

Qualification: CIPD Diploma in Applied Human Resources

Module Name: Contributing to coaching and mentoring

Word Count: 2528

Student Name: Natalie Thomas

Student Number: 1810239

CIPD Membership Number: 53274196

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: N. Thomas

Date: 11/08/2020

CIPD Candidate evidence matrix (EXAMPLE)

Candidate name: Natalie Thomas				CIPD Membership/registration No.: 53274196		
Qualification title: CIPD Diploma in Applied Human Resources				Unique Learner No. (ULN): 1810239		
Unit code	Unit title	Assessment criteria no.	Evidence description	Evidence reference number	Assessor initials	IV initials if sampled
5ADCM	Contributing to Coaching and Mentoring	1.1	1000 Lives Improvement Service: legacy, bespoke support and improvement academy document – pages 1-7	EV1		
5ADCM	Contributing to Coaching and Mentoring	1.1	Managers passport document – pages 1-9 but specifically page 9	EV2		
5ADCM	Contributing to Coaching and Mentoring	1.1	Self-aware coach organisation document with performance wheel	EV3		
5ADCM	Contributing to Coaching and Mentoring	1.2	Copy of training schedule for junior doctors x2	EV4		
5ADCM	Contributing to Coaching and Mentoring	1.3	HDUHB 2017 development plan specifically pages 1-5	EV5		
5ADCM	Contributing to Coaching and Mentoring	1.4	Email to senior HR advisor discussing changes to Manager's passport	EV6		
5ADCM	Contributing to Coaching and Mentoring	1.4	Calendar invitation for Workforce & OD away day 05/02/2019	EV7		
5ADCM	Contributing to Coaching and Mentoring	1.4	Email trail discussing my pledge to look in to coaching practices in the HB	EV8		
5ADCM	Contributing to Coaching and Mentoring	2.1	Buddying scheme document created by me	EV9		

5ADCM	Contributing to Coaching and Mentoring	2.1	Email trail to service manager discussing buddying scheme document and receiving sign off to go ahead	EV10	
5ADCM	Contributing to Coaching and Mentoring	2.1	Email to MTI doctor providing information in to the benefits of mentoring/buddying, providing links to Mind Tools to discuss 'GROW' model, extract from CIPD website and thank for their input etc	EV11	
5ADCM	Contributing to Coaching and Mentoring	2.2	Witness testimony discussing contribution to organisational coaching process and me producing an action plan	EV12	
5ADCM	Contributing to Coaching and Mentoring	2.2	Action plan document I developed	EV13	
5ADCM	Contributing to Coaching and Mentoring	2.4	Email to MTI doctor discussing participation in buddy scheme	EV 14	
5ADCM	Contributing to Coaching and Mentoring	2.4	Mentee feedback form	EV 15	
5ADCM	Contributing to Coaching and Mentoring	2.5	Buddy/Mentor feedback form	EV 16	
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:		N Thomas		Date:	10/08/2020

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.

Contributing to Coaching and mentoring

It is suggested that coaching and mentoring in the workplace can support the achievement of organisational objectives and so it is vital that they can be delivered effectively and support overall success in the organisation (Page, M).

LO1: Be able to assess the impact of coaching and mentoring activity within an organisation and make recommendations for further development

1.1 Investigate the extent to which coaching and mentoring take place within an organisation

Exploring current coaching and mentoring practices within Hywel Dda University Health Board has highlighted that there are differences among formal processes of mentoring in comparison to coaching. Mentoring within the HB is more prevalent, with clear, formal mentoring policies and procedures. However, these are more tailored towards medical staff (nurses and training grade doctors) and led by universities. There are also informal peer mentoring behaviours within the HB in most departments inclusive of administrative related roles. As a result of this, I have chosen to look more closely in to the Coaching behaviours within the organisation as I have established this is where more focus is required.

Upon assessing coaching practices, it became clear that coaching is mainly available to senior management levels within the organisation and isn't advertised openly. Following the HB's 2013 1000 Lives Improvement (EV 1) service which looked at building the capability within the workforce to develop an improved NHS, finding better ways of working to ultimately improve patient experience and outcomes, and ensuring the organisation can constantly improve and adapt, an 'Improvement Academy' was produced. The Improvement Academy looked at establishing a centre for leadership which was aimed at senior management (executive level) and middle managers (who are Band 6 or above), therefore excluding a majority of the workforce as almost three quarters of employees in HDUHB are band 5 or below. It is not advertised openly due to the lack of trained coaching available with only six ILM level 7 trained coaches currently within the organisation. Due to the lack of availability to access this service, it is unlikely that a coaching culture can be created effectively as offering coaching to only a select few with a workforce of over 10,000 is unlikely to have the appropriate impact required (Whitmore, 2017).

Coaching skills training is also discussed within the Manager's Passport Programme (EV2) which is available to managers who are Band 6 or above. However, there is a lengthy waiting list to attend the Manager's Passport programme and it is only conducted a handful of times each year with limited spaces. Within the programme, an overview of coaching is discussed with reference to the GROW or OSCAR models. Upon completion of the programme, managers return to their roles with no formal follow up and so it is impossible to evaluate whether the coaching is actively applied upon return to the department or whether the investment of the manager's passport was effective.

Recently, a brief document has been created by the Human Resources department to guide managers through the correct coaching practices (EV3) within the Organisation. Observing the document, it is very brief and doesn't provide a high level of detail to assist managers. There is also no formal training programmes developed for managers to expand their knowledge and improve their skills as a result of this document being published with the only coaching training available to a select few employees.

Overall, there seems to be limited evidence that coaching is an integral part of the Health Board with no specific coaching policy or coaching investment outcomes recorded. Although there is documentation in place to support coaching, there are also barriers to achieve this with limited availability to develop the necessary skills for a majority of managers.

1.2 Evaluate how current coaching and mentoring activity supports achievement of individual, team and organisational objectives

Coaching and mentoring activities within the HB can support individual, team and organisational objectives in various ways. The coaching guidance documents produced by the HR department encourages individuals to take responsibility for their own learning and that of their teams by taking a step back and looking at alternative ways of behaving to have a positive outcome. Although it isn't extremely detailed, this may be of some benefit as short, effective documents are more likely to be viewed in comparison to lengthy policies. The document provides a basic understanding of coaching practices and teaches managers how to become self-aware.

Medical staff within the organisation focus on mentoring more junior members of the team with support mechanisms in place to encourage their professional development. Educational supervisors as well as the medical education department supports the achievements of training doctors by holding regular weekly practical training sessions to develop their skills on particular procedures or issues specific to their training speciality (EV4). Equipping individuals and teams with the correct skills can benefit the organisation with an increased level of employee performance and adding value to the organisation (Bright HR 2020). This process is also similar for nurses and clinical support staff such as physios, however there is no clear process for non-clinical workforce with no consistency between departments.

1.1 Assess factors in the organisation including other learning strategies which could impact on the further development of coaching and mentoring

There are numerous factors within the Health Board which could impact on the further development of coaching and mentoring. One of the main things to consider would be the cost of further developing current practices. As the NHS is a publicly funded organisation, they are held to account for their finances with limited budgets and resources and so it isn't always possible to invest in the development of employees where budgets need to be utilised elsewhere particularly during recent times with the ongoing Covid19 pandemic. However, the HB could assess the benefits of providing group coaching as this would enable a number of key employees to receive the appropriate training at one time which they could then pass on to their wider team members – thus creating a coaching culture in time (Clutterbuck 2014).

Another factor to consider is the ageing workforce within the Health Board. HDUHB last published a workforce document detailing current employee positions in 2016 with 48% of employees at that time over 51 years of age (EV 5 pages 1-4) and so huge efforts have been made to encourage a younger workforce with recruitment initiatives and apprenticeship programmes. With this to consider, it is vital now more than ever, that current experienced employees are able to pass on their knowledge and skills to newer, younger or less experienced colleagues to ensure the success of the organisation.

1.2 Make justified recommendations for how coaching and mentoring activity can be developed to benefit the organisation

Based on my findings, I would suggest that there needs to be more focus on developing a coaching culture and embedding it in to day to day activities within the Health Board. This can be achieved by ensuring key employees such as senior managers, middle managers and line managers are trained and educated to support coaching practices (Anderson 2013). They can do this by leading by example and educating their teams on the benefits of coaching both individually and for the organisation. Practically, there could be an adaption to the current Manager's Passport programme to include more focus on coaching and mentoring and the importance of adapting these approaches by extending the length of time in which the programme is delivered which I spoke through with James Bennett (Senior HR advisor) and followed up our discussion via email with some practical steps to achieve this (EV6) I also suggested that the manager's passport is rolled out more widely to include more line managers/supervisors and allow a higher majority of the workforce to receive the training programme. Following the delivery of the programme, there could be a follow up session which evaluates scenarios where managers have been able to apply the newly acquired skills in a practical environment to try and understand a return on investment (CIPD 2019).

There also needs to be a consistent approach in the organisation as a whole and be inclusive of both clinical, and non-clinical staff to ensure all employees are provided with the same opportunity to access services which can result in personal development. At a fairly recent team away day, which involved Workforce and OD (EV7) we were all asked to make pledges of what we would like to achieve for ourselves or the organisation in the next 12 months. My suggestion was to familiarise myself with recent developments to coaching/mentoring practices within the Health Board in order to make adjustments to my approach to junior members of the team and the doctor's who I work alongside (EV8). There was also some discussion in allowing us time out to achieve this and so our workforce manager subsequently agreed 4 hours per month for professional development related to our pledges.

LO2 – Be able to support the implementation of coaching and/or mentoring programmes within an organisation

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

As part of my role in the medical workforce department, I oversee the BAPIO overseas recruitment drive and am responsible for completing the medical training initiative doctors' pre-employment checks, as well as support them throughout the process and link with the necessary departments/individuals that can assist them through the transition in to Wales and the NHS system. As part of this process, I identify individual's who have already been through this process and request that they are able to support the new doctor and essentially create a 'buddying system' to enable this (EV9) I firstly contacted the department service manager to discuss my plans to create an informal 'budding system' and provided a document which I had created based on research I had carried out in to the benefits and purpose of implementing a buddying system. I explained to the manager that I was looking at creating an informal buddying system to assist the new BAPIO starters and asked for feedback on their thoughts about the idea (EV10) Following confirmation from the service manager this was an avenue she was happy to pursue, I contacted a doctor who had already been through the BAPIO process recently and explained the benefits which this could bring to them, as well as the new MTI doctor by using an extract from the CIPD website describing mentoring and gained their consent to become a 'buddy' for the new starter (EV11).

Ensuring there is a buddying system promoted in to the organisation can help to encourage a coaching/mentoring culture. However, BAPIO doctors make up a very small proportion of the workforce and may not have a huge impact overall and so it is vital that this is implemented through all levels of the workforce within the organisation. I plan to meet with the senior recruitment advisor to discuss this as a possible recruitment approach moving forward. However, due to the ongoing Covid19 pandemic I have been unable to arrange a meeting as their priorities are focused on recruiting a large number of new employees with little time for anything else. Another potential barrier is availability of buddies/mentors for

the buddying system to be effective and so this will also need to be a consideration when looking at it on a whole organisational front.

2.2 Contribute to the development of organisational coaching/mentoring process

In order to contribute to the development of the coaching and mentoring process I met with my line manager (EV 12) to discuss my findings regarding current coaching and mentoring activities within the organisation. We agreed that I would develop an action plan that identifies ways to improve coaching in the organisation. The coaching plan (EV 13) outlines some of the ways identified that could encourage an improved coaching approach within the organisation, as well as the desired outcome.

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

In order to ensure that mentors/coaches can continue to develop their skills and knowledge, I plan to continue my approach and develop the 'buddying system' further, ensuring that I discuss with the BAPIO doctors any further developmental opportunities available to them to increase their coaching and mentoring skills. I have identified individual courses such as the ILM course which can assist with coaching and leadership and plan to meet with directorate managers to discuss this as an opportunity for identified individuals who are already working in a mentoring or 'change champion' capacity. Unfortunately, I haven't yet been able to bring together all of the relevant information to provide to directorate managers or 'buddies' with in order to meet and discuss as my focus has been placed elsewhere during the Covid19 pandemic. I hope to continue this at the end of the year and provide detailed information of access to courses and also receive sign off from managers that this will be a possibility. I will however, continue to encourage the informal process of mentoring/coaching within the organisation where appropriate.

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

In order to assist mentees to understand and participate fully in the buddying system I contacted the individual MTI doctor concerned and asked that they participate. I also provided information on the benefits of a coachee/mentee relationship by providing access to a website link that contained this information to encourage them to participate fully and feel more inclined to take part (EV 14).

During the exercise, I contacted the MTI doctor around 2 months after their commencement and provided a feedback form to discuss the process so far and gather their thoughts about the process (EV 15). It also allowed the individual to take some time to reflect which assists individuals to analyse their action for the purpose of learning from them (Porter, J 2017). Reflection is considered to be vital in ongoing growth and development and it is suggested that employees who spend time at the end of the day to reflect improve work related performance (Porter, J 2017).

2.5 Support the ongoing evaluation and continuous improvement of the organisations coaching/mentoring programmes

In order to evaluate improvement to the organisations coaching/mentoring programmes I created a feedback document (EV 16) to assess the buddies'/mentors' understanding, what they had learned, results, and whether their behaviour/attitude towards their job roles had benefited from this. I considered Kirkpatrick's (2016) four evaluation as a basis for my document creation. I will evaluate the results once the process has been completed to determine whether the buddying system was effective and discuss my findings with senior management teams.

I will also further pursue the amendments to the Managers Passport programme using my action plan as a basis for these changes, ensuring the appropriate agreement from the relevant parties are gained and reviewed in order to obtain a return on investment for the organisation. I will also pursue the follow up sessions with managers who have attended the course in order for sharing of best practice approaches to coaching/mentoring and encourage regular examples to be provided by managers of when they have effectively used coaching and mentoring techniques within their department.

Reference list

Page, M. (ND) *The benefits of mentoring* [online] Available at: <https://www.michaelpage.co.uk/advice/management-advice/development-and-retention/benefits-mentoring> (Accessed on 20/05/2020).

Whitmore, J., (2017) *Coaching for performance: The Principles and Practice of Coaching and Leadership* London: Vicholas Brealey Publishing

Clutterbuck, D. (2014) *Does your client want to be different or normal* [online] Available at: <https://davidclutterbuckpartnership.com/what-every-hr-director-should-know-about-coaching-and-mentoring-strategy/> (accessed on 05/05/2020).

Anderson, E. (2013) 5 things to look for when choosing an executive coach [online] Available at: <https://www.forbes.com/sites/erikaandersen/2013/08/15/5-things-to-look-for-when-choosing-an-executive-coach/#3624854b4a3a> (Accessed on 15/04/2020).

Chartered Institute of Personnel and Development (2019) *Coaching and Mentoring* [online] Available at: <https://www.cipd.co.uk/knowledge/fundamentals/people/development/coaching-mentoring-factsheet> (Accessed on 20/03/2020).

Hywel Dda University Health Board (2017) *Hywel Dda University Health Board Annual Plan 2017/18 Supporting and Enabling Plans Workforce and Organisational Development Enabling Plan March 2017* [online] Available at: <http://www.wales.nhs.uk/sitesplus/documents/862/HywelDdaAnnualPlan2017-18AnnexWorkforceandOrganisationalDevelopmentEnablingPlan.pdf> (Accessed on 29/05/2020).

Mint Tools (ND) *The GROW Model of Coaching and mentoring* [online] Available at: https://www.mindtools.com/pages/article/newLDR_89.htm (Accessed on 04/06/2020).

Manchester Metropolitan University (ND) *The Role of a Buddy/Mentor for New Starters* [online] available at: https://www.mmu.ac.uk/media/mmuacuk/content/documents/human-resources/a-z/guidance-procedures-and-handbooks/Buddy-Mentor_to_New_Starters.pdf (Accessed on 04/06/2020)

HR:Zone (ND) *What is a Buddy system* [online] Available at: <https://www.hrzone.com/hr-glossary/what-is-a-buddy-system> (Accessed on 28/06/2020).

Kirkpatrick Partners (ND) *The Kirkpatrick Model* [online] Available at: <https://www.kirkpatrickpartners.com/Our-Philosophy/The-Kirkpatrick-Model> (Accessed on 03/08/2020)

Porter, J. (2017) *Why should you make time for self-reflection (even if you hate doing it)* [online] Available at: <https://hbr.org/2017/03/why-you-should-make-time-for-self-reflection-even-if-you-hate-doing-it> (Accessed on 04/08/2020).



PWYLLGOR ANSAWDD A DIOGELWCH/ QUALITY AND SAFETY COMMITTEE

Dyddiad y Cyfarfod: DATE OF MEETING:	18/03/2014
Eitem ar yr Agenda: TITLE OF REPORT:	1000 Lives Improvement Service: legacy, bespoke support and improvement academy
Arweinydd Cyfarwyddwr EXECUTIVE LEAD:	Dr Phil Kloer – Director of Clinical Services
Swyddog Adrodd: REPORTING OFFICER:	Angie Oliver – Assistant Director of Workforce and OD Natalie Vanderlinden – Assistant Director of Therapies and Health Science

Pwrpas yr adroddiad / Purpose of the Report (dilewch fel yn addas / delete as appropriate)

I'w Gymeradwyo For Approval	Ar Cefnogaeth For Endorsement	Gyfer Ar Penderfyniad For Decision	Gyfer Ar Gyfer Trafodaeth For Discussion
			X

ADRODDIAD SCAA / SBAR REPORT

Sefyllfa / Situation

Following the launch of the 1000 Lives Improvement Service, with its business model of bespoke support, 3 client management meetings have occurred. The areas identified by HD for bespoke support fall into 2 main categories; i.e. long-term strategic priorities and issues

Long-term strategic priorities are population focused improvement families, providing tailored expertise and support and offering a range of evidence-based interventions for local implementation. Requests for tailored improvement support have been made within the family of 'acute care' such as "Health Care Associated Infections" (HCAI), "Hospital Acquired Thrombosis" (HAT), "Rapid Response to Acute Illness (RRAILS), and oral hygiene all of which are legacy 1000 Lives Plus programme areas. In addition, support has been requested for radiology, specifically to complete a systems analysis to inform the advice to ensure the maximisation of the capacity within the radiology service.

Issues are system capability programmes guided by local needs and delivered through workshops, expert support and local teams. These are finite programmes, with the aim of working with existing structures and to ensure that changes are sustainable system changes. The 2 programmes currently underway in HD are 'Improving Patient Flow across Unscheduled Care' and 'Improving Quality Together'.

At the 3rd client management meeting on 31st January 2014, the request was made for support to bring all the various improvement programme areas as listed above, under one umbrella; i.e. 'creating a safe environment and protecting patients from harm', in order to support the cultural change within HD. It was proposed that 1000 Lives Improvement Service identify one person of its team, who would be visual and could integrate into the team. This would occur under the auspice of the Improvement Academy.

It must be recognised however, that the **IMPROVEMENT ACADEMY** has no financial or staff resource, which is hindering its development. It is currently managed by the Assistant Director of Workforce and OD, with some support from the Organisational Development Manager as part of their existing roles.

The primary purpose of the Improvement Academy is to achieve transformational change at scale and pace by providing a whole system approach to service, financial and quality improvement through multi-disciplinary and multi-function process development by

- Focussing on specific pathway work
- Building on existing work (eg transforming care)
- Adopting the principle of 'lean' as a state of mind rather than a set of techniques
- Supporting innovation and continuous improvement

It will also

- Support the develop an improvement culture
- Develop staff capability in improvement techniques at the appropriate level (supported by Improving Quality Together programme)
- Develop a culture where staff are fully aware of their role and responsibilities for suggesting and delivering improvement in their own working area
- Provide an integral link between quality, service and financial improvement
- Support the development of effective Leadership through clinical and non-clinical management and co-operation
- Ensure a strong and agreed set of values which are embedded into the organisation, with clear leadership to allow practice and requisite skills to be embedded

Cefndir / Background

In spring 2013, NLIAH transferred to PHW and functions of 1000 Lives Plus, Programme Support, Mental Health, Organisational Development, Learning Laboratory and Partnerships from both organisations formed the new 1000 Lives Improvement Unit (1000 Lives).

The aim of the new 1000 Lives Improvement Unit is to be highly supportive of Health Boards in achieving the NHS national (as set out in the Quality Delivery Plan) and local priorities. It will meet this aim by:

- Supporting health boards and trusts to continuously find new and better ways of doing things to improve health and healthcare, and enable a better patient experience and outcomes.
- Building capability within the workforce to develop an improvement driven NHS
- Setting the direction and challenge for organisations to constantly adapt and improve.

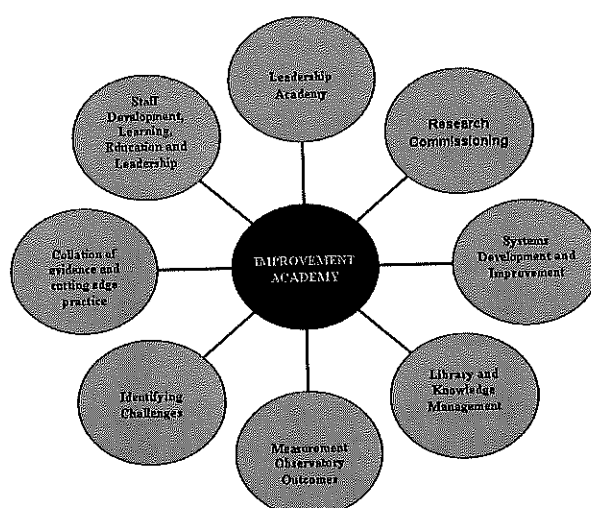
The model of 'bespoke support' became operational in July 2013 and therefore the national programme areas came to end and subsequently the 1000 Lives Plus Steering Group was adjourned.

However, at the time it was important that, particularly for those programme areas where a significant amount of time and effort had been afforded, the momentum and gains made were not lost. Therefore, for those programme areas which had achieved a score of 4 and above (on the spread and sustainability scale), an alternative 'reporting group/committee' was identified or a lead person.

Programme Areas	Score 03/13	@	Group/Committee/ Lead	Comment
Rapid response to acute illness	7		RRAILS Group	2013/2014 Performance target
Falls in the community	7		SFP&BH Group	
Enhanced recovery after surgery colorectal and orthopaedic	5		OPB	
Health Care Associated Infections PVC	7		IP&C Committee	
Health Care Associated Infections CAUTI	8		IP&C Committee	
First Episode Psychosis	4		MMG	
Transforming Theatres	4		Sharon Burford	
Transforming Maternity Care	5		Maternity Board	
Transforming Care	6		SNMT	
Hospital Acquired Thrombosis	4		Thrombosis Committee	2013/14 Performance target

The Improvement Academy was designed to be an organisational development function to support a clinically driven approach to quality, service and financial improvement. A steering group is in place to oversee the development of the Improvement Academy, and to prioritise the programmes which will be supported by the Improvement Academy.

The ethos of the Improvement Academy is for each programme of work to be clinically led, and supported by a team of experts with firmly established skills in facilitation, Improvement, programme and project management, measurement and data analysis, business analysis and health economics. These staff would come together as part of the work programme.



Assesiad / Assessment

To date, the Improvement Academy has established the Centre for Leadership and delivers

For senior leaders

- Consultant Leadership Programme
- Quarterly Leadership Forum
- Executive Coaching
- Individual Bespoke Development

For middle/aspiring leaders

- Empowering Health Care Leaders Silver IQT is incorporated into the Empowering Healthcare Leaders programme.: Each participant progresses an organisational priority over the programmes' period.
- Managers Passport
- Medical Leadership Programme (launch June 2014)

Coaching

- Six staff trained at ILM level 7 Executive Coaching.
- Five staff trained at ILM level 5 Coaching for Managers
- 12 staff trained at ILM coaching level 5

Access for all staff to trained, accredited coaches are available through:

- Hywel Dda internal coaching network
- Academi Wales coaching network
- Carmarthenshire Executive Coaching Network (to be widened during 2014)

Improving Quality Together

The All Wales organisational development approach to improvement is included in the programmes delivered through the Improvement Academy's Centre for Leadership.

- 22 staff at Gold level, support team improvement leaders at silver level.
- 500 staff will be trained at silver level by 2016.
- All staff will work towards bronze level over the next 3 years.

Pure Silver

The IQT Silver Programme will be utilised to support specific work programmes rather than the wider EHL development programme, where participants will have a wider choice. This will also be utilised for team training as well as individual development where appropriate. For these instances the programme will be known as 'Pure Silver'

Work Programmes

The Improvement Academy was successful in a bid for funding of £47,000, £44,000 of which was utilised to commission the services of Better Value Health Care (BVHC) and Professor Sir Muir Gray in progressing the Population Health Programme.

The Population Health Programme Chairs and co-chairs have had individual coaching sessions with the Assistant Director of Workforce and OD, and created a tailored development programme to support them in their role. A 'Pure Silver' programme was delivered during October/November 2013, and evaluated positively both in terms of content, and team building.

It is clear however that it is now time to increase the function of the Improvement Academy in supporting major HB priorities and bring together a range of functions to work together to improve the whole system. This includes not just skills development, but research, business intelligence,

leadership, system design, evaluation and to aim for publication.

Argymhelliad / Recommendation

The Improvement Academy will support the 'Creating a Safe Environment and Protecting Patients from Avoidable Harm' work programme during 2014-15 financial year. Specifically, a range of work relating to five system-wide themes will be supported

- Reducing Healthcare Acquired Infection
- Reducing Hospital Acquired Thrombosis
- Reducing In-Patient Falls
- Improving Patient Flow
- RRAILS

This will be supported by a workstream to focus on the development of the narrative/story of creating safer care and protecting patients from avoidable harm.

All work that is linked to these priorities will come under the umbrella of the Improvement Academy, which will provide a focal point for the delivery of this work. Each stream of work will have a 'faculty' of 4-5 experts who will lead the programme, supported by the Organisational Development Manager, and report to a sponsoring committee (for HAI this will be the Infection Prevention and Control Committee). The Improvement Academy Steering Group will ensure that the Improvement Academy is operating in the most effective way to support this work.

To enhance this work, all participants on the Empowering Healthcare Leaders programme from April 2014 will progress a project which is directly related to this theme but pertinent in their own environment. A catalogue of this work will be maintained and the principles of improvement methodology used in order to spread and sustain the improvements. 'Pure Silver' will be adopted by the faculty and workstream leaders to ensure a common language of improvement.



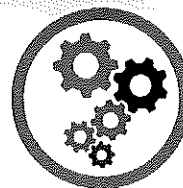
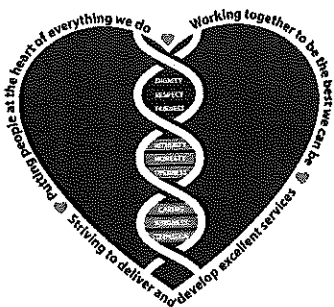
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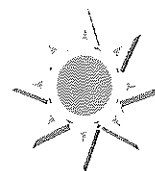
Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

2

Managers Passport Passport Plus

PROGRAMMES





INTRODUCTION

Dear Colleagues

I am delighted to present you with the Management and Leadership Programmes for Hywel Dda University Health Board.

The Management Passport and Passport Plus programmes are designed to provide you with the skills and understanding required for becoming a leader for this organisation. The programmes are divided into three categories **Managing Services, Managing People** and **Managing Yourself**. These categories are broken down into specific modules that you will complete along with some action learning sets that will provide you with experience of using your knowledge in practice and an exploration of the learning from that.



The organisation faces some tough challenges and we will not succeed in our objectives without positive, effective and compassionate leadership. These programmes will not only support you in your first steps into management but will also provide a strong foundation for your career.

Enjoy and I will look forward to seeing how you progress and develop as a result of these programmes.

Lisa Goshp

Director of Workforce and Organisational Development

Dear Colleagues

These are exciting times for Hywel Dda. The challenges we face also bring opportunities for us to grow and progress. We aim to not only provide excellent care for our patients but to continue to live our value of **"WORKING TOGETHER TO BE THE BEST WE CAN BE"** for our population and future generations of West Wales.



The organisation has ten strategic objectives that are outlined in our Integrated Medium Term Plan. We have the ambition to not just achieve these but to be recognized as the best health care provider in Wales. This will only be achieved by having the very best managers and I hope this is the foundation in supporting you to become just that.

David Jones

Deputy Chief Executive/Director of Operations





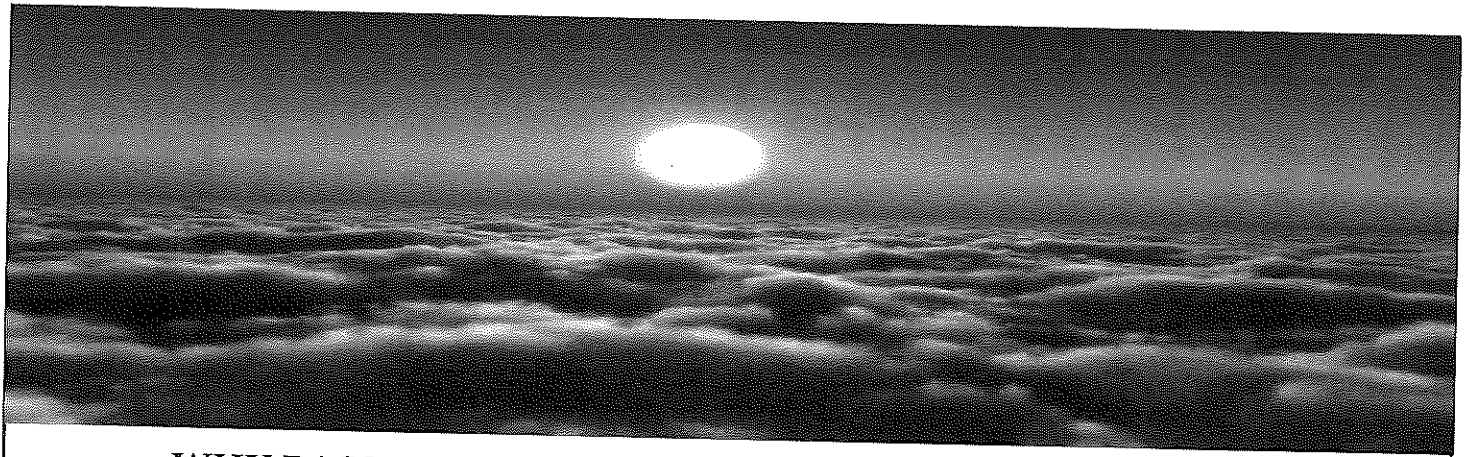
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*"The pessimist complains about the wind
The optimist expects it to change
The leader adjusts the sails"*

John C Maxwell



WHY PASSPORT/ PASSPORT PLUS?

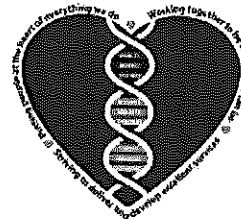
Hywel Dda UHB has a significant challenge in providing so many different services across such a wide geographical, rural and urban area in a sustainable way.

The organisation needs a well-developed and skilled workforce able to adapt quickly to a rapidly changing environment and leaders who can demonstrate compassionate leadership with appropriate managerial skills so that we can navigate our way through a complex environment.

Our vision for our Health Board is that over the coming years, our clinical leaders and teams, working with our patients and the public, will define the clinical services strategy. The organisation has to be innovative and ensure that within our resources we have the right service there at the right time. Innovation will come from creating the right culture, where patients and colleagues are treated in line with our organisational values.

The Passport programmes align with

- Hywel Dda's Organisational Values
- NHS Wales Core Principles
- NHS Wales Leadership Framework
- NHS Leadership model

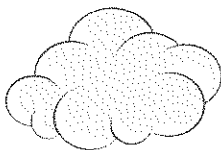


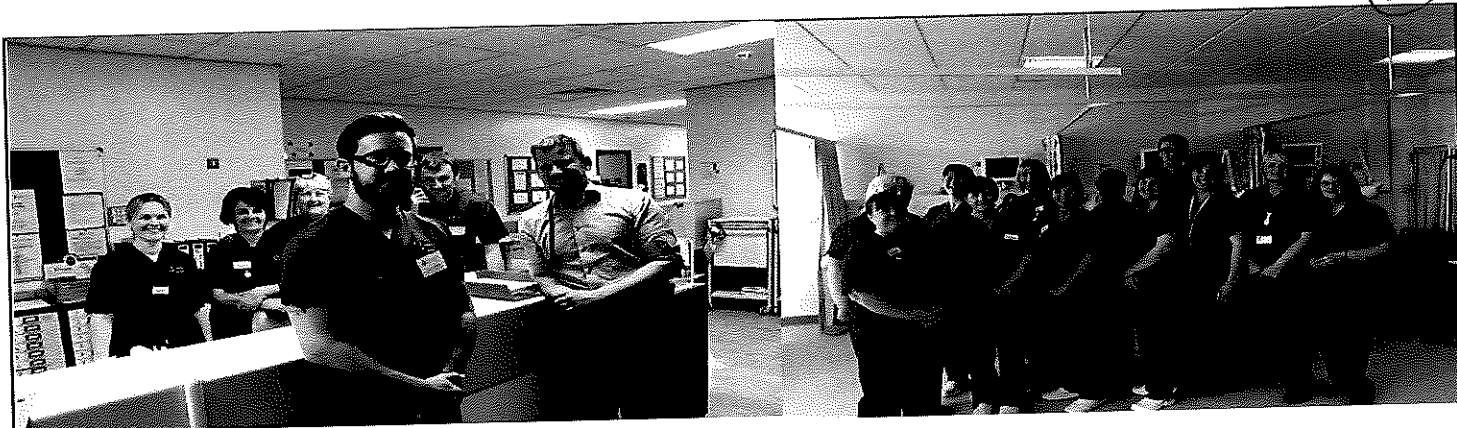
The programmes will provide managers with the necessary skills, knowledge and behaviours to enable Hywel Dda University Health Board to progress in becoming an employer of choice and successful in achieving the ten strategic objectives outlined in our Integrated Medium Term Plan.

Our leaders are integral in creating a culture to continually develop and improve our people and our services.

*"Leadership is not a title, it's a behaviour...
Live it!"*

Robin Sharma





PASSPORT/ PASSPORT PLUS

We want our leaders to fly, and soar to new heights. We want to support personal and career development.

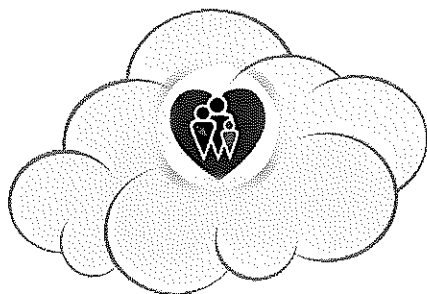
The Managers Passport is a programme that runs over six days and will equip newly appointed managers with effective operational management skills. Managers will be asked to complete this programme within the first six months of taking up a managerial role in Hywel Dda UHB. This development is for all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

not mandatory
The Managers Passport Plus programme follows on from the Managers Passport and managers are expected to sign up and complete the programme within three years of completing its predecessor. The programme runs over eight days and gives managers a deeper understanding of leadership practices and skills. The programme includes 3 half day action learning sets which will provide an opportunity to build relationships and learn from peers in the organisation.

There is also an opportunity for managers to complete individual modules in either programme if an area has been identified as a development requirement. This will need to be identified as part of an annual PADR.

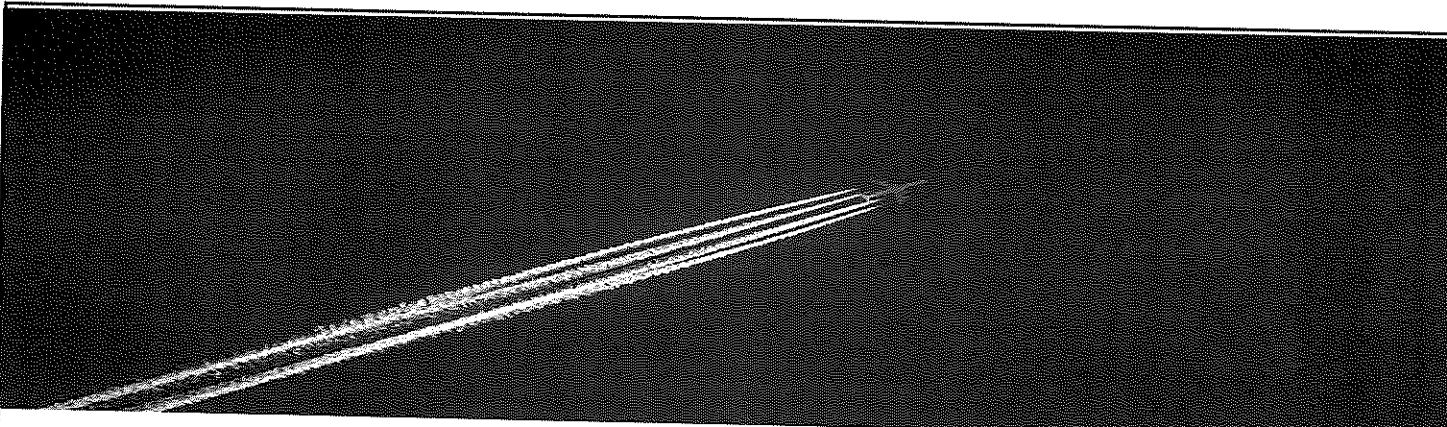
There is a rolling schedule for both programmes with a maximum of 20 places available for each cohort. The schedule of available dates for the next cohort can be found on page 10. The details on how you can apply are found on page 11.

There has to be a commitment from managers registered on the programme that the course will be completed and learning will be shared with colleagues within the organisation. Managers will need to have the full support of their own manager for their learning and development, allowing them the time to not only complete the programme but to continue *"putting people at the heart of everything we do"*



*"When a leader lacks confidence...
The followers lack commitment"*

John C Maxwell



MANAGERS PASSPORT PROGRAM OVERVIEW

The Managers Passport is a program that is divided into three separate modules:

- Managing Services – 3 DAYS
- Managing People – 3 DAYS
- Managing Yourself – 2 DAYS

Managing Services

The Managing Services session will provide a range of techniques to support service improvement and effective management of resources.

Managing People

This module will provide managers with an understanding of the broader strategic context as it relates to embedding our organisational values and behaviours. The module will also provide a detailed review of the systems needed within the health board to manage staff effectively.

Managing Yourself

The last of the modules on the Managers Passport is Managing Yourself, this module will review methods to support managers and their teams through the challenges ahead. It will provide ways to maintain effective performance in difficult and changing circumstances.





MANAGERS PASSPORT PLUS OVERVIEW

The Managers Passport Plus is organised into three separate modules:

- Managing Services – 2 DAYS
- Managing People – 2 DAYS
- Managing Yourself – 2 DAYS

#Red2Green

& SAFER - Caring for ALL our patients

The Managers Passport Plus also includes;

Action Learning Sets 2x ½ DAYS

Managing Services

These sessions are designed to enhance the ability to manage and improve service quality to meet 'customer' requirements.

Managing People

This module will provide leaders with a greater understanding of the broader strategic context and wider levels of staff engagement that affect organisational change. The module will also provide attendees with the skills to align workforce planning to organisational goals, objectives and team resourcing.

Managing Yourself

This module will allow managers to evaluate and develop their own ability to set direction and gain the commitment of others. It will enable you to consider how your role impacts providing an opportunity to recognise own behaviours and respond to feedback from others.

Action Learning Sets

The programme will contain 2 half day Action Learning sets. Action learning is the process of bringing thinking and action into harmony. Learning is a continuous process and is best achieved with an open, probing mind, an ability to listen, question and explore ideas. Through reflection, we gain a deeper understanding of the issues we face. This enables us to manage change more effectively, and not only meet the challenges we face in the workplace but to also progress and develop as individuals and as an organisation.

Progression



MODULE	PASSPORT	PASSPORT PLUS +
Managing Services	• Working safely and responsibly How to ensure that you and your team are working in a safe environment. • Risk assessments How to identify risks and complete risk assessments correctly. • Patient Safety / Datix / Investigations • Introduction to financial framework What is a financial framework and how does it apply to your role? • Managing budgets How to manage your financial budgets effectively and efficiently. • Patient Experience Understand how the patient experience is captured in Hywel Dda Health Board • Workforce Planning • Getting the Right People Recruitment responsibilities & how we can improve our corporate presence.	• Engaging patients/public How to seek feedback from service users and families. • Risk Management • Commissioning Overseas Patients How Hywel Dda is funded, safeguarding services • Fraud What to do in cases of suspected Fraud • Understanding Performance Metrics Why we monitor performance, performance reporting and governance. • Develop Business Case How to write a variety of effective reports and ensure they are meaningful. • SBAR/ report writing How to write an SBAR • Integrated Medium Term Planning How to input your service objectives into the wider IMTP and how to measure your success.



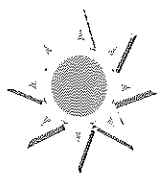
MODULE	PASSPORT	PASSPORT PLANS
Managing People	• Values Framework What are the organisational values and how they relate to your role and you teams? • Compassionate Leadership Cultural aspects of compassionate leadership & the organisational benefits. • Unconscious Bias Develop your skills & understanding of in relation to Unconscious Bias • PADR/ Performance management Understanding the benefits and how to complete PADR's and performance manage successfully • Rostering The purpose of e-rostering & core features • Employment policies A guide to employee policies to ensure compliance and a consistent approach in implementing them. • Managing Change What is the change cycle and how to manage change? • Building Relationships How to build successful relationships with colleagues, peers and senior managers within the organisation and all external stakeholders. • Managing Conflict Different types conflict & benefits of early intervention • Difficult Conversations How to deliver unwelcome or unexpected messages maintain a positive and productive relationship	• Build a Culture of Health & Well-being Discuss & consider health & well-being in the workplace. • Teamwork How to build an effective team • Hubris • Psychological Safety

Progression





MODULE	PASSPORT	PASSPORT PLUS +
Managing Yourself	• Coaching Equip delegates with the knowledge, skills and confidence to use coaching within their team to maximise individual and team performance • Building a Culture of Well-being & Resilience How to strengthen emotional capacity to be able to take care of you and your team. • Effective Communication Understanding effective communication methods & how to overcome barriers • Presentation skills Controlling your nerves, structuring your content for the best impact to get the message across. • Influencing How to influence colleagues at all levels of an organisation successfully.	• Building a Culture of Well-being & Resilience How leaders are integral in building a culture of health and well-being. • Personal Development & Career Planning How to plan future steps for you and your teams careers



Coaching

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 being rolled out 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 outcome
- What is the starting point
- What are the choices and the consequences of those choices
- What actions do you need to take
- And how will you review following the actions

When do I use it? Use it to manage performance – its about enabling your staff member so that they are thinking about and coming up with solutions, rather than 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. But staff who have been in post for 9 months or more and who have "found their feet" in the organisation can be coached.

Im interested what do I do now? Workforce have been trained on the OSCAR model and are happy to share this knowledge with you to roll it out within the organisation. Lunch and Learn sessions will be organised to go through the model in more detail-

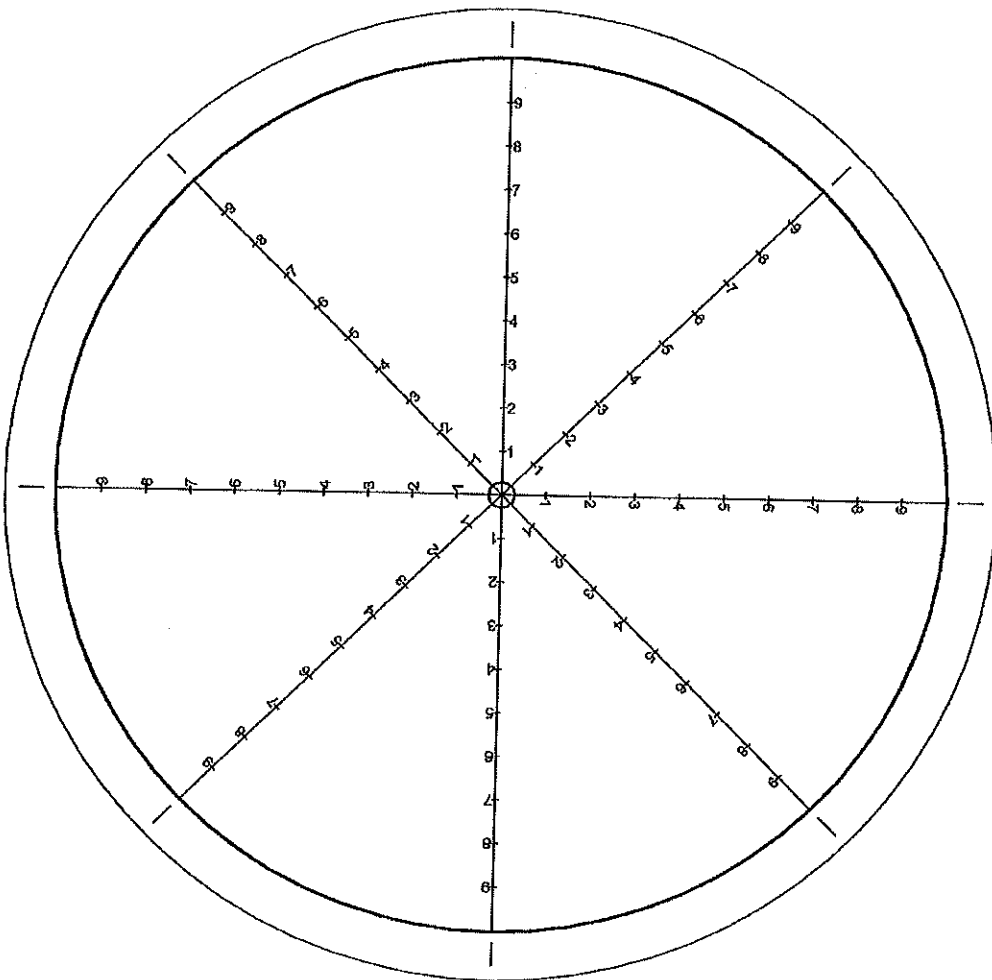
What will the lunch and learn be like? It would be an informal learning session over lunch – to take an hour or perhaps a little more - Workforce will go through the model and how to use it. Giving an overview and information on the model, using roleplay to show you and others the benefits of the model and the scenarios in which you can use it. Further support can be organised if required.

When will this be? - We would aim to schedule this in the last quarter of this year –

Using the Performance Wheel

Name:

Date:



Label the rim of the wheel with up to eight of your key performance areas/outcomes. Rate each area on a level of satisfaction from 0 – 10.

3

Coaching Notes

To be used by the coach during the coaching session

Coachee name:

Date:

Outcome: (What do you want to achieve)

Situation: (What is the current situation?)

Choices and Consequences: (What options can you choose from? What are the likely consequences of each choice? What are the best options to choose?)

Actions: (Based on your choices, what actions are you going to take, when, and on a scale of 1 to 10 how committed are you to taking them?)

Review: (What date will we review your progress and what steps are you going to take to review your progress?)

The Self Aware Coach

An excellent coach is aware of their own learning style – as well as that of the coachee. Your style as coach and the style of the coachee has a huge impact on the successful use of coaching techniques. Here are the main points to be aware of for each of the Honey and Mumford learning styles.

Style	Be aware of your own style:	Be aware of your coachees style:
Theorist	Telling the coachee what to do! This coach has a tendency to set the agenda rather than to follow the coachees. Remember that coaching follows the coachee's agenda and is for their benefit. This coach has a tendency to think they know the 'right' answer for the coachee. They may be tempted to try to make the coachee 'fall into line!'	This coachee may find it difficult to appear anything less than in total control. Ensure you focus on their agenda and their desire to meet their objectives and results. This coachee often benefits from receiving clear feedback and being asked challenging questions about the impact of their style on others.
Activist	Pushing too hard too fast! This coach has a tendency to want the coachee to come up with lots of actions, when the coachee may need more time simply to think things through. This coach has a tendency to take over and not let the coachee come up with their own ideas!	Ensure actions are directed towards the agreed outcome. Ensure you challenge this coachee and make them think through the consequences of their actions. Don't let them get too carried away!
Reflective	Not pushing hard enough! This coach has a tendency to let the coachee take the lead, when the coachee may need sharper questioning to help them clarify their thoughts and actions required.	Allow sufficient time for each question to be considered. Do not expect the coachee to come up with a set of actions until they have thought everything through.
Pragmatist	Pursuing the first choice you think is the right one for the coachee! This coach has a tendency to push forward with the first 'pragmatic' idea that the coachee comes up with, when the coachee may need more time to think through a wide variety of options and their consequences.	Ensure many options are considered. Do not allow the coachee to become focused on the first option they think will work. Help the coachee to see the impact that their 'self-imposed rules' have.

PPH Junior Doctors Rolling Mandatory Induction Programme, August 2020

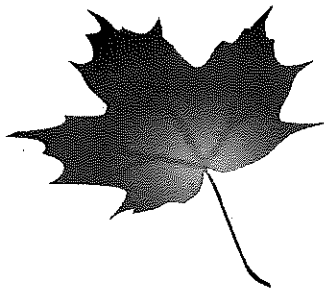
All these sessions will be available in the Lecture Theatre, here in PPH but once we reach maximum capacity for social distancing purposes you will be required to sign into Teams via your phone/electronic device and watch remotely. An invitation will be sent out each morning.

Date	Topic	Speaker	Time	Audience
Thursday 6 th August	Pathology	Dr Sue Prosser Consultant Clinical Scientist	1:00-2:00	All grades
Friday 7 th August	Radiology	Jane Bennett	1:00-1:30	All grades
	Blood Transfusion (Recording)	Lorna W	1:30-2:00	All grades (library)
Monday 10 th August	Library	Katrina Hall	1:30-2:00	All grades
Tuesday 11 th August	Death Certification and the Medical Examiner Service	Dr Jason Shannon, Consultant Pathologist and Lead Medical Examiner for Wales	1:00 – 2:00	All grades
Wednesday 12 th August	Consent	Madeleine Peters	1:00 – 2:30	All grades (Important for F1s)
Thursday 13 th August	Mental Capacity Act	Ceri Jones, MCA Practitioner	1:00 – 2:30	All grades
Friday 14 th August	Pharmacy -Antimicrobials	tbc	1:00 – 2:00	All Grades
Monday 17 th August	R&D	Dr K Lewis	1:00-1:30	All grades
	Medical Records	Phillipa Arnold	1:30-2:00	All grades
Tuesday 18 th August	Information Governance	Patrycja Duszynska & Bob Mander	1:00 – 2:15	All grades
Wednesday 19 th August	Safeguarding Children	Dr Ratnasinghe	1:00 – 3:00	All grades
Thursday 20 th August	Pharmacy Insulin	Abdullah Hamed	1:00 – 2:00	All grades
Friday 21 st August	Risk Reporting	Cathy Steel	1:00 – 1:45	All grades
	Putting Things Right	Roger Smith	1:45 – 2:30	All grades
Monday 24 th August	Medical Education	Samy Mohamed	1:00 – 2:00	All grades
Tuesday 25 th August	Pharmacy	Rhian Jenkins	1:00 – 2:00	All grades
	Anticoagulation			
Wednesday 26 th August	POVA (Jayne)	Paul Phillips, Specialist Safeguarding Adults Practitioner	1:00 – 2:30	All Grades
Wednesday 2 nd September	Care in the last Days of Life	Dr A Edwards	1:00-2:00	All Grades

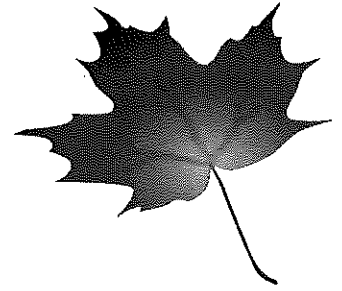
Please note lunch vouchers are available for each of these sessions on the understanding that you pick the voucher up from the Medical Education/Postgraduate Centre Staff any time before 12.30pm each day

4

4



Prince Philip Hospital
Medical Education Centre
Grand Round
Autumn Term
Sep – Dec 2019



DATE	SPEAKER	TITLE / TOPIC	SPONSOR
11 Sep 19	Sue Beach & Madeleine Peters	Covert Medication Form	TBC
18 Sep 19	Pharmacy (10 minutes) Dr Izzat Dr Nahal Raza	Reviewing proton pump inhibitors when prescribed with antibiotics Cardiology/Cardiomyopathy	TBC
25 Sep 19	TBC	TBC	TBC
02 Oct 19	Public Health Wales Andrew Barstow & Madeleine Peters	Flu Presentation & Vaccinations Form 5 Treatment Plan	Rhian Shaw Kyowa Kirin
09 Oct 19	Dr Morris can't do but the rest of the team will	Care of the Elderly	Andrew Collins A Menarini
16 Oct 19	Dr Esmail	Anaesthetics	TBC
23 Oct 19	Your NHS Wales e-library presents: navigating the e-library with Dynamed		Bleddyn Taylor Ferring
30 Oct 19	HALF TERM		
06 Nov 19	Dr Rice	Diabetes & Endocrine	James McDonald Bayer
13 Nov 19	Dr Andrews	Respiratory	Helen Thomas-Parker Pfizer
20 Nov 19	Helena Dunne	Pharmacy	Jenny Mortimer Boehringer
27 Nov 19	DVT Pathway EQllp group	QI Project	Sponsor through LW
04 Dec 19	CHANGEOVER		
11 Dec 19	XMAS QUIZ		

Lunch available from 12:15pm

Meetings start at 12:45pm

5



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgo
Hywel Dda
University Health Board

Hywel Dda University Health Board
Annual Plan 2017/18

Supporting and Enabling Plans

Workforce and Organisational Development
Enabling Plan

March 2017

YR HYWEL DDA
A GAREM

THE HYWEL DDA
WE WANT

This annex provides the Workforce and OD detailed analysis and enabling plan to supports the summary described within the Annual Plan. It encompasses current information regarding our workforce, details of the actions prioritised for 2017/18 and beyond to ensure we have a flexible, skilled and motivated workforce ready to support the effective delivery of quality services to our community.

The actions we intend to take cover 3 areas: our workforce, our future and our communities. We outline the key drivers and expected changes in each section then provide detail of the actions we will take to address these issues. The Primary Care workforce plan is a distinct element of this plan, followed by an analysis of our workforce by individual professional groups. The Workforce and OD action plan is presented at end of this section.

Our Current Workforce

1. The shape of our current workforce
 - 1.1. Headcount & Age
 - 1.2. Gender and work pattern
 - 1.3. Turnover
 - 1.4. Sickness absence
 - 1.5. Appraisal/PADR
 - 1.6. Mandatory Training
2. Values and behaviours
3. Variable Pay
 - 3.1. Registered Nursing, Midwifery and HCSW
 - 3.2. Medical
 - 3.3. Non-medical & non-nursing
4. Recruitment and Retention
 - 4.1. Variable Pay
 - 4.2. Organisational Development
 - 4.3. Management Capacity and Capability
 - 4.4. Welsh Language
5. Development of our workforce
 - 5.1. Our Future Workforce
 - 5.2. Apprenticeships
 - 5.3. Schools/Colleges Liaison
 - 5.4. Careers
6. Our Communities
 - 6.1. LIFT/Workchoice/Work Experience/Work Taster
 - 6.2. Collaboration
 - 6.3. Social Responsibility
7. Detailed Information
 - 7.1. Professional Groups
 - 7.2. Primary Care Workforce Plan
 - 7.3. 2T's Integrated plan
8. Our Delivery Plan

Throughout this document, figures in brackets in italics relate to 2015/16

INTRODUCTION

The Workforce and Organisational Development team work with operational services and colleagues in planning & finance to enable proactive and integrated working. This enables the team to engage with the planning of new services and modernisation of workforce models to ensure that workforce planning is fully integrated and embedded at all levels.

The principles of Prudent Healthcare underpin all plans, as does the investment in the development of our staff to maximise their full potential to deliver the prioritised service outcomes. Our work with our communities and our future workforce supports the principles of the Well Being of Future Generations (Wales) Act 2014. The Health Board will achieve this via number of workforce initiatives and techniques which are detailed within this annex. The figures in this section are taken from the Electronic Staff Record (ESR) which is the electronic data base of our staff in post and informs workforce, finance and payroll systems at 30th September 2016, unless otherwise indicated.

OUR WORKFORCE

Our workforce is key to the delivery of the Annual Plan. This section presents a detailed description of progress in delivering the planned work described previously, current and anticipated challenges over the next 12-36 months and further where appropriate, next steps to develop the workforce and detailed current information on our workforce by staff group, including reference to key national strategies and drivers.

1. The Shape of Our Workforce

Key Messages

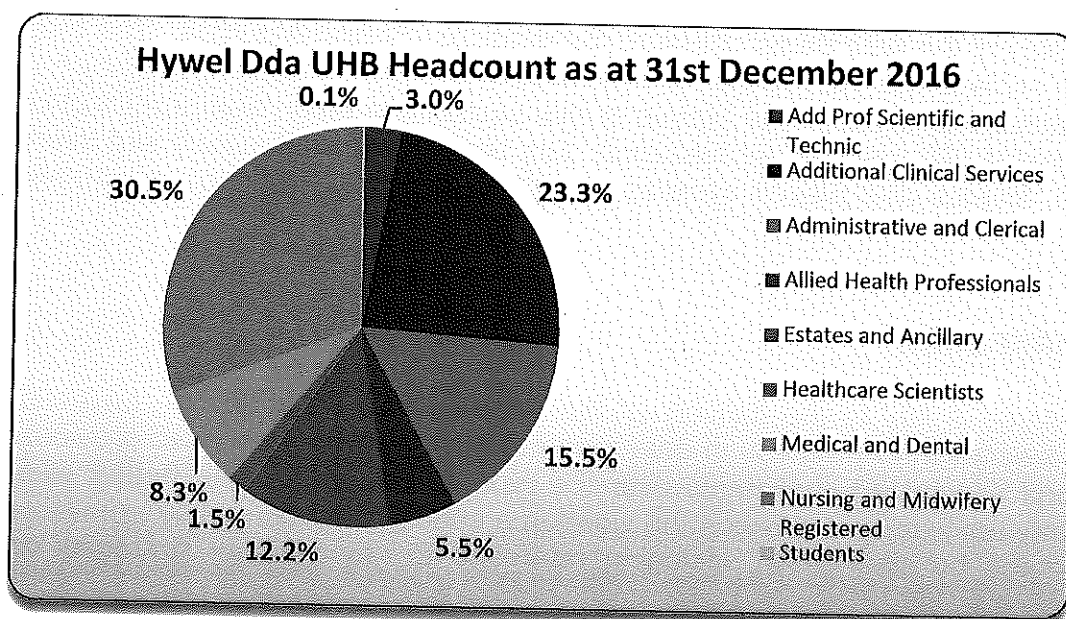
- We appointed over 700 staff through our recruitment efforts
- We have 40 more nursing staff
- Our workforce is largely female
- Our part-time/full-time ratio is around 50:50
- 48% of our workforce are over 51
- The average age for retirement is increasing when compared to 2015/16
- More staff who retire are returning to work for us
- Sickness absence has reduced and continues to reduce each month
- Our medical appraisal is above the target compliance
- The first cycle of medical revalidation is complete
- Our PADR compliance is improving
- Our mandatory training compliance has improved

Headcount

Our workforce is at the heart of our organisation. In order to sustain the delivery of

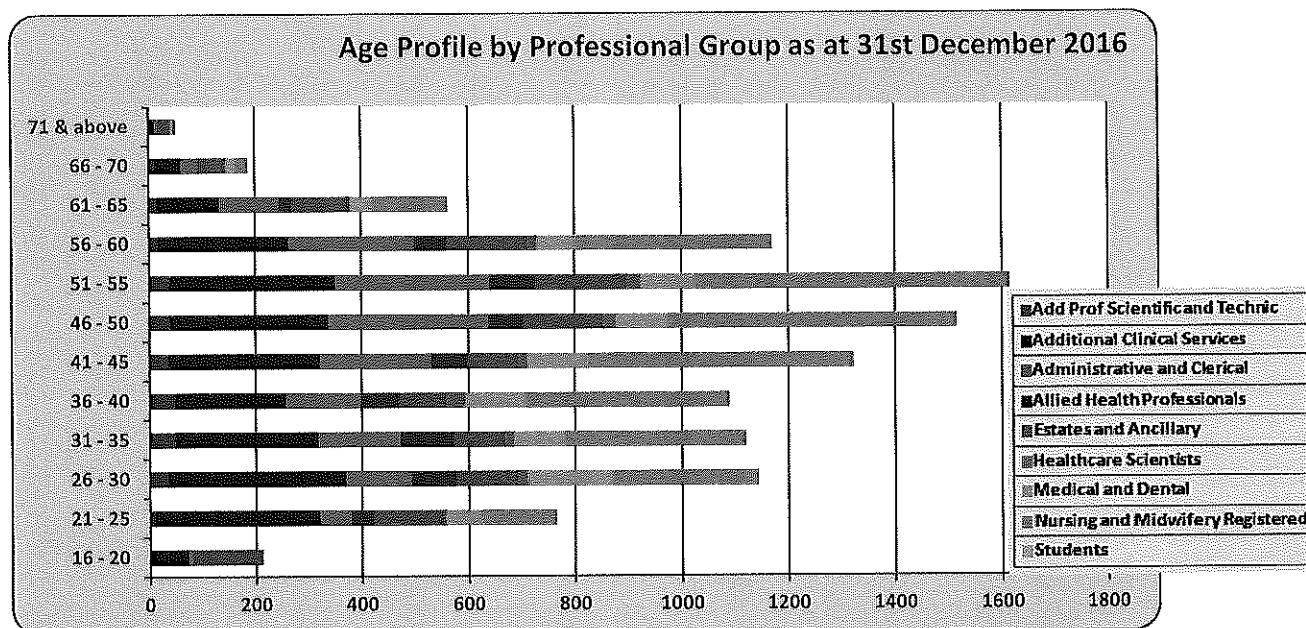
services the Health Board has an overarching aim to be an employer of choice and ensure that the wellbeing and support for all our employees drives practice across all services and levels.

In September 2016, the Health Board employed 10,585 staff over a wide range of professional, technical and support staff groups to deliver the service across Primary Care, Community and Acute services. This rose at end of December 2016 to 10,754. The gender and part/full time ratio of our staff remain fairly static with 80% of the workforce female and an almost 50:50 split in terms of part/full time workforce. The pie chart below represents them by staff group.



Age

Around 2,700 (48%) WTE of our total workforce are currently over 51 years old and does present a risk as many of the older workforce are our most experienced staff. Our retirement age is rising, from an average age of 61 during 2015/16 to 62 currently and currently 41% of our leavers who are retiring have chosen to return to work in the Health Board. This is an increase of 11% on 2015/16 figures. The information is reflected by staff group in the following table.



The age profile of the HB wide workforce is presented above, with specific date found later in this annex by each professional group. This information supports our assessment of risk associated with turnover related to potential retirements. The risks associated with our age profile are likely to be mitigated to an extent over the next 3 years by the changes to the pension scheme, as whilst staff may have the option to retire at 55 due to their profession, it may not be a viable option for them financially unless they have made specific provision. The HB presently has 41.2% (increased from 30% in 2015/16) of staff who retire and who then return to work. 33% of our total workforce are between the ages of 46 & 55 which is slightly less than in 2015/16 when it was 34%. There are very few employees below the age of 20 as would be expected in a predominantly regulated workforce.

It is key to review the age profile by the specific staff groups as the profile and the associated risk changes considerably.

6

Natalie Thomas (Hywel Dda UHB - Medical Workforce Officer)

To: 'nataliefitz_15@hotmail.com'
Subject: RE: managers passport

From: Natalie Thomas (Hywel Dda UHB - Medical Workforce Officer) <Natalie.Thomas7@wales.nhs.uk>;
Sent: 02 March 2020 10:35
To: James Bennett (Hywel Dda UHB - Personnel - PPH) <[REDACTED]>
Subject: RE: Managers passport

Hi James,

Following on from our discussion some time ago regarding the manager's passport I have looked in to some practical steps which could be considered as part of the strategy to increase coaching and mentoring behaviours in the Health Board I have included these below:

- A full review of the managers passport – looking at ways to improve it - these could include:
 - ✓ Increase the length of time the course is delivered over – to improve time spent on discussing coaching/mentoring
 - ✓ Rolling the course out more widely to line managers who are below Band 6 – in order for more employees to be trained and have the relevant skills to apply coaching/mentoring in a practical situation
 - ✓ Greater advertising of availability for training – less of a hidden service
 - ✓ Look at follow up sessions after completion of the managers passport – to ensure full understanding and knowledge is applied in day to day work within the department
 - ✓ Develop a coaching document – which managers are asked to complete at least once a year clearly describing work examples where they have implemented these skills

I'm in the middle of developing coaching plan which I have been liaising with Linsey regarding, and will be in touch upon completion to arrange a further meeting to discuss which should contain more detail as to how we can look to achieve this

Once again thank you for your time and if you require anything further at this point, please let me know

kind regards,

Nat

Enw: Natalie Thomas
Teitl: Swyddog Gweithlu Meddygol
Cyfeiriad: Bwrdd Iechyd Prifysgol Hywel Dda, Ysbyty Tywysog Philip,
Llanelli, Sir Caerfyrddin, SA14 8QF
Rhif Ffôn: 01554 783457
E-bost: natalie.thomas7@wales.nhs.uk

Name: Natalie Thomas
Title: Medical Workforce Officer
Address: Hywel Dda University Health Board, Prince Philip Hospital,
Llanelli, Carmarthenshire, SA14 8QF
Telephone Number: 01554 783457
E-mail: natalie.thomas7@wales.nhs.uk



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WALES

Bwrdd Iechyd Prifysgol
Hywel Dda
Hywel Dda University
Health Board



7

Outlook 2010 interface showing the calendar for February 2019. The main calendar view displays the date 5 February 2019 (Tuesday). A sidebar on the left shows the month view for February and March 2019. Below the calendar, there are sections for "My Calendars" and "Shared Calendars". The "My Calendars" section includes "Calendar - Natalie Thomas (Hywel Oda UHB - Medical Workforce Office)" and "Calendar - Online Archive - Natalie Thomas (Hywel Oda UHB)". The "Shared Calendars" section lists various calendars shared with the user, including "Lisey Jones (Hywel Oda UHB - Medical Staffing)", "Bethan Jones (Hywel Oda UHB - Medical Staffing)", "Ruth Jones (Hywel Oda UHB - Medical Workforce)", "Loren Daniels (Hywel Oda UHB - Medical Workforce)", "Sandra Thomas (Hywel Oda UHB - Medical Staffing)", "Bethan Hovett (Hywel Oda UHB - Head of Medical Staffing)", "Tanya Jenkins (Hywel Oda UHB - Medical Staffing)", "Arlene Williams (Hywel Oda UHB - HR Team Support)", "Helen Davies (Hywel Oda UHB - HR Advice)", and "Grace Nalunagga (Hywel Oda UHB - HR Advice)". The bottom status bar shows the user is online, has automatic replies enabled, and is using a 912 GB free mailbox. The system clock indicates the time is 14:47 on 02/02/2019.

8

Natalie Thomas (Hywel Dda UHB - Medical Workforce Officer)

To: 'nataliefitz_15@hotmail.com'
Subject: RE: team away day 05/02/2019

From: Natalie Thomas (Hywel Dda UHB - Medical Workforce Officer) <Natalie.Thomas7@wales.nhs.uk>;
Sent: 20 March 2019 10:55
Sent: Bethan [REDACTED] (Hywel Dda UHB - Head of Medical Staffing) [REDACTED]
Subject: RE: team away day 05/02/2019

Hi Bethan,

Please see below my pledge:

“To familiarise myself with recent developments in to coaching/mentoring practices within the Health Board in order to make adjustments to my approach to junior members of the team and the doctors who I work alongside.”

I plan to ensure I can do this by utilising my 4 hours professional development time a month to set aside time to look in to this

Many thanks

Natalie

Enw: Natalie Thomas
Teitl: Swyddog Gweithlu Meddygol
Cyfeiriad: Bwrdd Iechyd Prifysgol Hywel Dda, Ysbyty Tywysog Philip,
Llanelli, Sir Caerfyrddin, SA14 8QF
Rhif Ffôn: 01554 783457
E-bost: natalie.thomas7@wales.nhs.uk

Name: Natalie Thomas
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From: Bethan [REDACTED] (Hywel Dda UHB - Head of Medical Staffing) <[REDACTED]>
Sent: 20 March 2019 10:47

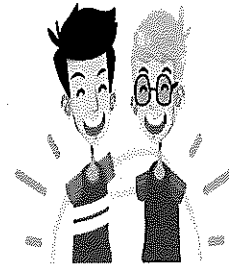
To: Bethan [REDACTED] (Hywel Dda UHB - Medical Staffing Advisor) <[REDACTED]> Linsey [REDACTED] (Hywel Dda UHB - Medical Staffing Advisor) [REDACTED]; Sandra Thomas (Hywel Dda UHB - Medical Staffing Officer) [REDACTED] Tanya Jenkins (Hywel Dda UHB - Medical Staffing Assistant) <[REDACTED]> Natalie Thomas (Hywel Dda UHB - Medical Workforce Officer) <Natalie.Thomas7@wales.nhs.uk>; Ruth [REDACTED] (Hywel Dda UHB - Medical Workforce Administrator) [REDACTED]
Cc: [REDACTED]
Subject: FW: team away day 05/02/2019

Hi All,

Following the away day session, please can you email me an update of the pledge you made so that I can update Sarah.

Please respond by 4pm on Wednesday 21st

Thanks
Bethan

Buddying for new starters document**Hywel Dda University Health Board****Created by Natalie Thomas****Medical Workforce Department****What is buddying?**

Buddying is assigning an existing employee to guide and act as first point of contact for a new starter within the organisation/department. The assigned 'buddy' or 'mentor' guides the new starter through the first few weeks and months of their role, sharing experience, knowledge and skills to allow the new starter to learn from them.

Benefits of buddying for employees

There are numerous benefits for new employees when implementing a buddying system. Some are below:

- Creating a supportive environment for the new starter – ensuring that there is always a familiar person whom they can seek support and guidance from in relation to the job role, how things work and feeling free to ask questions
- Assisting new employees to settle in to their role more quickly
- Reducing feelings of isolation and an unsupportive environment
- Having exposure to experience members of staff giving the opportunity to build on existing key skills
- It also provides a good development opportunity for the buddy/mentor by giving them the chance to enhance their communication or management skills and a 'feel good' factor of being able to pass on their skills and experience for the benefit of others and the department
- Allows the recruitment process to occur more organically and smoothly
- Aims to result in a better long-term outcome for the organisation and employees

What is the role of the buddy?

The main role of the buddy is to provide informal guidance and support to new employees which can include but not limited to:

- ✓ Meeting the new employee on day 1 of commencement and providing an induction in to the department and base sit
- ✓ Accompanying the new employee for lunch on their first day
- ✓ Creating a 'networking' environment by introducing new employee to other colleagues and relevant key people eg. Consultants, service delivery managers, lead nurse etc
- ✓ Being available during work hours to the new employee for any queries or advice on particular work practices
- ✓ Being available for questions not specifically related to the job role such as local amenities such as GP practices, taxi details etc.
- ✓ Ensuring that they are available in a supportive, friendly capacity and can behave in a confidential and non-judgement manner
- ✓

The buddy role does not include

- ✓ Providing employment rules and regulations information
- ✓ Advising on policies and procedures/employment contract
- ✓ Organising organisation induction and access to systems
- ✓ Assessing and monitoring performance of the new employee
- ✓ Arranging relevant training for new starter

**All of the above still remain the responsibility of the line manager/consultant/recruitment department

Who can be a 'buddy/mentor'

The buddy should be an identified individual with the relevant experience, knowledge and skills specifically related to the new starter.

The individual should be in full support of the buddying system, enthusiastic and engaging. They should be a trusted and supportive individual and should work in the same team/department as the new starter.

The buddy should not be the new starters line manager and should have experience similar work circumstances to the new starter – therefore being in the best position to advise on what worked and didn't work upon their commencement in to the organisation.

The buddy should be consulted prior to arrangements being made to be the new starters buddy and should be introduced to their buddy on the first day of employment

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Natalie Thomas (Hywel Dda UHB - Medical Workforce Officer)

To: Natalie Thomas (Hywel Dda UHB - Medical Workforce Officer)
Subject: RE: Buddying/Mentor document

From: Sally [REDACTED] (Hywel Dda UHB -Unscheduled Care Support Manager) <[REDACTED]>
Sent: 03 January 2020 16:45
To: Natalie Thomas (Hywel Dda UHB - Medical Workforce Officer) <Natalie.Thomas7@wales.nhs.uk>
Subject: RE: Buddying/Mentor document

Hi Natalie,

I've reviewed the attached and don't have anything further to add at this point – thank you for developing this. I feel that having available clinicians to link in with will improve the new MTI doctors experience and offer practical support and look forward to the outcome. I'll contact Dr [REDACTED] to further discuss and also offer my support in ensuring he is clear of what his role as a mentor includes

If there's anything else give me a call

Regards
Sally

Sally [REDACTED]
Service Manager, Unscheduled Care
Bwrdd Iechyd Prifysgol Hywel Dda / Hywel Dda University Health Board

Rhif Ffôn / Tel: 01437 773716
Internal: 01720 3716
Mobile: 07917 426875

From: Natalie Thomas (Hywel Dda UHB - Medical Workforce Officer) <Natalie.Thomas7@wales.nhs.uk>
Sent: 03 January 2020 09:26
To: Sally [REDACTED] (Hywel Dda UHB -Unscheduled Care Support Manager) <[REDACTED]>
Cc: Natalie Thomas (Hywel Dda UHB - Medical Workforce Officer) <Natalie.Thomas7@wales.nhs.uk>
Subject: RE: Buddying/Mentor document

Hi Sally,

Following our discussion around the proposed new process of 'buddying' up the MTI BAPIO doctors please find attached document I have created which includes some information about what is it, benefits of buddying schemes and roles of responsibilities of the buddy/mentor.

If you could take a look and provide some feedback that would be great. Once I have received sign off that you are happy for me to take forward and contact Dr Singhapura, I will do so

Kind regards,

Natalie

Enw: Natalie Thomas
Teitl: Swyddog Gweithlu Meddygol

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Natalie Thomas (Hywel Dda UHB - Medical Workforce Officer)

To: 'nataliefitz_15@hotmail.com'
Subject: RE: Buddying scheme info

From: Natalie Thomas (Hywel Dda UHB - Medical Workforce Officer) <Natalie.Thomas7@wales.nhs.uk>
Sent: 06 January 2020 14:32
To: [REDACTED] (Hywel Dda UHB- MTI Doctor) <[REDACTED]>
Subject: RE: Buddying scheme

Hi Dr [REDACTED],

Hope you are well. Following our telephone conversation I would just like to say once again many thanks for agreeing to assist with the 'buddying scheme' when Dr [REDACTED] commences in the health board in a few weeks' time (exact date to be confirmed). As discussed, the aim is to try and ensure that the new MTI doctors joining the Health Board have that familiar contact with a named individual who has already been through this themselves and are in the best position to guide the new starter through the process of joining the HB from overseas and any tip/hints you can offer.

As you were keen to assist us and Dr [REDACTED] I have included an extract below from the CIPD website along with some further links about mentoring for your viewing if needed:

What is mentoring?

Mentoring in the workplace tends to describe a relationship in which a more experienced colleague shares their greater knowledge to support the development of an inexperienced member of staff. It calls on the skills of questioning, listening, clarifying and reframing that are also associated with coaching.

One key distinction is that mentoring relationships tend to be longer term than coaching arrangements. In a succession planning scenario, for example, a regional finance director might be mentored by a group level counterpart over a lengthy period to develop a sound approach to dealing with the board, presenting to analysts and challenging departmental budgets.

Mentoring relationships work best when they move beyond the directive approach of a senior colleague 'telling it how it is', to one where they both learn from each other. An effective mentoring relationship is a learning opportunity for both parties, encouraging sharing and learning across generations and/or between roles.

More information on mentoring approaches to develop individuals for key or leadership positions can be found in our [succession planning factsheet](#) and in our report [Attitudes to employability and talent](#).

CIPD members can make use of their mentoring skills in helping young job seekers into work through our [Steps Ahead Mentoring](#) campaign. Our research published in [Volunteering to learn: employee development through community action](#) also

demonstrates that such schemes and other volunteering opportunities can help build coaching and mentoring skills.

I have also included a link to the 'Mind Tools' website which discusses the 'GROW' model of coaching and mentoring and offers some useful insight in to the models and processes behind it:

https://www.mindtools.com/pages/article/newLDR_89.htm

Also, I have developed a buddying scheme document which I have shared and discussed with the service manager Sally [REDACTED] which you can use for guidance. Myself and Sally will ensure that we check in with you at regular intervals to review how you are finding the process and offer any additional further support.

As you were interested in further developing your skills in relation to mentoring I am also looking in to possible courses you could attend in order to assist you with this and will update you at a later date

Thank you once again for agreeing to participate and offering your assistance during what is a difficult time for new recruits, I'm sure your help and guidance will be invaluable to the individual as well as the department and Health Board as a whole

Should you need anything further, please let me know

Kind regards,

Natalie

Enw: Natalie Thomas

Teitl: Swyddog Gweithlu Meddygol

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Witness testimony – coaching

As part of Natalie's CIPD qualification, Natalie arranged to meet with me virtually to discuss her conclusions upon researching current coaching and mentoring practices within the Health Board. Natalie identified that although there are some formal processes in regards to mentoring, mainly for clinicians and the nursing workforce, there seems to be little availability to access coaching within the organisation.

As a result of this, it was discussed that Natalie would further research ways in which coaching could be improved, ensuring key departments were identified who could assist in this being achievable.

Although this isn't ordinarily part of Natalie's role, it is important that she is able to carry out duties which aids her professional development, particularly in relation to her CIPD course and so we agreed that Natalie would devise an action plan that looks at ways of improving coaching within the Health Board. We further agreed that upon completion, I would work with Natalie to make her action plan 'SMART' and offer any assistance I can before taking forward to senior management teams.

If you require anything further in relation this this please let me know.



Linsey Jones
Senior Medical workforce Adviser
Medical Workforce Department
Prince Philip Hospital
Linsey.jones3@wales.nhs.uk
01554 783457

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Coaching Action Plan

The purpose of the below is to consider the potential benefits formal coaching processes can bring to Hywel Dda University Health Board. The below have been proposed as ways to achieve this and start to build a coaching culture within the organisation.

Relevant individuals such as workforce planning, HR and senior executives will need to be identified and approval will need to be sought.

Action Point	Intended outcome	How?	Date to achieve
Create an effective learning environment and identify designated team	Secure designated room on a mid-base (eg. Glangwili) and identify individual responsibility/team to lead on coaching to ensure there's an identified point of contact for individuals to enquire with	Meet with senior workforce manager Involve senior HR manager for input and possibly recruitment	August 2020 *Originally August 2020 but due to Covid19, timescale has been setback
Target specific areas of the workforce where coaching may be needed	To identify 'problem areas' where issues are higher – high levels of staff turnover, high number of grievances etc and focus efforts on these to begin with	Contact HR to receive figures that identify this.	November 2020
Identify managers who have already completed the managers passport	Plan a follow up session with managers for feedback and ensure coaching is being utilised in the day to day work environment	Contact ESR for a report on manager's passport competencies completed to identify individuals	End of November 2020
Further discuss and implement an amended managers passport programme to allow more time to focus on coaching as a concept	Greater understanding of benefits of coaching in the organisation resulting in more experienced managers with increased confidence to use their skills and create a coaching culture	Meet with organisational development team who are responsible for managers passport Identify successful organisations who have robust coaching practices to evidence potential benefits to this	Jan 2021 – will take high levels of background work and involvement so will take time to implement

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Natalie Thomas (Hywel Dda UHB - Medical Workforce Officer)

From: Natalie Thomas (Hywel Dda UHB - Medical Workforce Officer) <Natalie.Thomas7@wales.nhs.uk>
Sent: 15 February 2020 09:27
To: [REDACTED]
Subject: RE: Buddying scheme

Hi Dr [REDACTED],

I hope you are well. As you are nearing commencement in to your new MTI position within the Health Board I wanted to provide you with some further information regarding the buddying scheme previously discussed.

As you will be aware, we are trialling a new approach to new starters specifically for the BAPIO/MTI process in order to ensure that you feel fully supported upon the first few months of your commencement and as a result we have requested that you take part in the buddying scheme. There are numerous benefits for yourself in taking part including:

- Gain practical advice, encouragement and support
- Learn from the experiences of others
- Increase your social and academic confidence
- Become more empowered to make decisions

I have also included a website link which provide further information and although not tailored specifically towards doctors, it includes basic principles and benefits of buddying schemes generically

<https://www2.aston.ac.uk/current-students/get-involved/mentoring-at-aston-university/peer-mentoring/benefits-of-mentoring>

Thank you for agreeing to take part and I hope it is of great use to you.

I have spoken to your 'buddy' and he has provided me with consent to provide his email address prior to you starting which I have included below. This will allow you to make contact before you commence

[REDACTED]

On another note, I am still awaiting your DBS check and am in the middle of producing your contract and will update you once these are complete. I look forward to meeting you and if there's anything in the meantime you require from me, please don't hesitate to contact me

Enw: Natalie Thomas
Teitl: Swyddog Gweithlu Meddygol

Cyfeiriad: Bwrdd Iechyd Prifysgol Hywel Dda, Ysbyty Tywysog Philip,
Llanelli, Sir Caerfyrddin, SA14 8QF

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E-bost: natalie.thomas7@wales.nhs.uk

Name: Natalie Thomas

Title: Medical Workforce Officer

Address: Hywel Dda University Health Board, Prince Philip Hospital,
Llanelli, Carmarthenshire, SA14 8QF

Telephone Number: 01554 783457

E-mail: natalie.thomas7@wales.nhs.uk



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Mentee feedback form

Please complete the following document, reflecting on your experience during the buddying system approach in order to provide us with feedback to improve and/or celebrate success of the experience

How would you rate your experience on a scale of 1-5? (1 being the lowest, 5 being the highest)

- 1 ☐
- 2 ☐
- 3 ☐
- 4 ☐
- 5 ☐

Do you agree that the experience was a positive one?

- Yes ☐
- No ☐
- Unsure ☐

My buddy and I connected well

- Strongly Agree ☐
- Agree ☐
- Disagree ☐
- Strongly Disagree ☐

Comments

.....

.....

.....

Do you feel that your knowledge and skills have developed as a direct result of the support received?

Yes ☐

No ☐

Unsure ☐

Would you access this service again?

Yes ☐

No ☐

Unsure ☐

Would you consider becoming a buddy yourself for other new starters?

Yes ☐

No ☐

Unsure ☐

What are the 4 main areas you believe you have benefited from this process?

1.

2.

3.

4.

Many thanks for your feedback

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Buddy/Mentor feedback form

Please complete the following document, reflecting on your experience during the buddying system approach in order to provide us with feedback to improve and/or celebrate success of the experience

How would you rate your experience on a scale of 1-5? (1 being the lowest, 5 being the highest)

- 1 ☐
- 2 ☐
- 3 ☐
- 4 ☐
- 5 ☐

Did you feel that it was relevant to your role or offers opportunities to develop your skills?

- Yes ☐
- No ☐
- Unsure ☐

Do you agree that the experience was of some benefit to the new starter?

- Yes ☐
- No ☐
- Unsure ☐

Were you supplied with the relevant resources to assist you during this experience?

- Yes ☐
- No ☐
- Unsure ☐

Do you feel that your knowledge and communication skills have improved as part of this process?

Yes ☐

No ☐

Unsure ☐

Would you consider attending a further coaching/mentoring course to further develop your knowledge and confidence in this area?

Yes ☐

No ☐

Unsure ☐

What support might you need to effectively apply what you have learned to your current role?

.....
.....
.....
.....

Do you feel that you change your approach to situations in the work environment has changed as a result of this experience?

Yes ☐

No ☐

Unsure ☐

Many thanks for your feedback