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Bwrdd Iechyd Prifysgol
Bae Abertawe
Swansea Bay University
Health Board



Meeting Date	27th August 2019	Agenda Item	2.1.2
Report Title	PADR and Mandatory Training for Support / Hotel Services		
Report Author	Joanne Jones, Head of Support Services		
Report Sponsor	Chris White COO		
Presented by	Joanne Jones, Head of Support Services		
Freedom of Information	Open		
Purpose of the Report	To provide the Workforce and OD Committee with an overview of Hotel/Support Services system for managing PADR and mandatory training compliance. The report also provides a summary of key issues, risks and the plans to address them.		
Key Issues	<p>The Support / Hotel Services Department is a diverse department comprising many departments including domestic, portering, catering, caretaking, security, accommodation, car parking, switchboard, linen and laundry. All the departments have different requirements to meet their training needs.</p> <p>The key issues for Support Services 2019/20 include:</p> <ul style="list-style-type: none"> Increasing the mandatory training compliance from 21% to the required standard (target 90%). Increasing PADR compliance from 18% to 95% by March 2020 		
Specific Action Required <i>(please choose one only)</i>	Information	Discussion	Assurance
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Recommendations	Members are asked to: Note the content of the report		

SUPPORT SERVICES HEALTH AND SAFETY ASSURANCE REPORT

1. INTRODUCTION

The Support / Hotel Services Department is diverse comprising of many departments including domestic, portering, catering, caretaking, security, accommodation, car parking, switchboard, linen and laundry, which all have different support requirements to meet their training needs.

The services are provided on all Health Board sites and the departments range from the largest, Morriston Hospital Domestic Department, which has approximately 180 WTE (220 head count) to the 0.2 WTE (1 head count) in Pontarddulais Health Centre with a lone worker providing a caretaking service.

2. BACKGROUND

2.1 Mandatory Training

Many of the support services staff in the department do not have access to computers during their working day and some struggle with both computer and literacy skills.

Training can also be difficult due to the hours worked (1 or 2 hours per evening) and the geographical spread of the department. For example 0.2 wte working in Penclawdd and 0.2 wte working in Glyncorrwg Health Centre.

In 2018, to support the mandatory training plan target, 12 additional computers were obtained for the support services department and 4 wte training support officers were appointed on a short term temporary basis (internal reorganisation rather than additional resource) to support the departmental mandatory training plan.

The computers were allocated to Central laundry, Singleton domestics/porters, Singleton Catering, Swansea Community, Morriston Hotel / Support Services training room (x3), Neath community, Neath Hotel services, POW catering, POW porters and Swansea Mental health.

Mandatory Training Compliance at August 2019:

Overall compliance for Support / Hotel Services is at 54.22%

Competence	Compliance %
NHS CSTF Equality, Diversity and Human Rights - 3 Years	44.65
NHS CSTF Fire Safety - 2 Years	50.05
NHS CSTF Health, Safety and Welfare - 3 Years	53.64
NHS CSTF Infection Prevention and Control - Level 1 - 3 Years	57.62
NHS CSTF Information Governance (Wales) - 2 Years	67.08
NHS CSTF Moving and Handling - Level 1 - 2 Years	45.88

NHS CSTF Resuscitation - Level 1 - 3 Years	45.60
NHS CSTF Safeguarding Adults - Level 1 - 3 Years	44.18
NHS CSTF Safeguarding Children - Level 1 - 3 Years	45.79
NHS CSTF Violence and Aggression (Wales) - Module A	54.30
NHS MAND Dementia Awareness - No Renewal	59.32
NHS MAND Social Services and Well Being Act Wales Awareness (2014)	91.01
NHS MAND Violence Against Women, Domestic Abuse and Sexual Violence - 3 Years	45.79
Grand Total	54.22

Overall compliance by department:

Department	No. of Staff	Compliance %
130 P201 Cimla Catering	3	10.26
130 P207 Llwyneryr Domestics	3	33.33
130 P213 NPTH Catering	22	63.99
130 P214 NPTH Community Domestics	14	18.13
130 P216 NPTH Hotel Services Management	2	100.00
130 P217 NPTH Housekeeping	114	57.07
130 P218 NPT Laundry & Linen	5	100.00
130 P220 NPTH Porterage & Security	24	99.67
130 P234 Tonna Hotel Services	19	39.27
130 P600 Singleton Catering	113	66.94
130 P602 Cefn Coed Catering	10	42.74
130 P603 Morryston Catering	67	43.17
130 P610 Community Domestics	15	12.31
130 P611 Singleton Domestics	119	97.33
130 P612 Morryston Domestics	212	19.16
130 P613 West Domestics Management	2	100.00
130 P620 Facilities Management	8	100.00
130 P623 West Income Generation	1	0.00
130 P624 Singleton Newsagent	3	100.00
130 P627 Morryston Car Parking	1	100.00
130 P640 Gorseinon Hotel Services	19	44.94
130 P643 Cefn Coed Hotel Services	28	42.45
130 P652 Singleton Laundry and Linen	3	100.00
130 P653 Morryston Laundry & Linen	7	80.77
130 P654 Central Laundry	45	81.64
130 P660 Singleton Porters	51	99.41
130 P661 Morryston Porters	115	30.70
130 P662 West Porterage Management Team	3	71.79

130 P663 Cefn Coed Porters	2	73.08
130 P671 Morryston Security	6	73.50
130 P680 West & Community Telephonists	27	55.27
Grand Total	1057	54.22

2.2 PADR

During 2017 /18 the department did not concentrate or prioritise the completion of individual PADRs.

An audit was undertaken in 2018 by Internal Audit department and the compliance rate was in the region of 18%.

As the audit was undertaken on the Portering department in Morryston (Compliance 0%) and a Health and Safety Executive Improvement notice had been issued against the department it was felt that standards could not be improved unless additional resources were allocated to that area.

A report was prepared which is attached at **Appendix 1** and as a result 5 wte additional porters were allocated to Morryston portering department on a short term temporary basis and as result of that audit an action plan was prepared which set PADR compliance targets for 2019/20. The targets for compliance are attached at appendix 2

PADR Compliance at August 2019:

The current compliance is 36% and the full details are attached at appendix 3

3. **GOVERNANCE AND RISK ISSUES**

3.1 Governance

A monthly governance report is shared with the SSMB detailing the position (although governance issues are considered but for the purpose only the four relevant issues will be highlighted).

- Governance and management
- Risks
- Mandatory and statutory training
- Current issues

3.1.1 Governance and management

As internal audit had raised concerns about the level of PADR it was agreed 2 actions would be followed:

1. Additional resources would be requested to support Morryston Portering department see appendix1
2. As those resources were granted a targeted action plan was introduced. The action plan is attached at **Appendix 2**.

3.1.2 Risks

There are 7 health and safety risks on the risk register and 1 risk is related to mandatory training. Actions are being considered to minimise the risk in each case.

Mandatory training risk Risks on Risk Register

Mandatory training is 1 of the 7 risks relating to Health and Safety on the departmental risk register, these are monitored through the Support Services Management Board (SSMB):

Title	Site	Dept	Risk (in brief)	Risk rating
Mandatory training	All sites	All depts.	Training at 50% compliance	15

Title	Update on actions taken	Date (by when action is expected)	Issue included in HSE Report/
Mandatory training	Training compliance is increasing a few percentage points each month as a result of changing working arrangements	1/3/20	yes

3.1.3 Mandatory and statutory training (and PADR compliance)

Mandatory training compliance has increased from 29% in 2018 to 55% in August 2019. The risk table above anticipates that the expected date of full compliance is March 2020. This is based on a worst case scenario for large departments with a low compliance at the moment and a targeted increase of approximately 25% every three months.

The following table shows the progress with Mandatory Training since March 2018.

Date	Compliance %
March 2018	29
August 2018	40
March 2019	55
April 2019	48*
August 2019	55

* Loss of PoW / Bridgend Locality

The following table shows the progress with PADR compliance since August 2018:

Date	Compliance %
August 2018	18
March 2019	22
April 2019	15.5
August 2019	36.7

Some of the barriers to achieving the mandatory training target include the availability of IT equipment, IT and literacy skills, password retention, difficulty of accessing ESR training per department and time away from a task orientated role.

3.1.4 Current Issues

Actions also being undertaken at the moment including transfer of band 1 to band 2 (475 staff have to be interviewed as part of the process) and the urgent training and review of training which has been as part of the response to HSE as the department has 4 Improvement Notices to action.

It has also become apparent that even though PADR's were being undertaken they were not being updated on ESR.

There the department has requested that two additional "administrators" be appointed so that data relating to completion of PADR's can be input immediately after they have taken place.

3.2 Current compliance Mandatory Training Morriston Porters

From 0% compliance in 2018, the porter compliance has increased to 30%.

Competence – Morriston Porters	Compliance %
NHS CSTF Equality, Diversity and Human Rights - 3 Years	7.83
NHS CSTF Fire Safety - 2 Years	8.70
NHS CSTF Health, Safety and Welfare - 3 Years	64.35
NHS CSTF Infection Prevention and Control - Level 1 - 3 Years	9.57
NHS CSTF Information Governance (Wales) - 2 Years	58.26
NHS CSTF Moving and Handling - Level 1 - 2 Years	20.87
NHS CSTF Resuscitation - Level 1 - 3 Years	7.83
NHS CSTF Safeguarding Adults - Level 1 - 3 Years	7.83
NHS CSTF Safeguarding Children - Level 1 - 3 Years	6.96
NHS CSTF Violence and Aggression (Wales) - Module A	65.22
NHS MAND Dementia Awareness - No Renewal	47.83
NHS MAND Social Services and Well Being Act Wales Awareness (2014)	87.83
NHS MAND Violence Against Women, Domestic Abuse and Sexual Violence - 3 Years	6.09

Grand Total	30.70
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The departmental governance meeting will continue to monitor compliance.

4. FINANCIAL IMPLICATIONS

Additional resources were authorised to support the Internal Audit report for PADR compliance (and HSE improvement notices work) for the portering department, Morriston Hospital.

5. RECOMMENDATION

Members are asked to note the content of the report and the progress that has been made so far.

Governance and Assurance		
Link to Enabling Objectives (please choose)	Supporting better health and wellbeing by actively promoting and empowering people to live well in resilient communities	
	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"/>
	Deliver better care through excellent health and care services achieving the outcomes that matter most to people	
	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		
(please choose)	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"/>
Quality, Safety and Patient Experience		
<p>The availability of an annual PADR, training and compliance with statutory/mandatory training are core values to which managers and staff at all levels in the organisation have key roles to play. It is recognised that there are vital links to partners such as trade unions colleagues, by working closely with them to support good standards of training and education for all.</p> <p>Patients, families and staff require safe facilities within the Health Board in which to provide the required care which should add to a positive patient, family and staff experience.</p>		
Financial Implications		
Additional resources were authorised to support the Internal Audit report for PADR compliance (and HSE improvement notices work) for the portering department, Morriston Hospital		
Legal Implications (including equality and diversity assessment)		
There are legal implications for statutory training within the department, for example Food Hygiene		

Staffing Implications	
Adequate staffing levels within all services is essential	
Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)	
Long term – acting now by managing and identifying training needs protects staff and patients.	
Involvement – of staff and experts will support and engage staff who feel valued and valued staff who are happy have improved patient outcomes. 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.	
Report History	No previous report history to this committee.
Appendices	Report Requesting Additional Resources for mandatory Training – appendix 1 Hotel Services Action Plan to Internal Audit (PADR) – Appendix 2 PADR Monthly Update Report - Appendix 3