

ABM University Health Board	
17 th January 2018 Workforce and Organisational Development Committee Agenda item: 11	
Subject	Medical Engagement Scale
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Approved by	Hamish Laing, Executive Medical Director
Presented by	Hamish Laing, Executive Medical Director

1.0 Situation

To update the Workforce and Organisational Development Committee in relation to progress made in respect of improving medical engagement.

2.0 Background

The Workforce and Organisational Development Committee will recall that at the last meeting it was noted that an engaged clinical workforce delivers better outcomes for its patients and more discretionary effort. The Medical Engagement Scale is a validated academic tool which measures several domains for engagement. The Medical Directors in Wales supported its application after an initial pilot in Cardiff and Vale University Health Board in 2014. The survey was undertaken in 2016 and the Health Board and all Wales reports were completed in July 2016. The survey covered Consultants and Specialist Associate Specialist Doctors, but did not include Junior Doctors in Training. The response rate was encouraging with almost 50% of doctors in Abertawe Bro Morgannwg University Health Board completing the survey.

The Workforce and Organisational Committee will recall that the purpose of the survey was to provide a baseline upon which to build and improve future engagement. The intention is to repeat the survey no sooner than two to three years after the original survey to monitor the improvements that will have been achieved.

3.0 Assessment

Since the last meeting the medical engagement work stream has been established as part of the Recovery and Sustainability Programme. A medical engagement project plan has been developed which is attached as Appendix A. A new strand of the project is to establish a junior doctor engagement group to look at how we increase the involvement, commitment and engagement of millennial junior doctors. We aim to examine a range of issues that are of importance to them including a number of irritants about elements of their employment. It will also be an opportunity to seek their views and ideas about service change and how to work differently. This group will meet in January 2018.

One major decision since the last meeting of the Committee are the plans to host a Medical Engagement Conference in March 2018. The detail of this is being worked

on at present, but it will be a joint conference with the British Medical Association and the Local Negotiating Committee. On the 6th December there was a joint NHS Conference with the Employers Confederation and British Medical Association in Cardiff. The Health Board felt the main learning points that may influence our own conference were as follows:-

- Cardiff and Vale Health Board delivered a presentation which demonstrated that the Health Board could learn lessons from their experience of being the pilot site.
- Hywel Dda Health Board presented the benefits of a mentorship framework as a major engagement tool.
- The BMA favoured allocating time as part of the job plan to create engagement champions or leads.

The Delivery Units have been asked for an update where they are with promoting medical engagement. All Units have built this into their responses around the staff survey. Attached as Appendix B is an update from the Morriston Delivery Unit and as Appendix C is the response from the Mental Health and Learning Disabilities Delivery Unit. Both the Princess of Wales and Neath Port Talbot Delivery Units have confirmed that they hold monthly meet with consultants to discuss a range of issues.

4.0 Recommendations

That the Workforce and Organisational Committee notes:-

- The rationale for increasing medical engagement across the Health Board.
- The detail of the Medical Engagement action plan.
- The progress made since the last meeting.
- The update from the Delivery Units.

Appendix A

Medical Engagement Scale

Number	Task	Timescale	Lead	Status/Comment
1.	Share results of MES with consultant groups across	July 17	HL	Complete
2.	Share results of MES with JNLC and invite their	July 17	HL	Complete
3.	Communicate with all consultants about MES and intention to work to improve engagement and immediate actions	July 17	HL/UMDs	Complete
4.	Increase frequency of e-bulletins to all doctors from Medical Directors Department	July 17	HL	Complete
5.	Create e-bulletin to all staff from CEO (including doctors)	July 17	AH	Complete
6.	Complete appointments to clinical leadership posts	July 17	HL/UMDs	Complete
7.	Create clinical cabinet at Morriston Hospital with monthly meetings with clinical leads	July 17	UMD Morriston	Complete

8.	Hold listening events with doctors and middle managers across units to facilitate a better understanding of each other's roles and to promote joint service improvement initiatives	September 17 onwards for the remainder of the financial year and beyond	DUs/HR	This may be constrained by lack of resource but should be progressed as much by DUs as possible
9..	Exec MD to write to all new consultants on appointment and to meet with all new consultants on commencement.	July 17	HL	Complete
10.	Reinvigorate drop in sessions for junior doctors in the mess(es) after August intake.	September 17	UMDs	
11.	Consider informal "curry nights" for non-trainees	October 17 onwards	DUs	
12.	Run clinical leadership development programme in Morriston Hospital with King's Fund	September 17 onwards	Morriston DU	Complete
13.	Evaluate the clinical leadership programme in Morriston Hospital to decide if it should be rolled forward across the HB	October to December 17	HL/KL/UMDs	
14.	Values based induction for all new doctors starting in ABMU, emphasising engagement / teamwork.	July 17	HR	
15.	Agree delegated accountability and authority for decisions between Executive Medical Director and Unit MDs	October 17	HL/UMDs	Ongoing
16.	Establish Junior Doctor engagement group	December 17	HL/KL	To meet in January
17.	Learn lessons from other Health Boards and explore the value of a mentorship framework and the creation of engagement leads	March onwards 18	HL/KL/CEO/LNC	
18.	Plan Medical Engagement Conference	October 17	HL/AH/KL/SV	Ongoing

19.	Host Medical Engagement Conference	March 18	HL/KL/AH/LNC	
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Appendix B

Update from Morriston Delivery Unit

Leadership

We continue to work towards a 'clinically led' model of leadership for the Hospital. The medical leadership structure is in place and the group have very recently completed the first phase of leadership development on a bespoke programme supported by the Kings Fund. This programme is available for review if required.

The Clinical Cabinet is well established and sets the clinical and strategic agenda for the hospital in the context of both operational and financial challenges. Issues impacting on medical workforce or quality and safety priorities are discussed and actions agreed. The Cabinet is chaired by the Unit Medical Director supported by the Service Director and includes the Clinical Directors for all specialties.

The Clinical Leads Forum covers a broader agenda and supports an information exchange between senior medical leadership and clinical leads at a service level.

The Medical Committee has been re-instated to provide a mechanism for any Consultant or Specialty Doctor to bring issues to the attention of the Unit Medical Director, to debate current service or other work-related issues and for the Unit Medical Director to inform clinical colleagues about service delivery, strategy or planning developments.

Junior Doctors

The Associate Medical Director, Andy Macnab meets with the junior doctors every month to support engagement and well-being. It is an open forum with for questions and answers, training and to raise issues regarding their placements at Morriston. With the recent appointment of representatives from the junior doctors' forum to the Local Negotiating Committee, regular meetings with junior doctors' representatives will be planned with the Morriston Delivery Unit during 2018.

Quality and Safety

Clinical Directors have formal positions on the Quality and Safety Committee at Morriston Hospital. A programme of training in Human Factors, highlighting how mechanisms to prevent harm caused by normal human error was commenced in September 2017 with a formal training programme across multiple disciplines planned for 2018.

Service Engagement

To date, the Unit Medical Director and Unit Director have met with colleagues in Medicine, General Surgery, ITU and Pancreatic Surgery with further reviews planned with the broad range of speciality teams based at Morriston Hospital.

The British Medical Association representative for medical staff at Morriston Hospital has a formal position on the staff-side partnership forum within the Morriston Delivery Unit.

Service Development

A “Dragon’s Den” event for medical staff (of all grades) to present innovative ideas to the senior managerial group at Morriston Hospital is planned for March 2018.

Appendix C

Update from Mental Health and Learning Disabilities Delivery Unit

The main progress has been made in relation to engaging with our medical colleagues is the implementation of the Medical Management structure, where we now have clear Medical Leadership at Delivery Unit and Triumvirate level which is reflected closely with the four Clinical Directors at the Locality Triumvirate level. This means that the mechanisms for engaging and involving the medical profession in key performance and strategic decisions, and at a locality level in more operational decision making, is now firmly in place.

In addition, we recently undertook a Senior Management Team Development Programme over two days and the Medical Director and four Locality Clinical Directors were invited to take part. Following this, we have identified as part of our staff survey action plan that we need to develop a development programme for our four Clinical Directors which we will progress in early 2018.

We have a monthly Medical Workforce group in place, chaired by the Unit Medical Director, which has made good progress in mapping out our medical workforce and is starting to address issues in line with our new structures, for example, sickness management, agency locum caps, job planning etc. We are currently reviewing the timing and attendance at these meetings going forward.

A Consultant Development Programme has been arranged for 31st January 2018 and each member of the Senior Management Team will attend this give a brief outline of the team's role and responsibilities. The aim of the workshop is to provide protected time for all Consultant staff across the Delivery Unit to meet together and to provide the opportunity to be updated on developments within the Delivery Unit, and to discuss future events e.g. Quality Improvement and Development Days.

We also plan to provide Human Resource updates and briefings for the Clinical Directors on the main Human Resources policies and procedures applicable to them and their staff.

All staff, including medical staff, are invited to the monthly Delivery Unit team brief. Each Locality has also recently hosted open forums for staff and again these are open to medical staff to attend.

There is a Delivery Unit wide governance structure in place which has various medical representation, for example, Learning and Development Committee which is attended by the Unit Medical Director.