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Bwrdd Iechyd Prifysgol  
Bae Abertawe  
Swansea Bay University  
Health Board



<b>Meeting Date</b>	<b>23 April 2019</b>	<b>Agenda Item</b>	<b>2.3</b>
<b>Report Title</b>	<b>Deep Dive: PADR Compliance</b>		
<b>Report Author</b>	Louise Joseph, Assistant Director Workforce & OD		
<b>Report Sponsor</b>	Hazel Robinson, Director of W&OD		
<b>Presented by</b>	Kay Myatt, Head of Learning & Development		
<b>Freedom of Information</b>	Open		
<b>Purpose of the Report</b>	The purpose of this report is to provide the W&OD committee with a detailed analysis of the PADR compliance rates within Swansea Bay Health Board <sup>1</sup> as a Tier 1 Welsh Government target. The report covers all staff within Agenda for Change (excluding medical staff) and includes data extracted as at January 2019.		
<b>Key Issues</b>	PADR is a Tier 1 Welsh Government Target that requires all Health Boards to achieve 85% compliance for staff covered by Agenda for Change. Achievement of this target is monitored monthly through ESR as the only accepted reporting mechanism. Routine Internal monitoring is undertaken through the Performance Review Process which holds Delivery Units and Directorates to account on their service and workforce measures. Achievement of the Welsh Government Target is a challenge for Health Boards across Wales with the NHS Wales average compliance rate currently at 68.1%. Service pressures and time are cited as the biggest challenges for managers and staff in undertaking PADRs and this has been further exacerbated due to the impact of Bridgend Boundary Change.		
<b>Specific Action Required</b> <i>(please choose one only)</i>	<b>Information</b>	<b>Discussion</b>	<b>Assurance</b>
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Recommendations</b>	Members are asked to: <b>NOTE</b> to note the information included in the report.		

<sup>1</sup> Due to the disaggregation of ESR following boundary change figures include staff transferring to Cwm Taff Health Board.

## **DEEP DIVE: PADR COMPLIANCE**

### **1. INTRODUCTION**

The purpose of this report is to provide the W&OD committee with a detailed analysis of PADR activity within Swansea Bay (formally ABMU) Health Board, as a core performance and developmental intervention for staff and also a Tier 1 Welsh Government Target.

### **2. BACKGROUND**

Personal and Development Review (PADR) is an integral part of how staff receive feedback on their performance, how objectives are set and how we support staff in their wellbeing and personal and professional development. For staff covered by Agenda for Change, it is also a core component for pay progression. The Health Board PADR process includes a section which looks at how individuals are both experiencing and living our values as a compulsory discussion topic.

PADR is currently a Tier 1 target set by Welsh Government, requiring all Health Boards to achieve an annual compliance rate of 85%. Achievement of this target is monitored monthly through ESR as the only accepted reporting mechanism. Routine internal monitoring is undertaken through the Performance Review Process which holds Delivery Units and Directorates to account on their service and workforce measures. Achievement of the Welsh Government Target is a challenge for Health Boards across Wales with the NHS Wales average compliance rate currently at 68.1%.

Service pressures and time are cited as the biggest challenges for managers and staff in undertaking PADRs and this has been further exacerbated in Swansea Bay (formally ABMU) due to the impact of Bridgend Boundary Change. Reporting through ESR, as the only mechanism, raises challenges as this can only be completed by line managers who are assigned structures and access via Supervisor Self Service. As a temporary alternative option some areas have identified administrators who are trained to enter data on ESR through administrator access rights.

In December 2018 an audit was undertaken into PADR, this was recorded as limited assurance.

### **3. GOVERNANCE AND RISK ISSUES**

To enable a comparison across NHS Wales, this report and narrative is based on January 2019 data as the latest available data nationally on ESR.

#### **3.1 At Health Board Level:**

As at January 2019, ABMU PADR compliance rate was 66.71% with a total of 9,756 PADRs completed. The performance of ABMU is 1.4% below the Welsh Health Board average level of compliance.

**Table 1 - Breakdown by Delivery Unit and Directorate**

Org L5	Assignment Count	Reviews Completed	Reviews Completed %
130 D3 Board Secretary – Div	36	10	27.78
130 D3 Chief Operating Officer – Div	1,647	394	23.92
<b>130 D3 Clinical Medical School – Div</b>	<b>18</b>	<b>5</b>	<b>27.78</b>
<b>130 D3 Clinical Research Unit – Div</b>	<b>42</b>	<b>18</b>	<b>42.86</b>
<b>130 D3 Delivery Unit – Div</b>	<b>33</b>	<b>0</b>	<b>0.00</b>
130 D3 Director of Strategy – Div	38	14	36.84
<b>130 D3 EMRTS – Div</b>	<b>28</b>	<b>3</b>	<b>10.71</b>
130 D3 Finance – Div	96	87	90.63
130 D3 Informatics – Div	413	224	54.24
130 D3 Medical Director – Div	48	40	83.33
130 D3 Nurse Director – Div	89	46	51.69
130 D3 Workforce & Organisational Development	147	113	76.87
130 SDU - Mental Health & Learning Disabilities - Div	1,976	1,481	74.95
130 SDU - Morriston Hospital – Div	3,103	2,157	69.51
130 SDU - Neath Port Talbot Hospital – Div	1,470	1,238	84.22
130 SDU - Primary Care & Community – Div	1,748	1,357	77.63
130 SDU - Princess of Wales Hospital – Div	1,536	1,022	66.54
130 SDU - Singleton Hospital – Div	2,156	1,547	71.75
<b>Grand Total</b>	<b>14,624</b>	<b>9,756</b>	<b>66.71</b>

It should be noted that a number of the areas of low compliance are ‘hosted’ bodies, including EMRTS, Delivery Unit, Clinical Medical School and Clinical Research Unit. As such we have no direct control over their PADR activity and compliance rates.

It should also be noted that Board posts are included in the Board Secretary assignment count. As such the % compliance is not an accurate reflection of the compliance level of the Board Secretary’s direct team.

The PADR compliance rates have seen a steady improvement since April 2018 when the Health Board compliance was recorded at 62.18%. Whilst this is not a significant improvement and still below the 85% target, it is nonetheless an improving picture with approximately 700 more PADRs undertaken in January 2019 compared to April 2018. Indeed, some units have seen significant improvements in their compliance rates since April 2018 (Table 2).

**Table 2 – Delivery Unit improvements since April 2018**

	<b>April 2018</b>	<b>January 2019</b>
<b>Morriston Delivery Unit</b>	61.68%	69.51%
<b>Singleton Delivery Unit</b>	57.79%	71.75%
<b>Neath Port Talbot Delivery Unit</b>	71.86%	84.22%

### 3.2 At Staff Group level

When comparing our data at a staff group level, it is of note that the compliance rates for all clinical staff groups are between 71% and 76%. However, the lowest levels of compliance are recorded for ancillary and estates staff at 29.88%.

**Table 3 – Staff Group Comparison as at January 2019**

Staff Group	Assignment Count	Reviews Completed	Reviews Completed %
Add Prof Scientific and Technic	506	362	<b>71.54</b>
Additional Clinical Services	3,062	2,274	<b>74.27</b>
Administrative and Clerical	2,854	1,897	<b>66.47</b>
Allied Health Professionals	1,042	794	<b>76.20</b>
Estates and Ancillary	1,697	507	<b>29.88</b>
Healthcare Scientists	352	252	<b>71.59</b>
Nursing and Midwifery Registered	5,106	3,669	<b>71.86</b>
<b>Grand Total</b>	<b>14,624</b>	<b>9,756</b>	<b>66.71</b>

A recent re-audit of previous internal audit recommendations found that whilst corporate level actions have been completed, the PADR compliance levels of specifically Facilities and Estates had not improved. This accounted in the main for a further *limited* assurance rating. As part of the actions of the latest internal audit recommendations, both areas have been asked to provide a detailed action plan to achieve the required compliance level.

### 3.3 At NHS Wales level

The NHS Wales average PADR compliance is 68.1% and Swansea Bay (formally ABMU) sits just below this at 66.71%. For comparison purposes, comparative Health Board data is illustrated below (WAST, Powys, Public Health Wales excluded).

**Table 4 - NHS Wales PADR data by staff group as at January 2019**

	All Wales	SBU (formally ABMU)	C&V	ABU	HDU	CTM	BCU
All Staff Groups	68.1%	66.71%	58.9%	73.4%	76.7%	76.8%	61.8%
Add Prof Scientific and Technic	65.7%	71.5%	49.9%	67.4%	72.6%	68.6%	69.3%
Additional Clinical Services	70.7%	74.3%	60.1%	74.1%	75.0%	77.3%	67.1%
Administrative and Clerical	65.9%	66.5%	43.3%	67.9%	72.1%	71.1%	69.4%
Allied Health Professionals	72.3%	76.2%	68.3%	67.0%	72.9%	82.2%	75.4%
Estates and Ancillary	64.4%	29.9%	68.5%	85.8%	85.8%	84.1%	44.6%
Healthcare Scientists	64.7%	71.6%	65.3%	78.1%	64.9%	76.1%	53.8%
Nursing and Midwifery Registered	69.6%	71.9%	59.0%	73.8%	74.8%	75.8%	64.7%

This table illustrates that Swansea Bay (formally ABMU) has the highest compliance rates for Professional and Technical staff (71.5%) against an all Wales average of 65.7%. It also has amongst the highest compliance levels for Additional Clinical Services (74%), the seconded highest recorded for Allied Health Professionals (76.2%) and nursing and midwifery compliance (71.9%) is higher than the All Wales

average (69.6%). This data presents an encouraging picture as it suggests that PADR is well embedded for our clinical and patient-facing staff and our compliance rates for these professional groups are all above the Wales average. It also highlights where further work is required as compliance rates for estates and ancillary (29.9%) is markedly below the NHS Wales average (64.4%). This will require further work and action to understand the barriers that are preventing this staff group from engaging in and undertaking PADRs. The impact of Bridgend Boundary change also needs to be considered as the figures illustrated include Princess of Wales Hospital staff in all staff groups.

#### **4. FINANCIAL IMPLICATIONS**

Work is currently underway at an all Wales level to determine the steps that need to be taken in integrating the pay progression element of the pay deal and its direct links to PADR, as staff will need to have a PADR in order to progress to the next increment on the pay scale. This in turn should drive improvements in our PADR completion rates. It is expected that this improvement would show from April 2020.

#### **5. CONCLUSION**

In conclusion, the data in this report has highlighted that PADR completion rates are steadily improving and some service delivery units have made significant progress over the past year. However, achieving the 85% Welsh Government Target continues to be a challenge for Swansea Bay (formally ABMU) and this position is mirrored across NHS Wales. When benchmarked with other comparator Health Boards in NHS Wales, Swansea Bay is doing well in relation to PADR completion rates for clinical and patient-facing staff with all staff groups recorded as above the NHS Wales average. However, completion rates for estates and ancillary staff are well below the national average and is an area for development.

It is not surprising that our completion rates have slowed particularly over the course of the year as the Health Board has faced significant challenges in the disaggregation of services and staff as a result of the Bridgend Boundary change, requiring management time, attention and input. Recording of PADRs onto ESR is also noted as an ongoing issue due to Supervisor Self Service and structures roll out. It is important that the data is re-cast to reflect Swansea Bay to determine if this changes the completion landscape for units or particular staff groups.

Workforce & OD continue to support staff and managers in providing training in how to conduct effective PADRs and this will also be an integral part in the management pathway which is currently under development for all new managers.

#### **6. RECOMMENDATIONS**

The Workforce and OD Committee Members are asked to note the information included in the report.

<b>Governance and Assurance</b>		
<b>Link to Enabling Objectives</b> <i>(please choose)</i>	<b>Supporting better health and wellbeing by actively promoting and empowering people to live well in resilient communities</b>	
	Partnerships for Improving Health and Wellbeing	<input type="checkbox"/>
	Co-Production and Health Literacy	<input type="checkbox"/>
	Digitally Enabled Health and Wellbeing	<input type="checkbox"/>
	<b>Deliver better care through excellent health and care services achieving the outcomes that matter most to people</b>	
	Best Value Outcomes and High Quality Care	<input type="checkbox"/>
	Partnerships for Care	<input type="checkbox"/>
	Excellent Staff	<input checked="" type="checkbox"/>
	Digitally Enabled Care	<input type="checkbox"/>
	Outstanding Research, Innovation, Education and Learning	<input type="checkbox"/>
<b>Health and Care Standards</b>		
<i>(please choose)</i>	Staying Healthy	<input type="checkbox"/>
	Safe Care	<input type="checkbox"/>
	Effective Care	<input type="checkbox"/>
	Dignified Care	<input type="checkbox"/>
	Timely Care	<input type="checkbox"/>
	Individual Care	<input type="checkbox"/>
	Staff and Resources	<input checked="" type="checkbox"/>
<b>Quality, Safety and Patient Experience</b>		
<p>PADRs are one of a number of performance management tools that aim to ensure employees' performance contributes to business objectives, and should be used as part of a holistic approach to managing performance. Positive staff experience, which includes performance conversations with line managers, has a direct impact on the quality of services, the safety of services and overarching patient experience.</p>		
<b>Financial Implications</b>		
<p>New all Wales Pay Progression sets out the connection between PADR and incremental pay progression. This could have a financial implication.</p>		
<b>Legal Implications (including equality and diversity assessment)</b>		
<p>PADRs should take into account individual members of staff needs. This should be considered within the discussion. As PADRs become linked to pay progression EIA should be carried out locally to ensure that no one is disadvantaged due to a protected characteristic.</p> <p>It is important to note that the Welsh Specific Equality Duties require public organisations to report on staff development opportunities. This should be taken into account when discussing opportunities with staff.</p>		
<b>Staffing Implications</b>		
<p>Currently there is no availability of staff within the W+OD Directorate to carry out training for PADR additional to what is planned for April – December 2019 and as a part of the managers' pathway.</p> <p>If actions are agreed additional to what is already being supported – staffing implications would need to be reviewed.</p>		

<b>Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)</b>	
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Effective PADR will support a highly effective workforce to deliver excellent patient outcomes. This will support the Well-being of Future Generations Act.	
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<b>Report History</b>	NA
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<b>Appendices</b>	NA
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