



**GIG**  
CYMRU  
**NHS**  
WALES

Bwrdd Iechyd Prifysgol  
Bae Abertawe  
Swansea Bay University  
Health Board



|  |  |                          |                                     |
|--|--|--------------------------|-------------------------------------|
| <b>Meeting Date</b>  | <b>20th August 2019</b>  | <b>Agenda Item</b>       | <b>2.1.1</b>                        |
| <b>Report Title</b>  | <b>PADR and Mandatory Training - Estates Department</b>  |                          |                                     |
| <b>Report Author</b>   | Liza Powell, Estates Manager on behalf Des Keighan, Assistant Director of Operations (Estates)   |                          |                                     |
| <b>Report Sponsor</b>  | Chris White, Chief Operating Officer   |                          |                                     |
| <b>Presented by</b>  | Des Keighan, Assistant Director of Operations (Estates)  |                          |                                     |
| <b>Freedom of Information</b>                                      | Open   |                          |                                     |
| <b>Purpose of the Report</b>                                       | <p>To provide the Workforce and OD Committee with an update on the PADR and Mandatory Training compliance rates within the Estates Department.</p> <p>The report also provides a summary of key issues and the actions proposed to address the issues going forward.</p>   |                          |                                     |
| <b>Key Issues</b>  | <p>Based on an ESR report dated 16<sup>th</sup> August 2019, the current compliance rates for both PADR and Mandatory Training for the Estates Department are as follows:</p> <p><b>PADR compliance 35.71%</b></p> <p><b>Mandatory training compliance 54.55%</b></p> <p>Actions have been developed to increase compliance rates for both PADR and Mandatory Training throughout the Estates Department as necessary.</p> |                          |                                     |
| <b>Specific Action Required</b><br><i>(please choose one only)</i> | <b>Information</b>   | <b>Discussion</b>        | <b>Assurance</b>                    |
|  | <input type="checkbox"/>   | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <b>Recommendations</b>   | Members are asked to note the content of the report.   |                          |                                     |

## 1.0 INTRODUCTION

The Estates Department provides a wide range of Engineering, Building and Environmental Services throughout the Health Board. The Department comprises of 142 members of staff across a range of disciplines. Operationally the Department is structured from two main Estates Units based at Morriston and Singleton Hospitals.

Due to the diverse nature of the Estates staff group, there are different support required needed to meet their training needs.

## 2.0 BACKGROUND

### PADR Compliance

The current overall compliance rate of PADRs, within the Estates Department is **35.71%**, as detailed below in Table 1, by discipline.

| <b>Estates Department</b>            | <b>Assignment Count</b> | <b>Reviews Completed</b> | <b>Reviews Completed %</b> |
|--------------------------------------|-------------------------|--------------------------|----------------------------|
| 7801 Estates Management              | 6                       | 0                        | <b>0.00</b>                |
| 7503 Support Services – Helpdesk     | 4                       | 0                        | <b>0.00</b>                |
| 7200 Morriston Estates Management    | 10                      | 6                        | <b>60.00</b>               |
| 7211 Morriston Grounds & Gardens     | 7                       | 0                        | <b>0.00</b>                |
| 7212 Morriston Building              | 13                      | 0                        | <b>0.00</b>                |
| 7213 Morriston Engineering           | 34                      | 0                        | <b>0.00</b>                |
| 7215 HVS                             | 4                       | 1                        | <b>25.00</b>               |
| 7220 Singleton Grounds & Gardens     | 4                       | 4                        | <b>100.00</b>              |
| 7221 Singleton Building              | 14                      | 11                       | <b>78.57</b>               |
| 7222 Singleton Engineering           | 28                      | 21                       | <b>75.00</b>               |
| 7223 Singleton Estates Management    | 10                      | 7                        | <b>70.00</b>               |
| 7261 NPTH Engineering                | 1                       | 0                        | <b>0.00</b>                |
| 7500 Waste Management & Incineration | 5                       | 0                        | <b>0.00</b>                |
| <b>Grand Total</b>                   | <b>140</b>              | <b>50</b>                | <b>35.71</b>               |

**Table 1:** PADR compliance rates for the Estates Department - August 2019.

It is understood that certain PADR's have been undertaken, however have not been upload onto the ESR system.

## Mandatory Training Compliance

The current overall compliance rate of Mandatory Training within the Estates Department is **54.55%**, as detailed below in Table 2, by discipline.

| <b>Estates Department</b>            | <b>Assignment Count</b> | <b>Reviews Completed %</b> |
|--------------------------------------|-------------------------|----------------------------|
| 7801 Estates Management              | 6                       | 66.67                      |
| 7503 Support Services – Helpdesk     | 4                       | 73.08                      |
| 7200 Morriston Estates Management    | 10                      | 47.69                      |
| 7211 Morriston Grounds & Gardens     | 7                       | 42.86                      |
| 7212 Morriston Building              | 13                      | 44.38                      |
| 7213 Morriston Engineering           | 34                      | 28.96                      |
| 7215 HVS                             | 4                       | 30.77                      |
| 7220 Singleton Grounds & Gardens     | 4                       | 73.08                      |
| 7221 Singleton Building              | 14                      | 65.93                      |
| 7222 Singleton Engineering           | 29                      | 70.29                      |
| 7223 Singleton Estates Management    | 10                      | 81.54                      |
| 7261 NPTH Engineering                | 1                       | 7.69                       |
| 7500 Waste Management & Incineration | 6                       | 85.90                      |
| <b>Grand Total</b>                   | <b>142</b>              | <b>54.55</b>               |

**Table 2:** Mandatory Training compliance rate for the Estates Department - August 2019.

Note: There is a variance on WTE/assignment count between PADR and Mandatory Training due to ESR classification, which excludes new starters from the PADR report.

Table 3 below provides a breakdown of the compliance rate per Competency.

| Competence  | Compliance % |
|---|--------------|
| NHS CSTF Equality, Diversity and Human Rights - 3 Years                       | 35.92        |
| NHS CSTF Fire Safety - 2 Years  | 38.73        |
| NHS CSTF Health, Safety and Welfare - 3 Years                                 | 29.58        |
| NHS CSTF Infection Prevention and Control - Level 1 - 3 Years                 | 28.87        |
| NHS CSTF Information Governance (Wales) - 2 Years                             | 61.27        |
| NHS CSTF Moving and Handling - Level 1 - 2 Years                              | 19.01        |
| NHS CSTF Resuscitation - Level 1 - 3 Years                                    | 44.37        |
| NHS CSTF Safeguarding Adults - Level 1 - 3 Years                              | 30.28        |
| NHS CSTF Safeguarding Children - Level 1 - 3 Years                            | 30.99        |
| NHS CSTF Violence and Aggression (Wales) - Module A                           | 38.02        |
| NHS MAND Dementia Awareness - No Renewal                                      | 71.83        |
| NHS MAND Social Services and Well Being Act Wales Awareness (2014)            | 76.76        |
| NHS MAND Violence Against Women, Domestic Abuse and Sexual Violence - 3 Years | 46.48        |

**Table 3:** Competence compliance rates - August 2019.

Many of the Estates staff have limited computer knowledge and literacy skills, which has contributed to the low compliance rates.

Historically, in 2016, a dedicated resource was allocated to facilitate the Mandatory Training within the Estates Department. However, this resource was subsequently removed.

Ongoing barriers to achieving the Mandatory Training include:

- Availability of PC's
- IT and literacy skills
- Password retention
- Difficulty in accessing ESR training for all levels of staff

- Impact to Service provision due to time away from role

### 3.0 ACTIONS

#### PADR

It is recognised that the compliance rate is not acceptable and immediate action will be undertaken for a speedy resolution. To increase overall performance, an urgent review is required by all Managers within Estates to identify realistic timescales for undertaking PADRs, identify any constraints and progress against agreed timescales. This action is to be visibly driven and supported by Senior Estates Management.

#### MANDATORY TRAINING

Short term, immediate cross department working and sharing successful practices to improve the overall compliance rates will be undertaken.

An appraisal for a permanent long-term solution identifying adequate resource will be undertaken and escalated for approval.

### 4.0 FINANCIAL IMPLICATIONS

Permanent additional resources required to support the facilitation of Mandatory Training within the Estates Department.

| Governance and Assurance                              |   |                                     |
|---|---|-------------------------------------|
| Link to Enabling Objectives<br><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 checked="" type="checkbox"/> |
|   | Partnerships for Care   | <input checked="" type="checkbox"/> |
|   | Excellent Staff   | <input checked="" type="checkbox"/> |
|   | Digitally Enabled Care  | <input type="checkbox"/>            |
|   | Outstanding Research, Innovation, Education and Learning  | <input type="checkbox"/>            |
| Health and Care Standards                             |   |                                     |
| <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>  |   |                                     |
| The completion of annual PADR, and compliance with Mandatory Training are core values to which managers and staff at all levels within the Health Board have to comply with. |   |                                     |
| <b>Financial Implications</b>  |   |                                     |
| Additional resource required to re-instate dedicated role to facilitate the Mandatory Training.  |   |                                     |
| <b>Legal Implications (including equality and diversity assessment)</b>  |   |                                     |
| There are legal implications for not conducting Mandatory Training within the Department.  |   |                                     |
| <b>Staffing Implications</b>   |   |                                     |
| Adequate staffing levels within all services are essential   |   |                                     |
| <b>Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)</b>  |   |                                     |
| Long term – acting now by managing and identifying training needs protects staff and patients.   |   |                                     |
| Collaboration – the department will work collaboratively engaging with all to improve the training and education and well-being of those who work and use our services.      |   |                                     |
| <b>Report History</b>  | No previous report history to this committee. |                                     |
| <b>Appendices</b>  | None  |                                     |