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Bwrdd Iechyd Prifysgol  
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Swansea Bay University  
Health Board



<b>Meeting Date</b>	<b>01 June 2021</b>		<b>Agenda Item</b>	<b>3.4</b>
<b>Report Title</b>	<b>PADR and Mandatory Training - Estates Department</b>			
<b>Report Author</b>	Des Keighan – Assistant Director of Operations - Estates			
<b>Report Sponsor</b>	Craigie Wilson – Deputy 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 May 2021, the current compliance rates for both PADR and Mandatory Training for the Estates Department are as follows:</p> <p>PADR compliance is now showing 37.7%.</p> <p>Mandatory training compliance is now showing 81.88%.</p> <p>Actions have been developed to increase compliance rates for PADR in particular and Mandatory Training throughout the Estates Department as necessary.</p> <p>Part of the problem has been that on the Morriston Hospital site we have had staff shielding and on long term sickness in the small management teams in both Morriston and Technical Services. We have also had new supervisory staff who needed PADR training which has now been arranged within the Morriston Team.</p>			
<b>Specific Action Required</b> <i>(please choose one only)</i>	<b>Information</b>	<b>Discussion</b>	<b>Assurance</b>	<b>Approval</b>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Recommendations</b>	<p>Members are asked to:</p> <ul style="list-style-type: none"> <li><b>NOTE</b> the content of this report.</li> </ul>			

## PADR Compliance within Estates and Facilities

### 1. INTRODUCTION

The Estates Department provides a wide range of Engineering, Building and Environmental Services throughout the Health Board. The Department comprises of 139 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. BACKGROUND

#### PADR Compliance

The current overall compliance rate of PADRs, within the Estates Department is 37.7% as detailed below in Table 1, by discipline.

#### Appraisal Review Summary - Estates - 15/05/2020-14/05/2021

Org L8	Assignment Count	Reviews Completed	Reviews Completed %
130 7200 Morriston Estates Management	13	0	0.00
130 7211 Morriston Grounds & Gardens	7	0	0.00
130 7212 Morriston Building	12	0	0.00
130 7213 Morriston Engineering	33	0	0.00
130 7215 HVS 1B	3	0	0.00
130 7220 Singleton Grounds & Gardens	3	3	100.00
130 7221 Singleton Building	15	15	100.00
130 7222 Singleton Engineering	27	26	96.30
130 7223 Singleton Estates Management	10	8	80.00
130 7500 Waste Management & Incineration	5	0	0.00
130 7503 Support Services	4	0	0.00
130 7801 Estates Management Support	6	0	0.00
<b>Grand Total</b>	<b>138</b>	<b>52</b>	<b>37.68</b>

**Table 1:** PADR compliance rates for the Estates Department – May 2021

It is understood that certain PADR's have been undertaken, however, have not been uploaded onto the ESR system. Part of the problem has been that on the Morriston Hospital site we have had staff shielding and on long term sickness in the small management teams in both Morriston and Technical Services. We have also had new supervisory staff who needed PADR training which has now been arranged within the Morriston Team.

## Mandatory Training Compliance

The current overall compliance rate of Mandatory Training within the Estates Department is 81.88%, as detailed below in Table 2, by discipline.

### Training Compliance Summary - Estates @ 14/05/2021

Assignment Count	Required	Achieved	Compliance %
138	1794	1469	81.88%

Org L8	Assignment Count	Required	Achieved	Compliance %
130 7200 Morriston Estates Management	13	169	130	76.92%
130 7211 Morriston Grounds & Gardens	7	91	90	98.90%
130 7212 Morriston Building	12	156	121	77.56%
130 7213 Morriston Engineering	33	429	334	77.86%
130 7215 HVS 1B	3	39	31	79.49%
130 7220 Singleton Grounds & Gardens	3	39	30	76.92%
130 7221 Singleton Building	15	195	178	91.28%
130 7222 Singleton Engineering	27	351	291	82.91%
130 7223 Singleton Estates Management	10	130	109	83.85%
130 7500 Waste Management & Incineration	5	65	56	86.15%
130 7503 Support Services	4	52	48	92.31%
130 7801 Estates Management Support	6	78	51	65.38%

**Table 2:** Mandatory Training compliance rate for the Estates Department – May 2021

**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 April %
NHS CSTF Equality, Diversity and Human Rights - 3 Years	85%
NHS CSTF Fire Safety - 2 Years	83%
NHS CSTF Health, Safety and Welfare - 3 Years	89%
NHS CSTF Infection Prevention and Control - Level 1 - 3 Years	76%
NHS CSTF Information Governance (Wales) - 2 Years	67%
NHS CSTF Moving and Handling - Level 1 - 2 Years	79%

NHS CSTF Resuscitation - Level 1 - 3 Years	82%
NHS CSTF Safeguarding Adults - Level 1 - 3 Years	78%
NHS CSTF Safeguarding Children - Level 1 - 3 Years	78%
NHS CSTF Violence and Aggression (Wales) - Module A	89%
NHS MAND Dementia Awareness - No Renewal	91%
NHS MAND Social Services and Well Being Act Wales Awareness (2014)	91%
NHS MAND Violence Against Women, Domestic Abuse and Sexual Violence - 3 Years	75%

**Table 3:** Competence compliance rates – May 2021.

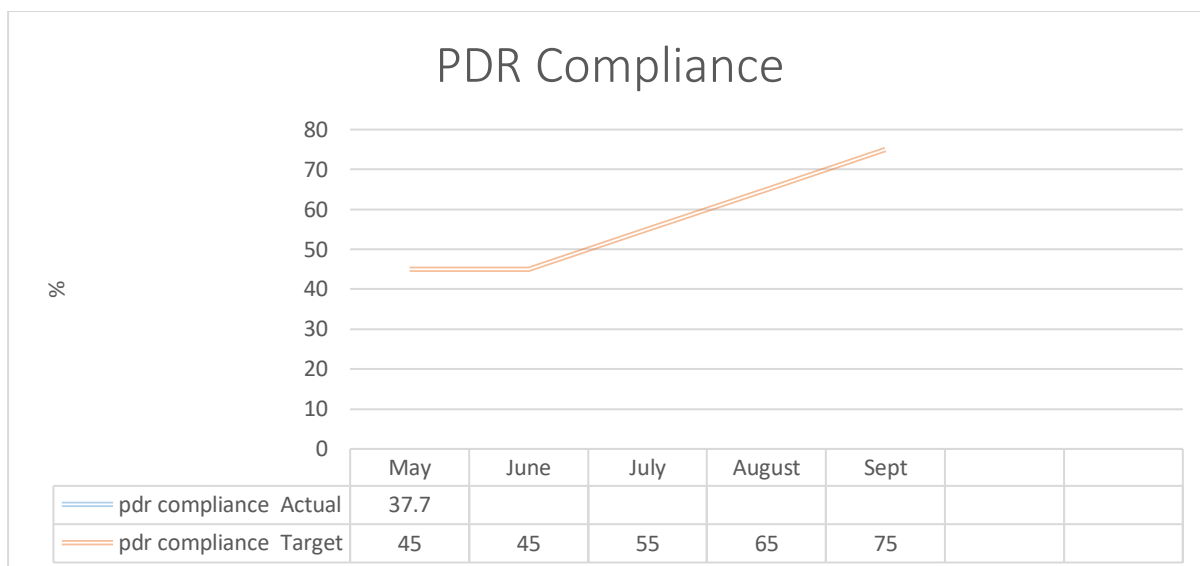
Many of the Estates staff have limited computer knowledge and literacy skills, which has contributed to the low compliance rates.

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

## **PADR**

It is recognised that the compliance rate needs to improve with refocussed effort to see improvement in PADR compliance. To increase overall performance, managers within Estates are taking steps to ensure PADR compliance is improved by ensuring action is to be visibly driven and supported by Senior Estates Management. However, due to a number of new appointments on the Morriston Hospital Estates Department we do need to provide PADR training and the Department is working with L&D to deliver this as soon as possible and once completed the PADR's will be rolled out. Singleton Hospital Estates Department has managed to maintain good performance on PADR's. Over the next 4 months the Department is targeting completion of PADR's with the intention of achieving a 75% compliance by the end of this period.



## MANDATORY TRAINING

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

### 3. GOVERNANCE AND RISK ISSUES

The Department recognise the importance of the PADR and Mandatory Training and the impact it can have on the function of the Department both from a compliance point of view but also from the individual's perspective of ensuring that they feel valued and that they are aware of the opportunities for development that are available to them. The Department although need to improve have promoted from within which has allowed staff to see that development opportunities are worth taking.

### 4. FINANCIAL IMPLICATIONS

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

### 5. RECOMMENDATION

The Committee are asked to:

- **NOTE** the content of this 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 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"/>
<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>		
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.		
<b>Financial Implications</b>		
Additional resources are required to reinstate 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	