



**South West Commissioning Support**



**Northern, Eastern and Western Devon  
Clinical Commissioning Group**

**Invitation to Tender (ITT) -  
Northern, Eastern and Western Devon CCG  
Embedding a Culture of Coaching**

16<sup>th</sup> March 2015

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# INSTRUCTIONS TO TENDERERS

## 1. TENDER DOCUMENTS

- 1.1 Tenders shall be submitted in accordance with the following instructions.
- 1.2 All responses to the tender shall be completed and returned via our clinical procurement mailbox [clinical.procurement@swcsu.nhs.uk](mailto:clinical.procurement@swcsu.nhs.uk). Any documents supporting your tender response will be named accordingly.
- 1.3 The tenderer is expected to examine all of the instructions, forms, Terms and Conditions and specifications that comprise the tender documents. Unless all of the information required is provided by the tenderer, the tender may be rejected.
- 1.4 Any specifications, plans, drawings, samples and patterns issued in connection with the Invitation to tender remain the property of NHS South West Commissioning Support and are to be used solely for the purpose of this tender.

## 2. AMENDMENTS TO TENDER DOCUMENTS

- 2.1 At any time prior to the deadline for receipt of tenders, NHS South West Commissioning Support may modify the tender documents by amendments in writing.
- 2.2 NHS South West Commissioning Support may extend the deadline for tenders to allow for significant amendments to be fully assessed and taken into account.

## 3. TENDER PRICES

- 3.1 The prices must be quoted in the currency specified.
- 3.2 The price of Services shall be firm for the duration of the Contract and will not be subject to any variation unless otherwise detailed.

#### 4. TIMETABLE

A provisional timetable for the tender process is given below. Bidders should be aware that the dates may be subject to change

<b>Event</b>	<b>Date</b>
Invitation to tender sent to bidders	16/03/15
Deadline for bidder clarifications	03/04/15 at 17:00
Deadline for tender response	10/04/15 at 12:00 pm (midday)
Evaluation of bids	W/C 13/04/15
Bidders notified of outcome	20/04/15
Contract award	21/04/15

#### 5. FORM OF TENDER AND SCHEDULES

- 5.1 A signed copy of the Form of Tender should be returned with your submission.
- 5.2 Tenderers shall notify NHS South West Commissioning Support via the clinical procurement mailbox [clinical.procurement@swcsu.nhs.uk](mailto:clinical.procurement@swcsu.nhs.uk), of any errors, omissions or details contained within the documents which preclude them from tendering for this service.
- 5.3 Only prices shown in Tender Information and Price Schedule will be regarded as part of the bid. These may, however, be clarified in an annex to the Cost Schedule.

## 6. INFORMATION AND CONFIDENTIALITY

- 6.1 Information that is supplied to tenderers as part of this procurement exercise is supplied in good faith. However, tenderers must satisfy themselves as to the accuracy of such information and no responsibility is accepted for any loss or damage of whatever kind or howsoever caused arising from the use by the tenderers of such information, unless such information has been supplied fraudulently by NHS South West Commissioning Support where the meaning of fraudulently is "the making of false representation knowingly, or without belief in its truth, or recklessly".
- 6.2 All information supplied to tenderers by the Authority in connection with this procurement exercise shall be regarded as confidential. By submitting a tender, the tenderer agrees to be bound by the obligation to preserve the confidentiality of all such information.
- 6.3 This invitation and its accompanying documents shall remain the property of the Authority and must be returned on demand.

## 7. FREEDOM OF INFORMATION ACT 2000

- 7.1 The Freedom of Information Act 2000 (FOIA) applies to the Authority.
- 7.2 Tenderers should be aware of the Authority's obligations and responsibilities under the FOIA to disclose, on written request, recorded information held by the Authority. Information provided by tenderers in connection with this procurement exercise, or with any Contract that may be awarded as a result of this exercise, may therefore have to be disclosed by the Authority in response to such a request, unless the Authority decides that one of the statutory exemptions under the FOIA applies. The Authority may also include certain information in the publication scheme which it maintains under the FOIA.
- 7.3 In certain circumstances, and in accordance with the Code of Practice issued under section 45 of the FOIA or the Environmental Information Regulations 2004, the Authority may consider it appropriate to ask tenderers for their views as to the release of any information before a decision on how to respond to a request is made. In dealing with requests for information under the FOIA, the Authority must comply with a strict timetable and the Authority would, therefore, expect a timely response to any consultation within two working days.
- 7.4 Tenderers may provide information to the Authority in connection with this procurement exercise, or with any Contract that may be awarded as a result of this exercise, which is confidential in nature and which a tenderer wishes to be held in confidence. Tenderers must give a clear indication which type of material is to be considered confidential and why it is considered to be so (including the Section number in the Freedom of Information Act for the Exemption that they believe applies), along with the time period for which it will remain confidential in nature. The

use of blanket protective markings such as "commercial in confidence" will no longer be appropriate. In addition, marking any material as confidential or equivalent should not be taken to mean that the Authority accepts any duty of confidentiality by virtue of such marking. Please note that even where a tenderer has indicated that information is confidential the Authority may be required to disclose it under the FOIA if a request is received.

- 7.5 The Authority cannot accept that trivial information or information which by its very nature cannot be regarded as confidential should be subject to any obligation of confidence.
- 7.6 In certain circumstances where information has not been provided in confidence, the Authority may still wish to consult with tenderers about the application of any other exemption such as that relating to disclosure that will prejudice the commercial interests of any party.
- 7.7 The decision as to which information will be disclosed is reserved to the Authority, notwithstanding any consultation with the tenderer.

## 8. SUBMISSION OF TENDERS

- 8.1 Your completed tender should be emailed to NHS South West Commissioning Support via the clinical procurement mailbox [clinical.procurement@swcsu.nhs.uk](mailto:clinical.procurement@swcsu.nhs.uk) by the closing date and time (**12:00 noon on Friday 10<sup>th</sup> April 2015**)
- 8.2 The tender must not arrive later than the date and time stipulated. Tenders received after that time may not be considered, unless the tenderer can prove that the tender was dispatched in sufficient time to meet the specified deadline.
- 8.3 NHS South West Commissioning Support reserves the right to reject any tender if the tenderer has failed to complete and return all parts of the Form of Tender and requested information.

## 9. MODIFICATION AND WITHDRAWAL OF TENDERS

- 9.1 The tenderer may modify the tender prior to the deadline and to the point submitting via the clinical procurement mailbox [clinical.procurement@swcsu.nhs.uk](mailto:clinical.procurement@swcsu.nhs.uk).
- 9.2 No tender may be modified after the deadline for receipt.
- 9.3 Tenders may be withdrawn at any time before the award of Contract, providing such intention is expressed in writing via the clinical procurement mailbox [clinical.procurement@swcsu.nhs.uk](mailto:clinical.procurement@swcsu.nhs.uk).

## 10. TENDER OPENING

10.1 Tender documents will be opened after the tender deadline.

## 11. TENDER EVALUATIONS

11.1 NHS South West Commissioning Support reserves the right to negotiate any or all parts of the information contained in this tender.

11.2 NHS South West Commissioning Support intends to accept the most economically advantageous tender and, at its sole discretion, reserves the right to accept or reject all or any part of any tender. NHS South West Commissioning Support does not bind itself to accept the lowest priced, or any, tender and shall not be liable to accept any costs incurred in the production of your submission.

11.3 This invitation to tender is for services below the financial thresholds as detailed in the EU Procurement directive (2014/24/EU) and the Public Contract Regulations (2015) and therefore is not caught by the scope of the regulation(s). NHS South West Commissioning Support, applying best practice, will follow the general principles of non-discrimination, equal treatment, proportionality and transparency throughout this procurement process.

## 12. LANGUAGE

12.1 Tenders, all documents and all correspondence relating to the tender must be written in English.

## 13. TERMS AND CONDITIONS

13.1 In submitting a response to this opportunity it will be implied that you accept the NHS Standard terms and conditions for the supply of goods and the provision of services. Any subsequent contract will therefore use the NHS standard form contract. A copy of the NHS standard terms and conditions can be found by clicking on the following link:

<https://www.gov.uk/government/publications/nhs-standard-terms-and-conditions-of-contract-for-the-purchase-of-goods-and-supply-of-services>

13.2 You must state if you will be using any third party contractors to deliver the services and ensure that all relevant terms and conditions are applied within any relevant sub-contract. You will be fully responsible as the prime contractor for all third party sub-contractors.

13.3 The expected contract will be expected to be for a period of 12 (twelve) months from contract award date. As per the expected procurement timetable detailed above, the expected contract award date is 21<sup>st</sup> April 2015.

13.4 For this procurement the following levels of indemnity will apply:-

The Contractor shall insure against its liability, as detailed below, with a minimum limit of indemnity of £1 million per claim.

The Contractor shall maintain professional indemnity insurance to cover all liability under the Contract and provide evidence of such professional indemnity insurance as the Authority may reasonably request from time to time.

The Contractor shall maintain employers' indemnity insurance to cover all liability under the Contract and provide evidence of such professional indemnity insurance as the Authority may reasonably request from time to time.

The Contractor shall maintain public indemnity insurance (if applicable) to cover all liability under the Contract and provide evidence of such professional indemnity insurance as the Authority may reasonably request from time to time.

## EVALUATION CRITERIA AND WEIGHTINGS

<b>Evaluation Criteria</b>	<b>Criteria Weighting (%)</b>	<b>Sub-Criteria</b>	<b>Sub-Criteria Weighting</b>
Quality	80%	Evidence of alignment of the providers offer with the requirement of the specification and the needs of NEW Devon CCG	35%
		Evidence of the track record of the provider in similar areas and demonstrable skills and experience to deliver the brief	25%
		Evidence of an innovative and creative approach to the delivery of the specification	20%
Price	20%	Please see Price Evaluation note below	20%

### PRICE EVALUATION

Price will be determined by the most economically advantageous bid against the financial envelope receiving the full 20% of the marks. Each less economically advantageous bid will be scored on a sliding scale that will be determined by the percentage difference from the lowest offer.

If two offers are the same they will receive the same points.

## SPECIFICATION

### 1. INTRODUCTION

The NHS faces ever-increasing scrutiny over quality, safety and the way in which care is delivered. It is going through changes as great as any in its history, including demographics, types and frequency of disease, technological and expectations of the population that we serve. Difficulties around funding adds to this mix of challenges.

Locally, the area covered by NEW Devon CCG has been included in NHS England's 10 distressed health economies. A long-term sustainable solution to the challenges faced within health & social care in Devon will need to include a partnership approach with commissioners, the population and providers.

We are already working on innovative, partnership-based approaches to the way in which we work. Examples include recent work with Budleigh Salterton Hospital and the proposed transfer of NEW Devon CCG's and Plymouth City Council's IT services to a joint venture company ('Delt').

What is now becoming clearer and backed by real evidence is that the way in which we manage staff, conduct our relationships, build teams and support colleagues is absolutely critical to improved outcomes, whether that is on a ward or in an office, in the community or in the boardroom. Additionally, developments in how we commission services suggest that the traditional notion of what constitutes a 'team' needs to be re-appraised to include partner commissioners, provider organisations, user groups etc.

NEW Devon CCG is a real believer in the use of coaching to help achieve what we have set out to do. Coaching enables us to have empowering conversations with colleagues, patients, partners and providers, focusing on strengths and challenging behaviours in a constructive and meaningful way. For us, it is a fundamental part of building effective relationships for 'success' across Devon.

We have an excellent history of developing coaches, inherited from primary care organisations, and a leadership team committed to seeing this work. We also benefit from NHS Leadership South West, an organisation that wants to see coaching cultures developing across the NHS system.

NEW Devon CCG has recently run a series of coaching master classes for existing coaches. This programme also included 2 representatives from Devon County Council, as an initial look at shared development programmes with partners. This has resulted in benefits back to the CCG, including the development of tools for learning needs analysis and access to a shared training directory.

Staff at NEW Devon CCG are working with Plymouth Hospitals and Plymouth City Council, to develop coaching supervisory frameworks to enable the development of a register of coaches across the public sector. We have also been discussing sharing coaches with Devon Partnership Trust.

Staff at NEW Devon CCG have also benefitted recently from coaching programmes that have been developed by NHS Leadership South West. There are approx. 30 colleagues at NEW Devon CCG who have been through a coaching programme and have registered an interest in coaching others. We are currently drafting a framework to support the supervision of coaches, to enable our coaches to feel that they are supported and are practising 'safely'.

The principles of coaching conversations have been used to construct new development tools at NEW Devon CCG, including our appraisal system and 360-degree feedback tool.

## 2. SCOPE OF THE PROGRAMME(S)

There are 2 areas ("Lots") of focus as part of this specification. Bidders may select to bid for one or both lots.

## 2.1. **Lot 1:** Coaching for Team Leaders & Staff

### **Budget value: £10,000 (including venue costs)**

- Conversations with staff and managers suggest that whilst they are supportive of the idea of using coaching conversations at work they:
  - Would like to know about what this entails;
  - Don't feel they have the time or desire to attend a lengthy programme;
  - Would like short exposure to the thinking around this, so they can use the principles quickly within their work
- The programme should include staff and team leaders/managers in the same session(s) and include aspects on how coaching can be used:
  - For difficult conversations;
  - For effective conversations
  - To keep the individual at the centre of all that we do;
  - To improve performance and help others to shine at work;
  - To facilitate innovation and improvement;
  - To improve listening skills;
  - To improve conflict management & resolution;
  - To 'be the best that I can be';
  - Models to support team leaders and staff (e.g. 'GROW'), performance and development coaching;

The partner will also be expected to connect this programme to relevant appraisal systems and there may be scope to extend this to appraisal training.

- This programme will be aimed at teams, team leaders and some managers, so staff from bands 2 – 6;
- Sessions are likely to be 3 times half-days and include c. 30 people per session. The number of staff in-scope for this development is 150-200;
- Coaching for Service Improvement. How to use coaching conversations with partner organisations and individuals outside of NEW Devon CCG, for example:
  - Commissioners – local authorities;
  - Providers – acute, communities;
  - User Groups – patients, patient groups
- An outcome from this programme may be the development of Action Learning Sets to support the continuation of partnership working between commissioners, providers and patient groups.

## 2.2. **Lot 2:** Coaching Infrastructure at NEW Devon CCG (and potentially with partner organisations)

### **Budget value: £20,000 (including venue costs)**

NEW Devon CCG has approximately 30 members of staff who have attended formal coaching programmes. Coaching has been used both as a supportive measure to help manage large-scale change and for individuals to access as part of their own development. We are looking for a partner to help us develop the next stage of coaching which is to operationalise coaching:

- To help design and provide a coaching supervision framework for NEW Devon CCG (and potentially partner organisations), to enable coaches and coachees to successfully operate in a safe, supportive and positive environment. This will include:
  - Coaches to report on coaching interventions;
  - Evaluation of coaching and its impact;
  - Quarterly individual and group supervision
- To help design clear measures to support the development of coaching, such as changes in behaviour, feedback, partnership working, innovation.

It is anticipated that 20 – 25 NEW Devon CCG staff will want to take part in this process. Bidders should be aware that we are talking with partner organisations about coaching networks across Devon, so numbers involved in the programme may increase and this should be reflected in your bid.

### 3. CONTRACT MANAGEMENT AND MONITORING

- 3.1 The key performance indicators for this Contract shall be developed by the successful bidder and the Authority during the 'start-up' phase of the program.
- 3.2 The Contractor shall
  - (a) Monitor the quality of the service provision to ensure customer satisfaction in accordance with the key performance indicators outlined in the Contract, unless otherwise approved by the Programme Manager
  - (b) Provide a report on progress to the Programme Manager on an agreed regular basis.
  - (c) Attend meetings on site to review progress and discuss the service, as required by the Programme Manager.

### 4. EXPENSES

All Contractors expenses for travel and subsistence (including overnight allowances and for the attendance of meetings) are to be included in the Cost Schedule

## QUESTIONS FOR BIDDERS

- a. The question and submission booklet(s) can be found embedded as separate word documents below. There is a separate booklet for each lot as detailed in the scope above
- b. Please complete questions one (1) to three (3) and save the completed document.
- c. Bidders should save the question and submissions booklet as an embedded document and return as part of the **whole** invitation to tender (ITT) document
- d. Please complete a separate question and answer booklet for each of the lots. If bidding only for Lot 1 then please complete only one (1) booklet entitled "*LOT1 Q&A Booklet*", if bidding only for Lot 2 then please complete only one (1) booklet entitled "*LOT2 Q&A Booklet*". If bidding for both lots then please complete and return **both** booklets.
- e. Each question response has a word limit of 500 (five hundred) words with a +10% (ten percent) acceptable threshold to exceed the stated word count. If the response submitted exceeds the acceptable threshold then any words exceeding this value will **not** be considered as part of the tender evaluation.



LOT 1 Q&A Booklet



LOT 2 Q&A Booklet

# COST SCHEDULE

## TENDERERS NOTES FOR COMPLETION

- a. The Cost schedules are separate excel spreadsheets found embedded below. Please complete a separate schedule for each lot. If only bidding for one lot then complete the appropriate schedule, if bidding for both, please complete both schedules.
- b. Tenderers should note that all prices should be exclusive of VAT and that payments will be made, in accordance with the terms of NEW Devon CCGs payment policy. Tenderers may be required to justify information supplied in timesheets before payment against such timesheets is authorised.
- c. Tenderers are required to complete and cost the documents identified as:-  
Costing Schedule containing:-  
Part A - Summary of Costs  
Part B - Input Cost Breakdown schedule  
Part C – Skills Matrix
- d. Tenderers are required to submit their most competitive rates, and not exceed the financial envelopes as per the service specification. It is expected that rates will be lower than the specified financial envelope
- e. The prices and rates within the Tender must be complete and include provision for full compliance by the Tenderer for ALL the Contract requirements.
- f. The Authority is seeking a **firm** price supported by a fixed resource input by skill areas of staff  
  
Rates tendered are to be flat rates chargeable for all days/hours irrespective of whether the work is undertaken in hours or out of hours.
- g. Rates and Prices must be inclusive of normal office expenses such as secretarial support (in hours and overtime), typing, telephone calls, faxing, normal and bulk copying and postage etc.
- h. The rates entered in the Overall Cost Schedule shall include travel and subsistence costs, (including overnight allowances and for the attendance of meetings) in line with NHS South West Commissioning Support policy.
- i. Courier costs, external printing, venue costs and other exceptional expenses or disbursements should be kept to a minimum and agreed in advance with the Authority.
- j. The cost schedule should be completed in pounds sterling (£GBP)



LOT1 Cost Schedule



LOT2 Cost Schedule

## **Appendix One – Information on Coaching Currently Available to Staff**

### **What is coaching and why do we use it in the CCG?**

Coaching targets high performance and improvement at work. It usually focuses on specific skills and goals, although it may also have an impact on an individual's personal attributes (such as social interaction or confidence). Coaching can also be used when a member of staff is experiencing a particular difficult period of time such as being the target of bullying and harassment, submitting a grievance, trying to return from a period of long term sickness etc. The coaching process typically lasts for a relatively short period.

Although there is a lack of agreement among coaching professionals about precise definitions, the following are some generally agreed characteristics of coaching in organisations:

- It is essentially a non-directive form of development, though this is not a hard and fast rule
- It focuses on improving performance and developing individuals' skills
- Personal issues may be discussed but the emphasis is on performance at work
- Coaching activities have both organisational and individual goals
- It provides people with feedback on both their strengths and their weaknesses
- It is a skilled activity, which should be delivered by people who are trained to do so. However, this can be line managers and others trained in basic coaching skills (see below)

Coaching is available to all staff and provides you space to discuss, reflect, develop ideas, talk or share whatever may be concerning you in a safe, confidential and open way, to support you in entering the future in a more positive and empowered position. The number, frequency and duration of your sessions will be by agreement with you and your coach, to meet your needs.

The coaching is being provided by NHS NEW Devon CCG employees, who have themselves undergone training and coaching as part of the High Performance Coaching for Change Programme.

A list of available coaches, together with short biographies, is available below, so you can choose who you would like to coach you in an appropriate and confidential manner.

## **The coaching process**

- An individual who is interested in receiving coaching (coachee) can access this page and choose their coach from the register of coaches (below)
- The coachee should contact the selected coach by telephone or e-mail. The coach has the option to accept or decline the invitation to coach the coachee
- The coach and coachee will sign a Workplace coaching agreement (below) which outlines their individual responsibilities in the process. This agreement will include a section on confidentiality
- The initial period of coaching will be between 1 and 6 sessions. Both parties will agree on the scheduling, frequency and duration of each session
- The coaching agreement will be reviewed either at the end of the first six meetings or prior to this if it is agreed that the coaching support provided has fully met the requirements of the coachee
- The coachee will complete a coachee evaluation form (below) within one week of the conclusion of each meeting and provide feedback to the each other. These evaluation forms will be retained by the coach and coachee
- The coachee will also complete the same coachee evaluation form (below) at the conclusion of the Coaching Programme and send it to the HR department. This will be used for quality assurance purposes
- If the coachee has feedback that is too difficult to provide to the coach then they have the option of reporting this to the HR department for anonymous feedback to be provided to the coach. This will be used to help quality control the standard of coaching

**Appendix Two – Workplace Coaching Agreement**

**Workplace Coaching Agreement**

Name of Coach \_\_\_\_\_

Name of Coachee \_\_\_\_\_

We agree that the prime purpose of this coaching programme is to support the above named coachee over the next \_\_\_ sessions.

We will both agree on the scheduling, frequency and duration of each session.

Both parties will endeavour to ensure that the meeting is not interrupted and give full attention to their interaction.

In the unlikely event that a meeting is cancelled then the meeting will be re-scheduled at the earliest convenience of both individuals.

We have both agreed the parameters of this relationship and discussed the practical implications for us, including the suggested ground rules for the coach and learner (See Appendix A).

Either party can request a termination of the contract at any time in the process.

We agree to give, receive and accept constructive feedback using the

**Coaching is confidential.** Exceptions to this would be in the event of:

- A breach of a professional code of conduct
- A breach of Trust Policies
- A breach of Health and Safety Policies
- A person being at risk to themselves or others
- Illegal or unethical actions.

After the initial number of sessions the progress will be discussed and the future course of action agreed. This may result in the successful conclusion of the coaching agreement, an extension to the length of the coaching agreement, or the selection of another coach.

Signature of Coach \_\_\_\_\_ Date \_\_\_\_\_

Signature of Coachee \_\_\_\_\_ Date \_\_\_\_\_

## Appendix Three

### Workplace Coaching

#### Ground rules for Coach and Coachee

The ground rules below are merely suggestions and both parties have the flexibility to agree their own.

- Confidentiality.
- Honesty and openness.
- Give, receive and accept constructive feedback.
- Make and keep promises.
- Active listening.
- Respect each other.
- Keeping appointments.
- Coaching is not counselling or therapy.
- Working together.
- Workplace learning.
- Come prepared for the session.
- Keep records of sessions and progress.

## Appendix Four – Coachee Evaluation Form

### Workplace Coaching

#### Evaluation form for the Coachee to complete

##### Qualities (or Topics)

- Indicate the degree to which the following qualities (or topics) were present in the session (qualities/topics to be selected prior to the session)

A: \_\_\_\_\_

B: \_\_\_\_\_

C: \_\_\_\_\_

D: \_\_\_\_\_

E: \_\_\_\_\_

##### General Review:

- What worked in the session? / What did you appreciate?
  
  
  
  
  
  
  
  
  
  
- What worked less well? What does the coach need to be aware of in terms of style and impact?
  
  
  
  
  
  
  
  
  
  
- What does the coach need to develop / learn that would enable them to be even more effective?
  
  
  
  
  
  
  
  
  
  
- How has this coaching session / overall programme benefitted you and your workplace?

- Would you recommend coaching to others and if so why?

Name of  
Coach \_\_\_\_\_ Date \_\_\_\_\_

Name of  
Coachee \_\_\_\_\_ Date \_\_\_\_\_

Session Number: \_\_\_\_ of \_\_\_\_