





Meeting Date	30 October 2	019	Agenda Item	3.3		
Report Title	Incremental Pay and PADR					
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Report Sponsor	Hazel Robinson, Director of Workforce and OD					
Presented by	Hazel Robinson, Director of Workforce and OD					
Freedom of	Open					
Information						
Purpose of the	To make the Workforce & OD Committee aware of the					
Report	plans and challenges facing the Health Board to address					
	the changes in the NHS Wales pay system where					
	increments will be directly linked to PADR.					
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Key Issues	From April 2020 staff will only receive an increment in					
	their pay when their PADR is recorded in ESR by their manager. This will rely on establishing an internal					
	system to ensure managers complete PADR on time.					
Specific Action	Information	Discussion	Assurance	Approval		
Required	\boxtimes	\boxtimes				
(please choose one						
only)						
Recommendations	Members are asked to:					
	Note the contents of the paper.					

INCREMENTAL PAY AND PADR

1. INTRODUCTION

As part of the 2018 pay deal from April 2020 all incremental pay changes will only be triggered when ESR contains details of a valid PADR recorded within the system. Staff will not receive increments automatically in future. Initially from April 2020 this will affect staff recruited OR promoted since April 2019. All A4C staff will be affected from April 2021.

2. BACKGROUND

Whilst PADR has been part of NHS staff policy and employment framework for some years the health board is still some way from having acceptable levels of PADR completion across all departments. Whilst we are still working on improving compliance there are a number of organisational issues that make this a difficult process in some areas.

Like many other public sector organisations the NHS is establishing a clear and absolute link between PADR and pay by linking completion of the PADR with staff receiving their increment in pay (every two years since the 2018 pay deal). The PADR will specifically require mangers to indicate whether an increment should be paid.

The only means of triggering an increment will be if the PADR is recorded in ESR. ESR has been designed to do this through either manager or supervisor self service (MSS / SSS) functionality. For it to work ESR must have an accurate hierarchy linking staff to managers. Swansea Bay has been moving to ensure we exploit MSS or SSS but the health board appears to be somewhat behind other NHS organisations who have been using MSS and SSS for some time.

There are a number of challenges we need to address, examples of which are set out below.

- We need to develop the means of recording PADR on ESR for all staff. It is recognised that this will prove challenging for some areas with very flat management structures.
- We will need to be clear the standard by which we measure whether staff receive an increment.
- Part of the 2018 pay deal also allows for increments to be withheld when staff
 have had a disciplinary penalty imposed in the PADR year. We need to develop
 local arrangements to ensure there is a consistent approach for SBU staff.
- Not all managers or staff have the same or ready access to IT infrastructure, how will this impact on their ability to complete the PADR in a timely manner.
- It is likely there will be a minimum detail for the content of PADR agreed on an All-Wales basis. Local content may also be added to the PADR format. We need to establish what this may be before April 2020.
- Maintaining an accurate organisational structure to link managers to the right staff ensuring PADR are completed on time will require careful planning and constant updating.
- We need to establish what governance and "backstop" arrangements we need to ensure staff are not underpaid because increments are not triggered.
- All Local measures/processes and policy will need to be equality proofed

It is vital that we have operational manager's input to the development of the SBU solution as this has to a practical and consistent process to ensure all A4C staff are treated in a consistent manner. We are in the process of establishing a specific SBU group with key stakeholders and the main stakeholders to support development of our plans to address this.

3. RECOMMENDATION

To note the contents of this paper.

Governance and Assurance							
Link to	Supp	orting better health and wellbeing by actively	promoting	and			
Enabling	empowering people to live well in resilient communities						
Objectives	Partne						
(please choose)	Co-Production and Health Literacy						
	Digitally Enabled Health and Wellbeing						
	Deliver better care through excellent health and care services achieving the outcomes that matter most to people						
	Best \	alue Outcomes and High Quality Care	\boxtimes				
	Partne	erships for Care					
	Excell	ent Staff	\boxtimes				
	Digita	ly Enabled Care					
	Outsta	anding Research, Innovation, Education and Learning					
Health and Care Standards							
(please choose)		g Healthy					
	Safe 0	•					
	Effect	ve Care					
	Dignif	ed Care					
	Timely						
	Individ	lual Care					
	Staff a	and Resources	\boxtimes				
Quality, Safety and Patient Experience							
n/a		F					
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Financial Impli							
Only where increments are withheld without justification.							
Legal Implications (including equality and diversity assessment)							
n/a							
Staffing Implications							
Implications for all staff in the timeliness of their movement through A4C increments.							
Managers will be required to complete PADR on time. PADR compliance will need							
to be 100% of those that require a PADR to ensure they are paid correctly.							
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Long Term Imp	licatio	ons (including the impact of the Well-being o	f Future				
Generations (V		•					
n/a							
Report History		n/a					
Appendices							