

ABM University Health Board	
Workforce and Organisational Development Committee Agenda item: 8	
Subject	Medical Engagement Scale
Prepared by	Dr Pushpinder S Mangat, Deputy Executive Medical Director
Approved by	Professor Hamish Laing, Executive Medical Director
Presented by	Dr Pushpinder S Mangat, Deputy Executive Medical Director

1.0 Situation

An update was provided to the last Workforce and Organisational Development Committee in relation to progress made in respect of improving medical engagement. The committee requested a further update from the Deputy Medical Director at the next meeting and prior to writing this paper, he has met with the Chair of the W & OD committee to discuss this issue.

2.0 Background

- Initial pilot of MES in Cardiff and Vale University Health Board in 2014
- The Medical Directors peer group decided to repeat this across Wales
- The survey was undertaken in 2016 with intention to provide baseline for subsequent surveys.
- In ABMU there was 50% completion (dominated by Anaesthetists).
- There was overall reasonable engagement with our Medical Staff across the Health Board and we were not a particular outlier in Wales. There were however some areas which demanded our further scrutiny e.g. Anaesthetics.

3.0 Assessment

Medical Engagement is something that isn't simply a Medical Director Department "function". It requires all Executives to realise that engagement with Medical and indeed all Clinical staff is essential for delivering our services. The Health Board values are entirely consistent with effective engagement.

It is also important to recognise that some departments attract employees who actually choose to have a degree of non-engagement (which is often temporary). This applies generally to specialists who work mostly on a sessional basis (e.g. Anaesthetists, Radiologists and Pathologists). These specialties often attract individuals who wish to make different lifestyle choices in some parts of their career (e.g. parenthood). This does not mean that they are somehow poor doctors and that they do not provide good care. It is good workforce practice to understand and work with these doctors who may have different levels of engagement during their careers.

While we have developed a "plan" to address the issues raised by this score, it is not something that can easily be managed in this way. We intend to improve the way in

which we manage our doctors so that they genuinely feel that engagement has a positive outcome on their work. It is important to recognise that Medical Engagement is a “*journey rather than an event*”. It will represent in a cultural change rather than satisfy a “plan”. Also cultural change can take a long time.

We believe that there are several actions that have been instigated which will have a positive effect on Medical Engagement

1. Engaging via Annual Appraisal

Driven by the need to revalidate, we now have good engagement of our doctors with annual appraisal. We are also developing our appraisal team (Appraisal Leads in Secondary Care) in line with Internal Audit and PEER review recommendations to quality assure the content of these appraisals. Over the last 6 years the appraisal rate has increased from about 30% to over 90%. The remainder are managed through a robust exceptions management process.

2. Engaging through Job Planning

The responsibility for Consultant and SAS job planning sits with the Chief Operating Officer and is implemented via Service and Middle managers. They have a crucial role to play in Medical engagement.

To assist the COO, we (MDD, HR and Finance) have introduced new job planning guidance and also introduced an electronic means for recording and managing annual job plans (completion by summer 2018). The Job Planning training sessions have been carried out by Mrs S Vickery from Medical HR to clinical and non-clinical managers. During these sessions the importance of supportive line management has been stressed. It has been emphasised to non-clinical managers that they understand their role in Medical Engagement.

The e-job planning database supported by the Finance department will help ensure recording and management of annual job planning. This has been a weakness in the past and was often quoted as a feature of disengagement by clinicians.

3. Study Leave

We and the Department of Finance are now managing Study Leave much more closely. It is expected to be part of the doctors PDP (either existing or aspirational) in their appraisal which is formally discussed and agreed at their job plan. We will also expect that any learning from the study leave is formally disseminated to their departmental colleagues through departmental Audit meetings. We believe this will encourage engagement with peers, quality improvement and will ultimately benefit our service.

4. Quality Improvement/Medical Engagement Leads

These roles have been appointed to in Cardiff and Vale UHB. For Quality Improvement to occur, effective Medical Engagement is essential. We are finalising job descriptions for these post in ABMU as we speak.

5. SAS Doctors

SAS doctors often describe themselves as the forgotten service across Wales. There are more than 200 in our Health Board. In ABMU we have a formal process with SAS doctors. Despite this many still feel unable to raise concerns about their working practice. We are working with them closely to create an additional informal system by which any specific concerns that they have, are addressed properly and effectively via the Deputy Medical Director.

We have already held a successful SAS doctor engagement day and a series of follow up unit based half days have been arranged for the rest of 2018. This is a unique initiative in Wales.

6. ABMU Medical Conference

The Department of HR is organising the first annual ABMU Medical Conference where Medical Engagement will be a clear theme for our Medical Staff. This will be a joint conference with the British Medical Association via the Local Negotiating Committee who are keen to work with us in improving Medical Engagement.

This conference was intended for March but has been rescheduled for May. We feel that it is important that our new CEO (who has taken a personal interest in this issue) and other Executives are present.

7. Junior Doctor Engagement

We (the Medical Directors Department) have met with Junior Doctor Representatives (including LNC representatives) to provide a Health Board forum for them to raise their concerns. This is in addition to existing fora where they meet regularly with their Unit Medical Directors.

4.0 Recommendations

That the Workforce and Organisational Committee notes

- That Medical Engagement is part of all Executive Departments activities and responsibilities
- That Medical Engagement is high on the agenda of the Executive Medical Director and his department
- That Medical Engagement requires a significant culture change and is not easily amenable to a “plan”.
- That culture change can take some time and may require more than one further cycle to see improvement.