



Power of Discharge Sub-Committee Personal Development Review

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1. What is the Personal Development Review Scheme?

Hywel Dda University Health Board Hospital Managers Personal Development Review is designed to help achieve a regular review of the knowledge and skills required by Hospital Managers to identify any development needs to enable managers to work more effectively to support the delivery of the highest level of patient care and customer service, in line with the Mental Health Act 1983 Code of Practice for Wales. It is important for the UHB to have assurance that all Hospital Managers have the confidence and competency to carry out their Legal duty.

2. Basic Aims

The basic aims of the scheme are to:

Enable Power of Discharge Group members to review the knowledge and skills they possess relative to the role.

The review will help to identify training and development needs.

Enable the UHB to support members to carry out their statutory role through the provision of learning and development opportunities to meet the knowledge and skills requirements.

Enable the UHB to monitor and maintain the knowledge and skills of Power of Discharge Sub-Committee members to deliver their statutory duties.

Provide members with the opportunity to keep their own record of learning activities, achievements and experiences which enhance their knowledge and skills as Hospital Managers and they can use as evidence to support their self assessment.

Guidelines

There should be a bi-annual Personal Development Review for all members of the Power of Discharge Sub-Committee.

The review will take place by way of a self-assessment, (Appendix 1) which will be signed by the member.

The completed forms will be sent to the Mental Health Act Admin Lead who will use it as a tool to inform one to one review meetings with individual Power of Discharge Group members. The Chair/Vice-Chair will sign the form at the end of the meeting as confirmation that the process has been completed.

Original signed copies will be retained in strict confidence and a copy will be sent to each member.

A record of identified training and development needs will be collated from the completed, signed checklist forms which will form part of the development of future training for Power of Discharge Sub-Committee members.

Please return your completed form to Sarah Roberts Mental Health Act Lead,
by *****

Appendix 1: Self Assessment Checklist of Knowledge and Skills

Name (please print)

The questions below are provided to give you ideas/guidance to issues rather than an exhaustive list. Some might not be relevant to you at the moment.

- Which in your opinion, are the most important areas of work in your role as a Hospital Manager?
- Do you have confidence that your knowledge of the Mental Health Act and your experience equip you fully for each and every hearing? If not please identify your training needs.
- What do you do well and what do you consider to be your major strengths in relation to the role?
- Is there anything that the Mental Health Act Office or the UHB could do to improve support for you in your role as Hospital Manager?
- What learning and development activities have you undertaken during the period under review? Explain if and how they have improved your performance.
- In the role of Hospital Manager, are your health and safety requirements met? If not, please outline the main risks that require attention.
- If you have chaired any panels reflect on your ability to write the final report of the Hearing and identify strengths, weaknesses and training needs

On a scale of 1-5 (1 being not confident and 5 being very competent) honestly assess the following skills and competencies:

- | | |
|---|--------------------------|
| Mental Health Act knowledge in respect of duties under section 23 | <input type="checkbox"/> |
| Conduct of review/ renewal/barring hearings | <input type="checkbox"/> |
| Interviewing and questioning all participants | <input type="checkbox"/> |
| Listening skills | <input type="checkbox"/> |
| Judgement and decision making | <input type="checkbox"/> |
| Verbal Communication skills | <input type="checkbox"/> |
| Report writing skills | <input type="checkbox"/> |
| Empathy with patients and community patients | <input type="checkbox"/> |
| Empathy with professionals | <input type="checkbox"/> |
| Awareness of anti-discriminatory practice | <input type="checkbox"/> |
| Your contribution at review hearings | <input type="checkbox"/> |
| Confidentiality | <input type="checkbox"/> |

PoDSC Member - Additional Comments:

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Signed:..... Date:.....
PoDSC member

Mental Health Act Admin Manager Comments:

| Committee Meetings | Peer Support | Training | Chair | Panel |
|--------------------|--------------|----------|-------|-------|
| | | | | |

Signed:..... Date:.....
MHA Manager

Chair/Vice Chair - Comments

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Signed:..... Date:.....
Chair, PODSc