



**PWYLLGOR DIWYLLIANT, POBL A DATBLYGU SEFYDLIADOL
PEOPLE, ORGANISATIONAL DEVELOPMENT & CULTURE COMMITTEE**

DYDDIAD Y CYFARFOD: DATE OF MEETING:	04 April 2022
TEITL YR ADRODDIAD: TITLE OF REPORT:	Performance Appraisal and Development Review (PADR): How do we manage and raise performance in Hywel Dda University Health Board – Update April 2022
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Lisa Gostling, Director of Workforce & Organisational Development (OD)
SWYDDOG ADRODD: REPORTING OFFICER:	Robert Blake, Head of Culture and Workforce Experience

Pwrpas yr Adroddiad (dewiswch fel yn addas)

Purpose of the Report (select as appropriate)

Ar Gyfer Trafodaeth/For Discussion

ADRODDIAD SCAA

SBAR REPORT

Sefyllfa / Situation

This report has been requested as an update following the Performance Appraisal and Development Review (PADR) report submitted to the People, Organisational Development & Culture Committee (PODCC) in October 2021. The previous report outlined the progression that has been undertaken by the Culture/ Workforce Experience Team in developing a performance led culture. It outlined:

- Creation of leaner PADR documents.
- The support offered for managing performance through training, support documents and a video.
- Next steps in implementing the Pay Progression Policy.
- Progression in measuring impact.

The report outlined the system wide challenges the organisation faced in building a performance led culture, and the need for regular adult-to-adult conversations which support colleagues, in which the PADR is a slight piece of a wider meaningful agenda.

The report also emphasised that managing performance involved establishing a climate in which individuals and groups take responsibility for the continuous improvement of objectives and their own skills, behaviours and contributions. Much of how performance is discussed is shaped by behavioural norms or culture, so communications and leadership throughout the organisation will set a precedent and shape how colleagues discuss performance more widely.

Cefndir / Background

The last four months have continued to provide a substantial challenge to the workforce of HDdUHB. The rise of the COVID-19 Omicron variant and usual winter pressures have provided a system wide challenge for any type of performance conversation to take place. These pressures have severely restricted the time to enable appraisers and appraisees to reflect and proactively manage individual performances, especially in clinical settings. The pace of work

and the continued implementation of agile working has also negatively impacted office-based staff to gain opportunities in undertaking meetings in an effective manner.

These challenges have also delayed many of the initiatives planned to support further progression with developing a performance led culture, such as the restrictions concerning site visits and engaging colleagues in conversations around the agenda.

How we measure?

Hywel Dda University Health Board (HDdUHB) has historically measured managing performance by PADR compliance rates, a percentage of staff who have completed the documentation on ESR (Electronic Staff Record). There are question marks against the validity of this measurement, which is in constant flux to the very nature of PADRs being completed and going out of date. In both quarterly site visits, the Team witnessed and rectified several incorrect dates entered onto ESR, resulting in incorrect compliance figures.

The compliance rates are required to be reviewed as part of other measures that provide deeper context and depth to the quality of the conversation. The need for both quantitative and qualitative measures is required to provide a greater understanding of how many and the quality of the performance conversations taking place across HDdUHB.

Asesiad / Assessment

Compliance

The PADR compliance rate has remained relatively stable over the last 12 months. The graph below indicates how the figure is in constant change, however it is remaining consistent at around 60-65%.



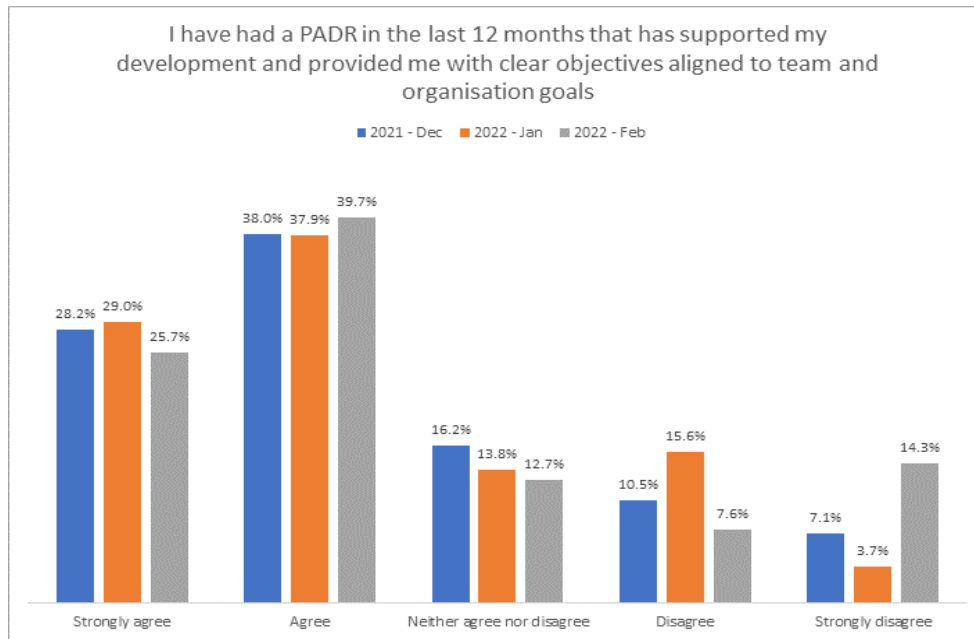
On reflection, the fact that HDdUHB still maintains a stable PADR compliance rate is a great testament to the workforce. At a time where compliance could easily reduce due to the many priorities and lack of rest and recovery, there is still a desire and commitment in undertaking a yearly PADR.

Whilst HDdUHB is not actively progressing towards the target of 85% as quickly as anticipated, the achieved compliance figures when aligned to the newly implemented Board Outcome Survey may also provide some assurances that the conversations which are taking place are purposeful for that particular appraisee.

Board Outcome Survey

The Board Outcome Survey was implemented in December 2021. The range of questions measure staff engagement and align to previous National Staff Survey engagement scores. The survey invites a 1/12th of the organisation's staff every month, resulting in every member of staff having the opportunity to complete the survey every year. The survey will provide the organisation with a frequent temperature check of how engaged the workforce are. This survey

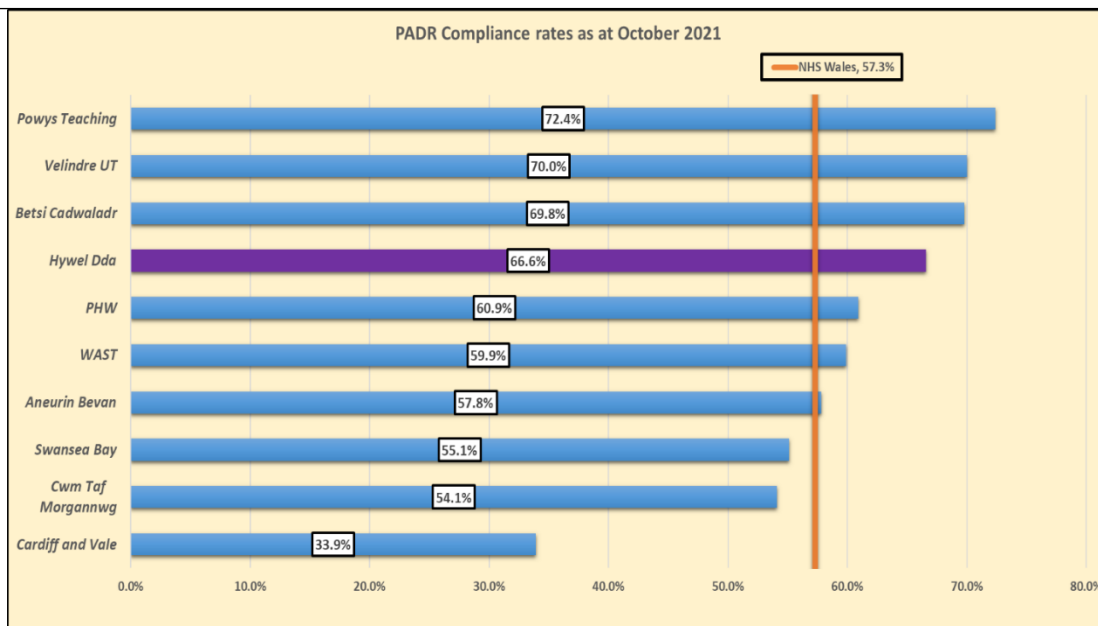
also provides the perfect opportunity of asking a simple question that measures the impact of a PADR conversation.



The above graph indicated that for the first three months of survey results, circa 66% of respondents strongly agreed or agreed that the PADR completed in last 12 months had been meaningful. Positioning this ongoing figure with compliance rates may demonstrate that the PADR conversations being completed have been significant and resulted in positive experiences for those colleagues.

All Wales picture

The last comparison data was outlined in the report presented to PODCC in October 2021 and has not been updated since, where HDdUHB was fourth, tracking 9.3% above NHS Wales.



Compliance rates across directorates currently vary significantly, 78% of directorates have a lower compliance rate than achieved in September 2021. Only 21% of services showed an improvement, showing an indication of the pressures across the system of work.

	Number of Staff	Number of Reviews Completed	Number of Reviews Completed Sept 21*	Number of Reviews Completed Mar 22**	+/-
ASST DIR OPS QUALITY & NURSING DGIA	22	8	18%	30%	↑ +12%
CARMARTHENSHIRE COUNTY DBAA	388	304	79%	73%	-6% ↓
CEREDIGION COUNTY DCAA	184	76	46%	40%	-6% ↓
CHIEF EXECS OFFICE DTAA	85	33	38%	37%	-1% ↓
DIGITAL DXAB	184	140	76%	68%	-8% ↓
FACILITIES DEAA	1081	836	69%	77%	↑ +8%
FINANCE DXAA	104	55	53%	56%	↑ +3%
MEDICAL DAAD	96	64	74%	67%	-7% ↓
MEDICINES MANAGEMENT DOAA	256	183	68%	68%	↔
MENTAL HEALTH & LEARNING DISABILITIES DLAA	1105	908	79%	84%	↑ +5%
NURSING DVAA	225	107	46%	56%	↑ +8%
ONCOLOGY & CANCER SERVICES DAEA	97	50	71%	46%	-25% ↓
OPERATIONS DIR MANAGEMENT DGAA	283	190	68%	62%	-6% ↓
PATHOLOGY DMAC	243	129	42%	37%	-5% ↓
PEMBROKESHIRE COUNTY DDAA	281	212	74%	73%	-1% ↓
PERFORMANCE DXAC	5	5	100%	71%	-29% ↓
PLANNED CARE DIAA	1055	588	60%	53%	-7% ↓
PRIMARY CARE DKA	155	75	57%	51%	-6% ↓
PRIMARY CARE MANAGEMENT DJAA	79	46	57%	55%	-2% ↓
PUBLIC HEALTH DYAA	553	264	48%	41%	-7% ↓
RADIOLOGY DMAB	235	76	35%	33%	-2% ↓
STRATEGIC PLANNING DFBA	31	17	64%	45%	-19% ↓
THERAPIES DAIA	645	410	65%	62%	-3% ↓
UNSCHEDULED CARE BRONGLAIS DMBA	331	205	62%	54%	-8% ↓
UNSCHEDULED CARE GLANGWILI DMCA	644	358	64%	51%	-13% ↓

UNSCHEDULED CARE PRINCE PHILIP DMDA	512	370	61%	72%	↑ +9%
UNSCHEDULED CARE WITHYBUSH DMEA	519	356	70%	68%	-2% ↓
WOMEN & CHILDREN DACA	660	432	65%	61%	-4% ↓
WORKFORCE & ORGANISATIONAL DEVELOPMENT DWAA	205	168	77%	76%	-1% ↓
Total	10264	6665	64%	63%	-1% ↓

*Sept 2021 figures gained as from 16/9/2021 (source ESR)

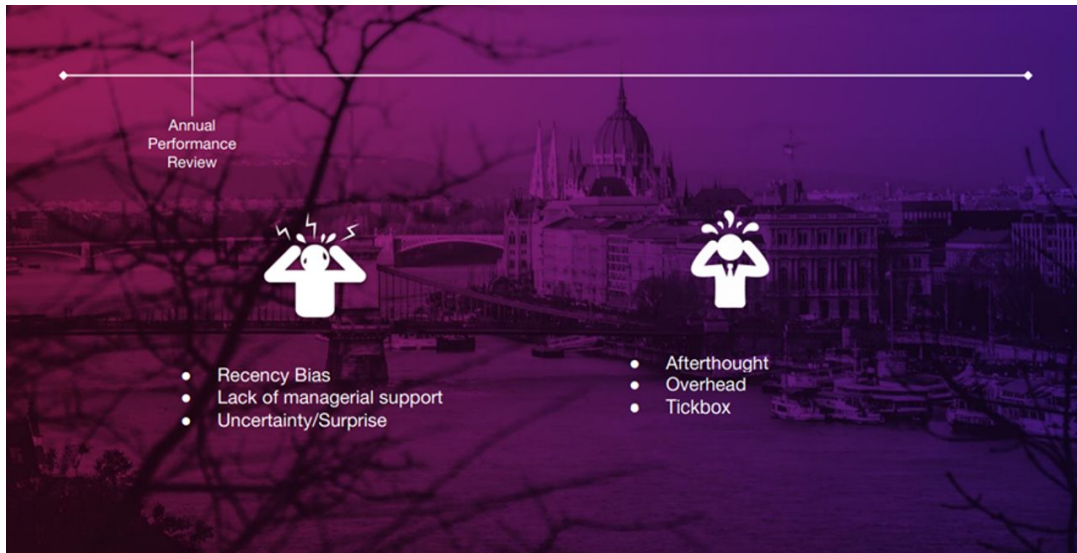
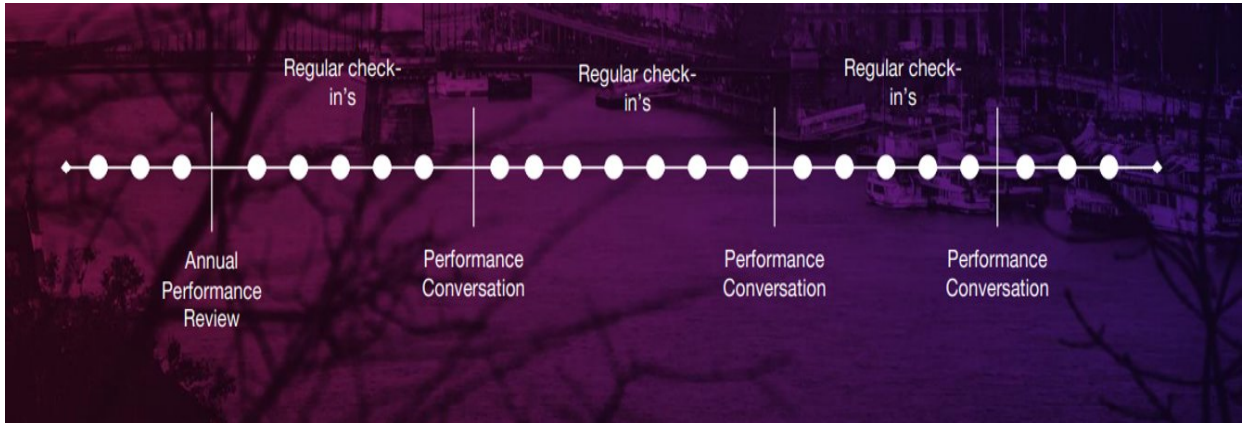
**March 2022 figures gained as from 14/3/2022 (source ESR)

	Number of Staff	Number of Reviews Completed	Number of Reviews Completed Sept 21*	Number of Reviews Completed Mar 2022**	+/-
All other sites	3310	2217	66%	65%	-1%
Bronglais General Hospital	1108	679	59%	56%	-3%
Glangwili General Hospital	2703	1696	60%	59%	-1%
Prince Phillip Hospital	1452	1029	69%	72%	+3%
Withybush General Hospital	1691	1044	64%	61%	-3%
Grand Total	10264	6665	64%	63%	-1%

	Number of Staff	Number of Reviews Completed	Number of Reviews Completed Sept 2021*	Number of Reviews Completed Mar 2022**	+/-
Additional Clinical Services	2409	1653	67%	63%	-4%
Add Prof Scientific and Technic	382	258	62%	65%	+3%
Administrative and Clerical	2190	1330	63%	59%	-4%
Allied Health Professionals	739	435	62%	59%	-3%
Estates and Ancillary	1073	835	69%	77%	+8%
Healthcare Scientists	194	118	52%	69%	+17%
Nursing and Midwifery	3276	2036	64%	60%	-4%
Grand Total	10264	6665	65%	63%	-2%

Ongoing development

The Culture/Workforce Experience Team continues to deliver high quality development in order to enhance leaders' capability to effectively manage performance. The last four months have seen continued virtual workshops that outline best practice and progression with this agenda. The workshop concentrates on the frequent regular conversations, quality of the conversation and looks to a coaching, non-directional style of people management that encourages reflection and fosters two-way communication.

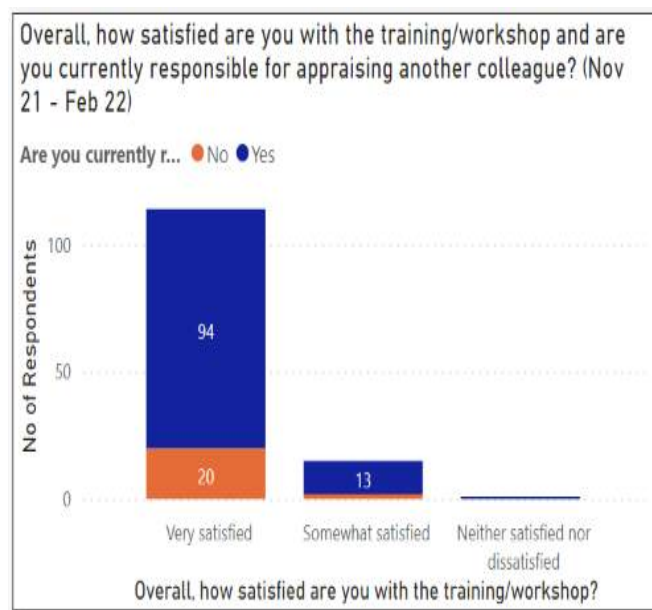


The following table shows the frequency and attendance of sessions held throughout the last four months -

Month	Number of sessions delivered	Number of attendees
Nov -21	5	77
Dec -21	5	55
Jan -21	2	25
Feb -21	3	28
Totals	15	185

table shows and sessions held the last four

The Managing Performance workshop is available for all colleagues, with the aim of developing leaders and making colleagues aware of the many benefits. The feedback for the workshops continues to be exceptional –



Quarterly Site Visits

The requirement for dedicated support has been recognised and quarterly acute site visits have been arranged. These visits have been based around priority of low compliance rates for teams and seeking out particular leaders. The visits will enable an understanding of the challenges they face in undertaking regular performance conversations and offering face-to-face support.

Two site visits have been completed to date, with other sites requesting to move the planned dates due to staff feeling overwhelmed.

The following site visits have been undertaken:

- Withybush General Hospital (WGH) – 4th October 2021.
- Bronglais General Hospital (BGH) – 3rd November 2021.

Themes identified in both visits were comparable-

Negative

- ✓ Not enough time and space to complete meetings;
- ✓ Disengagement due to them being used to focus on poor performance;
- ✓ What's the point, what do we do with them;
- ✓ Why should we wait a year to address performance;
- ✓ Wrong dates being entered into ESR.

Positive

- ✓ Value each member of staff as this is their time;
- ✓ New documentation;
- ✓ Identifying colleagues who hadn't attended training and signposting;
- ✓ Rectifying ESR dates to ensure the compliance rate was correct;
- ✓ Assessing the quality of completed PADRs.

It was pleasing to provide support to individual teams, hear concerns and be able to openly discuss solutions and promote best practice. On review, there was no real impact shown in higher compliance after the visits. It must be acknowledged that many factors will impede regular conversations or PADR's taking place. It was after these visits that HDdUHB faced the fourth wave of COVID-19, with an already exhausted workforce, so it is not surprising that an increase in compliance rates was not evident following the visits.

Further visits are being planned for Prince Phillip Hospital (PPH) and Glangwili General Hospital (GGH) in 2022, now that COVID-19 restrictions have been lifted. This will be followed by a rolling programme of site visits to gain reflection, reinforce messages, and offer continued support. There is also a bespoke session planned for the Accident & Emergency (A&E) Department, GGH, following a Reflect and Act intervention, which highlighted the need for leaders to gain the development.

Ongoing Intentions

Pay Progression Policy

An All Wales Pay Progression Policy will be introduced in October 2022. Work has been completed to identify those colleagues who will be affected by this Policy at launch. A task and finish group is being set up to assess how best to implement the Policy and assess a best way forward. The Managing Performance workshop has already included this element to the development to raise awareness and understand what is required from leaders.

ESR PADR form

A meeting has been arranged for 4th April 2022 with the Welsh ESR Team in regard to the progression of developing the PADR form in the system. The new development will assist in resolving data entry issues, as highlighted from quarterly site visits. HDdUHB has volunteered to pilot the new development, and will require collaboration with the ESR teams nationally, locally and relevant information technology to develop and implement the virtual form.

Shifting focus

It has been acknowledged through the development sessions, that PADR's are an employer led process. There is a great deal of uncertainty across HDdUHB in the wide-ranging benefits that a performance led culture offers individuals, teams and HDdUHB as a whole. On review of best practice, many organisations are shifting a focus, demonstrating the benefits, and making regular performance conversations something that is employee led. This is an aspect that the Culture/WorkForce Experience Team will add to the ongoing work of this agenda. The Team will begin capturing staff experiences and develop a communication strategy relating to changing the lens in which HDdUHB views regular conversations.

Reinforcing messages of employee led performance conversations

A report by the Chartered Institute of Personnel & Development (CIPD, 2017) and an article from Harvard Business Review (2016) outlined the requirement for frequent conversations that supported employees learning and development. There is a need to move away from traditional yearly appraisals that require hours of time from leaders and does not have the desired sustained positive impact on staff morale, motivation and development.

This evolution in how we manage performance has begun within HDdUHB, at what is an extremely difficult and challenging time. The time for adding value to workforce processes is now, however it will take time and a continued dedicated effort for the change to become a norm.

“Consciously doing things and creating new habits of behaviour can take time and energy, it can be easy to revert to one’s old ways of working” (CIPD, 2017)

The necessity for reset and recovery is now of greater significance for the workforce. Time spent regularly checking in and gaining feedback and appreciation cannot only be provided yearly, it must be a regular evocative means of support. HDdUHB is being bolder and courageous in the ways in which we manage and evaluate performance, which aligns to this best practice. The Culture/Workforce Experience Team will continue to embed a more robust, meaningful process that looks to reflect, gain feedback, support, and ultimately raise performance in individuals and across the wider organisation.

The Culture/Workforce Experience Team will continue to drive the message of colleagues taking responsibility for gaining regular feedback. The move will be supported by a communication strategy with resources housed on new SharePoint pages and a short video outlining why it is so important for individuals to have quality time to undertake discussions in terms of how they are performing.

This change will also be supported on the ground with Organisation Development Relationship Managers having ongoing discussions with teams from April 2022, outlining the need and why we should be undertaking these conversations frequently.

The change will also be outlined in the organisation’s induction, with a brief presentation added to the “Welcome to HDdUHB” section. This will highlight why performance conversations are important and why feedback is required for personal growth and development.

Argymhelliad / Recommendation

The People, Organisational Development & Culture Committee is requested to:

- a) Note the current attainment status of PADR rates across the organisation.
- b) Support the ongoing intentions to support further progression of regular performance and feedback conversations taking place between staff and their managers.

Amcanion: (rhaid cwblhau)	
Objectives: (must be completed)	
Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	2.3 To provide assurance to the Board on the organisation’s ability to create and manage strong, high performance, organisational culture arrangements
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	To be confirmed
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	6.3 Listening and Learning from Feedback 7.1 Workforce
Amcanion Strategol y BIP: UHB Strategic Objectives:	2. Living and working well.

Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report	2. Develop a skilled and flexible workforce to meet the changing needs of the modern NHS
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Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Ongoing staff experience and thematic analysis performance-conversations-summary-report_tcm18-29744.pdf (cipd.co.uk) Fixing Performance Appraisal Is About More than Ditching Annual Reviews (hbr.org) Understanding the staff experience in Hywel Dda University Health Board during the 2020-2021 COVID Pandemic
Rhestr Termau: Glossary of Terms:	Included within the body of the report.
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Diwylliant, Pobl a Datblygu Sefydliadol: Parties / Committees consulted prior to People, Organisational Development & Culture Committee:	Not applicable.

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	Not applicable.
Ansawdd / Gofal Claf: Quality / Patient Care:	Not applicable.
Gweithlu: Workforce:	Potential positive impact on staff morale and future engagement opportunities.
Risg: Risk:	Not applicable.
Cyfreithiol: Legal:	Not applicable.
Enw Da: Reputational:	Not applicable.
Gyfrinachedd: Privacy:	Not applicable.
Cydraddoldeb: Equality:	Not applicable.