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Bwrdd Iechyd Prifysgol  
Bae Abertawe  
Swansea Bay University  
Health Board



<b>Meeting Date</b>	<b>14 June 2022</b>	<b>Agenda Item</b>	<b>5.1</b>
<b>Report Title</b>	<b>Deep Dive Report – Statutory &amp; Mandatory Compliance</b>		
<b>Report Author</b>	Katy Goss, Learning and OD Manager		
<b>Report Sponsor</b>	Debbie Eytayo, Director of Workforce and OD		
<b>Presented by</b>	Kay Myatt, Acting Assistant Director of Workforce & OD		
<b>Freedom of Information</b>	Open		
<b>Purpose of the Report</b>	To provide an update on workforce key performance indicators with a particular focus on a deep dive of core Mandatory & Statutory Training and PADR compliance		
<b>Key Issues</b>	<p>The purpose of this report is;</p> <ul style="list-style-type: none"> <li>To provide a deep dive into core Mandatory &amp; Statutory Compliance figures across the HB as of April 2022.</li> <li>To highlight work currently underway to address areas of low compliance and support improvement.</li> <li>To provide an update on PADR compliance.</li> </ul>		
<b>Specific Action Required</b> <i>(please choose one only)</i>	<b>Information</b>	<b>Discussion</b>	<b>Assurance</b>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Recommendations</b>	<p>Members are asked to:</p> <ul style="list-style-type: none"> <li><b>NOTE</b> the contents of this report.</li> </ul>		

## Deep Dive Report – Statutory & Mandatory Compliance

### 1. Purpose:

The purpose of this report is;

- To provide a deep dive into core Mandatory & Statutory Compliance figures across the HB as of April 2022
- To highlight work currently underway to address areas of low compliance and support improvement
- To provide an update on PADR compliance

### Section 1 – Mandatory & Statutory Training (M&S)

#### 1.1 Whole Organisation

The Welsh Government target for M&S compliance is 85%. As of 30<sup>th</sup> April 2022, SBUHB overall compliance is 80.94%. Compared to figures drawn from 28<sup>th</sup> February 2021 of 80.16% this represents an increase of 0.78% over that period. 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 [13343] multiplied by 13 to provide the total number of competencies [173459].

#### Statutory Training Compliance - Health Board as of 30 Apr 2022

Assignment Count	Required	Achieved	Compliance %
13343	173459	140402	80.94%

#### Statutory Training Compliance – by area as of 30 Apr 2022

The below table shows that all areas across the Health Board have reached amber status. 9 areas including 2 service groups have reached or exceeded the Welsh Government target.

Org L5	Assignment Count	Required	Achieved	Compliance %
Board Secretary – Dir	88	1144	845	73.86%
Chief Operating Officer – Dir	1135	14755	11539	78.20%
Clinical Medical School – Dir	20	260	174	66.92%
Clinical Research Unit - Dir	43	559	506	90.52%
Delivery Unit - Dir	57	741	641	86.50%
Digital Services - Dir	379	4927	4514	91.62%

Director of Strategy - Dir	340	4420	2666	<b>60.32%</b>
Transformation - Dir	25	325	193	<b>59.38%</b>
EMRTS - Dir	80	1040	822	<b>79.04%</b>
Finance - Dir	91	1183	1026	<b>86.73%</b>
Medical Director - Dir	28	364	347	<b>95.33%</b>
Nurse Director - Dir	66	858	772	<b>89.98%</b>
Workforce & Organisational Development - Dir	217	2821	2065	<b>73.20%</b>
Mental Health and Learning Disabilities Service Group - Dir	1601	20813	17957	<b>86.28%</b>
Morrison Service Group - Dir	3731	48503	35964	<b>74.15%</b>
NPTS Service Group - Dir	3251	42263	35162	<b>83.20%</b>
Primary Care & Community Service Group - Dir	2191	28483	25209	<b>88.51%</b>

## 1.2 Statutory Training Compliance by Staff Groups

Medical and Dental M&S Training compliance remains the group with lowest compliance at 48.06% while groups to exceed the WG compliance target are Additional Professional Scientific and Technical [86.76%], Allied Health Professionals [87.46%], and Nursing & Midwifery [85.76%].

In 2020 discussions were initiated with subject matter experts to ensure relevant training enabled the sign off of competencies at lower level. This is now fully implemented for core topics (ie level 3 would automatically sign off level 1 competency) however more work is required to map wider sign off (ie to medical curriculum). This has been discussed to support Medical and Dental M&S compliance.

It should be noted that Estates and Ancillary staff have now reached 79% compliance. This is an increase of 11% since April 2021.

### Statutory Training Compliance - Health Board as of 30 Apr 2022

Staff Group	Assignment Count	Required	Achieved	Compliance %
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Add Prof Scientific and Technic	402	5226	4534	86.76%
Additional Clinical Services	2820	36660	30090	82.08%
Administrative and Clerical	2703	35139	28286	80.50%
Allied Health Professionals	977	12701	11108	87.46%
Estates and Ancillary	1211	15743	12440	79.02%
Healthcare Scientists	346	4498	3733	82.99%
Medical and Dental	865	11245	5404	48.06%
Nursing and Midwifery Registered	4019	52247	44807	85.76%

### 1.3 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 are currently being reviewed and updated via a small working group, this will also include looking at governance and reporting of the mandatory training group.
- L&D team 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.
- Whilst the new SharePoint site is being developed to replace the current BI portal, leads within the corporate areas have been identified to receive monthly compliance reports via email.

## 2. PADR

### 2.1 Whole Organisation

The Welsh Governments target for PADR compliance is 85%. Currently our overall HB compliance stands at 56.05% as of 30<sup>th</sup> April 2022, excluding Medical and Dental staff. This figure has remained stable when comparing it to 30<sup>th</sup> April 2021 [56.63%].

It should be noted that several 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.

**PADR Reviews - Health Board**  
**1 May 2021 - 30 Apr 2022 - excluding Medical and Dental staff**

Org L5	Assignment Count	Reviews Completed	Reviews Completed %
Board Secretary - Dir	82	20	24.39
Chief Operating Officer - Dir	1,132	480	42.40
Clinical Medical School - Dir	20	7	35.00
Clinical Research Unit - Dir	42	35	83.33
Delivery Unit - Dir	51	3	5.88
Digital Services - Dir	372	186	50.00
Director of Strategy - Dir	329	9	2.74
Transformation - Dir	25	4	16.00
EMRTS - Dir	68	4	5.88
Finance - Dir	87	15	17.24
Medical Director - Dir	27	23	85.19
Nurse Director - Dir	66	24	36.36
Workforce & Organisational Development - Dir	189	119	62.96
MH & LD Service Group - Dir	1,507	1,064	70.60
Morrison Service Group - Dir	3,186	1,480	46.45
NPTS Service Group - Dir	2,926	1,755	59.98
Primary Care & Community Service Group - Dir	2,088	1,608	77.01
<b>Grand Total</b>	<b>12,197</b>	<b>6,836</b>	<b>56.05</b>

**2.2 Staff Groups**

The number of completed reviews has increased along with total % compliance across most staff groups when comparing to February 2021, with the exception of Additional Clinical Services who saw a decrease of 2.21%, Allied Health Professionals who saw a reduction of 3.52% and Nursing & Midwifery Registered who remained stable. The largest increases in compliance, when comparing to February 2021, were seen by Additional Professional Scientific and Technical [19.88%], Administrative and Clerical [10.59%], Estates & Ancillary [23.54%] and Healthcare Scientists [24.07%].

**PADR Reviews - Health Board**  
**1 May 2021 - 30 Apr 2022 - excluding Junior Doctors**

Staff Group	Assignment Count	Reviews Completed	Reviews Completed %
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Add Prof Scientific and Technic	395	292	<b>73.92</b>
Additional Clinical Services	2,695	1,489	<b>55.25</b>
Administrative and Clerical	2,622	1,375	<b>52.44</b>
Allied Health Professionals	961	693	<b>72.11</b>
Estates and Ancillary	1,204	553	<b>45.93</b>
Healthcare Scientists	344	202	<b>58.72</b>
Nursing and Midwifery Registered	3,976	2,232	<b>56.14</b>
<b>Grand Total</b>	<b>12,197</b>	<b>6,836</b>	<b>56.05</b>

## 2.3 Current activity planned / underway to support improvement

### 2.3.1 Central / Whole organisation support

- PADR is currently offered as an open programme within the L&D Schedule, and also as a module in Managers Pathway. 159 participants attended from April 2021 to March 2022, and to date, a further 87 are scheduled to attend up to November 2022 as part of the open programme. 17 participants completed Managers pathway in May 2022, with a further 36 due to complete the PADR module between May and November. 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.

### 2.3.2 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 PADR's 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 PADR's 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 are proactively linking with the L&OD and Careers and Widening Access Teams to implement new localised ways of supporting PADR compliance. This includes simplified reporting mechanisms, descriptive 'how to guides' and a roll out of supportive drop-in sessions.
- PADR training workshops are being planned and will be 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 PADR's with protected time given. All divisions have been asked to present their action plans in the divisional performance review meeting in June.

### **2.3.3 Mental Health & Learning Disabilities**

- A board paper presented on 30<sup>th</sup> 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;
  - Further PADR sessions to be held both within the department and accessed corporately through L&D.
  - 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.

### **2.3.4 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 (48%) / Nursing and Midwifery (59%) / Healthcare Scientists (54%).

### **2.3.5 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.

### **2.3.6 Estates & Facilities**

- Monthly Estates Board meetings are used to monitor hotspots, identify barriers and agree solutions.
- Whilst compliance has significantly improved compared with 2021, Estates Senior Team dedicated time out to focus on PADR's with the target of reaching Tier 1 compliance by end of March 2022. Neither service group met with Tier 1 target by end of Mar-22 (Estates compliance 50.74%; Support Services 42.16%) but compliance continues to be reported to monthly Management Board by both service groups for scrutiny and review.
- 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. This did take place, but was not as successful as hoped.

## **2.4 Recommendation:**

Members are asked to note the contents 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 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>		
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		
<b>Financial Implications</b>		
None.		
<b>Legal Implications (including equality and diversity assessment)</b>		
There are no financial implications.		
<b>Staffing Implications</b>		
None.		
<b>Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)</b>		
There are no long term implications in relation to the impact of the Well-being of Future Generations Act.		
<b>Report History</b>	None	
<b>Appendices</b>	None	