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Bwrdd Iechyd Prifysgol  
Bae Abertawe  
Swansea Bay University  
Health Board



<b>Meeting Date</b>	<b>01 July 2019</b>	<b>Agenda Item</b>	<b>2.3</b>
<b>Report Title</b>	<b>Deep Dive: PADR Compliance</b>		
<b>Report Author</b>	Kay Myatt, Head of Learning & Development		
<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 as a Tier 1 Welsh Government target. The report covers all staff within Agenda for Change (excluding medical staff) and includes local data extracted as at July 2019 and national data as of April 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 70%. 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.		

## **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 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 70%.

Service pressures and time remain cited as the biggest challenges for managers and staff in undertaking PADRs especially with increased clinical demand. Reporting through ESR, remains the only mechanism which continues to raise 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.

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

To enable a comparison across NHS Wales, this report and narrative is based on two sets of Data, internal for Swansea Bay Health Board as at 22<sup>nd</sup> July 2019 and for NHS Wales April 2019. This is due to the all Wales reporting methods and data availability on data warehouse nationally.

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

As at July 2019, SBUHB PADR compliance rate was 63.07% with a total of 7,355 PADRs completed. As of April 2019, the performance of SBUHB is 6.21% below the Welsh Health Board average level of compliance at 63.79%. Since the last deep-dive report to W&OD committee, this shows a worsening picture in relation to the national average with an increase in disparity from the previous rate of 1.4% below the national average.

**Table 1 - Breakdown by Delivery Unit and Directorate [July 2019]**

Org L5	Assignment Count	Reviews Completed	Reviews Completed %
130 D3 Board Secretary - Div	31	6	19.35
130 D3 Chief Operating Officer - Div	1,223	341	27.88
130 D3 Clinical Medical School - Div	20	6	30.00
130 D3 Clinical Research Unit - Div	41	32	78.05
130 D3 Delivery Unit - Div	29	0	0.00
130 D3 Director of Strategy - Div	33	12	36.36
130 D3 Director of Transformation - Div	16	4	25.00
130 D3 EMRTS - Div	29	5	17.24
130 D3 Finance - Div	78	16	20.51
130 D3 Informatics - Div	355	205	57.75
130 D3 Medical Director - Div	33	27	81.82
130 D3 Nurse Director - Div	95	72	75.79
130 D3 Workforce & Organisational Development - Div	146	99	67.81
130 SDU - Mental Health & Learning Disabilities - Div	1,639	1,100	67.11
130 SDU - Morriston Hospital - Div	3,152	1,955	62.02
130 SDU - Neath Port Talbot Hospital - Div	1,162	863	74.27
130 SDU - Primary Care & Community - Div	1,390	1,096	78.85
130 SDU - Princess of Wales Hospital - Div	4	2	50.00
130 SDU - Singleton Hospital - Div	2,185	1,514	69.29
<b>Grand Total</b>	<b>11,661</b>	<b>7,355</b>	<b>63.07</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 continue to 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 remained largely stable following the Bridgend boundary change with around a 0.72% drop since April 2019. The above table shows no delivery Unit has increased compliance since April 2019 with most showing a decrease in compliance. Some corporate directorates have seen a significant reduction in PADR compliance including Finance (90.63% - 20.51%) and Strategy (43.24%- 36.36%).

Nurse Director Division has seen an increase in numbers of completed PADRS since April 2019 (55.56% - 75.79%).

**Table 2 – Delivery Unit Comparison Figures since June 2018**

	<b>July 2018</b>	<b>April 2019</b>	<b>July 2019</b>
<b>Morrison Delivery Unit</b>	61.90%	65.21%	62.02%
<b>Singleton Delivery Unit</b>	61.94%	69.35%	69.29%
<b>Neath Port Talbot Delivery Unit</b>	71.88%	80.00%	74.27%
<b>Primary &amp; Community Care</b>	77.54%	78.71%	78.85%
<b>Mental Health &amp; Learning Disabilities</b>	77.03%	67.84%	67.11%

Although the figures show a slight drop in compliance since the Bridgend boundary change, Table 2 shows an increase across all delivery units except Mental Health & Learning Disabilities when comparing July 2018 – July 2019. April is added in order to represent the impact of boundary change on compliance.

### 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 62.05% and 74.68%. However, the lowest levels of compliance remain recorded for ancillary and estates staff at 30.99%.

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

Staff Group	Assignment Count	Reviews Completed	Reviews Completed %
Add Prof Scientific and Technic	390	242	62.05
Additional Clinical Services	2,572	1,775	69.01
Administrative and Clerical	2,356	1,458	61.88
Allied Health Professionals	849	634	74.68
Estates and Ancillary	1,265	392	30.99
Healthcare Scientists	324	230	70.99
Nursing and Midwifery Registered	3,903	2,623	67.20
<b>Grand Total</b>	<b>11,661</b>	<b>7,355</b>	<b>63.07</b>

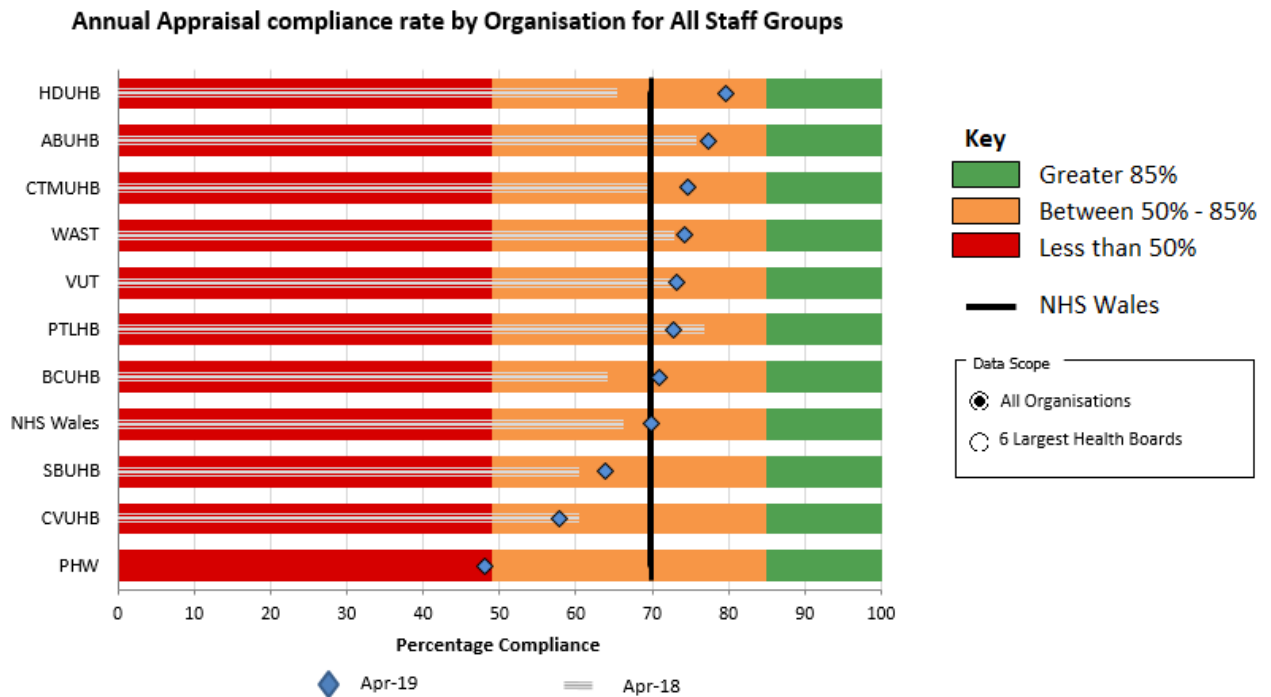
Following Estates and Ancillary staff being raised as low compliance, further scrutiny has commenced in these areas. In order to support estates staff, a bespoke PADR training session was delivered to estates managers in early July. This session encouraged individuals to talk about their PADR experiences and any barriers to completing meaningful PADR's with their staff. The June W&OD Committee requested a further deep-dive specifically into Estates and Ancillary staff to be presented to the committee in August 2019. This will be delivered by managers in the areas so that they can present detailed action plans for improvement.

To further support improvement in PADR compliance, the L&OD team are currently conducting research across the organisation and beyond to identify additional ways in which our compliance rate may be improved.

### 3.3 At NHS Wales level

The NHS Wales average PADR compliance is 70% and Swansea Bay sits just below this at 63.79% (April 2019). For comparison purposes, comparative Health Board data is illustrated below.

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



This table is a visual representation of the overall picture across Wales. It illustrates that Swansea Bay has increased compliance since April 2018, however is 6.7% lower than the NHS national average. As part of the work mentioned in paragraph 3.2, the L&OD Team will liaise with colleagues in Hywel Dda UHB to explore how they have made such a positive shift in compliance over the last 12 months. At the time of writing this report, data breaking down staff groups across NHS Wales was unavailable.

#### 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 remaining steady even with the impact of boundary change. Some service delivery units have made significant progress over the past year. However, since April 2019 there has been an overall decrease of 0.72% across the board. All units seem to have been negatively impacted by the boundary change with a decrease in compliance figures. Where some areas appear to have remained consistent or had slight increases, this is due in some cases to a reduction in overall headcount. This would

mean that no extra PADR's have been completed but the percentages have either seen slight increases or remained stable due to this. Achieving the 85% Welsh Government Target continues to be a challenge for Swansea Bay and this position is mirrored across NHS Wales.

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 PADR's 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 PADR's and this is also 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>PADR's 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>PADR's should take into account individual members of staff needs. This should be considered within the discussion. As PADR's 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 scheduled for July 2019 – March 2020 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. Also, due to the fixed-term nature of several key L&amp;OD posts - provision at the current level is under threat from March 2020 when the funding expires.</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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