

City & Guilds Level 5

Leadership and Management of Health and Social Care: Practice

Approved by Qualifications Wales

This qualification forms part of the new suite of Health and Social Care, and Childcare qualifications in Wales provided by City & Guilds/WJEC.

Assessment Resource Pack

Version

December 2022 Version 1.1

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| **Version and date** | **Change detail** | **Section** |
| 1.1 December 2022 | Missing form (Appendix 2) added | Appendix 2 |

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This pack contains word versions of the appendices for the **Level 5 Leadership and Management in Health and Social Care** qualification that can be completed electronically by centres.

# Appendix 2 Assessment summary form (External assessor)

| **Section 1** | | |
| --- | --- | --- |
| **Objectives** | **External assessor summary** | **Evidence where observed** |
| *Understand and apply in practice a range of leadership and management* ***concepts, theories and techniques*** |  |  |
| *Reflect on own* ***leadership and******management style*** *to show how this impacts on their work* |  |  |
| *Lead and manage* ***person/child-centred approaches*** *in practice* |  |  |
| *Lead and manage* ***performance improvement*** *in health and social care settings* |  |  |
| *Work as* ***critical and reflective thinkers to make informed judgements*** |  |  |
| *Lead and manage the* ***improvement of provision*** *within own organisation/setting* |  |  |

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| **Section 2** | | | | | | | | |
| **Additional evidence** | **External assessor summary** | | **Evidence where observed** | | | | | **Pass/Fail** |
| ***Evidence for the following outcomes must be observed within the portfolio of evidence provided, and meet the evidence requirements*** |  | | | | | | | |
| ***Unit 522, Learning Outcome 2*** |  | |  | | | | | P/X |
| ***Unit 522, Learning Outcome 3*** |  | |  | | | | | P/X |
| *Candidate’s optional unit 1* |  | |  | | | | | P/X |
| *Candidate’s optional unit 2 (if applicable)* |  | |  | | | | | P/X |
| *Candidate’s optional unit 3 (if applicable)* |  | |  | | | | | P/X |
| *Candidate’s optional unit 4 (if applicable)* |  | |  | | | | | P/X |
| **Section 3** | | | | | | | | |
| **Confirmation of overall assessment judgment** | **Candidate has produced sufficient evidence to be awarded a pass for the qualification, based on a holistic review of the grading descriptors across the six objective areas, and of the additional evidence requirements required to be observed.** | | | | | |  | |
| **Candidate has failed to produce sufficient evidence for a pass grade to be awarded, based on the evidence presented and how this evidence meets the requirements of the grading descriptors across the six objective areas, and/or the additional evidence requirements have not been met.**  **Further detail of the reasons for this, should be outlined in the Feedback section below.** | | | | | |  | |
| **Feedback** | | | | | | | | |
| **External assessor signature** |  | | | | **Date** |  | | |

# Appendix 3 Business project concept approval form (Internal assessor)

|  |  |  |  |
| --- | --- | --- | --- |
| **Level 5 Leadership and Management of Health and Social Care: Practice** | | | |
| **Candidate name:** | | **Date of meeting:** | |
| **Candidate ENR No.:** | |
| **Centre name:** | **Centre no:**  **\_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_** | | |
| **Proposed opportunity** |  | | |
| **Rationale for opportunity:** | | | |
| **For internal assessor use:**   |  | | --- | | ***Outline below any comments related to the business project concept.*** | |  |  |  |  | | --- | --- | | **Outcome** |  | | **Business project concept approved**  Candidate is able to commence the planning of the business project. |  | | **Business project concept approved subject to revision**  The internal assessor believes the opportunity is suitable for the candidate to pursue  the business project, subject to revision. (Please provide revision comments in the comments section.) |  | | **Business project rejected**  The internal assessor does **not** believe the opportunity is suitable for the candidate to pursue the business project. (Please provide comments in the comments section.) |  | | | | |
| **Revision comments** *(if applicable)* | | | |
| **Internal assessor/Tutor name:** | | | **Date:** |
| **Internal assessor/Tutor signature:** | | |
| **Manager/employer name:** | | | **Date:** |
| **Manager/employer signature:** | | |
| **Candidate name:** | | | **Date:** |
| **Candidate signature:** | | |  |

# Appendix 4 Business project approval form

|  |  |  |  |
| --- | --- | --- | --- |
| **Level 5 Leadership and Management of Health and Social Care: Practice** | | | |
| **Candidate name:** | | | **Date of meeting:** |
| **Candidate ENR No.:** | | |
| **Centre name:** | | **Centre no:**  **\_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_** | |
| **Location** | | | |
| **Opportunity** | | | |
| **For centre use:**  Describe how the Business Project plan meets the following criteria.   |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | **Objective** | **Description** | | | | | | | Provides opportunity to lead and manage staff |  |  |  |  |  |  | | | Provides opportunity to lead person/child-centred practice |  |  |  |  |  |  | | | Provides opportunity to lead and manage the improvement of provision |  |  |  |  |  |  | | | Provides opportunity for the learner to cover outcomes from their selected optional units |  |  |  |  |  |  | |   Assessors **may find the following questions useful at the Business project plan presentation**:   |  |  | | --- | --- | | **Question number** | **Question** | | Q1 | What activities will likely feature in the detailed implementation plan for the improvement or development of the new provision? | | Q2 | What are the potential risks involved with implementing the proposal/change and can you identify any contingency plans for the organisation? | | Q3 | What do you believe will be the challenges in managing the improvement or development proposed? | | Q4 | What strategies are you considering to monitor, measure and report on the impact of the change that your opportunity may bring? Explain the reasons for your selection. |  |  | | --- | | **Opportunities for observation in practice**  *Provide details below of specific opportunities that the candidate’s plan presents for being observed in practice.* | |  |  |  | | --- | | **Optional unit coverage**  *Provide details below of areas of the candidate’s selected optional units where coverage may not be sufficiently evidenced via the business project.* | |  |  |  |  | | --- | --- | | **Outcome** |  | | **Business project approved**  Candidate is able to commence the implantation of the business project. |  | | **Business project approved subject to revision**  The assessor believes the opportunity is suitable for the candidate to pursue  the business project, subject to revision. (Please provide revision comments in the comments section.) |  | | **Business project rejected**  The assessor does **not** believe the opportunity is suitable for the candidate to pursue  the business project. (Please provide comments in the comments section.) |  | | | | |
| **Comments**  *This section should detail any comments related to the need for revision or detailed feedback if the project is rejected.* | | | |
| **Internal assessor/Tutor name/signature:** |  | | |
| **Date:** |  | | |
| **External assessor name/signature:** |  | | |
| **Date:** |  | | |

# Appendix 5 Observation record form (Assessor)

|  |  |
| --- | --- |
| **Observation record** | |
| Candidate name |  |
| Observation number/date |  |
| Activity/experienced observed |  |
|  | |
| Observations made  *(Highlight how the observations reflect each of the key practice outcomes)* |  |
| *Applying a range of leadership and management concepts, theories and techniques within practice* |  |
| *Leading and managing performance of staff* |  |
| *Leading and managing the promotion of person/child-centred practices* |  |
| *Leading and managing safeguarding* |  |
| *Leading and managing health and safety* |  |
| *General observations* |  |
| Follow-up questions asked  *(List the questions that were used to further question the candidate; and their responses)* |  |
| Candidate signature: |  |
| Date: |  |
| Assessor signature: |  |
| Date: |  |
| Confirmation of manager/employer signature: |  |
| Date: |  |

# Appendix 6 Evidence completion form (Internal assessor)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Task** | **Evidence** | **Evidence record reference** | **Specific learning outcomes evidenced** | **Notes** | **Feedback for candidate** |
| **Mandatory content** | | | | | |
| **1** | **Portfolio of evidence** |  |  |  |  |
| *Evidence 1* |  |  |  |  |
| *Evidence 2* |  |  |  |  |
| *Evidence 3…* |  |  |  |  |
| *Evidence for the mandatory content of the qualification will primarily be provided by Task 2.*  ***However, the following Learning outcomes must be evidenced according to the unit evidence requirements and submitted as part of the portfolio.*** | | | | |
| Unit 522 (Outcome 2) |  |  |  |  |
| Unit 522 (Outcome 3) |  |  |  |  |
| **2a** | **Rationale** |  |  |  |  |
| **Business project concept approval form** |  |  |  |  |
| **2b** | **Project plan** |  |  |  |  |
| **Business project approval form** |  |  |  |  |
| **2c** | **Reflective log** |  |  |  |  |
| **2d** | **Evaluation** |  |  |  |  |
|  | | | | | |
| **Optional content**  ***Please record the portfolio evidence to be submitted as stated within the optional units undertaken by the candidate*** | | | | | |
| **Unit #**  **/ Task** | **Evidence** | **Evidence record reference** | **Specific learning outcomes evidenced** *(if applicable)* | **Notes** | **Feedback for candidate** |
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# Appendix 8 Feedback form

**Qualification title:**

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| --- |
|  |

|  |  |
| --- | --- |
| Candidate name | Date of submission |
| Assessor name | |

|  |
| --- |
| Unit number/s and title/s |

|  |  |  |
| --- | --- | --- |
| **Evidence Reference** | **Feedback** | **Target date and action plan for resubmission** |
|  |  |  |

I confirm that this assessment has been completed to the required standard and meets the requirements for validity, currency, authenticity and sufficiency.

|  |
| --- |
| Assessor signature and date: |

# Appendix 9 Declaration

**Declaration of Authenticity**

|  |  |
| --- | --- |
| Candidate name | Candidate number |
| Centre name | Centre number |
|  |  |

**Candidate:**

**I confirm that all work submitted is my own, and that I have acknowledged all sources I have used.**

|  |  |
| --- | --- |
| Candidate signature | Date |

**Internal**

**:**

**I confirm that all work was conducted under conditions designed to assure the authenticity of the candidate’s work, and am satisfied that, to the best of my knowledge, the work produced is solely that of the candidate.**

|  |  |
| --- | --- |
| Internal assessor signature | Date |

**Note:**

**Where the candidate and/or internal assessor is unable to, or does not confirm authenticity through signing this declaration form, the work will not be accepted at moderation. If any question of authenticity arises, the internal assessor may be contacted for justification of authentication.**

# Appendix 10 Candidate business project plan template

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Candidate business project plan** | | | | | |
| **Candidate name** |  | | Candidate number | |  |
| **Concept area/scope of business project** |  | | | | |
|  | | | | | |
| **Key activities and deliverables as part of the business project** |  | | | | |
|  | | | | |
|  | | | | |
|  | | | | |
|  | | | | | |
| **How the project will be managed and delivered**  *Consider the key details needed for managing and delivering your project; this should include when, how and why you will conduct certain activities or deliverables.* |  | | | | |
| **Assessment of areas of benefit, risk and consideration of contingencies**  *You should consider the benefits and risks that your project will potentially have within your organisation/setting. Your assessor will be interested in what contingencies or mitigations you have considered as part of the delivery of your project to mitigate any risk.* |  | | | | |
| **Implementation plan**  *You are required to provide a detailed implementation plan, outlining how you will undertake and co-ordinate activities – including timeframes and who will be involved within the delivery of these activities.* | **Activity** | **Timeframe** | | **Who will be involved/resources** | |
|  |  | |  | |
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| **Strategy to monitor, measure and report on the outcomes of the opportunity**  *Outline the approaches you will take to monitor, measure and report on the outcomes of the business project* |  | | | | |