Towards a framework for mentoring in the NHS

Evaluation Report on behalf of NHSU learning for health and social care

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INTRODUCTION

Foreword

This paper is about Mentoring in the NHS. It is the result of a collaborative effort by many people working together in the NHS and NHSU to make sense of mentoring.

The idea for this paper emerged several months ago as we began to think and talk about our experiences of mentoring as a model of learning support in the workplace.

We brought to the discussion examples of mentoring from within the NHS and from other examples of mentoring across the public services. We shared our experiences of mentoring, both as givers and receivers of support. What had worked well for us? How had we benefited both personally and professionally from good effective support?

Then we looked at the current mentoring scene in the NHS, reflecting ruefully on the often short life cycle of good mentoring schemes which seemed to shine brightly for a while and then be extinguished often in the context of personal and organisational turbulence.

Were we witnessing the emergence of a new cultural form of learning and support struggling to survive in a flow of rapid change or were we seeing the flickering last embers of a more caring supportive culture overwhelmed by permanent change? Were these mentoring schemes waving or drowning? Were we in danger of losing an opportunity to learn from effective mentoring schemes before they became lost to us often for good?

We then began a journey which has resulted in this paper. We searched for the leaders in the field of mentoring and coaching in order to help us in our effort to understand best practice in mentoring and we found them in the Mentoring and Coaching Research Unit in Sheffield Hallam University. We wanted to learn from the leading edge of research and development in mentoring and coaching and to integrate this learning into NHSU's design for learning support across its programmes and services. Equally important was

the task of aligning mentoring, as a practical expression of our values, with the pressing needs of the wider NHS to find a sustainable process for supporting professional and personal development for all.

This paper is the result of several dozen people going into accelerated learning mode. We have read the literature; attended conferences and research seminars; searched the internet and joyfully engaged in talking to as many people with a passion for mentoring as time and our energy levels would allow.

And then we had a long hard think. What you are about to read is our first attempt to bring into a wider public arena our preliminary thoughts on the following:

- **What would be a sensible and realistic common standards underpinning a national mentoring framework for the NHS?**
- **Could we design a common accreditation system as integral to a proposed framework?**
- **Which clusters of human capabilities or competencies were essential to making mentoring work effectively?**
- **Would a proposed national framework contribute to quality improvement and help organisations get the basics right?**

There were, of course many, many more questions some of which appear in the following pages. These questions have been raised by colleagues at a number of occasions where we have come together to work on developing our ideas on a national mentoring framework.

We held a series of Shared Learning Events, facilitated by staff from the Mentoring and Coaching Research Unit and the Faculty of Health and Wellbeing at Sheffield Hallam University who also coordinated our national focus group meetings. Further meetings were held with colleagues from:

- Strategic Health Authorities
- Acute and Primary Care Trusts
- Postgraduate Deaneries

- Modernisation Agency
- Leadership Centre
- Department of Health.

Their ideas, comments, observations and criticism have been a valuable resource from which we have further refined and reformulated our own thoughts about mentoring.

Our thinking about mentoring has been informed by the work of colleagues leading the developmental work on standard setting, competency development and accreditation, and this work in progress forms a backcloth to our own attempt to propose a mentoring framework for the NHS.

This paper is a first attempt to frame some of the key questions and issues that have emerged through dialogue and debate and it is offered to you in the spirit of open and collaborative inquiry.

Ed Rosen, Head of Learning Support, NHSU

The problem of definition

Mentoring is a very normal human activity that has proved its worth over the many centuries since Homer first wrote about it in the Odyssey. As it is such a fundamentally human process, like people, there are many variations of form. However, there are some core characteristics in mentoring and these are:

- It is a learning relationship between two people.
- Mentoring involves key skills, for example:
    - Active listening, using a range of questions, challenge and support
- There are certain key human qualities involved. These include:
    - trust, commitment, authenticity, honesty, integrity

Those who experience mentoring either as a mentor or a mentee tacitly know its value. Participants in mentoring acquire a deep-seated knowledge about mentoring that is rooted in powerful personal experience. If we could learn to accept that mentoring is part of the substance of life, that it strongly links us to our generativity instincts and is deeply embedded in human psyche in all cultures, it would flourish and contribute positively to people's lives. Focussing on definition and things rational in relation to mentoring is to misunderstand its nature and to reduce it to a simple management technique which commits us to repeat the mistakes of the past. It is interesting to note that there are a number of large corporate businesses in Europe that have abandoned the traditional management perspectives of control and measurement in relation to mentoring and accept it for what it is – a powerful developmental experience. They know that authentic mentoring offers new opportunities for people to do extraordinary things as they learn and develop.

This paper is both a challenge and an opportunity for the NHS to take a step in the direction of sustainable transformation of the service for the benefit of all its users.

Dr Bob Garvey - The Mentoring and Coaching Research Unit, Sheffield Hallam University

Mentoring as a vehicle for excellence within the NHS

Mentoring is relatively widespread within the NHS. In the 2004 NHS National Staff Survey[i] 17% of staff identified receiving training and development from a mentor during the previous 12 months. However, the authors of this paper recognise this is just the beginning and therefore the paper seeks to promote mentoring for the 83% of staff who did not access it during 2004.

Mentoring has gained recognition and validity as a support to the modernisation agenda through at least two major documents within the NHS namely: *Leadership and Race Equality in the NHS Action Plan*[ii] and *Working Together – Learning Together: a framework for lifelong learning*[iii].

Mentoring is further embedded within the future culture[iv] of the NHS by the emerging recognition for the need to have mentoring activity associated with all training programmes and embraced in role descriptions.

Notably, the most far reaching mentoring initiative is the *NHS Knowledge and Skills Framework*[v]. At the heart of this Framework is the concept of effective learning and development to best meet the needs of both users and the public. The Framework supports members of staff to learn and develop in a variety of ways throughout their careers so that they can be most effective in their work.

Within the Framework *Personal and People Development* is a Core Dimension. It is described as "a key aspect of all jobs as everyone needs to develop themselves in order for services to continue to meet the needs of patients, clients and the public". Strong links to mentoring may be found in Levels 3 and 4 of this dimension together with Dimension G1: *Learning and Development* highlighting 'acting as a role model to enable others to develop'. Furthermore mentoring is an invaluable skill for the development and sustaining of Dimension G7: *Capacity and Capability*. To this end mentoring not only assists individuals to fulfil the criteria for their roles but as an organisational process, available to all, ensures the continued growth and development of the whole of the workforce against all of these criteria throughout their chosen careers.

Purpose of this report

Building on the recognition of the importance of mentoring in adding valuable support to the evolving effectiveness of the NHS Ed Rosen [NHSU] commissioned this report.

The primary purpose of this current research was to begin to discern what aspects underpin an effective mentoring programme, both at a programme process level as well as a mentoring competency level.

To that end a series of focus groups were established involving organisations from across the NHS who are currently involved in or setting up mentoring schemes. For a more detailed look at the focus group outcomes please see Appendix 1.

Further, in the spirit of evidence-based policy, the NHSU commissioned a desk-based review of mentoring competencies literature. This covered literature from both inside and outside of the NHS. For a closer look at the methodology of this process please see Appendix 2.

In addition, outlined in this report are examples of the issues, challenges and lessons learned from a sample of three of the many mentoring programmes being carried out throughout the NHS. For a full description of these case studies please see Appendix 4.

Report objectives

- through the use of focus group feedback and illustrative case studies this report helps inform policy-makers in deciding to implement mentoring schemes on a local, regional and national level.
- provide policy-makers and scheme organisers with initial guidance on key mentoring competencies considered by experts in the field to be central to any effective and affective mentoring relationship.

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Key Messages from this report

The purpose of this section is to bring its various elements together and to spell out the key messages that emerge.

1. Mentoring is key to the future of the NHS:
   - Mentoring has gained both recognition and validity in supporting the modernisation agenda and is already relatively widespread within the NHS [17% of the workforce]
   - The benefits of mentoring both to the individuals and their organisations are being demonstrated [illustrated through case studies]
2. Key recommendations from the focus groups are:
   - On a national level:
     - A national framework for mentoring be created - but within that framework there is a need for flexibility in order to facilitate local and regional nuances
     - Flexibility is paramount in any system of accreditation designed for mentors
     - Links with external organisations [i.e. Higher Education institutions] are vital to facilitate, evaluate and give credibility to effective mentoring programmes
   - On an organisational level:
     - Mentoring must be linked to strategic organisational aims
     - All-level organisational support is crucial to the success of mentoring programmes
   - On a programme level:
     - Ongoing evaluation of schemes must be built into all mentoring programme designs to ensure that objectives of the schemes are met

- An effective matching process is a fundamental to the success of the mentoring relationship
- Critical to the success of any scheme is the development and support of both the mentor and mentee

3. Key mentor competencies:

- Realizing outcomes/goals of mentoring relationship
  - The need for action planning and problem solving competencies
- Mentor self-awareness and focus on mentee
  - The mentor needs to be constantly honing his/her self-awareness; self-development; and self-management
  - There is also a need for the mentor to focus on the development of the mentee - i.e. mentee self-awareness; self-development and self-management
  - Rapport building skills are crucial for the mentor to have
- Competency in understanding and facilitating the mentoring process
  - Understanding the key stages of the mentoring relationship
  - Facilitation of setting relational boundaries
  - Understanding the need to review, evaluate, assess and monitor the effectiveness and affectiveness of the relationship

Focus Group - key points

Note: These points are not ranked in terms of importance from the perspective of the focus group but were the main issues that they deemed vital to the success of any mentoring programme.

1. **Some of the key benefits of mentoring/coaching widely recognised and appreciated by participating organisations were that mentoring:**

- Offers opportunities for inter and multi-professional working
- Enhances skills development
- Skills are universally applicable as a way of working and generally yield better results
- Enhances both individual and organisational capabilities
- Supports cross-cultural working and diversity
- Is a vehicle for tailored individual learning
- Develops confidence [personal/professional]
- Facilitates and supports the NHS life-long learning agenda
- Supports career choice and development
- Increases self-awareness [of both the mentor and mentee]
- Plays a part in cultural change

2. **Endorsement for a national framework for mentoring**

Example: The team involved in the Northern Deanery Mentoring and Professional Development programme case study agreed 'that it would be good to have national guidelines for mentoring in the NHS'

- The participating focus group organisations supported the concept of developing a national framework and best practice guidelines for mentoring

3. **A need for a flexible system of accreditation for mentors**

*Focus group comments - '**flexible approach offering an academic/vocational route to qualification programme'** or '**don't prescribe from the centre'***

- There was support for developing: a.) a flexible system of accreditation for mentors b.) a range of agreed flexible national standards c.) a flexible competency framework for mentors

4. The importance of external support

Focus group comments - 'aligning our programme to a Higher Education [HE] institution allowed us to quick start the whole process of training'

- Participating focus group organisations considered external support, advice and evaluation as important - i.e. HE institutions and the new NHS Learning, Innovation and Skills Institute

5. Mentoring must be linked to strategic aims

Focus group comments - 'organisations were asking – "what mentoring/coaching will do for us"'. There was also a recognition that '*the business needs to know how this fits with the strategic direction'*

- It was recognised by participating organisation that it is imperative to link mentoring programmes to the strategic direction of the organisation [local, regional, national]

Note: It was thought that the NHS has an opportunity to increase access to mentoring support for the whole workforce if it wishes to successfully invest in delivering current policy initiates i.e. The NHS Improvement Plan

6. All-level organisational support is vital to the success of any mentoring programme

Focus group comments - 'greater commitment from executive level – walking the talk' or '*ownership is needed at the highest level and not just a "tick box" exercise'*.

- Once those linkages are made, it is vital that mentoring is supported on an organisational level [from CEO and senior management endorsement.

championing and participation to dedicated administrative support through to support for the individual mentoring pairs]

- It was also a strong conclusion of the participating organisations that mentoring and coaching activity requires appropriate levels of financial support and time allocation

7. The need for programme evaluation

Focus group comments - 'there had been no provision for mid-term evaluation therefore some fairly serious issues were not identified'

- Key to any successful mentoring programme is the need to build an evolving evaluative process into the design of any programme
- In addition, evaluation, it was felt, should be seen as a continuous improvement process not as an end point measurement

8. The importance of the matching process

Focus group comments - insufficiency in the matching process had led to 'in a few cases the relationship between mentor and mentee not being very productive'.

- It was felt that effective matching was a key element to the mentoring process

9. An absolute need for training and support for mentors as well as mentees

Focus group comments - 'need to give other people key tools within a coaching & mentoring practice to allow more flexibility and creativity' and that staff should be '*encouraged to become mentors as part of the KSF review etc.'*.

- It was strongly felt that mentors need appropriate levels of training and support. In addition, mentees need orientation towards and support for mentoring.

Case studies - Issues, challenges and lessons learned from three of the many mentoring programmes within the NHS

Introduction

The case studies that follow are indicative of individuals and organisations passionate about mentoring and the evolution of the mentoring process as a vehicle for enhancing learning for both the individual and the NHS as a whole. These case studies were also taken from the diversity of service within the NHS; one being a national service, another a large teaching hospital and the other a programme being delivered across District General Hospitals [DGHs] in the north-east of England.

Background

Case study #1 - The Northern Deanery Mentoring and Professional Development programme

The Northern Deanery Mentoring and Professional Development programme provides a benchmark mentor development programme for the NHS. The programme, led by Nancy Redfern from the Northern Deanery, provides multidisciplinary training and development programmes for health care staff in the North East and other areas of the country – particularly, Yorkshire, Oxford, Portsmouth and Northampton.

Nancy Redfern believes that building a network of well-trained mentors is essential to creating a 'critical mass' of people to contribute to cultural change within the NHS.

It is a multi-disciplinary programme and participants appreciate being able to learn with colleagues from different areas of the NHS. In the main, participants attend because they are concerned to make a difference to patient care. Some come to 'test' the programme out with a view to establishing a scheme within their own Trusts.

The programme is completely voluntary and primarily focuses on mentor skills development. It does not focus on specific organisational issues and

consequently it is essentially about personal development. This is much of its appeal for NHS staff.

Case study #2 - The National Blood Service

The Services to Donors (SD) Directorate Training Department within the National Blood Service (NBS) is committed to providing support to people within the Directorate that meets their individual needs and addresses the gaps in their development.

The developing of mentoring skills was identified as essential for individuals within the Training Department to assist them in accomplishing this aim. This was not only for themselves but also for others throughout the organisation who are dealing with the evolving nature of the NBS.

The development of mentorship within the NBS supports key organisational objectives, specifically:

- '*Through learning, training and development opportunities motivate and support our people to deliver their best*'
- *'Make the NBS an organisation people want to join, work for and stay with'*

It is felt that developing a network of trained, experienced, and committed mentors is essential to supporting individuals to develop. It also helps to create a culture of lifelong learning and helps people deal with the inevitability of change within the organisation.

The programme is voluntary and open to all job groups and levels of staff. The programme focuses on development of mentor skills, from both a theoretical and practical base.

Case study #3 - Oxford Radcliffe Hospitals (ORH) Trust

Since 1999 Oxford Radcliffe Hospitals has been involved in coaching and mentoring but it was in 2001 that they established a Coach-Mentoring Practice.

Annie Kimblin, Head of Training and Development at ORH, suggests that with the ambitious agenda for reform within the NHS there is clearly a great deal of

scope for more coaching and mentoring within the Trust. This is because it has the potential to address many different issues on the corporate agenda for reform and modernisation such as:

- Career coaching/mentoring which assists in recruitment, retention and workforce planning issues
- Life balance coaching/mentoring which assists in improving working lives
- Mentoring/coaching for Diversity which enables the organisation to become 'positively diverse' in nature
- Skills coaching/mentoring which aligns with clinical governance
- Executive mentoring/coaching which enable leadership and management development

There are now 31 qualified volunteer coach/mentors within ORH Trust. These people either take candidates through the coach/mentor qualification programme or coach people who are learning how to manage their careers. Additionally, life balance issues are addressed and personal effectiveness improved.

Challenges and lessons learned from the case studies

Mentoring needs to be part of the NHS culture and not just as an 'executive development opportunity'.

Comments from the Northern Deanery Mentoring and Professional Development programme support this view. They suggest that, in their experience, mentoring has proven to be helpful for a wide range of people - from newly appointed individuals to high flyers as well as anyone in a time of change and transition.

This sentiment is also reinforced by the National Blood Service programme. They suggest that mentoring is often seen as limited to an *'executive development opportunity'* rather than multi-disciplinary and across all levels of staff. It has been the experience in the multi-disciplinary Northern Deanery

programme that participants appreciate being able to learn with colleagues from different areas of the NHS.

Conversely, the Oxford Radcliffe Hospital Trust case study recognised a lack of executive mentoring/coaching with most of the mentee's coming from first and middle line management.

As several of the organisations in the focus groups argued, the best way forward would be if mentoring/coaching could become part of the fabric of the NHS. In addition, these organisations saw mentoring/coaching as having the potential to assist in transforming the culture of the NHS at all levels.

This was echoed by some of the individuals involved in the case studies - as representatives from the NBS said: *'we hope to utilise the emerging NHS standards for mentoring and make mentoring a way of life for the organisation, which crosses the barriers of job group and level'*.

The fundamental need for organisational support for mentoring by linking it to organisational aims and objectives

The focus groups stated that it is vital to support mentoring programmes by linking them to organisational goals and objectives.

This has not always been done successfully. The Northern Deanery programme highlighted that not all NHS organisations see the value of mentoring and consequently some programmes are not as well supported as they might be. Further, the Oxford Radcliffe experience showed that engaging the interest of the CEO and other senior executives at the start was important to help gain support and bids for funding.

From the experience of the individuals involved in the three case studies, key aspects to the effectiveness of the mentoring programmes and by association to the strategic aims and objectives of the organisations are:

- Creating time and providing other resources that allows the evolving development, learning and skills of both mentors and mentees. This would

include the time and energy required to develop the mentoring relationship. An illustration of this comes from representatives of the Northern Deanery programme suggesting that for mentoring to work well it is important that mentors are skilled, supported, valued and resourced by the organisation.

- Being able to demonstrate and communicate how mentoring is positively impacting on individuals' lives and their effectiveness in the workplace. As individuals from the NBS stated *'we are beginning to understand as well as see how the 'mentoring way' can impact positively on organisational life both in terms of the individuals and consequently the NBS itself*'.

Recruiting mentors and mentees into the programme

All three case studies outlined the challenges of mentor recruitment. Some associated the difficulty of recruitment with a lack of time. This may be addressed by linking the benefits of mentoring to organisational aims and objectives and therefore gaining organisational support for the activity. This may include scheduling time for mentoring as part of people's workloads. It is also important to understand that mentoring is primarily [within the case studies] a voluntary activity. Organisers of the some of these programmes specifically stressed the voluntary nature of mentoring should be respected in any mentoring programme.

Mentor competencies

Introduction

Mentoring has been an evolving field of study over the last 20-30 years. More recently, we seeing in the literature a greater number of research papers looking at the benefits of and impact on individuals and organisations involved in process of mentoring.

Methodology

The European Mentoring Centre the primary body representing mentoring in employment since 1992 became the European Mentoring and Coaching Council [EMCC] in 2002. Its remit is to promote industry-wide good practice. Its executive committee is made up of some of the most experienced figures in the coaching and mentoring industry.

Over the last two years, the EMCC's major consultative research project on coaching and mentoring competencies has involved sourcing and collating both national and international standards for coaching and mentoring competence.

Using the EMCC competency categories and the adjacent sub-categories [see Appendix 3] other research material was integrated into this framework in order to create a concise meta-model of competencies as a starting point for schemes within the NHS.

The following are the 7 key areas of mentoring competencies derived from the research:

The competencies are in 3 categories:

- Outcomes/goals of the mentoring relationship
- Mentor self-awareness and focus of the mentee
- Process of the mentoring relationship

Outcome/goals of mentoring relationship

Competency 1: Action Planning

One of the key competencies for mentors is the ability to facilitate the mentee in understanding [concept of action planning] and utilizing the processes [developing and reviewing] within action planning. Another key factor within this competency is for the mentor to assist the mentee in understanding and managing any changes that arise. This involves the next competency area.

Competency 2: Problem solving

It is key, in the first instance, for the mentor to ascertain the level of the mentee's expertise in terms of problem solving - e.g. lateral thinking and brainstorming. The mentor needs to encourage the mentee to develop his or her own solutions to their learning/developmental challenges. Further, it is important for the mentor to provided options and choices for the mentee to explore.

Mentor self-awareness and focus of the mentee

Competency 3: Mentor self-awareness, self-development, and self-management

Example: After 6 years experience of running coaching/mentoring programmes in the Oxford Radcliffe Hospital Trust there is now a policy in place that states that all coach/mentors working in the Coach/Mentor Practice must take responsibility for managing their own learning. This means that the coach/mentors develop and manage their own personal development plan.

Self-awareness

The mentor's self-awareness is of great importance not only in relation to the mentoring relationship but also whether they themselves had action plans for their own learning and development. This includes both mental and emotional learning and development.

Self-awareness includes:

- The mentor understanding their personal limits of competence [i.e. referral skill for further mentee support].
- Understanding the impact of his or her own attitudes, values and behaviours in terms of working with mentee [i.e. awareness of gender, disability, class, sexual orientation and ethnic prejudices].

Self-development

Self-development includes:

- The mentor identifying needs in relation to his or her own goals and existing practice. These needs to be planned, actioned and reviewed regularly
- Having the ability to receive feedback from others
- Evaluating his or her practice to achieve a balance between process, personal skills and knowledge.

Self-management

Self-management includes:

- Actively taking responsibility for self [i.e. fears, anxieties, confining beliefs and values]
- Managing reactions when their comfort zone is challenged
- Monitoring their own skills in terms of managing the mentoring process

Competency 4: Focus on mentee development

Although this may seem self-evident the literature stresses the importance of the mentor:

- Treating each mentee from their unique starting place i.e. working with mentee to identify preferred learning styles in order to plan development activities but at the same time challenging their preferred learning style to improve their ability to meet their goals and needs

- Assisting the mentee to establish an understanding of their strengths and weaknesses to inform their learning and development
- Facilitate a clear process in which the mentee ascertains and defines their development needs i.e. identifying aspirations and development needs; helping the mentee to overcome their own limiting attitudes and beliefs; assisting the mentee to identify unrealistic expectations or barriers and assist them in finding ways of dealing with them
- Understand the need to support, motivate and inspire mentee i.e. acceptance coupled with respectful challenging mentee's self-imposed boundaries for development; having an understanding of available learning opportunities and additional resources for mentees; inspiring self-confidence, motivation and persistence in the mentee
- Create a context of self-discovery for mentee i.e. questioning and checking with mentee if they have understood what the mentor has told them; evoking discovery, insight and action in the mentee

Competency 5: Rapport Building

Example: from the Northern Deanery Mentoring and Professional Development programme comes this comment - 'Building trust and reassuring people of confidentiality is important to NHS staff'

This mentor competency includes issues like trust, respect, being non-judgemental, encouragement, and effective listening.

To build rapport with the mentee the literature maintains that the mentor will need to establish:

- Trust - i.e. the ability to form a trustful, respectful and positive work alliance
- Respect - i.e. the ability to demonstrate respect and sensitivity to the needs and feelings of others
- Non-judgement - i.e. the ability to be non-judgemental which would include avoiding bias, preconceptions and judging

- Encouragement - i.e. having knowledge and understanding of methods for encouraging and maintaining the mentee's motivation and self-esteem e.g. giving feedback in a positive and encouraging manner
- Effective listening - i.e. the ability to get underneath what the mentee is really saying or not saying and positively addressing the core issues

Process of mentoring relationship

Competency 6: Understanding and setting boundaries of the mentoring relationship

The mentor needs to be aware of and understand the:

- Key stages of the mentoring process - Preparation for the relationship; Setting up the relationship; Progressing the relationship; and Ending the relationship and moving on
- Issue of relational boundaries - i.e. issues of mutual expectations [the psychological contract]; understanding the need for setting clear mutual boundaries around the relationship; the need to agreed mutual roles and responsibilities within the relationship; understanding, raising and agreeing issues of mutual confidentiality

Competency 7: Understanding the need to review, evaluate, assess and monitor the effectiveness of the relationship

Another key area that the literature emphasized in terms of the mentor's competence is the need not only to understand but ensure that review and evaluation [in terms of the actual relationship] is part of the evolving nature of the mentoring relationship.

- Ongoing review and evaluation of relationship - i.e. a process for reviewing the mentee's action plan and progress is negotiated and agreed with mentee; keeping track of mentee's next steps; regular review and evaluation of mentoring process with the mentee; opportunities for mutual feedback and review are created and agreed; evaluating effectiveness of

relationship [i.e. mentee's progress as well as mentor getting some benefit from the relationship]

- Awareness of and gathering insight into new and relevant sources of information and learning opportunities - i.e. review of appropriate learning opportunities for the mentee which would include gathering and reviewing information from relevant and appropriate sources
- Evaluating practice - i.e. having knowledge and understanding of review and evaluation methods; evaluating how effectively the mentee is taking successful decisions and actions in response to mentoring; demonstrating a good understanding of assessment and the ability to assess.

Mentor competencies - a final note

To reiterate, this is not an exhaustive list of mentor competencies. However, these are the key mentoring competencies that are considered central to any effective and affective relationship.

As with all fields of endeavour this outline of key competencies will grow, evolve and expand through evidenced based research and practice of mentoring.

Key Messages - Summary

The purpose of this section is to bring its various elements together and to spell out the key messages that emerge.

4. Mentoring is key to the future of the NHS:
   - Mentoring has gained both recognition and validity in supporting the modernisation agenda and is already relatively widespread within the NHS [17% of the workforce]
   - The benefits of mentoring both to the individuals and their organisations are being demonstrated [illustrated through case studies]

5. Key recommendations from the focus groups are:
   - On a national level:
     - A national framework for mentoring be created - but within that framework there is a need for flexibility in order to facilitate local and regional nuances
     - Flexibility is paramount in any system of accreditation designed for mentors
     - Links with external organisations [i.e. Higher Education institutions] are vital to facilitate, evaluate and give credibility to effective mentoring programmes
   - On an organisational level:
     - Mentoring must be linked to strategic organisational aims
     - All-level organisational support is crucial to the success of mentoring programmes
   - On a programme level:
     - Ongoing evaluation of schemes must be built into all mentoring programme designs to ensure that objectives of the schemes are met

- An effective matching process is a fundamental to the success of the mentoring relationship
- Critical to the success of any scheme is the development and support of both the mentor and mentee

6. Key mentor competencies:

- Realizing outcomes/goals of mentoring relationship
  - The need for action planning and problem solving competencies
- Mentor self-awareness and focus on mentee
  - The mentor needs to be constantly honing his/her self-awareness; self-development; and self-management
  - There is also a need for the mentor to focus on the development of the mentee - i.e. mentee self-awareness; self-development and self-management
  - Rapport building skills are crucial for the mentor to have
- Competency in understanding and facilitating the mentoring process
  - Understanding the key stages of the mentoring relationship
  - Facilitation of setting relational boundaries
  - Understanding the need to review, evaluate, assess and monitor the effectiveness and affectiveness of the relationship

Recommendations

This research could be regarded as a pilot study on mentoring within the NHS. We recommend that further research would add to this and develop our understanding of the issues further to enable best practice implementation.

For instance, there is growing body of research in other sectors around e-mentoring and one example of future research might be *'How could Primary Care Trust [PCTs] provide e-mentoring opportunities for NHS Health Trainers'*.

Further to this recommendation, a national online mentor support service for all staff in the NHS would extend mentoring capability.

There would be great value to the NHS to evaluate the benefit of the services provided by external coaching/mentoring suppliers. As a follow on from this, there would also be value in developing a 'purchaser's guide' for mentoring and coaching services from external suppliers.

A further area of study would be to explore the possibility of developing flexible national standards for mentoring practice.

There would also be value in looking into the benefits of offering kyte marking to mentoring schemes through the European Mentoring and Coaching Council (EMCC).

We recommend that the innovative approaches to mentoring already established in small pockets in the NHS should be evaluated and extended. These include projects supported by the NHSU such as *'Open Road'* and *'Expert Patient'.*

The Mentoring and Coaching Research Unit at Sheffield Hallam University has the capability to assist with all of these recommendations.

Focus group findings Appendix 1

Introduction

On the 23rd of March 2005 representatives from 14 organisations around the NHS came together to discuss the future of mentoring and coaching. These individuals represent diverse segments of the NHS - from Deaneries to Hospital Trusts, to Primary Care Trusts and general practice, to the Dental Practice Board for England and Wales, to individuals associated with ethnicity issues within the NHS to Strategic Health Authorities, to representation from the Modernisation Agency and the National Blood Service. The representatives were either directly or associated with schemes that were varying stages of implementation - from the conceptual stages of start up through to programmes that had been running for a while.

Focus group methodology

The exploration was broken down into three areas within which were nested six sub-themes. The three main areas were:

1. what worked
2. what could have worked better
3. recommendations for future programmes; both at the operational and strategic level.

Within these areas the participants looked at the sub-themes of:

- general process of the specific mentoring / coaching programme
- issues of confidentiality
- the issue of evaluation
- individual learning
- organisational learning
- accreditation issues

Eighteen flip chart pages were dotted around the room representing each area of exploration i.e. *What had worked* - general programme process, confidentiality issues etc.; What *could have worked better* - general programme process, confidentiality issues etc.; *Future recommendations* - general programme process; confidentiality issues etc.

The participants were invited to:

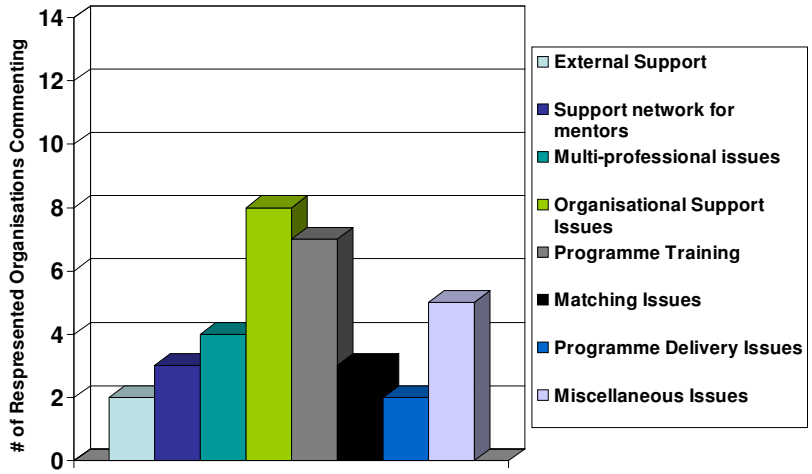
- Firstly, to individually record on post-it notes their thoughts and feelings under the main area of *'what had worked'* in terms of the mentoring /coaching programmes they had been involved with
- Secondly, participants were asked to place these post-its on the flip chart whose topic best represented the main theme that their post-it issues came under
- Once all the participants had individually placed their post-it notes on a corresponding flip chart [e.g. What had worked - general programme process or What had worked - confidentiality issues] they were asked, as a group, to then cluster the collective post-its into themes
- The above process was then repeated for under the main area of *What could have worked better* and *Future Recommendations*.

These themed flipcharts were then written up verbatim by the researchers.

The main themes being drawn from this exploration follow. They will be broken down, in the first instance, under the six sub-themes which will then be broken down into the areas of what worked; what could have worked better; and finally recommendations for the future.

1. General Programme Process

1.1 What worked [General programme process] - Clustered issues



1.1 What worked key points - general programme process?

1.1.1 Organisational Support

36% of the participating organisations considered one of the key elements for programme success was the fact that they had buy-in from the most senior level of management; whether that be at Trust Board, Executive and Non-Executive Director or operational management level.

Aligned and key to this top-level support was the need to illustrate how the specific mentoring/coaching programme supported the strategic aims [i.e. key imperatives, or issues of recruitment and retention] of the organization - 14% of participants.

21% considered it important to the success of the mentoring/coaching programme to have a dedicated individual/team to co-ordinate and monitor the progress of the scheme. A further 7% suggested that their scheme would have worked better if it would have had an administrator from the beginning [i.e. the matching process].

1.1.2 Associated programme training

43% of the participating organisations indicated that relevant training processes [i.e. mentor and/or mentee] were a key feature to the success of their programmes.

1.1.3 Matching

43% of the participating organisations indicated that having a matching process was good practice in terms of the success of a mentoring/coaching programme. In addition, 7% believed that the matching process within their programmes could have worked better. All of which might suggest that the matching process is key to an effective mentoring/coaching programme.

1.1.4 Multi-professional aspect of programmes

One element that 29% of the participating organisations believed to be important in terms of successful programmes was the issue of cross-cultural and/or cross-professional mentoring/coaching.

Some of the associated comments of participating organisations were: *'recruiting mentors from all grades/professions/stages of career'*; *'not needing to know about the mentee's professional background or role in order to mentor'*; enabled *'opening the debate between professional groups in healthcare'*.

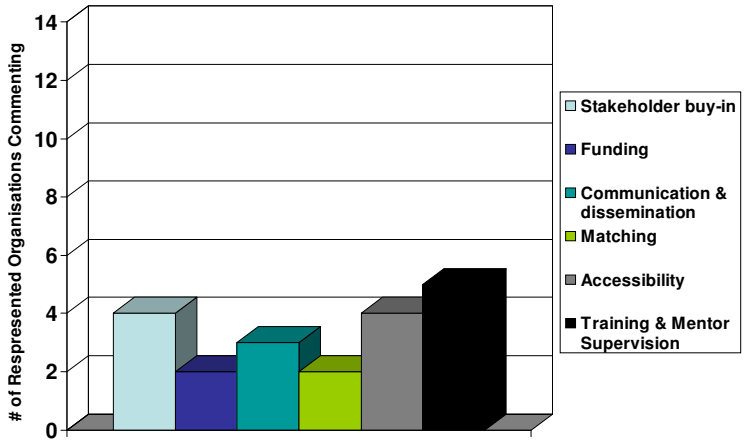
1.1.5 External support

14% of participating organisations thought that an important feature of the programmes were to link with external institutions [e.g. Higher Education Institutions, NHSU etc.] for support, guidance, evolving understanding and the delivery of training programmes.

1.1.6 Mentee / mentor support

21% of the participating organisations believed that ongoing support for the mentee and mentor was key to successful programmes.

1.2 What could have worked better [General programme process] - Clustered issues



1.2 What could have worked better key points - general programme process?

1.2.1 Stakeholder buy-in

Although 36% of the participating organisations considered one of the key elements for programme success was the fact that they had buy-in from the most senior level of management 29% felt that there was still some work to be done in this area. Some cited the fact that management had not been *'signed up'* to the particular mentoring/coaching scheme and this had impacted on the success. While others suggested that the CEO saw mentoring/coaching as something that was *'touchy feely'*. Some organisational representatives, once again, spoke about the need to *'sell'* the benefits of the programmes in terms of aligning to strategies, business plans and even possibly personal development plans [PDP]. While others were clear that a mentoring/coaching disposition needed to be part of the organisational culture of the NHS. Although 7% were not sure *'how to show the organization the benefits that mentoring and coaching brought'*.

1.2.2 Communication & dissemination

21% suggested that there was a need to more actively disseminate and communicate what was actually going on in terms of mentoring and coaching locally [i.e. even within the same Trust], regionally and nationally and to

'advertise' the successes that the projects bring. This report is an attempt to do just that.

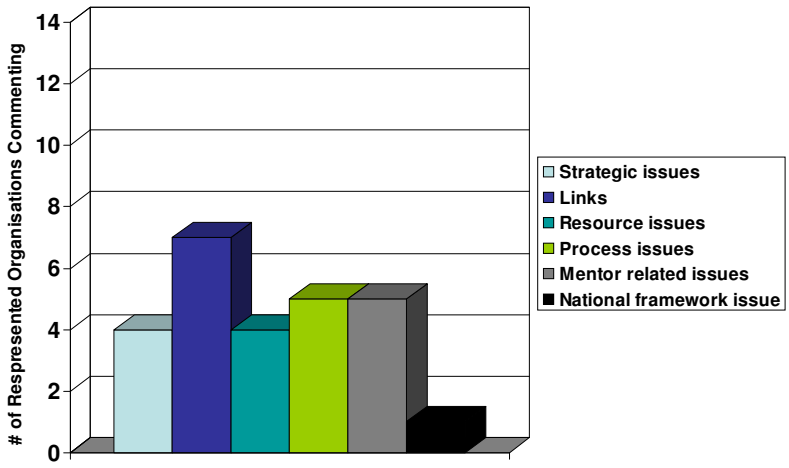
1.2.3 Matching

Aligned with the 43% of participating organisations that stated that having a matching process had been one of the elements of making the programme a success a further 14% said that focussing on the matching process could have worked better - with 7% suggesting that this insufficiency had led to *'in a few cases the relationship between mentor and mentee not being very productive'*. Additionally some participant organizations pointed out the importance of stressing the understanding, right from the beginning of the relationship, of *'a no fault divorce'* - which simply means that it is important to recognize that not all mentoring/coaching relationships will be an effective match and therefore should be guilt-free if they prove not to be a mutually beneficial match.

1.2.4 Mentor training and supervision

14% stated the need for 1.) better mentor supervision as a way of providing support [i.e. a vehicle for discussing issues] and 2.) initial and regular training sessions. This is in addition to the 43% who indicated that relevant training processes was a key feature to the success of their programmes.

1.3 Recommendations for the future [General programme process] - Clustered issues



1.3 Future recommendations key points - general programme process

1.3.1 Strategic issues

Active senior management buy-in was raised by 21% as being important to the future success of mentoring/coaching programmes within specific organisations and generally within the NHS. This could be linked with the recommendation of 14% of the participant organizations to include all stakeholders [include local stakeholders - part of who would be prospective mentors and mentees] in the planning stages and/or linking it directly to KSF.

Another recommendation was there is a need to ensure that mentoring/coaching is seen as a way of life [cultural aspect of organisations] in which it *'becomes accepted as the norm rather than a nice to have'*. In this culture a networking mentality would feature where *'informal collaborative approaches to one-to-one development'* was standard practice.

Linked to this suggestion was the recommendation that future mentoring/coaching programmes cross organisational and professional boundaries - i.e. to enable *'access to a wider pool of mentors'* - where hierarchy is not a consideration.

1.3.2 Resource allocation

29% of participating organisations expressed the need for resources to be allocated to any future mentoring/coaching initiatives. This could be in terms of dedicated *'programme co-ordinators and relevant support'* to financial resources to ensure the *'sustainability of projects'*.

Linked specifically to the mentoring relationship were recommendations for mentor supervision [which was seen by 21% as important in the future - in terms of regulating and advancing mentoring practice].

In addition it was recommended that more *'work time'* be allowed in developing the mentoring relationship.

1.3.3 Process issues

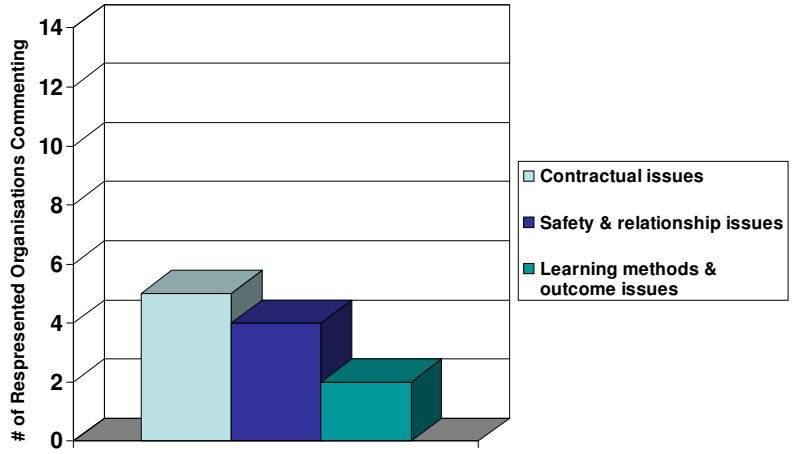
Key recommendations here were the need to 1.) develop *'guidelines for mentors'* before the relationship begins 2.) developing a *'nationally recognised'* programme process framework for both locally and nationally which is underpinned by a quality assurance framework.

1.3.4 Other linked or associated recommendations

- Everyone who wants to be involved in a mentoring relationship has access - no matter where they are in the organisational structure or the nature of the development needs - 14%
- Development of effective web-enabled resource material for all stages of the mentoring/coaching process/relationship - 14%

2. Confidentiality Issues

2.1 What worked [Confidentiality] - Clustered issues



2.1 What worked key points - confidentiality issues

2.1.1 The need to establish a confidentiality agreement

36% felt that one of the aspects of a successful mentoring/coaching relationship/programme had been the establishment of *'a mentoring contract between mentor and mentee'* which helps *'establish clear boundaries'* including mutually agreeing what aspects of the relationship could and would

be kept confidential. An additional 14% felt that this could have worked better within the context of the programmes they were associated with.

Some participant organizations also highlighted that it was important to ensure that the mentee's line manager understood the confidential nature of the relationship or the mentor/mentee agreed what issues could/could not *'be shared wider to meet the objective'*.

2.1.2 The need for fostering a healthy relationship and the feeling of safety

29% of participating organisations suggested that creating a healthy relationship in terms of fostering a '*free*', '*open and frank*', '*caring*' and '*private*' context [whether within or *'away from the direct work environment'*] was key to the success of not only to the mentoring/coaching programme but also the relationship itself.

2.2 Future recommendations key points - Confidentiality

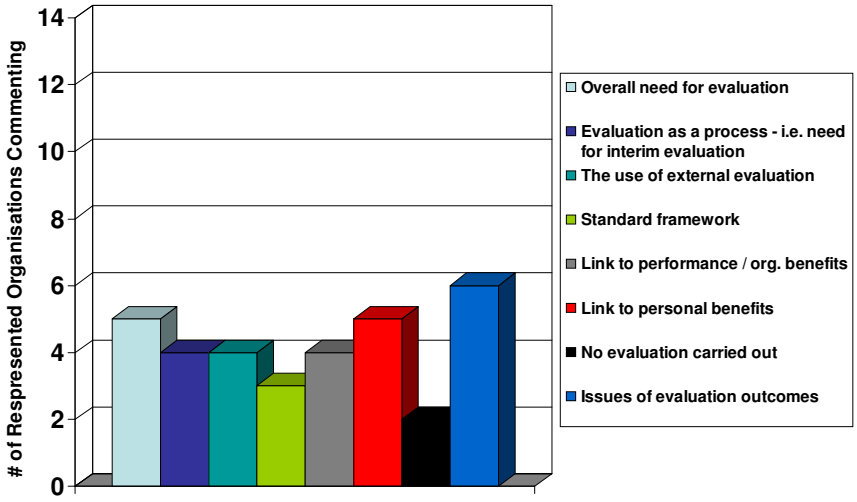
2.2.1 The need for clarity

There appears to be a strong theme running throughout participant input in terms of what worked; what could have worked better, and recommendations for the future in relationship to confidentiality. Throughout the various input they are suggesting that there needs to be:

- Contract guidelines
- Clarity and mutual agreement about what will and won't be shared - this clarity and agreement not only to occur between the mentor and mentee but also between the mentor/mentee and mentee's line manager
- A written agreement that covers confidentiality

3. Evaluation Issues

3.1 Evaluation - issues raised



3.1.1 Need for evaluation

In addition to the 36% of participating organisations specifically feedback the need for evaluating mentoring/coaching programmes 15% indirectly intimated that evaluation was needed by being part of the 21% of participating organisations who suggested that an evaluation standard be developed. Incorporated in the 51% who directly or indirectly expressed the need for programme evaluation 14% stated the respective programmes had not been evaluated at all - 7% attributed this to resource [staff] shortages.

3.1.2 The need for external partners in evaluation process

36% reflected on the use of external partners for the evaluation process with some suggesting that they be used for 'end-term' of a programme while others stated that they were using externals during the whole of the evaluation

3.1.3 Evaluation as a process not an 'end' in itself

29% recommended that evaluation be viewed as an *'ongoing process'* rather than an end result which could include mid-term evaluations. One representative stated that *'there had been no provision for mid-term evaluation therefore some fairly serious issues were not identified'*.

3.1.4 Evaluation to reflect on both organisational and personal benefits equally

There were 29% of the participating organisations directly expressed the need to reflect on the organizational benefits of the mentoring/coaching programmes i.e. linking it to performance/appraisal issues.

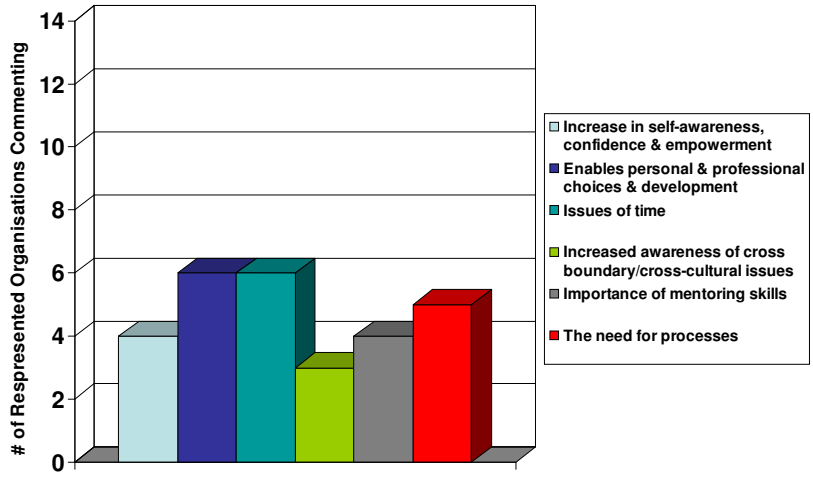
However, 36% of participating organisations saw the need for the evaluation to reflect on the benefits to the individuals taking part in the programme.

3.1.5 Some key evaluation outcomes stated

- Enabled wider team development
- Enhanced study and research skills
- Enabled discussion of outcomes against original objective

4. Individual learning issues

4.1 Individual learning - issues raised



4.1.1 Enables personal and professional choices and development

43% commented on the developmental aspects that the mentoring experience had brought in terms of what had worked and issues that were recommended for consideration in future programmes. Some of the comments were as follows:

- Supported individuals to make career choices i.e. decision to change role
- A way to '*tailor learning to the individual'*
- What worked was using a '*goal directed*' model of mentoring / coaching
- Mentoring/coaching '*enables life-long learning*'
- Individuals '*gain confidence through the relationship and progresses in career/personal growth'*

4.1.2 Issues of sufficient time in relation to individual learning

43% of the participating organisations considered the issue of adequate time for *'reflections and evaluation'*, to *'plan and review'*, the actual mentoring activity which would include *'more time with the individuals'*, as well as *'time and support to put development into work-based practices'*.

The aspect of sufficient time was, they stated, important to the future of mentoring/coaching programmes within the NHS and what could have worked better within the schemes that they were presently aware of.

4.1.3 The need for processes in relation to individual learning

36% pointed out that processes aligning to the particular mentoring/coaching programmes had been part of what had worked to enable individual learning e.g. '*learning sets'* to facilitate 'asking questions'; 1 day courses which were '*good for helping participants to manage difficult cases'*.

Others stated what could have assisted the particular programme in working better would have been to '*have a taster session to give an understanding of what was involved'* or the need for a '*mechanism for sharing development'* [in terms of the learner to the manager].

Some suggestions in terms of recommendations for future programmes ranged from the creation of '*proformas/ guidance which would enable the*

mentees to record their development for KSF evidence' or '*ensuring refresher training updates for mentors*'.

4.1.4 Increase in self-awareness, confidence and empowerment

29% of the participating organisations commented on the fact that mentoring had '*increased self-confidence*', increased '*empowerment and confidence*'; through '*the relationship*' and that it was a *'liberating experience'*.

4.1.5 Importance of gaining mentoring skills to individual learning within the mentoring relationship

29% of the organisations represented felt that what had either worked well or could have worked better and recommended for future programmes was the that mentors be given adequate skills to work effectively in the mentoring relationship but also to '*work generally using the principles of mentoring'*.

In addition others felt the *'need to give other people key tools within a coaching & mentoring practice to allow more flexibility and creativity'* and that staff should be '*encouraged to become mentor as part of the KSF review etc.'*.

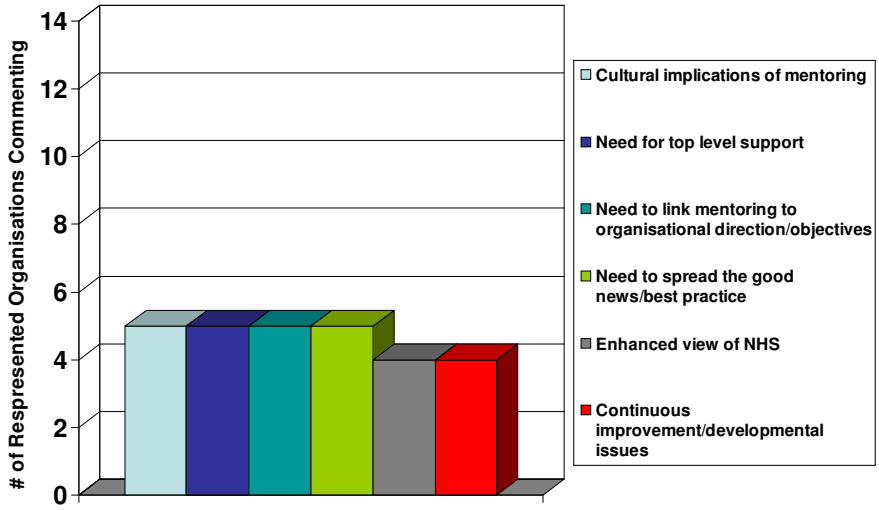
4.1.6 Benefit of increasing awareness of cross-boundary and cross-cultural issues

21% of the participating organisations felt that the mentoring/coaching programmes had increased individual learning through the mentoring being done across cultural boundaries whether that be *'working with non-nursing colleagues'*, or a woman *'coaching a man'*; or that '*mentoring people from different departments/divisions*' could have worked better.

As one organisation suggested that what had worked through the mentoring/coaching programme had been '*a growing understanding of wider cultural issues in NHS e.g. between professional groups'*.

5. Organisational learning issues

5.1 Organisational learning - issues raised



5.1.1 Cultural implications of mentoring

36% of the participating organisations indicated how they saw that the culture of the organisations was impacted on by mentoring/coaching and vice versa how the development of the various mentoring/coaching programmes had been impacted on by the culture of the organisation. 14% had specifically seen how a programme had the '*potential to change the culture in an area or whole organisation*' or how attendance at a one day course had ultimately '*led to a culture of promoting skills in supervision amongst GP trainers and others'*.

In addition, 29% of the participating organisations suggested that a future recommendation would be to establish how mentoring/coaching could favourably impact on the culture of the organisation e.g. the use of mentoring/coaching as a '*springboard for developing a true learning organisation'* or *'making the development of mentorship an NHS target*'.

However, 7% of the participating organisations felt that '*much depends on the impact of inspired leadership'* while another 7% found that what worked by managing/leading as a mentor/coach one could *'move towards a transformational style of leadership*'.

5.1.2 The need for top level support

36% stated that a part of the organisational learning in respect to the success and effectiveness of mentoring/coaching programmes was understanding the role that top-level support contributed. 14% of the participating organisations directly related top-level support as one of the elements that made the programme successful.

Another 21% cited that this element of their respective programmes could have worked better i.e. *'greater commitment from executive level – walking the talk'* or '*ownership is needed at the highest level and not just a "tick box" exercise'*.

7% of the participant organizations suggested that organisational funding for the *'development and maintenance of mentoring networks'* could be one expression of this support. Resource allocation was also raised in **1.3.2**.

5.1.3 The need for linking mentoring/coaching programmes to organisational direction and objectives

Of the 36% that talked of the need to link mentoring/coaching programmes to organisational strategies and objectives 21% indicated that this was part of their programmes that could have worked better i.e. '*organisations were asking – "what's mentoring/coaching will do for us"*'. There was a recognition that '*the business needs to know how this fits with the strategic direction*'. Other participant organizations suggested linking programmes '*to national initiatives such as NHS modernisation or integration into existing business and development plan*'.

Some of the future recommendations in terms of organisational learning were to link mentoring/coaching to *'improving performance (key targets)'* with a further recommendation that it *'needs to be seen in the wider context of learning – perhaps part of wider development strategies'*.

5.1.4 The need to spread the 'good news' / best practice of mentoring / coaching programmes

36% suggested that there was a need to publicise mentoring/coaching within and across NHS organisations both in terms of the specifics of the programmes being offered as well as the sharing of '*benefits across organisation*'. 29% stated that this could have worked better in their respective programmes.

Future recommendations included ensuring '*that the positive outcomes are widely disseminated*'. One suggestion of how this might be done was to establish a '*good practice website for organisations to dip into'*.

5.1.5 The mentoring/coaching programmes have the capability of enhancing the view of the NHS as an organisation

One of the organisational learnings that had come from 29% of the participating organisations was that what had worked in the mentoring/coaching programmes was that the programmes had demonstrated that '*the organisation cared for and listened to its staff'* and that mentoring/coaching had not been viewed as '*just for people with problems or problem people'*. 7% suggested that a future recommendation would be to change a perceived NHS '*culture of bullying to one that was seen as more supportive*' in nature.

5.1.6 Organisational learning re: continuous improvement / development

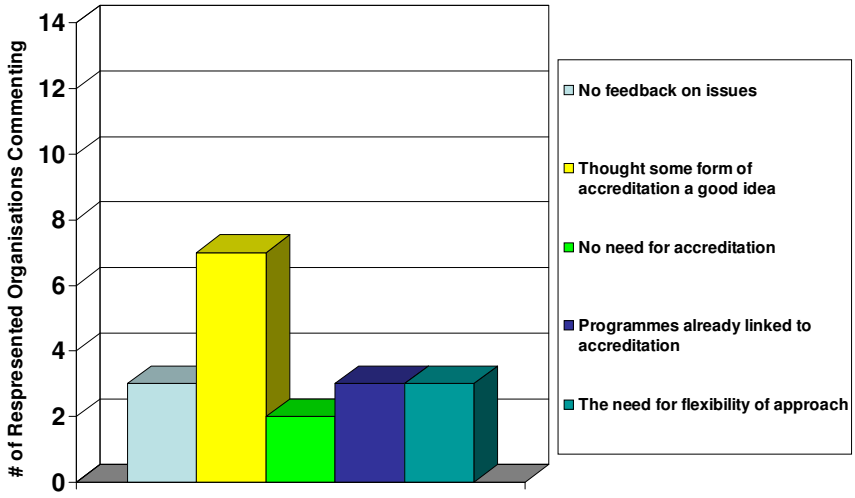
29% of the participating organisations highlighted the aspect of continuous improvement / development under the banner of organisational learning. Some of the issues highlighted were:

- The link between gaining NVQ awards in mentoring/coaching led to joining universities mentoring support groups for nurses, physiotherapists etc.

- Mentoring/coaching programmes led to encouraging all mentoring / coaching practitioners to have personal learning plan and share it with coaching partner and supervisor
- What could have worked better was the need to think about skills needed for mentoring/coaching at recruitment stage
- A future recommendation was for mentoring being in the job description as a key role/responsibility
- Another future recommendation was to be able to offer all new staff a mentor

6. Accreditation issues

6.1 Accreditation - issues raised



6.1.1 Overview of issues raised

21% of the participating organisations did not contribute to the issues raised on the topic of accreditation.

14% asked the question if accreditation was necessary with 7% asking the question; *'why accredit if mentoring/coaching is part of the organisational culture?'*.

However, 50% thought that some form of accreditation was a good idea with 29% of the organisations already involved in some form of

accreditation. 21% directly suggested that accreditation gave the mentoring/coaching programmes *'credibility'* or '*currency*'.

21% of those that thought accreditation of some form was a good idea stated that they saw the need for flexibility about what the form of accreditation took i.e. '*flexible approach offering an academic/vocational route to qualification programme'* or '*don't prescribe from the centre'* . Only 7% suggested the need for an NHS standard of recognised qualifications.

The issues of mentoring competencies Appendix 2

Introduction

In the spirit of evidence-based policy the NHSU has commissioned a desk-based review of mentoring competencies literature and frameworks within and without the NHS.

This review has been commissioned at a time when Department of Health policy-makers are increasingly aware of the benefits that mentoring can bring to the NHS which is reflected in the various policy documents and direction outlined at the beginning of this report. Against this backdrop it is understandable that mentoring is being considered as one of the ways forward to create an environment of continual development within the NHS's drive for effectiveness and efficiency.

One of the prime purposes of this report is to raise the awareness of mentoring across the NHS as well as provide policy-makers and scheme organisers with initial guidance on key mentoring competencies considered by experts in the field to be central to any effective and affective mentoring relationship.

Methodology

Stage 1

The European Mentoring and Coaching Council - An Introduction

The European Mentoring Centre the primary body representing mentoring in employment since 1992 became the European Mentoring and Coaching Council [EMCC] in 2002 with the remit to promote industry-wide good practice. Its executive committee is made up of some of the most experienced figures in the coaching and mentoring industry.

EMCC aims to be a unifying and inclusive body covering a broad spectrum and so invitations to join the new Council have been issued to existing organisations from the voluntary and community, professional training and development, counselling at work, life coaching and academic psychology sectors. Several such groups have already been established to ensure wide

representation namely: academics, trainers of coaches and mentors, in house practitioners, practising coaches and mentors, executive coaches and continental European coaches

Why use the EMCC competencies as a basis of this research

Over the last two years, the EMCC's major consultative research project on coaching and mentoring competencies has involved sourcing and collating both national and international standards for coaching and mentoring competence.

The consultation process has been extended to a range of participants using both face-to-face interviews and an innovative online process. Broad support for the project has come from the main professional bodies, training organisations, consultancies and academic institutions operating in the coaching and mentoring industry who have all supplied representatives to complete an extensive online feedback process.

Forty representatives from the coaching and mentoring community have contributed to the broad project and from this group a large 'expert panel' of 26 representatives of the coaching and mentoring industry took part in the online process. These experts were mostly drawn from the UK, however, input was also provided by representatives from US, Australian and European professional coaching bodies. The online process is now being refined to support the second stage of the project. This will involve collecting feedback from buyers of services across Europe as well as training organisations and service providers. In this way the whole coaching and mentoring community was able to contribute to the ongoing work on the development of standards and industry benchmarks conducted by the EMCC.

In light of this extensive, sector-wide, research into the competencies necessary for an effective and affective mentoring relationship to take place it was felt that this research would be used as the lynchpin of the current undertaking.

Stage 2

Using the EMCC competency categories and the adjacent sub-categories [see appendix 1] other research material was integrated into this framework in order to create a concise meta-model of competencies as a starting point for schemes within the NHS.

With respect to the tight timescale of the formulation of this report the review has focussed on:

- Utilizing other researched material on mentoring standards
    - Department of Health & English National Board for Nursing, Midwifery and Health Visiting - Preparations of Mentors & Teachers document (January 2001);
    - Nursing & Midwifery Council - Standards for the preparation of teachers of nursing and midwifery (March 2000/April 2002);
    - Doctors' Forum Publication - Signposts to current practice for career grade doctors: Guidance from 'The Improving Working Lives' Doctors Forum (March 2004)
    - University of Westminster & Oxford School of Coaching and Mentoring Occupational Standards (2000) created in conjunction with Hertfordshire TEC;
    - Small Firms Enterprise Development Initiative Standards of Competence for Business Mentoring (June 2004);
    - European Mentoring Center Accredited Mentoring Certification Programme (May 2000);
- Utilizing findings from two substantial mentoring evaluations by the Sheffield Hallam Mentoring & Coaching Research Unit [MRCU] carried out on behalf of Surrey Business Link and Business Link for London (June & October 2003 respectively)
- Academically researched and theoretical articles on the subject of competencies

Stage 3

The next stage was to take the key points from the each of the respective research sources and slot them into the EMCC sub-set categories. Once this was done the MCRU researcher grouped the most populated sub-set categories into a more concise competency framework.

The competency framework that follows is the result of this grouping:

Competency	Related issues
Action Planning	**A.)** Concept of action planning
	B.) Development of action plan
	C.) Review of action plan
	D.) Managing change
	E.) Plan activities

Competency	Related issues
Problem Solving	A.) Problem Solving
	B.) Options
	C.) Solutions

Competency	Related issues
Self	A.) Self-Awareness
	B.) Self- Development
	C.) Self-Management

Competency	Related issues
Focus on mentee development	A.) Understanding of learning styles
	B.) Ascertaining mentee development needs
	C.) Assisting mentee to establish an understanding of strengths and weakness
	D.) Understanding need to support, motivate and inspire mentee
	E.) Create context of self-discovery for mentee

Competency	**Related issues**
Rapport Building	1. Trust 2. Respect 3. Non-judgemental 4. Encouraging 5. Listening

Competency	**Related issues**
Understanding the need to review, evaluate, assess and monitor the effectiveness of the relationship	**A.)** Ongoing review and evaluation of relationship
	B.) Awareness of and gathering insight into new and relevant sources of information and learning opportunities
	C.) Evaluating practice

Competency	**Related issues**
Understanding & setting boundaries around relationship	**A.)** Stages of mentoring
	B.) Setting clear mutual boundaries

EMCC competency category & sub-sets Appendix 3

Category	Competency sub-set
A. Process	■ Building the relationship ■ Maintaining the relationship ■ Session management ■ Evaluating process and outcome ■ Contracting ■ Record keeping ■ Review process ■ Transfer of learning ■ Development planning ■ Terminating the relationship ■ Evaluating practice
B. Domain Specific Knowledge, Expertise and Focus	■ Corporate knowledge ■ Psychological & psychotherapy models ■ Learning theory ■ Business focus
C. Professionalism and building a practice	■ Professional practice - [role modeling] ■ Continued professional development - [knowledge base] ■ Professional discipline ■ Professional citizenship
D. Self	■ Self belief ■ Self awareness ■ Self development ■ Self management
E. Skills	■ Problem solving & creativity ■ Systems thinking ■ Assessment skills ■ Knowledge base integration
F. Values & approach	■ Belief in others ■ Integrity

	■ Valuing diversity ■ Political awareness ■ Flexible approach
G. Communication	■ Listening skills ■ Empathy ■ Promoting client [mentee] understanding ■ Asking questions ■ Communication style ■ Feedback
H. Facilitating	■ Goal focus and achievement ■ Supporting independence ■ Working with attitudes, beliefs and behaviours of mentee ■ Developing internal motivation ■ Managing others emotions

Appendix 4

Case study #1 - The Northern Deanery Mentoring and Professional Development programme

Overview

The Northern Deanery Mentoring and Professional Development programme provides a benchmark mentor development programme for the NHS. The programme, led by Nancy Redfern from the Northern Deanery, provides multidisciplinary training and development programmes for health care staff in the North East and other areas of the country – particularly, Yorkshire, Oxford, Portsmouth and Northampton.

Nancy Redfern believes that building a network of well-trained mentors is essential to creating a 'critical mass' of people to contribute to cultural change within the NHS.

It is a multi-disciplinary programme and participants appreciate being able to learn with colleagues from different areas of the NHS. In the main, participants attend because they are concerned to make a difference to patient care. Some come to 'test' the programme out with a view to establishing a scheme within their own Trusts.

The programme is completely voluntary and primarily focuses on mentor skills development. It does not focus on specific organisational issues and consequently it is essentially about personal development. This is much of its appeal for NHS staff.

Programme Details

Nancy and her colleagues, Mary Connor, Marie Johnson and Julia Pokora often run a ½ day taster session so that potential mentors have an opportunity to make an informed decision as to whether they participate fully.

The training sessions model good mentoring practice. In total the training is approximately 6 days. The programme starts with a 2-day workshop and then

participants attend 1 day per month over a period of approximately six months. They are asked to practice their mentoring skills in between sessions.

They use Egan's 3-stage process as the basis of the training. This is explored in considerable detail. Participants practice skills in small groups using 'real play' rather than role-play and feedback is given. They also discuss ethical issues using real cases examples and they explore the concept of 'values' within mentoring. The facilitators demonstrate the 3-stage process and participants have the opportunity to complete the Myers Briggs and Learning Styles questionnaires. These tools are discussed in the light of mentoring practice.

Support for Mentors

Once the programme is completed, participants can attend an annual refresher and some join the development team to help facilitate subsequent training programmes.

Support for mentors is also available by more experienced mentors acting as 'mentor to the mentor'. Because the term 'supervision' has so many different meaning in the NHS, they prefer the term 'mentor support'.

Standards and Accreditation

Doctors can acquire CPD points through the mentor training. Wider accreditation is something that Nancy's team would like to look at. They believe that any accreditation should be skills based and peer assessed.

As to standards, the training team believe that mentoring operates within its own set of values and ethical standards. These include valuing difference, acceptance and supportive behaviour. These are discussed at length in the training sessions.

They are concerned that mentoring needs to develop organically and that adopting a competencies approach to mentor development would be an error.

Change is happening. In Newcastle, for example, 10% of Consultant doctors are involved in mentoring. Perhaps it is no coincidences that the hospital recently won a Dr Foster award?

Participants also recognise that the mentoring programme is not just about mentoring but that the skills are transferable into patient care, management and team based activities. They believe that mentoring is offering a new way for people to work and relate to each other.

Lessons learned

There is evaluation at end of every cohort and this feeds back into the programme to help develop it.

Nancy and her team see mentoring as a voluntary activity which is particularly helpful for a wide range of people - newly appointed people, high flyers and for people in times of change and transition. There is sometimes a difficulty in getting potential mentees to come forward. People do seem to need reassurance that it is indeed voluntary with an emphasis on peer mentoring and co-mentoring. Building trust and reassuring people of confidentiality is important to NHS staff. Mentees also receive some guidance notes to help them to understand mentoring.

Challenges

Some participants have a low starting position in terms of their skills and understanding of mentoring. Whereas some people are 'needy' and it is here that the 'weight' of real play issues can become difficult. Sometimes mentors experience role conflict between being a mentor and a manager or a doctor for example. Bad practice and potential whistle blowing are common issues for debate.

To deal with these issues, the training team model mentoring behaviour and use the three-stage process to facilitate discussion. They contract confidentiality at the start of the training and work hard to make sure that the facilitators are experienced and able to cope with discussing these issues.

Another issue is that not all NHS organisations value mentoring and therefore do not support mentor development. Although in general, HRD staff do support mentoring, in these unsupportive environments, resources to develop mentoring are not always forth coming.

And for the Future?

It is clear that mentoring can play an important role in patient care. Nancy and her colleagues believe that mentoring should therefore be accessible and available to all in the NHS. Further, they agree that mentoring needs to be viewed as an approach to CPD in the NHS.

For mentoring to work well they believe it is important that mentors are skilled, supported, valued and resourced by organisation. As an aim, NHS organisations need to develop mentoring cultures. Opportunities to be involved in mentoring need to be varied and not prescribed and it needs to be recognised that some people may need not just one mentor but many. Mentoring will grow in the NHS if there is access to mentoring within other sectors and across departmental and subject specialist boundaries. This is particularly the case if CEOs and other senior people participate in mentoring activity either by being mentored or mentoring someone.

The team agree that it would be good have to national guidelines for mentoring in the NHS and that it would be good to register and accredit mentoring courses. They believe that CEOs need to put time for mentoring into people's jobs and that there is a need for Champions for Mentoring in NHS organisations.

Case study #2 - Best Practice in the National Blood Service

Overview

The Services to Donors (SD) Directorate Training Department within the National Blood Service (NBS) is committed to providing support to people within the Directorate that meets their individual needs and addresses the gaps in their development.

The developing of mentoring skills was identified as essential for individuals within the Training Department to assist them in accomplishing this aim; not only for themselves in their changing and evolving roles but also for others who they come into contact with throughout the organisation who are dealing with the evolving nature of the NBS.

The development of mentorship within the NBS supports key organisational objectives, specifically:

- '*Through learning, training and development opportunities motivate and support our people to deliver their best'*
- *'Make the NBS and organisation people want to join, work for and stay with'*

It is felt that developing a network of trained, experienced, and committed mentors is essential to supporting individuals to develop as well as creating a culture of lifelong learning and dealing with the inevitability of change within the organisation.

The programme is voluntary and open to all job groups and levels of staff. The programme focuses on development of mentor skills, from both a theoretical and practical base.

Programme details

The duration of the programme is four days in total. An initial two-day workshop is followed by two 1 day learning sets (with an option for further learning sets if required). The initial cohort has opted for a further two learning sets.

Time between the workshop and learning sets is set to enable the mentors to practice their skills through developing a number of mentoring relationships as both mentors and mentees.

The programme uses the 3–stage process:

1. Exploration

2. Understanding
3. Action

The 5 main components of the programme are:

1. **The meaning of mentoring** - explores the historical perspectives and modern development of mentoring. In addition it assists participants to explore their own past mentoring relationships – i.e. what they consider mentoring to be
2. **The mentoring environment** – looks at the aspect of working within current cultures and climates
3. **The learning process** - explores how to identify and maximise learning opportunities, learning and work
4. **The mentoring process** - explores the model for mentoring
5. **Mentoring skills** - incorporates practical exercises aimed at developing mentoring skills

The workshop tutor uses personal experiences and theory to help delegates to understand the Mentoring Process.

The participants are encouraged to explore, learn and develop their awareness of mentoring in a sharing and experiential environment. A significant element of the initial two day workshop is the practical development of mentoring skills; i.e. listening, exploring and understanding. This element is incorporated into the initial programme in order to assist and enable the delegates feeling able to start developing mentoring relationships immediately after the workshop.

Support for mentors

In addition to the provision of a learning set tutor a system of '*buddying*' has also been established to create an additional support mechanism for the mentors who are geographically dispersed throughout the UK.

The mentors are encouraged by the workshop and learning set tutors to regularly make peer contact with the view of gaining and giving support to one another. In addition, a blackboard site was set up to provide on-line information and support to the mentors.

Supervision for the learning set tutors is also available which is, at the time of writing, being provided by individuals external to the NBS. This supervision, it is felt, will enable the learning set tutors to support the organisation's mentors in a more robust and effective way.

It is envisaged that '*learning and sharing events*' will continue to be held periodically to enable continued development and support for mentors once their 'programme' has been completed.

Standards and accreditation

A formal accreditation route is optional for the developing mentors within the NBS. It remains the choice of the individual mentors if they wish to pursue this route or not. It is felt that developing and evolving one's mentoring practice is sufficient in and of itself.

The following are the options available at this time:

Option 1

- Attendance at a workshop
- Attendance at learning sets (optional)
- Development of mentoring relationships (number optional)
- Maintenance of a reflective learning log

Option 2

- Attendance at a workshop
- Attendance at learning sets (2 minimum)
- Development of mentoring relationships (4 minimum)
- Maintenance of a reflective learning log
- Production of a portfolio (4500 words, including research and critical analysis)

- Submission for accreditation – accredited centre time-lines applicable

We would hope to ensure that emerging NHS standards for mentoring will have been reflected in our programme, but where alignment is needed this will occur as we progress.

The outcomes

The desired outcomes of the programme are to:

- Develop awareness and understanding of the skills of mentoring in a range of 'live' settings.
- Appreciate the effects, advantages and disadvantages of the various applications of mentoring skills.
- Acquire and practise the skills of mentoring in arrange of settings
- Enable participants to develop an understanding of the links and tensions between mentoring theory and practice.
- To develop mentoring champions for mentoring within NBS
- Enable participants to deal with personal and organisational change

An additional, but none the less, significant outcome is that as an organisation we need to create a 'learning aware' environment and mentoring will help us to do this.

Mentoring, it was felt, can be used whenever people are making any type of transition and the NHS is currently undergoing major transition with the Agenda for Change and in particular the Knowledge and Skills Framework. Mentoring is one means of helping people to deal with personal and organisational change and will therefore prove invaluable as we move forward.

Lessons learned

Three main lessons learned so far:

1. Our major hurdle has been and continues to be creating time to learn and develop mentors and mentees.

2. In addition, mentoring is often seen as limited to *'being used in a hierarchical way for development'* rather than multi-disciplinary and across all levels of staff.
3. It has also become clear that as much importance needs to be placed on the development of mentees as the mentors.

We are currently evaluating the programme using a robust tool specifically designed for us using mentor, mentee and tutor reflection and feedback, along with some collection of data.

Challenges

Some of the main challenges to date are:

- Time for developing relationships and what to do with issues arising.
- Engaging people in the programme either as potential mentors and mentees
- Support for the vision of a mentoring culture within the organisation

The value of mentoring is not always recognised as an important priority.

And for the future?

We are passionate that the work that has been started must continue and evolve. There is now a core group of trained mentors who are evolving their craft through the ongoing experience that practice brings. This cutting edge group are leading the way in assisting and supporting organisational members to learn, develop, effect and affect the goals and objectives of the NBS.

We are beginning to understand as well as see how the '*mentoring way'* can impact positively on organisational life both in terms of the individuals and consequently the NBS itself. Working and living the values of mentoring would seem a good way to go. However, we need to understand that change doesn't happen overnight - we need to be patient.

We have a second cohort due to start soon, which will continue to build our infrastructure of mentors.

We will continue to work on the supervision and support for current and new mentors.

We hope to utilise the emerging NHS standards for mentoring and make mentoring a way of life for the organisation, which crosses the barriers of job group and level.

Case study #3 - Best Practice at Oxford Radcliffe Hospitals (ORH) Trust

Overview

Since 1999 Oxford Radcliffe Hospitals have been involved in coaching and mentoring but it was 2001 that they established a Coach-Mentoring Practice after training staff to take on the role of a coach-mentor.

Annie Kimblin, Head of Training and Development at ORH, suggests that with the ambitious agenda for reform within the NHS that there is clearly a great deal of scope for more coaching and mentoring within the Trust because it has the potential to address many different issues on the corporate agenda for reform and modernisation such as:

- Career coaching/mentoring which assists in recruitment, retention and workforce planning issues
- Life balance coaching/mentoring which assists in improving working lives
- Mentoring/coaching for Diversity which enables the organisation to become 'positively diverse' in nature
- Skills coaching/mentoring which aligns with clinical governance
- Executive mentoring/coaching which enable leadership and management development

There are now 31 qualified volunteer coach/mentors within ORH Trust who either take candidates through the coach/mentor qualification programme or coach people who are learning how to manage their career, or address life balance issues or improve their personal effectiveness.

Programme details

Between 1999 and 2004, prospective coach/mentors enrolled in a nine month Diploma in Professional Coaching and Mentoring programme developed by the Oxford School of Coaching and Mentoring and accredited by Oxford Brookes University. In addition, the ORH offers a 6-month in-house Certificate in Practical Coaching and Mentoring modelled on this programme.

The aim of the programme is concerned with the development of individuals who wish to gain theoretical and practical competence in the areas of professional coach mentoring. It is intended that the programme will further develop the knowledge and skills of an individual in a range of work-based and other contexts.

The programme is designed to meet and exceed the coaching and mentoring elements of the National Occupational Standards for Learning & Development, which have been agreed by the Employment National Training Organisation [EmpNTO], and to comply with the code of ethics and professional standards of the European Mentoring and Coaching Council.

Support for Mentors

Annie Kimblin began reflecting in early 2004 that most of the coaches who worked within the Trust operated fairly independently, often without any regular contact with other coaches or regular supervision. With that in mind she started finding more information about supervision for coaches as this was a key recommendation from the EMCC. Unfortunately there were very few qualification programmes available at the time to train coaches in the art of supervision so an internal model was developed by the ORH based on other models of supervision that were found at the time.

Professional coaching supervision sessions have been running every 3 months since February 2004 with coach/mentors taking candidates through the Diploma programme. Following the success of this initiative the offer of supervision has been extended to other coach/mentors who were working with 'general' learners in the Trust.

The purpose of such supervision is to enable the coach/mentors to:

- Process their thoughts and feelings about their coaching/mentoring sessions
- Learn from the coaching/mentoring experience
- Develop and improve their professional practice
- Quality assure the coaching/mentoring process they were using
- Ensure compliance with the ORH code of conduct and code of ethics set out in the Diploma handbook

The principles of this supervision are:

- The supervision process should mirror the coaching/mentoring process in which the impact of mentee related issues would be explored
- That the coach/mentor would inform their 'learners' of this supervision
- Supervision is different from but draws on the same key skills used in coaching and mentoring
- That the interaction with the supervisor starts from where the coach/mentor is at in that moment in time
- The coach/mentor is strongly urged to follow the supervision guidelines for both the coach and the supervisor set out to enable valuable outcomes for the time spent together. These guidelines are as follows

What to expect from a supervisory conversation:

The coach: during a supervisory conversation they will start to:	**The supervisor**: before, during and after a supervisory conversation they will:
■ Reflect on the content of the coaching/mentoring sessions they have had with candidates or learners	■ Reflect on the content of the supervision session ■ Explore the strategies and interventions used during the

■ Explore the strategies and interventions they used ■ Develop an agenda of issues to talk about, review action points, and set SMART action goals ■ Explore the feelings, emotions, thoughts and beliefs they have experienced during their coaching/mentoring sessions	session ■ Develop a professional working relationship and supervisory style that is flexible to the needs of the coach ■ Explore the feelings, emotions, thoughts and beliefs that are evoked in them by their interaction with the coach during the supervision session

Established ground rules for the supervisory sessions:

1. At all times, we will commit to abide by an unwritten code of confidentiality and not disclose any information exchanged during the session to anyone else unless there is an agreement to do so
2. We will follow an agenda that is set primarily by you, the coach, but may also include items set by me, the supervisor, that are relevant to your situation e.g. matters arising from the Diploma programme
3. There will be opportunities for coaching/mentoring; modelling coaching/mentoring skills, and shared learning
4. The supervision process used will be congruent with the coaching/mentoring process; where you bring an agenda of items to talk about, set action points to work on in-between sessions and reflect on your learning
5. If either of us are unable to attend the session we will let the other person know beforehand
6. You will write an initial goal statement and develop a three-month Personal Learning Plan to work on, with the supervisor

7. The supervision session will be used as an opportunity to quality assess the Diploma programme and as such you will be expected to produce evidence to support your claim that:
   - You are acting consistently and confidently as an effective coach/mentor
   - You practice what the programme preaches
   - The feedback you receive via the 180º feedback questionnaire confirms you claim
   - You know what you are doing and why

Standards & Accreditation

The coaching/mentoring Diploma which is delivered in-house at the ORH Trust is assessed and validated once a year by the accrediting university via a 180º benchmarking feedback report, the contents of which are provided by the Diploma participants.

The outcomes

In 2001 Sally Bassett, then Head of Clinical Effectiveness undertook a research project into coaching and mentoring in the ORH. This research identified a number of outcomes that came about as a direct result of coaching a number of managers. These outcomes were as follows:

A network of support

- Coaching provided managers with support, friendship, comfort and companionship that enabled them to manage the many dimensions of their job and change more effectively

'Just in time' learning

- Coaching provided 'just in time' learning i.e. *hands-on* practical support and help just when it was needed by the manager. Managers also noticed that they were able to retain more of the knowledge because

they had learnt *whilst doing their job* and so had a direct reference point to help embed and sustain their learning

Helping and learning

- Coaching encouraged managers to tackle things they had been avoiding because they felt safer and less vulnerable when in a coaching relationship or partnership

Moving forward

- Coaching offered people a more structured process and created a sense of progression and moving forward with clear expectations of action. Many said it was a motivating experience.

Satisfying emotions

- Coaching gave managers the opportunity to talk and reflect more openly about their thoughts and feelings. In addition time for coaching was seen as symbolic of the organisation caring for *its staff* or for them, and time out to do it was seen as a restorative, rejuvenating and fun

Dealing with the whole person

- Managers sometimes felt they'd become subsumed into the organisation and lost their true identity. Coaching focussed on them as a whole person and this was thought to be more positive

Human connections

- Coaching provided managers with the human connections they needed throughout their working life and some managers expressed concerns about it being stopped

Lessons learned

Over the course of the last 6 years the ORH coaching/mentoring practice have learnt a number of lessons about introducing coaching within an organisation and some of the key learning points are as follows:

1. Organisational readiness:
    - Measuring success:
        - Over time we have learnt about the importance of telling other people about our work so that we could show where coaching had made a difference or where we had a tangible return on our investment
        - The research done by Sally Bassett and Steve Thwaites helped to demonstrate the impact of coaching on people's lives and their effectiveness at work
        - We also used a cascade model to run the Diploma programme and this meant that when one person enrolled on the programme a total of five people became involved in coaching partnerships. This was because both the candidate and their coach plus their three learners all received coaching throughout the programme
        - Early on were particularly successful in the area of career coaching when three qualified nurses found more suitable nursing careers in the hospital rather than leaving to work elsewhere after 4 months of career coaching
2. Marketing plan:
    - We learnt that importance of having a marketing plan to help guide and direct the development of the coaching service offered by the Coaching/Mentoring Practice
    - The need to research the market to see where coaching could make a difference within the organisation to such an extent that senior managers would see it as a value adding activity
    - We learnt about the importance of thinking through the 4P's of a marketing plan more carefully

3. Promotion:
    - With hindsight there is a need to think more carefully and proactively about the advertising plan - in the beginning we relied on work-of-mouth to pass the message on but proved to be very ad hoc and not as well managed as it should have been

4. Product:
    - We have learnt to be more specific about the product or service we are providing having experienced a high attrition rate of learners on the programme. Some managers had misunderstood the content and objectives. We later introduced a 3 month coaching taster programme in advance of the start of the coaching qualification programme to ensure managers had a better understanding of coaching

5. People
    - Clarity is needed in terms of detailing who the target market is rather than leaving this to chance

6. Place
    - Staff were expecting this programme to be like other training courses where they learnt about a topic in a classroom. However, this was an experimental learning programme and therefore the lesson for us was to provide a better explanation of how the qualification Coaching/Mentoring Programme and the Practice worked.

7. Resource allocation:
    - Although we were clear how much [£] the course would cost to run there was not as much clarity about the time demands on the individual embarking of the qualification programme [consequently there was a higher than expected attrition rate on the nine-month

programme - because some managers found it too demanding of their time]

8. Networking and support:

   - We learnt about the importance and value of networking events and attending conferences where we would hear keynote speakers and meet coaches outside the NHS. We learnt the importance of coaching supervision and took action straight away to set this in place particularly for coaches taking candidates

9. Taking Responsibility:

   - Leading and sustaining a project of this nature of 6 years can not be the sole responsibility of one person. Following one of the annual inspects of the Practice by the Oxford School of Coaching and Mentoring it was suggested that a committee of coaches take shared responsibility for managing the Practice which will ensure a degree of continuity and sustainability

   - We learnt the importance of CPD after managers had qualified as coach/mentors. There is now a policy in place that states that all coach/mentors working in the Practice must take responsibility for managing their own learning. In practice this means that they all have an up-to-date personal development plan to help them their particular skills and knowledge

10. Working with an external provider:

    - Since 1999 ORH has worked in conjunction with the Oxford School of Coaching and Mentoring because of the link with a qualification programme accredited through Oxford Brookes University. This allowed us to *quick start* the whole process of training coaches. This affiliation also facilitated accessing other networks outside the Trust and linking into the development day by OSCM.

11. Holding onto the dream:

- Having a vision and aligning others to that vision has been a key to our success throughout the last 6 years
- In particular it has been important to engage the interest of the CEO and other senior executives early on so that they could support bids for funding
- Ongoing communication with staff about the work we were doing was key, i.e. evidencing where coaching/mentoring was making a real difference to people's lives [this, to some extent, was facilitated through regular articles in the ORH newsletter; articles in Nursing Times; and speaking at conferences]

Challenges

The main challenges have been:

1. **Reliance on volunteers:** The Coaching/Mentoring Practice relies on the goodwill of volunteer coaches who commit, after qualifying, to work with at least one individual every 6 months. This can often be a challenge for some senior managers who want to coach whilst also maintaining their commitment to a full time job

2. **Matching individuals:** The Coaching/Mentoring Practice has not taken a very scientific approach to matching coaches with learners. Whilst we have no evidence to suggest that learner coaches who withdraw from the qualification programme do so because of a breakdown in the coaching relationship there is always a concern about the effectiveness of the relationship when allocating a coach to a learner

3. **Attrition rates:** A number of managers and staff do withdraw from the programme and it has been interesting and challenging to test out new ideas for sustaining numbers on the programme. One idea has been to offer staff a 2-3 month taster course where they are coached on their own

without the responsibility of coaching other learners. Doing this has enabled them to see, hear and feel what coaching is like before working with their own learners. This has been well received and attrition rates to-date are less than in previous years

4. **Assessment of submission files:** Due to the fact that submission files were evaluated by an external assessor meant that ORH coaches did not gain expertise in this element. As a result of this learning, ORH coaches now perform a preliminary assessment before the file goes for final external assessment.

5. **Securing ongoing funding to pay for qualification programmes:** The majority of courses have been funded by the Strategic Health Authority. Funding of the programme was becoming a significant challenge. How ORH responded to this was to negotiate with OSCM to take the qualification programme in-house [including administration] which significantly reduced the funding requirements.

6. **Limited range of coaching opportunities for senior executives:** The main recipients of coaching within ORH are first and middle line managers. There is, at the present moment, no executive coaching being done within the Practice as staff feel that they do not have enough Board level experience to effectively coach/mentor at the executive level.

And for the Future?

The aim of the Coaching/Mentoring Practice for the future is to:

1. Be able to demonstrate where coaching is really making a tangible difference to the business success of the hospital and the well-being of patients

2. Offer a wide range of specialist coaching/mentoring services to staff

3. Develop an Oxford-wide coaching/mentoring practice involving other NHS Trusts, PCT's and Social Care Services that has access to a pool of independent, impartial coaches/mentors

4. Develop a coaching culture in the ORH by embedding coaching/mentoring as a style of leadership within the Trust

5. Be renowned as a Centre of Excellence for good coaching/mentoring practice

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[i] NHS National Staff Survey 2004 – Summary of Key Findings. Healthcare Commission (2005)

[ii] Leadership and Race Equality in the NHS Action Plan. Department of Health (2004)

NHS Chief Executive Sir Nigel Crisp launched a mentoring scheme at the NHS Chief Executive Conference in February 2004. The scheme aims to bring together senior leaders within the DH and NHS with black and minority ethnic staff to offer personal mentorship

[iii] Working together – Learning together; a framework for lifelong learning. Department of Health. (2001)

This document identifies how mentoring contributes to an effective learning infrastructure and sustainable learning organisations. It gives three examples of good practice around mentoring.

[iv] Modernising Medical Careers – the Next Steps – the Future shape of foundation, specialist and General Practice Training Programmes. Department of health (2004)

Guidance for the Development of Consultant Pharmacist Posts. Department of Health (2005)

[v] The NHS Knowledge and Skills Framework and the Development Review Process. Department of Health (October 2004)