Meeting Date	12 April 2022	Agenda Item	4.2
Report Title	To receive an update on workforce key performance indicators but with a particular focus on PADR and statutory and mandatory compliance		
Report Author	Marie Edwards Learning and OD Manager		
Report Sponsor	Debbie Eyitayo, Director of Workforce and OD		
Presented by	Kay Myatt, Acting Assistant Director of Workforce &OD		
Freedom of Information	Open		
Purpose of the Report	To provide an update on workforce key performance indicators with a particular focus on PADR and statutory and mandatory compliance and PADR compliance		
Key Issues	The purpose of this report is; • To provide an overview of PADR & M&S Compliance figures across the HB as of March 2022 • To highlight work currently underway to address areas of low compliance and support improvement		

Specific Action Required *(please choose one only)*	Information	Discussion	Assurance	Approval
	☐	☐	☒	☒

Recommendations	Members are asked to: • **NOTE** the contents of this report.

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	☐
	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 Value Outcomes and High Quality Care	☐
	Partnerships for Care	☐
	Excellent Staff	☒
	Digitally Enabled Care	☐
	Outstanding Research, Innovation, Education and Learning	☐
Health and Care Standards		
(please choose)	Staying Healthy	☐
	Safe Care	☐
	Effective Care	☐
	Dignified Care	☐
	Timely Care	☐
	Individual Care	☐
	Staff and Resources	☒
Quality, Safety and Patient Experience		
Workforce Metrics cover a range of key performance targets that are linked to quality, safety and patient safety as the relate to workforce availability, training and other key compliance and governance issues		
Financial Implications		
None.		

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Legal Implications (including equality and diversity assessment)
There are no financial implications.
Staffing Implications
None.
Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)
There are no long term implications in relation to the impact of the Well-being of Future Generations Act.

Report History	None
Appendices	Appendix 1 – Workforce Metrics

PADR & M&S Compliance Report

March 2022

Purpose:

The purpose of this report is;

- To provide an overview of PADR & M&S Compliance figures across the HB as of March 2022
- To highlight work currently underway to address areas of low compliance and support improvement

Section 1. PADR

1.1 Whole Organisation

The Welsh Governments target for PADR compliance is 85%. Currently our overall HB compliance stands at 55.95% as of 28th February 2022, excluding Medical and Dental staff. This represents an increase of 4.78% compared to 28th February 2021 [51.17%] with 620 additional PADR's completed.

It should be noted that a number of the areas 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.

PDR Reviews - Health Board
1 Mar 2021 - 28 Feb 2022 - excluding Medical and Dental staff

Org L5	Assignment Count	Reviews Completed	Reviews Completed %
130 D3 Board Secretary - Dir	81	14	17.28
130 D3 Chief Operating Officer - Dir	1,144	408	35.66
130 D3 Clinical Medical School - Dir	20	9	45.00
130 D3 Clinical Research Unit - Dir	40	33	82.50
130 D3 Delivery Unit - Dir	48	3	6.25
130 D3 Digital Services - Dir	365	190	52.05
130 D3 Director of Strategy - Dir	335	18	5.37
130 D3 Director of Transformation - Dir	25	5	20.00
130 D3 EMRTS - Dir	63	3	4.76
130 D3 Finance - Dir	88	12	13.64
130 D3 Medical Director - Dir	25	23	92.00
130 D3 Nurse Director - Dir	62	31	50.00
130 D3 Workforce & Organisational Development - Dir	195	120	61.54
130 MH & LD Service Group - Dir	1,534	1,118	72.88
130 Morriston Service Group - Dir	3,196	1,529	47.84
130 NPTS Service Group - Dir	2,931	1,776	60.59
130 Primary Care & Community Service Group - Dir	2,069	1,546	74.72
Grand Total	**12,221**	**6,838**	**55.95**

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1.2 Staff Groups

The number of completed reviews has increased along with total % compliance across all staff groups since February 2021 with the exception of Allied Health Professionals who saw a reduction of 7.64%. The largest increases in compliance were seen by Healthcare Scientists [23.73%], Add Prof Scientific & Technical [20.15%] and Estates & Ancillary [16.41%].

PDR Reviews - Health Board
1 Mar 2021 - 28 Feb 2022 - excluding Junior Doctors

Staff Group	Assignment Count	Reviews Completed	Reviews Completed %
Add Prof Scientific and Technic	399	296	74.19
Additional Clinical Services	2,681	1,556	58.04
Administrative and Clerical	2,620	1,305	49.81
Allied Health Professionals	956	650	67.99
Estates and Ancillary	1,214	471	38.80
Healthcare Scientists	346	202	58.38
Nursing and Midwifery Registered	4,005	2,358	58.88
Grand Total	12,221	6,838	55.95

Staff Group	Assignment Count	Reviews Completed	Reviews Completed %
Medical and Dental	707	387	54.74
Grand Total	707	387	54.74

1.3 Current activity planned / underway to support improvement.

1.3.1 Central / Whole organisation support
- PADR is currently offered as an open programme within the L&D Schedule. 159 participants attended from April 2021 to March 2022, and to date, a further 54 are scheduled to attend up to November 2022. Workshops are scheduled according to demand with options available for specific, tailored team sessions on request.
- The PADR course has been recently updated to support an agile working approach by encouraging managers to set outcome-based objectives to assist in performance management.
- As part of the new partnership working approach between HR & L&OD, OD Facilitators to work with their HRBP to identify where tailored sessions are needed and arrange accordingly.

1.3.2 Morriston

- PADR completion rates have reduced in all divisions, largely due to staff unavailability and site pressures.
- Managers are currently scheduling PADR meetings with all staff in line with their PADR Improvement Plans and based on previous audit recommendations.
- Whilst there is a focus on completing PADR's and increasing the completion percentage, managers are urged to ensure the quality of these PADRS remains a priority and should be of value to both the staff member and the manager. An emphasis on providing valuable PADR's is being enforced, focusing on staff member's individual objectives, their role within teams, their department's objectives, areas for personal or professional development as well as positive and/or constructive two-way feedback.
- The weekly Matron's meeting has now included PADR compliance to their agenda for discussion and progress check-ins.
- The HRBP team provide detailed monthly completion/outstanding reports to all directorates and are establishing monthly meetings to discuss plans, progress, challenges and support needed (these were stood down in November).
- Some areas are also looking into administrative support to upload completed PADR's that have been or have yet to be uploaded onto ESR, this seems to be an issue for many areas, so we have completed PADRs that have not yet been recorded and are therefore not showing on the reporting figures.
- Feedback sessions on the PADR process have been held and found that PADR's are viewed by line managers as non-value added and the form is a barrier/hindrance to completion. MSG have linked in with Marie-Andree to ensure we work collaboratively, and have released a new PADR guidance document and alternative forms that are more prescriptive and supportive.
- PADR training workshops are being arranged for April/May 2022 run by assistant HRBP's.
- Each division has been asked to provide updated PADR improvement plans with a plotted trajectory for improvement. Plans currently consist of set numbers of completion per week/month, dedicated staff members to support the process (in some areas they are utilising non-patient facing staff who are in amended roles due to Covid), dedicated days of the month to hold PADRs with protected time given. This was due to be put in place pre-Covid 3rd wave but is now being resumed.

1.3.3   Mental Health & Learning Disabilities
- A board paper presented on 30th March 2022 outlines several plans that have been put in place to increase compliance from 72.88% with the aim of reaching the target 85%. These include;
  o Further PADR sessions to be held both within the department and accessed corporately through L&D.
  o Managers are to dedicate time to meet with all staff on a rolling basis to discuss objectives and development with the 416 staff that have not yet received a PADR to be prioritised. Advised that these can be carried out virtually on Teams or by phone where necessary, ensuring that ESR is updated.

- 33 out of 126 areas are currently below target. PADR's for Psychology under Prof & Sci are the most effectively planned and are on target, all other staff groups are below target and need to ensure there is a plan for reviews to be scheduled to include a check in with their staff wellbeing.

1.3.1 Singleton / Neath Port Talbot
- Monthly Workforce Group meetings are held for each division to discuss compliance and understand how rates can be improved.
- Detailed monthly performance reports are issued for each division which show which employee's compliance level and expiry date of PADR including those who have not had a PADR within the last 12 months. Managers are encouraged to plan ahead to prevent employee's dropping out of compliance
- NPTS' PADR Improvement plan comprises of the following actions;
  - Promote Group-based PADR
  - PADR PR. Promote the benefits for individuals / teams / our patients
  - Targets and trajectories for each division
  - PADR Information Reports for Managers to monitor and plan
  - PADR Training – How to conduct a 'GOOD' PADR
  - Rostering Scrutiny Panels, Divisional Performance Reviews and monthly Workforce Groups to monitor and manage performance.
- Plan for Q1 22/23: Increase compliance to 70% without compromising the quality of the PADR. Hotspot focus staff groups include: Additional Clinical Services (52.4%) / Nursing and Midwifery (59.61%) / Healthcare Scientists (54.2%).

1.3.2 Primary, Community and Therapies
- It is included in the Group's Service `Improvement Plan' to ensure Managers comply with PADR for all staff, and support for staff within the PADR process, ensuring all mandatory and statutory training requirements are complete, and wellbeing discussion held.
- On a monthly basis the Service Group are provided with the Workforce metric data, which includes PADR and Statutory & Mandatory Training Compliance rates. Also monthly in the Service Group Board Meeting, Workforce provide a report with all KPI Workforce data, which is presented, and includes PADR & training compliance.
- Heads of Service have monthly and quarterly Performance Review Meetings within the Group, where KPI's are scrutinised for their areas, again including PADR & training compliance. These were stood down on a temporary basis to support service pressures but will be reintroduced within the new financial year.

1.3.3 Estates & Facilities
- Whilst compliance has significantly improved compared with 2021, Estates Senior Team are dedicating time out to focus on PADR's with the target of reaching Tier 1 compliance by end of March 2022. Monthly Estates Board meetings are used to monitor hotspots, identify barriers and agree solutions.
- Managers are to be given a clear objective with targets set to ensure PADR's are completed throughout the year.

- Consideration is being given to adapting the current PADR approach to suit the needs of the service, this could include adopting a Group PADR approach. This has already been piloted within Support Services where managers were released specifically to undertake PADR's. There were some challenges with increased staff sickness but is now due to be evaluated and taken forward.
- A group PADR session was provided by L&OD for Facilities on the 10th December 2021.

Section 2 – Mandatory & Statutory Training

2.1   **Whole Organisation**

The Welsh Government target for M&S compliance is 85%. As of 28th February 2022, SBUHB overall compliance is 80.67%. Compared to figures drawn from 28th February 2021 of 80.16% this represents an increase of 0.41% over the past year. Whilst it is a relatively small increase, it is nonetheless encouraging when considered against the backdrop of significant increases in recruitment due to Covid and the continued pressures of this pandemic.

The table below shows the overall headcount [13452] multiplied by 13 to provide the total number of competencies [174876].

Assignment Count	Required	Achieved	Compliance %
13452	174876	141072	80.67%

Org L5	Assignment Count	Required	Achieved	Compliance %
130 D3 Board Secretary – Dir	89	1157	826	71.39%
130 D3 Chief Operating Officer	1147	14911	11707	78.51%
130 D3 Clinical Medical School	21	273	187	68.50%
130 D3 Clinical Research Unit	41	533	494	92.68%
130 D3 Delivery Unit	53	689	586	85.05%
130 D3 Digital Services	372	4836	4403	91.05%
130 D3 Director of Strategy	376	4888	2746	56.18%
130 D3 Director Transformation	26	338	210	62.13%
130 D3 EMRTS	75	975	789	80.92%
130 D3 Finance	90	1170	1033	88.29%
130 D3 Medical Director	27	351	336	95.73%
130 D3 Nurse Director	64	832	754	90.63%
130 D3 Workforce & OD	211	2743	2079	75.79%
130 MH & LD Service Group	1625	21125	18172	86.02%
130 Morriston Service Group	3792	49296	36428	73.90%
130 NPTS Service Group	3252	42276	35242	83.36%
130 Primary Care & Community Service Group	2191	28483	25080	88.05%

2.2   **Staff Groups**

Medical and Dental remains the group with lowest compliance at 47.31% while the only groups to exceed the WG compliance target are Allied Health Professionals [87.15%], Professional Scientific and Technial [85.54%] and Nursing & Midwifery [85.78].

Staff Group	Assignment Count	Required	Achieved	Compliance %
Add Prof Scientific and Technic	406	5278	4515	85.54%
Additional Clinical Services	2771	36023	29697	82.44%
Administrative and Clerical	2720	35360	28278	79.97%
Allied Health Professionals	988	12844	11193	87.15%
Estates and Ancillary	1224	15912	12600	79.19%
Healthcare Scientists	352	4576	3823	83.54%
Medical and Dental	938	12194	5769	47.31%
Nursing and Midwifery Registered	4053	52689	45197	85.78%

2.3   **Current activity planned / underway to support improvement**.

- Virtual drop-in support sessions have been arranged and promoted throughout 2022 and are available to all staff. These will include in-person sessions.
- The M&S Guidance documents have recently been updated via a small working group and are available on the staff intranet site.
- L&D continue to support staff with ad-hoc queries arising via Action Point, email and telephone/MS Teams support. In total these queries equate to an average of 300 queries per month.
- Departments are monitoring and promoting completion of M&S training via departmental and divisional team meetings.
- National review is underway on a number of Level 1 packages – SBU representatives are involved in influencing the content.
- Work has been undertaken to ensure that online completion of higher level competencies will now automatically update lower level. Further work is on-going to ensure SME's are able to update ESR following non-e learning training.
- Work is underway to look at identifying specific roles where professional competence exceeds M&S requirements and where automatic completion may be appropriate.