking a course).
Tel: 01437 772511
Email: learning.development-hyweldda@wales.nhs.uk
Learning & Development Dept, Withybush General Hospital, Fishguard Road, Haverfordwest, Pembrokeshire, SA61 2PZ

Available Dates Below:

PEMBROKESHIRE LOCALITY

Venue & Time for dates below: Conference Centre, WGH, Haverfordwest - 9.30am - 3.30pm
Thursday, 16th January 2020
Wednesday, 19th August 2020

CEREDIGION LOCALITY

Venue & Time for dates below: Old Library, Postgrad Centre, BGH, Aberystwyth - 9.30am - 3.30pm
Wednesday, 10th June 2020
Wednesday, 2nd December 2020

CARMARTHENSHIRE LOCALITY

Venue & Time for dates below: Leadership, Education & Development Dept, HD, Carmarthen - 9.30am - 3.30pm
Thursday, 28th November 2019
Tuesday, 28th April 2020
Thursday, 19th November 2020

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REACH - 'A CLINICAL CAREER FRAMEWORK' SECTION

REACH Facilitating Personal Development (Appraiser Course)	Personal Development

Who Should Attend?
This two day course is aimed at those staff who will be facilitating another's personal development using the REACH framework (e.g. during appraisals). It is open to all staff who will be using the REACH framework for their personal development.

Course Description:
This is an interactive course designed to provide a greater understanding of the REACH framework, and how it is used to assist staff to both identify their personal development needs and plan how to meet them. It also provides staff with practical advice on conducing a development review.

Course Objectives:

- Demonstrate the link between REACH & the attributes framework, REACH & KSF, and REACH and the development review.
- Examine the purpose and process of staff development review.
- Explore the skills and techniques required for facilitating a development review using REACH.

Links to other programmes/modules:
This course is key to understanding REACH, which forms the framework for the Professional Practice Award. The Professional Practice Award is a Degree programme with Swansea University which is achieved through work-based learning.
http://howis.wales.nhs.uk/sitesplus/862/page/43257 learning.development-hyweldda@wales.nhs.uk
Duration: 2 Days
Facilitator: Caroline Williams - Nursing Development Facilitator
Application Details: Learning & Development Department:
(Please ensure that you provide your payroll number when booking a course).
Tel: 01437 772511
Email: learning.development-hyweldda@wales.nhs.uk
Learning & Development Dept, Withybush General Hospital, Fishguard Road, Haverfordwest, Pembrokeshire, SA61 2PZ

There are no dates at present for this course but please check again.

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REFLECTIVE PRACTICE & PORTFOLIO DEVELOPMENT WORKSHOP SECTION

Reflective Practice & Portfolio Development Workshop	Personal Development

Who Should Attend?
Open to all nursing staff.
Course Description:
A 3 hour interactive workshop looking at Portfolio Development & Reflective Practice.
Course Objectives:
At the end of the workshop the participants will be able to:-

- Describe the rationale for developing and maintaining a professional portfolio
- Discuss the relationship between evidence and reflection
- Give an example of a 'package' of portfolio entries
- Identify the difference between critical and creative ways of participating in reflective practice
- Describe how portfolio development fits into the work-based learning cycle

KSF Dimensions:
Core Dimensions:
- Personal & People Development Level 4
- Service Improvement Level 4
- Quality Level 4
- Equality & Diversity Level 2

Links to other programmes/modules:
REACH Facilitating Personal Development course.
Duration: 3 Hours
Facilitator: Caroline Williams - Nursing Development Facilitator
Application Details: Learning & Development Department:
(Please ensure that you provide your payroll number when booking a course).
Tel: 01437 772511
Email: learning.development-hyweldda@wales.nhs.uk
Learning & Development Dept, Withybush General Hospital,
Fishguard Road, Haverfordwest, Pembrokeshire, SA61 2PZ

There are no dates at present for this course but please check again.

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WELLBEING DEVELOPMENT SECTION

Psychological Skills Training (ACT in the Workplace)	Personal Development

Who Should Attend?
Any member of staff who is interested in developing their pscyhological skills to improve wellbeing and build resilience.
Course Description/Course Objectives:
This is a small group training programme designed to help build your pscyhological resources and skills. It is based on Acceptance and Commitment Therapy (ACT) and incorporates mindfulness and values based action. This experiential course requires you to attend weekly sessions for 3 weeks and each session lasts for 3 hours. Your manager's signature on a learning contract will be required for booking.

ACT in the workplace is an evidence based approach to improving mental health, reducing distress and improving psychological flexibility. The course is very much about skills training and is not therapy! Practicing skills between the sessios is a crucial part of the training and is supported by a series of exercise handouts and links to audio guidance.
Learning Outcomes:
By participating in this course you will:

- Develop psychological and behavioural skills that can be applied in all areas of life including: Mindfulness; Values based action; Psychological de-fusion
- Have greater confidence in your ability to manage your thoughts and emotions, and in dealing with pressure
- Be able to apply the ACT three columns framework to improve your pscyhological wellbeing

Repeat/Refresher/update/Pre assessment training period if applicable:
A single follow up session may be offered after 3 or 6 months.

Duration: 3 Sessions held weekly from 9:30am - 12:30pm (3 hours)
Facilitators: Suzanne Tarrant, Consultant Clinical Psychologist & Sue Stevens, Psychological Wellbeing Advisor

Application Details:
For further information or to reserve a place.
Tel: (WHTN 01720) 2527 or 01437 772527
Email: nicola.gillies@wales.nhs.uk

Available Dates Below:

PEMBROKESHIRE LOCALITY

Dates & Venues below: 9:30am - 12:30pm
Session 1 - Thursday, 25th July 2019 - EUCC Room, A&E, WGH
Session 2 - Thursday, 1st August 2019 - Auditorium Conference Centre, WGH
Session 3 - Thursday, 8th August 2019 - Auditorium Conference Centre, WGH

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Last updated: 27 January 2020

EV10

Louise Berner (Hywel Dda UHB - PA to Ceredigion County Director / Mid Wales Joint Comm

From: Global Emails (Hywel Dda UHB - Organisational wide e-mails)
Sent: 29 January 2020 15:31
Subject: Hywel Dda Heddiw Today - Ionawr 29 January 2020

GIG CYMRU NHS WALES
Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Hywel Dda

Heddiw | Today

Peidiwch ag ymateb trwy ddewis **'reply to'** ar yr e-bost hwn.
Please do not use the **'reply to'** facility on this email.

Yn cynnwys / Featuring:

- **Latest vacancies**
- **Fire alarm testing: New Labour Ward, Glangwili Hospital on 30 January**
- **Royal College of Physicians, Mentoring Skills for Consultants Workshop**
- **Change in how to access to systems**
- **Young Carer Awareness Day – Thursday 30 January**
- **Withybush Hospital closure of car parking area by HSDU for essential maintenance**

Ionawr 29 January 2020

SUBJECT:	**Latest vacancies**
PWNC:	

MESSAGE: **NEGES:**	You can view ALL our Hywel Dda vacancies here: http://jobs.hywelddauhb.wales.nhs.uk Please note you can no longer view internal only vacancies via NHS Jobs. Please submit your application as early as possible as the recruiting manager reserves the right to close this vacancy earlier than the published closing date, due to having a sufficient amount of applications.
SUBJECT: **PWNC:**	**Fire alarm testing: New Labour Ward, Glangwili Hospital on 30 January**
MESSAGE: **NEGES:**	On Thursday 30 January 2020 between the hours of 09:00 – 12:00 the Estates Department will be undertaking fire alarm testing in the New Labour Ward, Glangwili Hospital. Surrounding areas will experience periodic fire alarms sounding for a short duration and the closure of some fire doors. Please could all staff be extra vigilant during this period and report any fire risks in your area immediately. We appreciate your cooperation during this time.
CONTACT: **CYSYLLTWCH Â:**	Kevin Morgan or Paul Hill on 01827 2942.
SUBJECT: **PWNC:**	**Royal College of Physicians, Mentoring Skills for Consultants Workshop**
MESSAGE: **NEGES:**	If you are a consultant and are interested in becoming a peer mentor, a two day mentoring workshop has been designed specifically for you. On Wednesday 11th and Thursday 12th March the Royal College of Physicians will be delivering a two day, Mentoring Skills for Consultants Workshop at Llety Cynin, St Clears. The workshop will support you in becoming a more effective mentor, by exploring different models of mentoring and how to integrate these into your practice. Closing date for applications is Friday 14 February 2020. Flyer
CONTACT: **CYSYLLTWCH Â:**	For further information and to register your interest, please contact Leanne Slaymaker, Leanne.slaymaker@wales.nhs.uk
SUBJECT: **PWNC:**	**Change in how to access to systems**
MESSAGE: **NEGES:**	From Friday 31 January 2020 there will be in a change to how staff access systems. The 'Access to Systems' page on the Intranet will be removed and staff will be redirected to the Informatics Portal. http://hdd-informaticsportal.cymru.nhs.uk/portal/index.php

	If you have any queries on this change please contact either the Communications or Informatics Team: Digitalcommunications.hdd@wales.nhs.uk InformaticsSeniorTeam.hdd@wales.nhs.uk
SUBJECT: **PWNC:**	**Young Carer Awareness Day – Thursday 30 January**
MESSAGE: **NEGES:**	Did you know around 1 in 8 people in west Wales, many of them young people, are providing unpaid care. In Wales, too many Young Carers continue to feel lonely and isolated. What can you do to help? 1. Promote Young Carers Day by displaying the poster in your work area 2. Learn how you can identify Young and Young Adult Carers Contact emma.llewellyn2@wales.nhs.uk to learn how we can support your ward or setting with awareness raising and information packs. --- Oeddech chi'n gwybod mae tua 1 ym mhob 8 o bobl yng ngorllewin Cymru, llawer ohonynt yn bobl ifanc, yn darparu gofal di-dâl. Yng Nghymru, mae gormod o Ofalwyr Ifanc yn parhau i teimlo'n unig ac yn ynysig. Beth allwch chi ei wneud i helpu? 1. Hyrwyddo Dydd Gofalwyr Ifanc ac arddangos y poster sydd ynghlwm yn eich maes gwaith 2. Dysgwch sut y gallwch adnabod Gofalwyr Ifanc a Gofalwyr sy'n Oedolion Ifanc cysylltwch emma.llewellyn2@wales.nhs.uk i ddysgu sut y gallwn gefnogi eich ward neu safle gwaith i godi ymwybyddiaeth a phecynnau gwybodaeth.
CONTACT: **CYSYLLTWCH Â:**	emma.llewellyn2@wales.nhs.uk
SUBJECT: **PWNC:**	**Withybush Hospital closure of car parking area by HSDU for essential maintenance**
MESSAGE: **NEGES:**	The car park area by HSDU, Withybush Hospital will be cordoned off \ closed from 5pm on 30 January until further notice for essential urgent maintenance to be undertaken. Sorry for the inconvenience caused and thank you for your co-operation.
CONTACT: **CYSYLLTWCH Â:**	Duncan Evans, Hard Facilities Site Manager 01720 3314 / 01437 773314 duncan.evans@wales.nhs.uk

Requests for a global email should be submitted on the **Global Email Request Form** – these can be downloaded at: **http://howis.wales.nhs.uk/sitesplus/862/page/44439** | Dylid anfon ceisiadau am e-bost byd-eang yn y **Ffurflen Cais am E-bost Byd-eang** - gallwch lawrlwytho hyn yn:**http://howis.wales.nhs.uk/sitesplus/862/page/44439**

Latest News

Published by the Communications Team

APPENDICIES
LO2

Evidence No: | |

Coaching Best Practice

- Nurture Top Talent, Support Leadership Development and Career Development
- Embed in the Organisations Vision and Goals
- Models: GROW, OSCAR, Instant Pay-Off
- Utilise SMART Objectives
- Changing the Mindset of Manager to 'Coach' – Coaching Style
- Coaching Champions
- Creation of supporting materials
- Coaching Policy
- Coaching Contact: Setting out the standards of behaviours of the coaching relationship
- Confidentiality
- Ethical Practice
- GDPR 2018
- Collaborative working with other Health Boards and creation of an 'All Wales Coaching Network'
- Knowing when to signpost people for further support i.e. Counselling – mental health
- Focus Groups/Coaching Network - for sharing technical and practical experience
- Evaluation/Feedback Forms

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EV12

PERFORMANCE APPRAISAL DEVELOPMENT REVIEW

CORE PADR

My Details / My Appraiser's Details			
My Name:		My Job Title:	
Department:		County:	
Review Type:	Foundation Gateway ☐ Review ☐ Final Gateway ☐	Passed through Gateway (if applicable):	Yes ☐ No ☐
Review Period Start Date:		Review Period End Date:	
Appraiser Name::		Appraiser Job Title	
Date:		My Pay Number:	

Personal Review of Objectives– to be completed during the discussion
a) What have been the successes for me this year?
b) What have been the challenges for me this year?

How have my personal behaviours aligned to the Health Board's Values & Behaviours Framework during the last 12 months? *(click here Hywel Dda University Health Board | Hywel Dda Values - It's In Our DNA for further guidance)*







Objective Setting

What are my **SERVICE** objectives for the next year?

What are my **TEAM** objectives for the next year?

What are my PERSONAL objectives for the next year (Max 8 objectives)? Use SMART Guidance (Appendix 3). How do they relate to the Organisational Values?
(click here Hywel Dda University Health Board | Values - Introduction for further guidance)



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Objectives	Expected outcome/measure of achievement	Target date	Support/action by Manager/others	Progress Review date
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				

Personal Development Plan

Identify under the headings below the learning & development needs required to fulfil/maintain your personal objectives

Mandatory Training *(click here Mandatory Training Matrix for further guidance)*

Development to meet objectives *(click here for Hywel Dda e-Prospectus)* Refer to Appendix 5

Nursing Midwifery Council (NMC) Revalidation

Are you on the NMC register? Yes ☐ No ☐

If 'yes' please refer to Appendix 1

Mentorship (nursing staff only)

Are you completing this PADR as part of the mentorship process? Yes ☐ No ☐

If 'yes' please refer to Appendix 2

General Comments

General comments regarding this review period

What are my career aspirations for the next 12 months?

Summary (To be completed by Appraiser)
Provide a summary of your overall assessment of the individual's performance during the review period, including any areas requiring improvement.

I am committing to this by signing :	**Date:**
My appraiser agrees by signing :	**Date:**
Date of Next Review:	

EV13

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PADR Appendix 5

Supervision / 1-2-1 Notes

Name	
Line Manager	
Meeting Date	

target / Actions set at last meeting	Performance and Comments

Achievements / Successes

Any issues in achieving / delivering actions? – if so what?

Further actions to be undertaken	By whom and when

Managers comments

Signature: **Date**

Signature of Line Manager **Date**

Date of next meeting:

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Hywel Dda
University Health Board

EV14

PERFORMANCE APPRAISAL DEVELOPMENT REVIEW

LEADERSHIP/MANAGEMENT PADR

My Details / My Manager's Details

My Name:		My Job Title:	
Department:		County:	
Review Type:	Foundation Gateway ☐ Review ☐ Final Gateway ☐	Passed through Gateway (if applicable):	Yes ☐ No ☐
Review Period Start Date:		Review Period End Date:	
Manager Name::		Manager Job Title	
Date:		My Pay Number:	

Personal Objectives Review – to be completed during the discussion

a) What have been the successes for me this year?

b) What have been the challenges for me this year?

How have my personal behaviours aligned to the Health Board's Values & Behaviours Framework during the last 12 months? *(click here Hywel Dda University Health Board \ Hywel Dda Values - It's In Our DNA for further guidance)*







Objective Setting

What are my **SERVICE** objectives for the next year?

What are my **TEAM** objectives for the next year?

What are my PERSONAL objectives for the next year (Max 8 objectives)? Use SMART Guidance (Appendix 3). How do they relate to the Organisational Values?
(click here Hywel Dda University Health Board | Values - Introduction for further guidance)



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Objectives	Expected outcome/measure of achievement	Target date	Support/action by Manager/others	Progress Review date
1.Ensure Welsh Government's Tier 1 leadership standard objectives are completed throughout the year (see guidance notes)				
2.				
3.				
4.				
5.				
6.				
7.				
8.				

Personal Development Plan

Identify under the headings below the learning & development needs required to fulfil/maintain your personal objectives

Mandatory Training *(click here Mandatory Training Matrix for further guidance)*

Development to meet objectives *(click here for Hywel Dda e-Prospectus) Refer to Appendix 5*

Nursing Midwifery Council (NMC) Revalidation

Are you completing this PADR as part of the re-validation process? Yes ☐ No ☐

If 'yes' please refer to Appendix 1

Mentorship (Nursing Staff only)

Are you a mentor of a pre-registered nurse? Yes ☐ No ☐

If 'yes' please refer to Appendix 2

General Comments

General comments regarding this review period

What are my career aspirations for the next 12 months?

Summary (To be completed by Appraiser)
Provide a summary of your overall assessment of the individual's performance during the review period, including any areas requiring improvement.

I am committing to this by signing :	**Date:**
My manager agrees by signing :	**Date:**
Date of Next Review:	

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EV 15

PERFORMANCE APPRAISAL DEVELOPMENT REVIEW (PADR)

CHECKLIST FOR APPRAISERS

1) Preparation

a) Have you approached your staff member to arrange a time and place that is convenient for both of you? ☐

b) Have you given your team member an appraisal pack including;
- Blank PADR form to complete ☐
- Guidance notes and checklist to help with their preparation. ☐
- A copy of last year's review. ☐

c) Have you reviewed last year's PADR and any agreed objectives ☐

It may be useful to be aware of the following documents: job descriptions, study leave policy, pay progression guidance

d) Use the PADR Guidance for Appraisers to prepare for an outline of your conversation ☐

e) If you are a nurse manager have you had sight of the staff members nursing portfolio (1 week prior to the review) ☐

2) The Conversation

a) Your main job is to listen and ask a few questions, so prepare yourself to actively listen! You may find it useful to use the OSCAR coaching method ☐

b) Ensure that all objectives follow the SMART principle (see PADR appendix 3) ☐

c) Be honest and open with each other. Acknowledge and praise the staff member for any achievements/successes. ☐

d) Discuss any areas for improvement/development ☐

e) Be confident that both you and your team member understand what will happen next ☐

f) Agree a review date – this is likely to be within 6 months. This will help ensure progress towards the objectives and provide any 2-way feedback ☐

g) Agree the date of the next PADR – this should be 11-12 months from the date of the PADR ☐

3) Recording

a) The date of the PADR on ESR (See appendix 4) ☐

b) Ensure that both of you have a copy of the completed PADR form ☐

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EV16

PERFORMANCE APPRAISAL DEVELOPMENT REVIEW

GUIDANCE FOR APPRAISERS

To be used by **appraisers** for Core and Leadership PADR's

My Details / My Appraiser's Details

My Name:		My Job Title:	
Department:		County:	
Review Type:	Foundation Gateway ☐	Passed through Gateway (if applicable):	Yes ☐ No ☐
	Review ☐		
	Final Gateway ☐		
Review Period Start Date:		Review Period End Date:	
Appraiser Name::		Appraiser Job Title	
Date:		My Pay Number:	

Personal Objectives Review – to be completed during the discussion

a) What have been the successes for me this year?

- *Has the staff member met their objectives agreed at the last review?*
- *Are there any specific incidences that have gone well for this team member?*
- *Have they been involved in projects or learning activities outside their normal role?*
- *Have you had positive feedback about this team member from a third party?*
- *Has this team member shown improvement in an area where they previously had difficulty?*
- *What achievements have been highlighted in the staff member's ongoing 1-2-1's? (see PADR appendix 5)*

b) What have been the challenges for me this year?

- *Is there anything specific that you are aware of that could be improved by your staff member?*
- *Are you aware of any situations where the team member could have handled things differently?*

How have my personal behaviours aligned to the Health Board's Values & Behaviours Framework during the last 12 months?

(click here Hywel Dda University Health Board | Hywel Dda Values - It's In Our DNA for further guidance)







Core & Leadership/Management PADR

Explain the Health Board's shared Values & Behaviours Framework and the expectation that we will all demonstrate these behaviours to patients and colleagues.

Discuss and give examples of how the staff member has achieved their objectives in this review period and how their behaviours have supported the Values & Behaviours Framework.

Have a conversation about the staff member's health & well-being at work/home and any support you could give them. Click here Health Promotion and Advice

If there are performance issues this should already be an ongoing management discussion with your staff member. This conversation is a review. It is an opportunity to praise improvements that have been made following ongoing conversations, or to support the staff member to make improvements needed that they have already been made aware of.

Leadership/Management PADR only

If staff member is in a staff management role;

1. *Have their team achieved mandatory training updates within the year?*
2. *Have they undertaken regular 1-2-1's and completed PADR with their team? (see PADR appendix 5)*
3. *Have they managed sickness absence in accordance with the All Wales Managing Attendance at Work Policy?*
4. *Have they undertaken regular Team Brief with their team?*
5. *Have they actively promoted staff health & well-being within their team or the wider organisation.*

Objective Setting

What are my **SERVICE** objectives for the next year?

Explain the Health Board's objectives and how the staff member fits in

What are my **TEAM** objectives for the next year?

Discuss the team objectives and how they relate to the staff member and their role

What are my PERSONAL objectives for the next year? . How do they relate to the Organisational Values? (*click here Hywel Dda University Health Board | Values - Introduction for further guidance*)

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Core & Leadership/Management PADR

- *What is the staff member required to do for the next year? Their objectives should relate to the 3 Organisation Values and should be specific, measurable, achievable, realistic, timed (SMART) (Appendix 3)*
- *How will they promote Health & well-being within their team or the wider organisation? click here Health Promotion and Advice*
- *Think about their personal development objectives for the next year and how you can support them to meet their objectives.*
- *Have you explained the Turnaround Programme to your staff member. Are the team able to offer any ideas for saving money and improve efficiency*

Leadership/Management PADR only

There are 5 core objectives for all managers with staff responsibility, plus up to 8-10 individual objectives;

1. *Ensure their staff members complete mandatory training updates within the year.*
2. *Undertake regular 1-2-1's and complete PADR with their team.*
3. *Manage sickness absence in accordance with the All Wales Managing Attendance at Work Policy*
4. *Undertake regular Team Brief with their team*
5. *Have they actively promoted staff health & well-being within their team or the wider organisation*

Personal Development Plan
Identify under the headings below the learning & development needs required to fulfil/maintain your personal objectives
Mandatory Training *(click here Mandatory Training Matrix for further guidance)*
Is all mandatory training up to date/attendance booked?
Development to meet objectives *(click here for Hywel Dda e-Prospectus)*identify category (Health Board Priority / CD1 / CD2)
Before any additional development is undertaken the staff member must have attained the minimum mandatory training *Is there any additional training/development that will enhance the staff member's knowledge and skills in their role. For example; shadowing a colleague, mentorship, in house training courses*

General Comments
Staff member to complete
What are my career aspirations for the next 12 months?
Staff member to complete

Summary (To be completed by Appraiser)
Provide a summary of your overall assessment of the individual's performance during the review period, including any areas requiring improvement.
Summarise your overall assessment of the staff member's performance during this review period

I am committing to this by signing :	**Date:**
My appraiser agrees by signing :	**Date:**
Date of Next Review:	

Once the PADR is completed the date must be recorded on ESR (see PADR appendix 4)

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EV17

PERFORMANCE APPRAISAL DEVELOPMENT REVIEW

GUIDANCE FOR APPRAISEES

To be used by **appraisees** for Core and Leadership PADR's

My Details / My Appraiser's Details			
My Name:		My Job Title:	
Department:		County:	
Review Type:	Foundation Gateway ☐ Review ☐ Final Gateway ☐	Passed through Gateway (if applicable):	Yes ☐ No ☐
Review Period Start Date:		Review Period End Date:	
Appraiser Name::		Appraiser Job Title	
Date:		My Pay Number:	

Personal Objectives Review – to be completed during the discussion
a) What have been the successes for me this year?
Have you achieved the objectives agreed at your last review? What has gone well since your last review? Be as specific as you can! *For example;* • *A learning or development opportunity that you have been able to apply to your role.* • *A specific job or issue that went really well and that you learnt from.* • *Involvement in a project or activity outside your normal role that has developed you as a person, or provided skills that you can transfer to your role.* • *Achievements which have been highlighted in your ongoing 1-2-1's? (see PADR appendix 5)*
b) What have been the challenges for me this year?
What has been less successful? Have you had difficulty achieving your agreed objectives from your last review? What have you learnt during the last 12 months about yourself, others and your work? *For example:*

- *Any new changes you are unsure about.*
- *Equipment or procedures you'd like to feel more confident with.*
- *Any difficult situations that you would like to have dealt with differently.*
- *Anything you have tried to achieve that was not as successful as you would have hoped.*

Think about the reasons why you feel things could have been better and anything you could have done differently to overcome the issues.

How have my personal behaviours aligned to the Health Board's Values & Behaviours Framework during the last 12 months? *(click here Hywel Dda University Health Board | Hywel Dda Values - It's In Our DNA for further guidance)*



Core & Leadership PADR

- *Are you aware of the Health Board's shared Values & Behaviours Framework and what expectations there are of you?*
- *How have you demonstrated the Values during this review period? For example what have you done to improve things in your work? For yourself? For others?*
- *Have you gone over & above what is expected of you for the benefit of the Organisation, patients, or colleagues?*

Leadership PADR only

There are 5 core objectives for all managers with staff responsibility;

1. *Have your team achieved mandatory training updates within the year.?*
2. *Have you undertaken regular 1-2-1's and completed PADR with your team? (see PADR appendix 5)*
3. *Have you managed sickness absence in accordance with the All Wales Managing Attendance at Work Policy?*
4. *Have you undertaken regular Team Brief with your team?*
5. *Have you actively promoted staff health & well-being*

Objective Setting

What are my **SERVICE** objectives for the next year?

Are you aware of the Health Board's objectives and how you fit in?

What are my **TEAM** objectives for the next year?

Your manager will discuss the team objectives and how they relate to you and your role

What are my PERSONAL objectives for the next year? (Max 8 objectives). How do they relate to the Organisational Values? (*click here Hywel Dda University Health Board | Values - Introduction for further guidance*)



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Core & Leadership PADR

- *What are you required to do for your job for the next year? Your objectives should relate to the 3 Organisation Values and should be specific, measurable, achievable, realistic, timed (SMART) (Appendix 3)*
- *Think about your personal development objectives for the next year.*
- *How are you going to achieve them?*
- *When are you going to achieve them?*
- *How will you know when you have achieved them?*
- *How will you promote health & well-being within your team or the wider organisation? Click here Health Promotion and Advice*
- *Has your manager explained the Turnaround Programme to you? Are you able to offer any ideas to save money and improve efficiency*

Leadership PADR only

There are 5 core objectives for all staff managers;

1. *Ensure your staff members complete mandatory training updates within the year.*
2. *Undertake regular 1-2-1's and complete PADR with your team (see PADR appendix 5).*
3. *Manage sickness absence in accordance with the All Wales managing Attendance at Work Policy.*
4. *Undertaken regular Team Brief with your team.*
5. *Have you actively promoted staff health & well-being*

Personal Development Plan

Identify under the headings below the learning & development needs required to fulfil/maintain your personal objectives

Mandatory Training *(click here Mandatory Training Matrix for further guidance)*

What mandatory training do you need to undertake in the next 12 months

Development to meet objectives *(click here for Hywel Dda e-Prospectus)*identify category (Health Board Priority / CD1 / CD2)

Before any additional development is undertaken you must have attained the minimum mandatory training

Is there any additional training/development that will enhance your knowledge and skills for your role for example; shadowing a colleague, mentorship, in house training courses

What can you do to take ownership of your own learning?

General Comments

Any general comments regarding this review period

What are my career aspirations for the next 12 months?

- *What are YOUR personal aspirations for the future?*
- *What is your real passion?*
- *Where do you want to be?*
- *What are your long term plans?*
- *How can the Health Board and others help you?*

Summary (To be completed by Appraiser)

Provide a summary of your overall assessment of the individual's performance during the review period, including any areas requiring improvement.

To be completed by your manager

I am committing to this by signing :	**Date:**
My appraiser agrees by signing :	**Date:**
Date of Next Review:	

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EV18

PERFORMANCE APPRAISAL DEVELOPMENT REVIEW (PADR)

CHECKLIST FOR APPRAISEES

1) Preparation

a) Has your line manager approached you to arrange a time and place that is convenient for both of you? ☐

b) Have you received an appraisal pack including;
- Blank PADR form to complete (you can choose whether you return this to your manager before the meeting or bring it with you). ☐
- Guidance notes and checklist to help with preparation. ☐
- A copy of last year's review. ☐

c) To get the most from your conversation please take some time to prepare and think about your development objectives. If there is anything you are unsure of, please contact your line manager ☐

d) If applicable have you forwarded your professional portfolio to your appraiser (1 week before the review) ☐

2) The Conversation

a) It is your conversation about you – your past, present and future. To make the most of it, engage fully in the process ☐

b) Be prepared to do most of the talking. Your manager should be predominantly asking you questions and listening ☐

c) Be honest with each other as this will help the learning. Acknowledge what has gone well and what you've learnt. Help each other to get the best from yourself at work ☐

Enjoy it – it's your dedicated time!

3) Recording

a) Make sure that one of you is recording the conversation so that you are both clear about what you need to do following your PADR and for the coming year. ☐

Discussion with Head of Workforce West – KW

From a discussion that took place on the 24th January 2020 with the Head of Workforce West KW regarding Coaching and Mentoring within the Health Board. I ask KW if she knew if Coaching and Mentoring was available within the Health Board, as I was limited with what I could find on the Health Board Intranet. I explained to her that I knew that Preceptorship was available for newly qualified nurses, but that I could not source anything around Coaching. She suggested that I contacted the Learning and Development Team and specifically CD who was the Assistant Director of Organisation Development.

Discussion with Senior Workforce Manager – GC

I spoke with GC Senior Workforce Manager on the 27th January 2020, to enquire whether she knew if coaching and mentoring was available within the Health Board, I mentioned that I obviously knew about the mentoring for nurses which is the Preceptorship. She said that she had recently attended a Coaching Workshop and that some of the Workforce Managers had attended. It was only the managers that attended the Workshop and that this was something recent but that there was nothing in the Health Board available except for the Workforce Manager to coach/mentor on specific HR tasks with ward managers on an ad-hoc basis. This would be an informal arrangement.

Discussion with the Ceredigon County Director – PS

I spoke with my Manager PS who is a Qualified Coach on the 11th February 2020. I asked about Coaching and Mentoring within the Health Board and he said that there have been ongoing conversations around Coaching for over 5 years within the Health Board, but that nothing ever transpires from these conversations.

Discussion with the Head of Service Development and Integration for Ceredigion – MW and the Senior Workforce Manager - GC on the 2nd March 2020

A conversation took place with the Head of Service Development and Integration for Ceredigion and Senior Workforce Manager in connection with Coaching and Mentoring and I discussed my proposals of bringing in Coaching and Mentoring within Bronglais General Hospital and that Coaching, and Mentoring should be an integral part of the Performance Appraisal Development Process (PADR). I spoke to MW and GC about the Core PADR, Leadership/Management PADR and the PADR Supervision 1-2-1 process, whereby there was no mentioned within the documentation of Coaching and Mentoring, although within the Core PADR and Leadership PADR mentioned Mentorship for nursing staff only. Within the 'What are my career aspirations for the next 12 months?' question and within the Personal Objectives Section should be a comment with regards to Coaching and Mentoring, which can be utilised as development tools. On perusing the Checklist for Appraisers there is a

mention within of the OSCAR coaching model, if a line manager does not know what this is or is not trained in coaching, then they would not be aware of what the OSCAR model incorporates and some line managers are not confident in having those conversations.

In the Guidance for Appraisers of the Core and Leadership PADRs and the Guidance for the Appraisees for Core and Leadership PADRs there is a mention within the guidance in the 'Development to meet Objectives' of shadowing a colleague or mentorship, there is no mention of this within the Core PADR nor the Leadership/Management PADR Forms. This requires addressing in the way of amendment to fully incorporate the wording of 'Coaching and Mentoring'.

I propose that a coaching culture be developed which encourages coaching conversations during 1-2-1 sessions and PADRs with the workforce. I also propose to a 'best practice' document and for future further development a Coaching and Mentoring Policy and Coaching Contract. I feel that Coaching and Mentoring will be of great benefit to the Health Board and will fit in with the strategic workforce objectives and future School of Nursing that is currently being developed.

I would like to propose working in an integrated way by utilising opportunities within other neighbouring Health Boards such as Powys, Betsi Cadwaladr, Swansea Bay, which could be incorporated within the Mid Wales Joint Committee priorities, this could eventually form an All Wales Coaching Network.

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Appendix 2

Mentorship and PADR

Within the health board a review of your role as a mentor and your mentor portfolio will form an integral part of your annual appraisal

Mentorship Review during appraisal - you must have your Mentor Portfolio available at your portfolio

	Mentor signature		
As a mentor I confirm that within this 3 consecutive year period I am working towards achieving :	Year 1	Year 2	Year 3 triennial review ***ALL ELEMENTS MUST BE ACHIEVED BY YEAR 3 AND THE TIME OF YOUR TRIENNIAL REVIEW***
A current knowledge of NMC approved programmes;			
Being able to discuss the implications of changes to NMC requirements;			
Accessing opportunities to discuss issues related to mentoring, assessment of competence and fitness for safe and effective practice			
Annual mentor updating			
Providing evidence of updating as part of the triennial review			
Mentoring at least 2 students within a consecutive 3 year period – the 3 year period relating to current triennial review			
Mapping my on going development in my role against the NMC mentor standards			
Developing and completing a current mentor portfolio which demonstrates A reflective account to support Pre registration nursing and Midwifery Mentorship			
Completing a Strengths/Needs/Opportunities/Barriers *(SNOB)* analysis reflecting on my role as a mentor			

As an appraiser I confirm that the mentor:

	Appraiser signature		
	Year 1	Year 2	Year 3 Triennial Review
Has current knowledge of NMC approved programmes;			
Is able to discuss the implications of changes to NMC requirements;			
Is able to articulate their roles and responsibilities related to mentoring, assessment of competence and fitness for safe and effective practice			
Has attended an annual mentor update session within the last 12 months			
Has maintained their reflective portfolio including evidence to support mapping against the 8 domains to support learning and assessing in practice			

As an appraiser I confirm I have seen and reviewed the mentor's portfolio and confirm that it meets Health Board and NMC standards for this year's appraisal :

YES or **NO**

Appraiser Name: Appraiser signature: Date:

Mentor Name: Mentor signature: Date:

If this review has identified that the mentor ***does not*** *currently meet the required standards, please identify below the areas requiring action ; and what action is planned; and set a* ***review date*** *to fall* ***within 3 months of the date of this PADR.***

PLEASE REFER TO FLOW CHART (Attachment 1) FOR THE PROCESS FOR MENTORS TO MAINTAIN MENTOR STATUS ON THE LIVE MENTOR REGISTER

Action plan to support role as mentor:

	Area requiring action	Action required	Review date (within 3 months of appraisal date)

<u>Outcome of progress review</u> (to take place within 3 months of initial appraisal date)

As an appraiser I confirm that following the additional actions taken (as above) I have met /discussed with the mentor/ seen and reviewed the mentor's portfolio and confirm that it now meets Health Board and NMC standards for this year's appraisal :

YES or **NO (if no please refer to the above process)**

Appraiser Name: Appraiser signature: Date:

Mentor Name: Mentor signature: Date:

The appraising manager is responsible for completing the *<u>Triennial Review Confirmation form within the mentor's portfolio</u>* and forwarding to the ELN/ELM for the locality/service as soon as possible after completion .

"SNOB" ANALYSIS REFLECTING ON MY ROLE AS MENTOR

To be completed annually at PADR: YEAR 1

Mentor Name: **Date:**

STRENGTHS	**NEEDS**
OPPORTUNITIES	**BARRIERS**

"SNOB" ANALYSIS REFLECTING ON MY ROLE AS MENTOR

To be completed annually at PADR: YEAR 2

Mentor Name: **Date:**

STRENGTHS	**NEEDS**
OPPORTUNITIES	**BARRIERS**

"SNOB" ANALYSIS REFLECTING ON MY ROLE AS MENTOR

To be completed annually at PADR: YEAR 3

Mentor Name: **Date:**

STRENGTHS	**NEEDS**
OPPORTUNITIES	**BARRIERS**

Process for Mentors to maintain Mentor status on the live Mentor Register demonstrating compliance with the NMC (2008) *Standards to support learning and assessment in practice*

A manager is required to review the mentor's portfolio & complete the triennial review to confirm compliance with NMC Standards

Mentor accesses 3 **annual** updates within a consecutive 3 year period

Mentor has supported a minimum of 2 pre registration nursing/midwifery students in a consecutive 3 year period

Mentor has explored, as a group activity, the validity and reliability of judgements made when assessing practice in challenging circumstances

Mentor has maintained their reflective portfolio including evidence to support mapping against the 8 domains to support learning and assessing in practice

Mentor has been deemed to have met all requirements needed to be maintained on the local register as a sign-off mentor through completion of their triennial review

The reviewing manager is responsible for completing the Triennial Review Confirmation papers and forwarding to the ELN/ELM for the locality/service as soon as appraisal complete

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PADR APPENDIX 3

SMART OBJECTIVE SETTING GUIDANCE

Personal objectives should be linked to organisational, departmental and team objectives, be written using these principles and must always be agreed not imposed.

SMART is an effective tool that provides the clarity, focus and motivation needed to achieve objectives. It can also improve the appraisees ability to reach them by encouraging them to define the objectives within an agreed timeframe.

Specific	The action, behaviour or outcome must be linked to a rate, number, percentage or frequency. 'Answer the telephone quickly' is not specific and allows for a subjective judgement to be made about whether the outcome has been achieved. In contrast, 'answer the telephone within 5 rings' is very specific.
Measurable	You must be able to measure the extent to which an objective has been achieved If you've successfully created a specific objective linked to a rate, number, percentage or frequency, this will be easier.
Achievable	Put simply, an objective is achievable if, with a reasonable amount of effort and application, it can be achieved. Deciding what constitutes a realistic amount of effort and application calls for a subjective judgement to be made, which is one reason why objectives should be mutually agreed, and not 'set' by the reviewer.
Realistic	This means that the outcome sought must be something the individual can actually impact upon. The key question her are: Does the individual have the necessary knowledge, skill and authority to complete this objective?
Timely	This means quite simply: is there a timeframe within which the objective should be undertaken? If there is no timeframe, the objective is not SMART.

Ev22

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

CYFARFOD BWRDD PRIFYSGOL IECHYD UNIVERSITY HEALTH BOARD MEETING

DYDDIAD Y CYFARFOD: DATE OF MEETING:	06 March 2020
TEITL YR ADRODDIAD: TITLE OF REPORT:	Amendment to the PADR documentation
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	County Management Team
SWYDDOG ADRODD: REPORTING OFFICER:	Matthew Willis, Head of Service Integrated and Development

Pwrpas yr Adroddiad (dewiswch fel yn addas)
Purpose of the Report (select as appropriate)

Ar Gyfer Penderfyniad/For Decision

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

This paper presents the request to amend all of the documentation in connection with the PADR (Personal Appraisal Development Review). Costs are also incorporated for the development of a coaching network; namely the ILM Level 5 Certificate in Coaching and Mentoring.

I would ask the Board for a decision on the amendments that are stipulated below.

Cefndir / Background

Having perused the Hywel Dda intranet for my Coaching and Mentoring portfolio in connection with my CIPD Level 5 in Applied Human Resources qualification, I have researched the documentation in relation thereto and whether HDdUHB has any form of Coaching and Mentoring. I am bringing the PADR documentation to your kind attention in connection with my above portfolio. It would be of great benefit and 'Best Practice' to the organisation and the workforce to amend and incorporate Coaching and Mentoring within the Core PADR, 1-2-1 Supervision Notes and Leadership Documents. The OSCAR model is mentioned within the Guidance for line managers, by amending all the PADR documentation to incorporate Coaching and Mentoring within, not only for nursing staff but for all the workforce, this then aligns the OSCAR model and what is written within the Learning and Development Policy. **Please see the paragraph below, with regards to what is written within the Learning and Development Policy.**

On investigation and reading the Learning and Development Policy, it stipulates that staff are encouraged and are accountable for their own development and will be supported through career progression and that staff should ***"actively contribute to the learning and development culture by coaching, mentoring and developing the workforce throughout their careers"*** (HDdUHB,2018).

Coaching and Mentoring is a supportive tool and the above has demonstrated that the Hywel Dda University Health Board have recognised this within the Learning and Development Policy; I therefore request that all documentation are aligned by way of amendment.

Coaching and Mentoring will be of great benefit to the Health Board and will fit in with the strategic workforce objectives and future School of Nursing that is currently being developed.

Asesiad / Assessment

The documentation does not currently incorporate Coaching and Mentoring. Mentoring is mentioned for nursing staff. The documentation therefore needs aligning with the Learning and Development Policy to incorporate Coaching and Mentoring within the PADR documentation.


PADR Supervision_1-2-1 Fo


Core_PADR v3.docx


PADR Checklist for Appraisees.docx


PADR_AppraiseeGuidance1.docx


PADR_AppraiserGuidance1.docx


PADR Checklist for Appraisers1.docx

By incorporating coaching within the culture of the organisation will bring:

- **Improved managerial and leadership skills**
- **Individuals learn to solve their own problems**
- **Improved relationships and trust**
- **Reflect on their own development**
- **Improved performance, skills and abilities**
- **Improved work-life balance**
- **Organisations reap the benefits of increased productivity, improvement and engagement**
- **Can be used as a tool in Organisational Change**

Risk

The Organisational risks are associated with the KPIs, namely sick absence rates, Grievances, Disciplinaries and staff morale and engagement.

Evidence Based

The organisation would have great benefit if there was an established coaching culture. Although there are many definitions, they share the similar meanings and behaviours. Clutterbuck and Megginson (2005) in Clutterbuck et al (2016) define a coaching culture as one where:

'Coaching is the predominant style of managing and working together, and where a commitment to grow the organisation is embedded in a parallel commitment to grow the people in the organisation'.

Creating a coaching and mentoring culture brings organisational effectiveness and which needs to align to the needs of the organisation. The culture needs to transform to embed coaching and mentoring within the fit of the organisational values, structure and culture and objectives and linking to the Learning and Development strategy and initiatives (Clutterbuck et al, 2016).

Although the Workforce Department provide coaching on an ad-hoc basis due to small teams, this style of coaching does not really support the organisational objectives, as coaching is not really recognised due to not having Coaching and Mentoring Policy.

The UK Working Lives Report (CIPD, 2019) has reported around half of workers consider their job to offer good opportunities to develop, but only 3 in 10 workers see good prospects for career development. It is said that younger workers have more opportunities, reinforcing the CIPDs

view that the UK skills policy needs to do more to help all workers at all stages of their working lives, not just looking at apprenticeships.

Also coaching is said to be a rapidly growing industry which is estimated at around $2 billion. There was estimated to be around 53,300 coaches in 2016 which have been growing at around 1,500 coaches per year for the last 4 years (Dunlop, 2017).

Financial Assessment

Research from various companies below of the cost of the ILM Level 5 Certification in Coaching and Mentoring which could be brought in at a later date.

ILM Level 5 Certification in Coaching and Mentoring

Company	Amount	Managers	Total
Inspired to Learn	£1750	20	£35,000
RCPCH	£1675	20	£33,500
ABINTUS	£1900	20	£38,000

(references below document)

Best Practice

- Coaching Policy
- Coaching Contract
- Coaching Handbook/Supporting Materials
- Coaching Champions
- Evaluation/Feedback Forms
- Embedded within the Organisations culture, values, vision and goals
- Opportunity to work with other neighbouring Health Boards to form a "Coaching Network"

Argymhelliad / Recommendation

Hywel Dda University Health Board is therefore requested to approve the changes that have been suggested for the PADR documentation and in future include the ILM Level 5 Coaching and Mentoring Course:

- 1-2-1 Supervision Notes
- Core PADR documentation
- Leadership Documents
- Guidance Documentation

Future Further Development

- ILM Level 5 Coaching and Mentoring Course
- Coaching and Mentoring Policy
- Coaching Contract
- Opportunity to tap into a "Coaching Network" with neighbouring Health Boards

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	No Risk Register Required
Safon(au) Gofal ac Iechyd: Health and Care Standard(s): Hyperlink to NHS Wales Health & Care Standards	7. Staff and Resources 7.1 Workforce Choose an item. Choose an item.
Amcanion Strategol y BIP: UHB Strategic Objectives: Hyperlink to HDdUHB Strategic Objectives	4. Improve the productivity and quality of our services using the principles of prudent health care and the opportunities to innovate and work with partners. 5. Deliver, as a minimum requirement, outcome and delivery framework work targets and specifically eliminate the need for unnecessary travel & waiting times, as well as return the organisation to a sound financial footing over the lifetime of this plan
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Statement	Develop a sustainable skilled workforce

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: **Financial / Service:**	Please see above in the body. The course of value is RCPCH costing £33,500 for 20 managers to be qualified in ILM Level 5 Certification in Coaching and Mentoring.
Ansawdd / Gofal Claf: **Quality / Patient Care:**	Coaching and Mentoring is an excellent tool to enable the workforce to develop and keep up to date with the skills required. If skills are not kept up to date, then patient care could be affected.
Gweithlu: **Workforce:**	Costs associated with the introduction of Coaching and Mentoring will be the cost of the ILM Level 5 Course in Coaching and Mentoring. When Coaching is established, there may be an opportunity to establish links with neighbouring Health Boards to form a Coaching Network.
Risg: **Risk:**	The Risk is with the Workforce KPIs and the development of the workforce's skills if Coaching conversations are not taking place.

Cyfreithiol: **Legal:**	Not Applicable
Enw Da: **Reputational:**	Not Applicable
Gyfrinachedd: **Privacy:**	Completion of a Coaching Contract between the Coach and the Coachee is strictly private and confidential. Ensuring that all parties are aware of this especially if the line manager is coach
Cydraddoldeb: **Equality:**	The Coaches, Mentors, Coachees and Mentees will support the delivery of the Health Board Values Framework and abide by the Equality Act 2010 to eliminate discrimination and give equal opportunity to all.

Statutes

Equality Act 2010

References

Inspirect2Learn (2020) *ILM Level 5 Certificate or Diploma in Coaching and Mentoring* [online] Available at: https://www.inspired2learn.co.uk/92/ILM-level-5-coaching-qualification-courses/ (Accessed 9th March 2020)

RCPCH (n.d) *Coaching and mentoring advanced: ILM Level 5 Certification* [online] Available at: https://www.rcpch.ac.uk/education/institute-leadership-management/coaching-mentoring-advanced-ilm-level-5-certification#costs (Accessed 9th March 2020)

ABINTUS (n.d) *ILM Level 5 Certificate in Coaching and Mentoring* [online] Available at: https://www.abintus.co.uk/ilm-level-5-certificate-coaching-mentoring/ (Accessed 9th March 2020)

Dunlop, C.W. (2017) *Success and Failure of the Coaching Industry* [online] Available at: https://www.forbes.com/sites/forbescoachescouncil/2017/10/05/the-success-and-failure-of-the-coaching-industry/#126c2c1a6765 (Accessed 28th February 2020)

CIPD, (2019) *UK Working Lives Executive Summary 2019 The CIPD Job Quality Index* [online] Available at: https://moodle.uwtsd.ac.uk/pluginfile.php/334897/mod_resource/content/1/uk-working-lives-summary-2019-v1_tcm18-58584.pdf (Accessed 28th February 2020)

Clutterbuck, D, Megginson and Bajer, A. (2016) *Building and Sustaining a Coaching Culture* CIPD: London

Clutterbuck and Megginson (2005) in Clutterbuck et al (2016) *Building and Sustaining a Coaching Culture* CIPD: London

Hywel Dda University Health Board (HDdUHB), (2018) *Learning and Development Policy* [online] Available at: http://www.wales.nhs.uk/sitesplus/documents/862/113%2DLearning%26DevelopmentPolicy%2Dv5.pdf (Accessed 16th February 2020)

Coaching for Managers

By Louise Berner

EV23

Definition of Coaching

Timothy Gallway (1975) defines Coaching as:

"Coaching is unlocking a person's potential to maximize their own performance. It helps them to learn rather then teaching them".

Welsh Government (n.d) *Coaching Guide* [online] Available at: http://www.wales.nhs.uk/sitesplus/documents/1096/coachingguideen%20PSMW.pdf (Accessed 3rd March 2020)

Definition of a Coaching Culture

Clutterbuck and Megginson (2005) in Clutterbuck et al (2016) define a coaching culture as one where:

"Coaching is the predominant style of managing and working together, and where a commitment to grow the organisation is embedded in a parallel commitment to grow the people in the organisation".

Benefits of Coaching

- Improved managerial and leadership skills
- Individuals learn to solve their own problems
- Improved relationships and trust
- Reflect on their own development
- Improved performance, skills and abilities
- Improved work-life balance
- Organisations reap the benefits of increased productivity, improvement and engagement
- Can be used as a tool in Organisational Change

Welsh Government (n.d) *Coaching Guide* [online] Available at: http://www.wales.nhs.uk/sitesplus/documents/1096/coachingguideen%20PSMW.pdf (Accessed 3rd March 2020)

Coaching Models

There are many models that can be utilised for Coaching purposes; the most common are the **GROW** framework which can be utilised to structure coaching and mentoring, for basic skills and performance coaching and **OSCAR** model can be used for employee development scenarios, working towards long term outcomes. It encourages individuals to take the lead on their own development (MindTools, n.d. and C S Training UK Ltd, 2016).

GROW

GROW:	**G**oal:	Where you are going? Utilising the SMART (Specific, Measurable, Attainable, Relevant and Time-bound) goals
	Reality:	Establish where you are currently?
	Options (obstacles):	Explore various routes, destination and Brainstorn
	Will (way forward):	Committed to making the journey – prepared for the obstacles

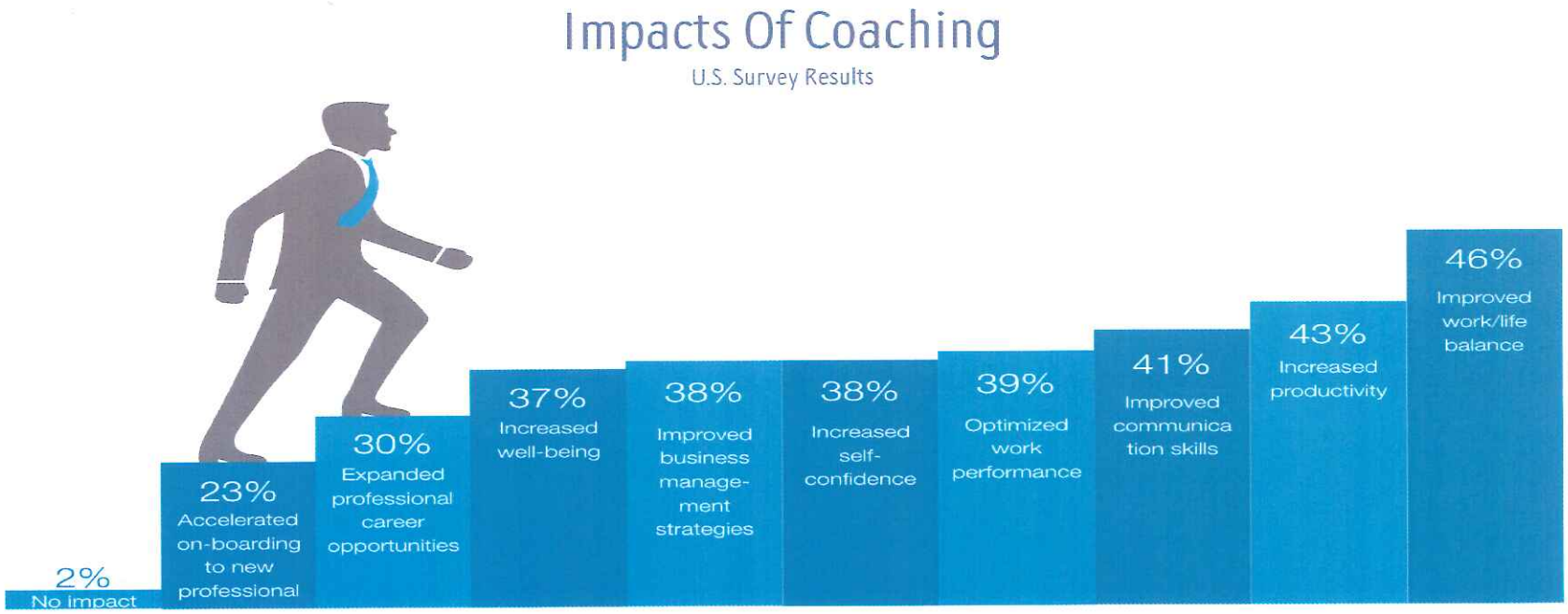
(MindTools, n.d. and C S Training UK Ltd, 2016).

OSCAR

OSCAR:	**O**scar:	Clarify outcome
	Situation:	Starting point
	Choices:	Route options
	Actions:	Detailed plan
	Review:	Making sure you are on track

(MindTools, n.d. and C S Training UK Ltd, 2016).

The International Coach Federation, the world's largest authority, conducted a global consumer study with its clients. The chart shows the impact clients reported (Hagen, 2019) :



Source: ICF Global Consumer Awareness Study 2017 - Base: 361

Hagen, C. (2019) *The Increasing Popularity of Coaching in the Workplace | Why famous people recommend coaching* [online] Available at: https://medium.com/@corinnahagen/coaching-popularity-e55e1534978f (Accessed 3rd March 2020)

Best Practice Examples of other Organisations

Findings from **Google's Project Oxygen** revealed that being an effective manager was associated with 'being a good coach' and that five key behaviours were linked to coaching style leadership, namely (Clutterbuck et al, 2016):

- Being a good coach
- Empowering your team, not micromanaging
- Expressing interest, concern, success and wellbeing for the team
- A good communicator, active listening, being fully present and sharing information
- Tailoring communication styles; regular 1-2-1s, guidance and assistance with career development

Best Practice Examples of other Organisations

https://youtu.be/_3A7RqlbEMg

Like all great companies, NETFLIX strive to hire the best and value integrity, excellence, respect, inclusion, and collaboration. What is special about Netflix, is how much they:

- **encourage independent decision-making by employees**
- **share information openly, broadly, and deliberately**
- **are extraordinarily candid with each other**
- **keep only our highly effective people**
- **avoid rules**

Netflix core philosophy is **people over process**. More specifically, have great people working together as a **dream team**. With this approach, they are a more flexible, fun, stimulating, creative, collaborative and a very successful organisation.

Netflix Jobs (n.d) *Netflix Culture* [online] Available at: https://jobs.netflix.com/culture (Accessed 3rd March 2020)

EV24

Coaching Handout

What is it? – Coaching skill can be used by managers to facilitate their staff to find their own solutions to problems

Why use it? – Coaching can help maximise performance in your team

Will it help me? – Yes, as another skill to use when managing your staff

What exactly will I cover in coaching training? The model rolled out in Hywel Dda is the OSCAR model – this model goes through a process whereby the coach – **you** - establish from the person you are coaching

- What is the desired **O**utcome
- What is the **S**tarting point
- What are the **C**hoices and the consequences of those choices
- What **A**ctions do you need to take
- And how will you **R**eview following the actions

When do I use it? Use it to manage performance – it's about enabling your staff member so that they are thinking about and coming up with solutions, rather then you doing the job for them. If the staff member comes up with the solution their job satisfaction, sense of empowerment and motivation increases. Coaching can be used in to improve the learning of a staff member. They identify that they have a learning need, and seek to remedy. Coaching can be used in a group setting within a team. To brainstorm a solution to a problem collectively. These are just some of the times that the **OSCAR** model of coaching can be used.

What will I need to do before coaching? Speak with the staff member to establish the scenario

And then what - How does it work? Arrange to meet the staff member – plan the session beforehand – key to having a good coaching session is for you to think about what you want your staff member to get out of it – it is important to think of what questions you can ask your staff member before the session to enable them to come up with the answers – include lots of open questions, what, when who, how much – to gather facts and probe for detail.

When not to use coaching? Don't use it on new staff who are getting to know the organisation. Staff who have been in post for 9 months or more and who have "found their feet" in the organisation can be coached.

I'm interested what do I do now? Workforce Managers have been trained on the OSCAR model and are happy to share their knowledge with you in order to commence rolling this out.

EV25

Louise Berner (Hywel Dda UHB - PA to Ceredigion County Director / Mid Wales Joint Comm

From: [redacted] (Hywel Dda UHB - Senior Workforce Manager)
Sent: 18 October 2019 10:06
To: Louise Berner (Hywel Dda UHB - PA to Ceredigion County Director / Mid Wales Joint Committee Programme Lead)
Cc: [redacted] (Hywel Dda UHB - Team Secretary)
Subject: training

Hi Louise
I would be grateful if you could train Carly on the Oracle booking system for Workforce
This is a key piece of work that needs to happen within the next couple of weeks
It should involve 1:1 training or "sitting with nelly" type training on the IT system Oracle
thankyou

kind regards
Gina

Gina Callanan - FCIPD
Uwch Rheolwr y Gweithlu /Senior Workforce Manager

Bwrdd Iechydd Prifysgol Hywel Dda / Hywel Dda University Health Board
Bronglais General Hospital
Caradog Road
Aberystwyth SY23 1ER
Rhif Ffon / Telephone: 01970 635658
Ext: 5658
Rhif Ffacs/Fax Number 01970 635599
E-bost / E-mail: mailto:gina.callanan@wales.nhs.uk

EY26

Louise Berner (Hywel Dda UHB - PA to Ceredigion County Director / Mid Wales Joint Comm

From: [redacted] (Hywel Dda UHB - Senior Workforce Manager)
Sent: 18 October 2019 10:05
To: Louise Berner (Hywel Dda UHB - PA to Ceredigion County Director / Mid Wales Joint Committee Programme Lead)
Cc: [redacted] (Hywel Dda UHB - Team Secretary)
Subject: mentoring

Hi Louise
I would be grateful if you could spend some time mentoring our new member of staff on our filing system within Workforce Department
This would really help and you have the knowledge and skills to be able to do that
1:1 mentoring is what will be needed
thankyou

kind regards
Gina

Gina Callanan - FCIPD
Uwch Rheolwr y Gweithlu /Senior Workforce Manager

Bwrdd Iechydd Prifysgol Hywel Dda / Hywel Dda University Health Board
Bronglais General Hospital
Caradog Road
Aberystwyth SY23 1ER
Rhif Ffon / Telephone: 01970 635658
Ext: 5658
Rhif Ffacs/Fax Number 01970 635599
E-bost / E-mail: mailto:gina.callanan@wales.nhs.uk

EV27

ACTION PLAN FOR THE IMPLEMENTATION OF COACHING AND MENTORING WITHIN HYWEL DDA UNIVERSITY HEALTH BOARD (HDdUHB)

Strategy	Action	Who	When
Coaching and Mentoring to be embedded within Bronglais General Hospital with the opportunity to expand to the whole of Hywel Dda University Health Board which will enable opportunities to link in with other neighbouring Health Boards in future to enable a "Coaching Network" utilising 'Best Practice' throughout the process	Amendments to all the PADR documentation to incorporate Coaching and Mentoring within, to encourage coaching conversations during 1-2-1s and PADRs to encourage a coaching culture, whilst changing the mindset of the manager to coach. This will then align to the Learning and Development Policy which states that; staff are encouraged and are accountable for their own development and will be supported through career progression and that staff should ***"actively contribute to the learning and development culture by coaching, mentoring and developing the workforce throughout their careers"*** **(HDdUHB, 2018).**	Peter Skitt County Director/Matthew Willis Head of Service Development and Integration for Ceredigion	Within the next 6 – 8 months
	To introduce the ILM Level 5 Certificate in Coaching and Mentoring to enable staff to coach in a professional manner which will enable confidence in coaching conversations/coaching styles – also opportunities for workplace "Coaching Champions"		Within the next 12 - 18 months
	Introduction of a Coaching and Mentoring Policy to help create a culture of improved engagement, performance, development, morale and staff well-being within HDdUHB.		Within the next 12 – 18 months
	Introduction of a Coaching Contract to enable protection of both parties. Being a legal document, it will keep the coach's liability to a minimum and give peace of mind to both parties.		Within the next 12 – 18 months

	To share and discuss these with Stakeholders, staff side Trade Union Representatives to shape the Policy in making it credible. Also linking coaching and mentoring with engagement, development, patient satisfaction and performance. A highly engaged workforce can benefit from (RDaSH, 2017): • Better patient outcomes • Improved quality of service • Reduction in patient mortality • Better staff health and well-being • Reduction in sickness absence levels • Better financial efficiencies • Better service productivity – KPIs - reduction in Grievances and Disciplinaries • Improved staff retention • Improved team and individual innovation • Increased organisational • Health and Safety		Within the next 3 – 6 months

EV28

Louise Berner (Hywel Dda UHB - PA to Ceredigion County Director / Mid Wales Joint Comm

From: Louise Berner (Hywel Dda UHB - PA to Ceredigion County Director / Mid Wales Joint Committee Programme Lead)
Sent: 12 March 2020 14:19
To: ~~Matthew Willis~~ (Hywel Dda UHB - Ceredigion)
Subject: Coaching and Mentoring SBAR and Coaching and Mentoring Action Plan
Attachments: BoardSBARCoaching and Mentoring 06.03.20.docx; Coaching Action Plan.docx

Dear Matthew

Further to our ongoing conversations, please find attached completed SBAR and Coaching Action Plan for your kind perusal. The SBAR requests that amendments be made to the PADR and associated Guidance documentation that is read in conjunction therewith and to include that Coaching and Mentoring is mentioned within the PADR documentation, so that all documentation flows and mentioned the same information and aligns with the Learning and Development Policy. This encourages and ensures that coaching conversations are undertaken with the workforce. This will be of great benefit to new and existing staff in completion of their PADRs in that the Health Board supports workforce development and is key in talent, workforce and succession planning, and aligns with the Bronglais Strategy and the new School of Nursing that is currently being developed. I look forward to your response in due course.

Kind Regards

Louise

Louise Berner

PA to Peter Skitt County Director Ceredigion/Programme Director Mid Wales Joint Committee
Cynorthwy-ydd Personol i Peter Skitt Cyfarwyddwr Sirol Ceredigion/Cyfarwyddwr Rhaglen Cyd-Bwyllgor Canolbarth Cymru

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EV28

Louise Berner (Hywel Dda UHB - PA to Ceredigion County Director / Mid Wales Joint Comm

From: ~~Matthew Willis~~ (Hywel Dda UHB - Ceredigion)
Sent: 13 March 2020 13:59
To: Louise Berner (Hywel Dda UHB - PA to Ceredigion County Director / Mid Wales Joint Committee Programme Lead)
Subject: RE: Coaching and Mentoring

Dear Lou,

Thank you for presenting your work on coaching to us. I am sorry our numbers were depleted, but you appreciate the work currently underway to manage the pandemic.

I have, however, discussed the content and your action plan with senior colleagues in the team and we feel that coaching is essential if we are going to support staff in their development and attain a truly organic shift in our service provision and performance that will deliver the strategic direction we have set as "CAREdigion". We also believe that coaching will support and enable us to actively improve staff wellbeing.

The handout you prepared clearly sets out a simple guide and although your planned activity was not practical due to the numbers present, I look forward to rearranging this when we can guarantee that we will have sufficient attendance so that the knowledge and skills required for the roll can be understood and you work through the coaching models with interested managers. I gained significant insight in my discussion with you regarding this subject.

I note that the SBAR you have produced has identified a shortfall in the documentation provided by the Health Board for staff annual reviews that does not promote the agreed learning and development policy in regards to coaching and this is an important reflection on our current policy framework. I will need to discuss this with the corporate functions to take forward which I will do in due course. I will also need to do the same for the actions in your plan where these relate to functions not within our directorate. However, notwithstanding this, I believe there is much we could do locally to start the process of embedding the sound principles of coaching within our service and I will contact you to discuss mechanisms by which this can be achieved.

It is clear to me that we are starting from a low baseline in Hywel Dda and there is much that we need to do to ensure staff receive the support they required.
Thank you for all your hard work in bringing this to our attention; I hope that we can achieve the benefits you have clearly described therein.

With best wishes.



Matthew Willis
Head of Service Development and Integration (Ceredigion)
Hywel Dda UHB

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EV28

From: Louise Berner (Hywel Dda UHB - PA to Ceredigion County Director / Mid Wales Joint Committee Programme Lead)
Sent: 12 March 2020 14:42
To: Matthew Willis (Hywel Dda UHB - Ceredigion) <Matthew.PD.Willis@wales.nhs.uk>
Subject: Coaching and Mentoring

Hi Matthew

Further to the Coaching Session I held on the 6th March, I have attached the presentation and the Coaching Best Practice document. I hope you found the session helpful and would hope that a coaching culture would be something that your BGH Strategy could work towards and seeing the benefits of line managers having coaching conversations within their PADRs and 1:1 sessions within the workforce. This will encourage a more engaged workforce and building trusting relationship and give more of a positive workforce culture. I hope that you found the Grow framework and the Oscar model helpful tools to hold these conversations with the workforce, in that they can help the coachee become self-managed in their learning. Coaching and Mentoring will be of great benefit to the Health Board and will fit in with the strategic workforce objectives and future School of Nursing that is currently being developed.

I propose also that the PADR, 1-2-1 and associated guidance documentation be amended to incorporate Coaching and Mentoring, some of the documentation at present mentions mentoring but not coaching within them and one of the guidance documentation mentions the Oscar model. I would hope in future that a Coaching and Mentoring Policy could be developed. Making coaching part of "how we do business" going forward will gain total integration into the organisation.

Kind Regards

Louise

Louise Berner

PA to Peter Skitt County Director Ceredigion/Programme Director Mid Wales Joint Committee
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