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Bwrdd Iechyd Prifysgol
Bae Abertawe
Swansea Bay University
Health Board



Meeting Date	November 2019	Agenda Item	2.1 i
Report Title	PADR and Mandatory Training - Estates Department		
Report Author	Des Keighan, Assistant Director of Operations (Estates)		
Report Sponsor	Chris White, Chief Operating Officer		
Presented by	Des Keighan, Assistant Director of Operations (Estates)		
Freedom of Information	Open		
Purpose of the Report	<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>		
Key Issues	<p>Based on an ESR report dated November 2019, the current compliance rates for both PADR and Mandatory Training for the Estates Department are as follows:</p> <p>PADR compliance is now showing 82.01%, against a figure of 69.57% for October and 35.71% for September 2019.</p> <p>Mandatory training compliance is now showing 72.5%, against a figure of 59.4% for October and 54.55% for September 2019.</p> <p>Actions have been developed to increase compliance rates for both PADR and Mandatory Training throughout the Estates Department as necessary and have started to have an impact.</p>		
Specific Action Required (please choose one only)	Information	Discussion	Assurance
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Recommendations	Members are asked to note the content of the report.		

1.0 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.

2.0 BACKGROUND

PADR Compliance

The current overall compliance rate of PADRs, within the Estates Department has increased from 69.6% in October, to 82.1% in November, as detailed below in Table 1, by discipline.

Appraisal Review Summary - Estates - 14/11/2018-13/11/2019

Org L8	Assignment Count	Reviews Completed	Reviews October	Reviews Completed % Nov
130 7200 Morriston Estates Management	10	10	90.00	100.00
130 7211 Morriston Grounds & Gardens	7	1	14.29	14.29
130 7212 Morriston Building	11	11	90.91	100.00
130 7213 Morriston Engineering	33	28	70.59	84.85
130 7215 HVS 1B	4	3	50.00	75.00
130 7220 Singleton Grounds & Gardens	3	3	100.00	100.00
130 7221 Singleton Building	14	14	92.31	100.00
130 7222 Singleton Engineering	28	28	86.21	100.00
130 7223 Singleton Estates Management	11	10	70.00	90.91
130 7261 NPTH Engineering	1	0	0.00	0.00
130 7500 Waste Management & Incineration	6	3	50.00	50.00
130 7503 Support Services	4	3	0.00	75.00
130 7801 Estates Management Support	7	0	0.00	0.00
Grand Total	139	114	69.57	82.01

Table 1: PADR compliance rates for the Estates Department – November 2019.

It is understood that certain PADR's have been undertaken, however have not been upload onto the ESR system.

Mandatory Training Compliance

The current overall compliance rate of Mandatory Training within the Estates Department is 79.12%, as detailed below in Table 2, by discipline.

Training Compliance Summary - Estates @ 13/11/2019

Assignment Count	Required	Achieved	Compliance %
139	1807	1311	72.55%

Org L8	Assignment Count	Required	Achieved	Compliance %
130 7200 Morriston Estates Management	10	130	107	82.31%
130 7211 Morriston Grounds & Gardens	7	91	68	74.73%
130 7212 Morriston Building	11	143	97	67.83%
130 7213 Morriston Engineering	33	429	273	63.64%
130 7215 HVS 1B	4	52	32	61.54%
130 7220 Singleton Grounds & Gardens	3	39	30	76.92%
130 7221 Singleton Building	14	182	135	74.18%
130 7222 Singleton Engineering	28	364	260	71.43%
130 7223 Singleton Estates Management	11	143	120	83.92%
130 7261 NPTH Engineering	1	13	2	15.38%
130 7500 Waste Management & Incineration	6	78	77	98.72%
130 7503 Support Services	4	52	38	73.08%
130 7801 Estates Management Support	7	91	72	79.12%

Table 2: Mandatory Training compliance rate for the Estates Department - November 2019.

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 September %	Compliance November %
NHS CSTF Equality, Diversity and Human Rights - 3 Years	49.29%	68.3%
NHS CSTF Fire Safety - 2 Years	56.64%	74.8%
NHS CSTF Health, Safety and Welfare - 3 Years	45.71%	71.2%
NHS CSTF Infection Prevention and Control - Level 1 - 3 Years	45.71%	59.0%
NHS CSTF Information Governance (Wales) - 2 Years	77.86%	87.1%
NHS CSTF Moving and Handling - Level 1 - 2 Years	37.86%	59.0%
NHS CSTF Resuscitation - Level 1 - 3 Years	47.86%	64.7%
NHS CSTF Safeguarding Adults - Level 1 - 3 Years	44.29%	56.1%
NHS CSTF Safeguarding Children - Level 1 - 3 Years	45.71%	57.6%
NHS CSTF Violence and Aggression (Wales) - Module A	83.57%	89.2%
NHS MAND Dementia Awareness - No Renewal	89.29%	95%
NHS MAND Social Services and Well Being Act Wales Awareness (2014)	91.43%	95.7%
NHS MAND Violence Against Women, Domestic Abuse and Sexual Violence - 3 Years	53.57%	65.5%

Table 3: Competence compliance rates - November 2019.

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

Historically, in 2016, a dedicated resource was allocated to facilitate the Mandatory Training within the Estates Department. However, this resource was subsequently removed.

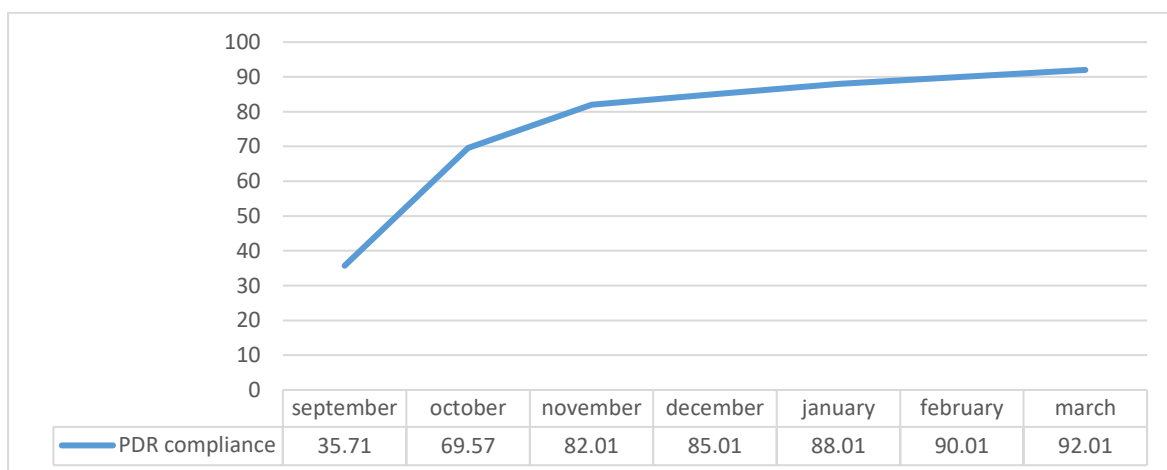
Ongoing barriers to achieving the Mandatory Training include:

- 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

3.0 ACTIONS

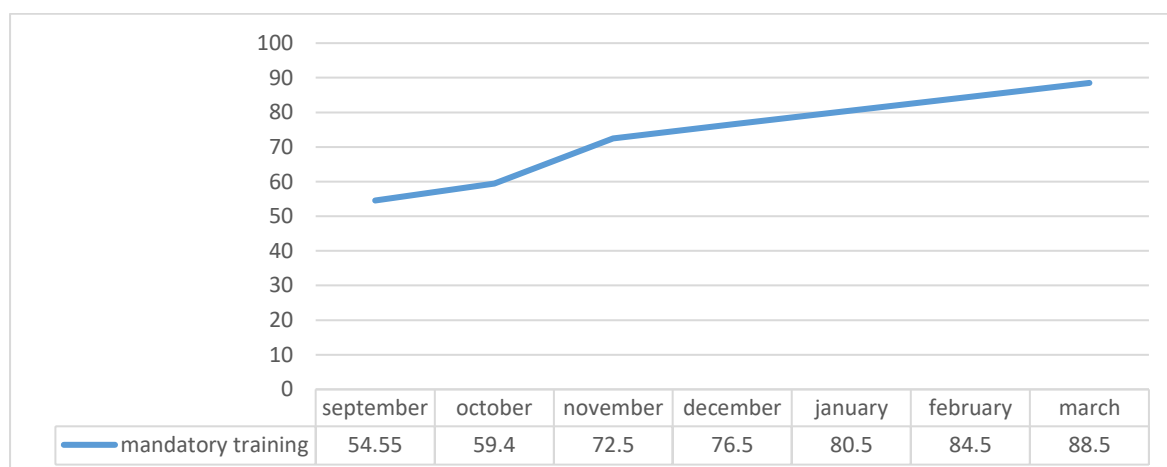
PADR

It is recognised that the compliance rate is improving but need continued effort to continue to see improvement in compliance. To increase overall performance, an urgent review was undertaken by all Managers within Estates to identify realistic timescales for undertaking PADRs, identify any constrains and progress against agreed timescales. This action is to be visibly driven and supported by Senior Estates Management. The chart on the next page plots our target compliance through to the end of the financial year



MANDATORY TRAINING

Short term, immediate cross department working and sharing successful practices to improve the overall compliance rates will be undertaken. The Department have funded a post on a temporary basis to improve performance and that has proved successful. We now wish to appoint to this post on a permanent basis. Based on our performance to date we believe that we will achieve the following improvements in performance over the coming months



4.0 FINANCIAL IMPLICATIONS

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

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	<input type="checkbox"/>
	Co-Production and Health Literacy	<input type="checkbox"/>
	Digitally Enabled Health and Wellbeing	<input type="checkbox"/>
	Deliver better care through excellent health and care services achieving the outcomes that matter most to people	
	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"/>
Health and Care Standards		
(please choose)	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"/>
Quality, Safety and Patient Experience		
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 with.		
Financial Implications		
Additional resource required to re-instate dedicated role to facilitate the Mandatory Training.		
Legal Implications (including equality and diversity assessment)		
There are legal implications for not conducting Mandatory Training within the Department.		
Staffing Implications		
Adequate staffing levels within all services are essential		

Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)	
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Long term – acting now by managing and identifying training needs protects staff and patients.	
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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.	
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Report History	No previous report history to this committee.
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Appendices	None
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