Engage to Perform Ltd

Medical Engagement Scale

'Cardiff & Vale UHB'

www.medicalengagement.co.uk

June 2021

The Medical Engagement Scale (MES) Monitoring Engagement of Medical Staff in *'Cardiff and Vale UHB'* *(June 2021)*

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The Medical Engagement Scale (MES) - Overview Summary for '*Cardiff and Vale UHB'*

Overview Summary

In all, 199 ***Medical Staff*** affiliated to the ***'Cardiff and Vale UHB'*** completed the current MES questionnaire. A comparison of the current survey results with the other hospitals in the external normative database (based on over 150 MES survey administrations and comprising more than 21,500 medical staff - i.e. Consultant, Associate Specialist/Staff Grade and Trainees) indicated the following:-

- For the average of all responding medical staff, six of the ten MES scales were rated within the ***medium*** relative engagement band compared to the external norms). Three MES scales were rated within the ***low*** relative engagement band) and the one remaining MES scale (i.e. **Sub-Scale 4: Participation in Decision-Making & Change** was rated within the ***high*** relative engagement band.

- ***Consultants*** (n = 179) currently rated six of the ten MES scales within the ***medium*** compared to the external norms, and currently three MES scales were rated by this staff group within the ***low*** relative engagement range. One MES scale (i.e. **Sub-Scale 4: Participation in Decision-Making & Change)** was currently rated by this staff group within the ***high*** relative engagement range compared to the external norms. However, with the exception of **Sub-Scale 1: Climate for Positive Learning** all other nine MES scales were associated with a percentage improvement in MES scale scores since the baseline assessment in 2016.

- ***Specialty Grade Doctor/Staff Grade*** (n = 15) currently had a rather *'mixed'* medical engagement profile with this staff group rating various MES scales within differential normative engagement bands. However, for this staff group there were percentage declines in MES scale score compared to the baseline with the ratings for **Sub-Scale 5: Development Orientation** indicating a reduction of nearly 15%.

- ***Honorary Contract/University*** staff (n = 11) currently have a generally *strongly engaged* MES profile with eight of the ten MES scales being rated on average either within the ***high*** or the ***highest*** relative engagement bands. In contrast, ***UHB*** staff (n = 187) currently have a *moderately engaged* MES profile with seven of the ten MES scales being rated on average either within the ***medium*** relative engagement range.

- Medical staff affiliated to the ***Directorate*** of ***Medicine*** (n = 35) currently have an average strongly *engaged* MES profiles with the exceptions of **Sub-Scale 3: Appraisal & Rewards Effectively Aligned** and **Sub-Scale 5: Development Orientation**. Medical staff affiliated to ***Surgical Services*** (n = 42) are associated with the largest percentage improvements in MES scale scores. In particular **Meta-Scale 2: Having Purpose & Direction** has improved by 22.1 % and its constituent **Sub-Scale 4: Participation in Decision-Making & Change** has improved by 28.2%. Despite these improvements in MES scale scores since baseline, this ***Directorate*** is still only *moderately engaged* on average.

- Despite improvements in MES scale scores, staff affiliated to ***Clinical Diagnostics & Therapeutics*** (n = 13) remained at the levels they were at the baseline assessment and currently rated nine of the ten MES scales either within the ***low*** or the ***lowest*** relative engagement bands compared to the external norms. Similarly, staff affiliated to ***Women & Children*** (n = 44) also have a *strongly disengaged* MES profile but in this case this is largely accounted for by consistent percentage declines in MES scale scores since the 2016 baseline assessment.

- It has been possible to compare 19 ***Specialties*** with respect to their percentage changes from baseline MES engagement scores. 12 of these 19 indicated some average improvement and 7 revealed decrements. The underlying reasons for these changes and current variations in levels of medical engagement for the different ***Specialties*** in ***'Cardiff and Vale UHB'*** profiles are not evident from inspecting the MES results in isolation from an understanding of 'on-the-ground' medical working practices and operational conditions.

- In 2016 those ***Consultants with*** a position of managerial responsibility were more engaged with respect to all ten of the MES scales compared to their ***Consultant*** colleagues ***without*** a position of managerial responsibility. This situation has now changed to some extent insofar as since the baseline assessment in 2016 ***Consultants without*** a position of managerial responsibility have shown percentage improvements with respect to all ten of their MES scale scores whereas ***Consultants with*** a position of managerial have shown percentage decrements with respect to all ten of their MES scale scores. However, **Meta-Scale 3: Being Valued & Empowered** is still currently rated within the ***high*** range for ***Consultants with*** a position of managerial responsibility and within the ***low*** range for ***Consultants without*** a position of managerial responsibility. Whether enhanced engagement is a cause or a consequence of assuming these expanded roles, it does suggest that these areas remain critical in sustaining high levels of medical engagement in ***'Cardiff and Vale UHB'***.

- The medical staff rating of additional local items provided a 'mixed' picture of working in ***'Cardiff and Vale UHB'***. For example, at the baseline assessment in 2016, 54% of respondents endorsed (i.e. either ***'agreed'*** or ***'strongly agreed'***) the statement ***'I have regular involvement with the leadership team in my specialty'*** and in the current assessment (2021), a similar proportion of medical staff (i.e. 59%) did so. Similarly, at the baseline assessment in 2016, 34% of respondents endorsed (i.e. either ***'agreed'*** or ***'strongly agreed'***) the statement ***'I have the information needed to understand the financial consequences of the decisions 1 make'*** whereas in the current assessment (2021), only 24% did so.

- The impact of the Covid-19 crisis was generally perceived as having a range of effects on medical working practices. For example, although 74% of respondents considered that the Covid-19 crisis had increased the level and / or complexity of their workload (i.e. either ***'moderately'***, ***'a lot'*** or ***'a great deal'***), only 62% of respondents considered that the Covid-19 crisis had led to greater cooperation between all clinical staff. (I.e. either ***'moderately'***, ***'a lot'*** or ***'a great deal'***). Similarly, 76% of respondents considered that the Covid-19 crisis had constrained their professional development and career prospects to some extent (i.e. either ***'a little'***, ***'moderately'***, ***'a lot'*** or ***'a great deal'***), and 76 of respondent also felt that the crisis had fundamentally expanded medical influence on organisational decision-making. (I.e. either ***'a little'***, ***'moderately'***, ***'a lot'*** or ***'a great deal'***).

1) INTRODUCTION

a) The Nature of Medical Engagement

Increasingly, the idea of promoting greater medical involvement in the design and planning of healthcare is seen as crucial in ensuring that improved patient services are properly designed and effectively implemented. If members of medical staff are fully engaged in shaping the quality of patient services, then badly needed improvements are more likely to be successfully delivered. To facilitate these changes doctors should be actively encouraged in becoming more effectively committed and involved in those leadership activities that go beyond their traditional medical roles. Unfortunately, achieving these elevated levels of medical engagement is not always easy. Many longstanding attempts to do so (including performance monitoring, team working initiatives, structured training and enhanced career development opportunities for medical staff) have not always led to the enhanced levels of medical commitment and motivation necessary for doctors to drive organizational change and to effectively transform patient services.

One problem has been the lack of a firm consensus about the meaning of work engagement and, in particular, the concept of 'medical engagement' has not been clearly defined in ways that support practical strategies to capitalise on the motivating impact of systems-wide medical involvement. Typically, most conceptions of medical engagement see it as some kind of 'amalgam' between job commitment and job satisfaction although quite how these factors interact in practice has remained uncertain. However, over the last eight years, extensive data collection using the Medical Engagement Scale (MES) in many NHS Trusts has confirmed that job satisfaction and job commitment are necessary components of medical engagement but on their own, they are not sufficient. A third factor (*Working in a Collaborative Culture*) has emerged as an additional essential component in understanding how high levels of medical engagement may be achieved and sustained in practice.

Although, many definitions of engagement focus solely on individual and personal aspects the MES approach also recognises the impact of organisational conditions and culture. By focusing on the interplay between, commitment, satisfaction and collaboration, the conceptual status of medical engagement is becoming central to understanding organisational performance. The MES model describes Medical Engagement as:-

> ***'The active and positive contribution of doctors within their normal working roles to maintaining and enhancing the performance of the organisation which itself recognises this commitment in supporting and encouraging high quality care.'***

Since teamwork and cooperation have always been considered critical to effective patient care it is perhaps no surprise that collaborative working has been found to be the third 'pillar' in supporting effective medical engagement. Specifically, it is now clear that improvement in healthcare relies upon the positive involvement and engagement of doctors who are willing to work in close cooperation with other healthcare staff (both clinical and non-clinical) in designing planning and delivering service change. This recognition of the centrality of collaborative working is helping shape a sharper, practical definition of the causes and consequences of medical engagement and has focussed attention on identifying organisational strategies that harness the potential to realise its benefits.

Improvement in healthcare needs the positive involvement and engagement of doctors who are willing and able to adopt roles that make them highly influential in planning and delivering service change. Although competence may be thought of as what doctors "can do", medical engagement requires a "will do" attitude. The reliable and valid measurement and monitoring of medical engagement is critical since this provides a firm basis to inform and shape effective improvement initiatives.

b) The Medical Engagement Scale (MES)

The Medical Engagement Scale (MES) was originally developed by Applied Research Ltd in 2008 and used in the 'Enhancing Engagement in Medical Leadership' project conducted by the NHS Institute for Innovation and the Academy of Medical Royal Colleges for which Professor Peter Spurgeon was the National Project Director. The MES is a survey instrument that assesses the level of engagement of the medical workforce with the goals of the organisation in which they work and comprises 30 items that combine to form 10 scales, including an overall engagement index.

c) Hierarchical Structure of the MES Instrument

The Medical Engagement Scale (MES) is a simple and short 30 item survey instrument consisting of ten reliable and valid scales. The instrument has a hierarchical structure and provides an overall index of medical engagement together with an engagement score on three reliable meta-scales with each of these three meta-scales itself comprising two reliable sub-scales:

Meta-Scale 1: Working in a collaborative culture

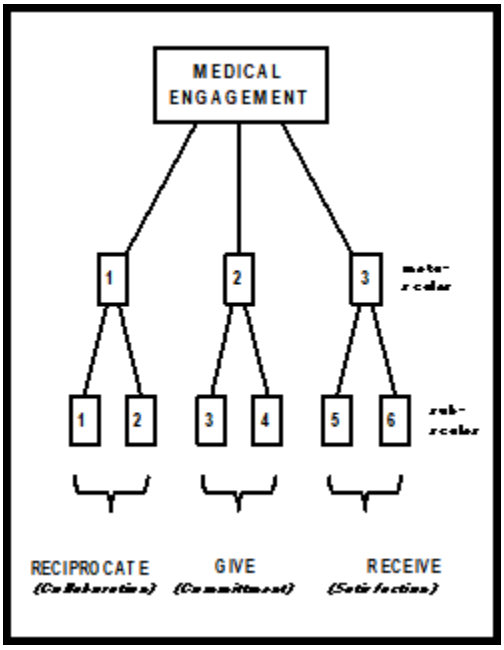
- Sub-Scale 1: Climate for positive learning
- Sub-Scale 2: Good interpersonal relationships

Meta-Scale 2: Having purpose and direction

- Sub-Scale 3: Appraisal and rewards effectively aligned
- Sub-Scale 4: Participation in decision-making and change

Meta-Scale 3: Feeling valued and empowered

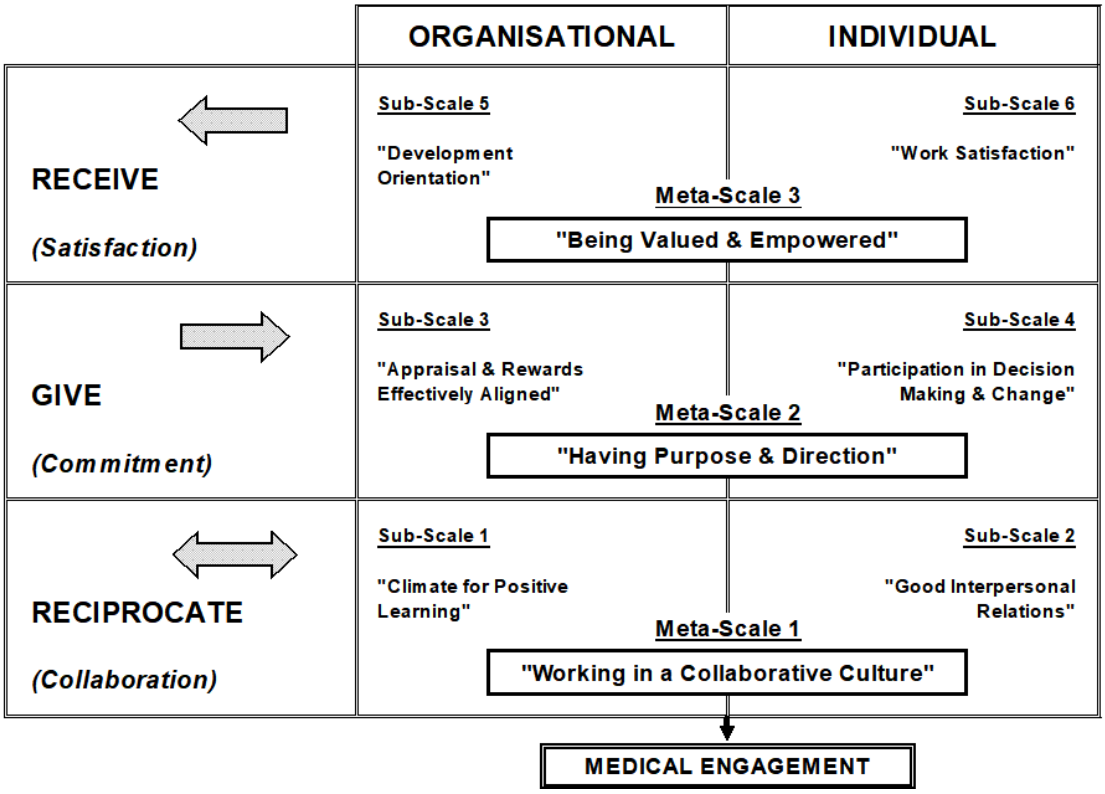
- Sub-Scale 5: Development orientation
- Sub-Scale 6: Work satisfaction



Furthermore, the structure of the MES comprises two ***types*** of engagement sub- scale:-

- **Three ORGANISATIONAL Sub-Scales (1, 3 and 5)** which reflect the cultural conditions which facilitate or inhibit medical staff to be more actively involved in leadership and management

- **Three INDIVIDUAL Sub-Scales (2, 4 and 6)** which reflect medical empowerment and confidence to tackle new management and leadership challenges



Brief definitions of each of the MES scales are shown in the table below.

MES Scale		Scale Definition *[The scale is concerned with the extent to which.....]*
Index:	Medical Engagement	...doctors adopt a broad organisational perspective with respect to their clinical responsibilities and accountability
Meta Scale 1:	Working in a Collaborative Culture	...doctors have opportunities to authentically discuss issues and problems at work with all staff groups in an open and honest way
Meta Scale 2:	Having Purpose and Direction	...medical staff share a sense of common purpose and agreed direction with others at work particularly with respect to planning, designing and delivering services
Meta Scale 3:	Feeling Valued and Empowered	...doctors feel that their contribution is properly appreciated and valued by the organisation and not taken for granted
Sub Scale 1: [O]	Climate for Positive Learning	...the working climate for doctors is supportive and in which problems are solved by sharing ideas and joint learning
Sub Scale 2: [I]	Good Interpersonal Relationships	...all staff are friendly towards doctors and are sympathetic to their workload and work priorities.
Sub Scale 3: [O]	Appraisal and Rewards Effectively Aligned	...doctors consider that their work is aligned to the wider organisational goals and mission
Sub Scale 4: [I]	Participation in Decision-Making and Change	...doctors consider that they are able to make a positive impact through decision-making about future developments
Sub Scale 5: [O]	Development Orientation	...doctors feel that they are encouraged to develop their skills and progress their career
Sub Scale 6: [I]	Work Satisfaction	...doctors feel satisfied with their working conditions and feel a real sense of attachment and commitment to the organisation

2) SURVEYING MEDICAL ENGAGEMENT IN WALES

To date, MES survey ratings from over 21,500 medical staff including Consultants, Associate Specialist/Staff Grades and Medical Trainees have been collated to establish a large, valid normative database describing medical engagement. This large body of information is regularly updated and provides a growing set of valid reference scale scores against which to benchmark the medical engagement profiles of all grades of doctor who work in healthcare organisations.

This year (2021) is the second occasion on which linked medical engagement surveys have been systematically undertaken in Wales. Despite the pressures of coping with the Covid-19 pandemic, eight NHS organisations in Wales (i.e. six local health boards, one Trust and one unified Public Health organisation) have concurrently recently undertaken MES surveys:-

- *Aneurin Bevan UHB*
- *Cardiff and Vale UHB*
- *Cardiff & Vale UHB*
- *Cwm Taf Morgannwg UHB*
- *Hywel Dda UHB*
- *Public Health Wales*
- *Swansea Bay UHB*
- *Velindre University NHS Trust*

The aim of the original 'Pan-Wales' survey of medical engagement in 2016 was to provide a reliable and valid baseline assessment of levels of engagement of medical staff across Welsh health organisations. By systematically assessing medical staff perceptions about their work activities, the original set of MES surveys described the perceived opportunities and constraints members of medical staff experience in effectively enacting and expanding their medical roles particularly with respect to the planning, design and delivery of improved patient services.

In common with the initial Pan-Wales MES survey, each of the current participating healthcare organisations in Wales have used the same common MES survey structure and this ensures that the results are not only comparable between health organisations but also enables the previous and current MES survey results to be systematically contrasted and compared.

Although the comparative advantages of using a common core of engagement items are clear, it was also important that each of these eight survey questionnaires was tailored to incorporate local issues selected as relevant across the participating organisations themselves. By combining common survey questions and local Welsh items within each of the survey instruments, the MES reports allow medical engagement issues to be simultaneously described from both the national Welsh and the local organisation perspectives.

Each of the specific reports for the eight participating health organisation is intended to be focused feedback documents that have been designed to give an insight not only into the current levels and types of medical engagement but also to map how medical engagement has changed over time. Of course any comparison of medical engagement profiles then (2016) and now (2021) should be interpreted cautiously not only because of the changing composition of the clinical and managerial workforce between the two MES survey administrations but also because there have been a complex mix of organisational initiatives and interventions which have undoubtedly impacted on engagement levels in the Welsh hospitals in a complex and interactive way in the intervening time between the baseline and current MES assessments.

In each of the eight reports for participating Welsh NHS organisations, the results of the current set of MES surveys are presented in three main ways:-

a) Current Levels of Medical Engagement Normative Bands

The average medical engagement scores for all Trusts in the MES normative database are currently based on over 150 MES survey administrations and comprise more than 21,500 medical staff including Consultants, Associate Specialist/Staff Grades and Trainees. These ratings were ranked and split into five main engagement bands for each of the ten MES scales. These bands are can range from the ***highest*** relative engagement (coloured *green*) to the ***lowest*** relative engagement (coloured *red*). Based on those various groups of medical staff who currently completed the MES survey the results indicate where any selected group of medical staff fell with respect to the normative database.

b) Changes in Levels of Medical Engagement Bands over Time

In addition to benchmarking the current MES results (2021) against the external normative database as described above, the current MES relative engagement bands (2021) are compared to the previous MES relative engagement bands (2016). To ensure proper comparability between the results of both the previous and the current MES surveys, the original 2016 relative engagement bands have been adjusted using the latest updated set of MES norms.

In the tables shown in this report, the MES results are disaggregated in a variety of ways for all members of medical staff who responded to the MES survey. The tables indicate the relative engagement bands for each of the ten MES scales for both the previous and the current MES surveys. If a cell in a table contains just one colour then this signifies that this relative engagement band is identical with respect for both the baseline (2016) relative engagement bands and the current (2021) relative engagement bands. However if a cell in a table contains two colours then this signifies that the relative engagement bands have changed over time. In these circumstances, the relative engagement band for the current MES survey forms the background colour of the cell and the relative engagement band for the baseline MES survey is shown as a right-handed triangle placed on top of the background (this is detailed within the Key found above each table in the report).

c) Percentage Changes in MES Scale Scores from the Baseline Results

In order to provide a finer-grain perspective on the extent to which levels of medical engagement have changed from the earlier baseline MES survey to the current MES survey, each of the tables included in this report shows (where possible) a percentage change from baseline score based on differences in the actual scale scores for each of the ten MES scales. These percentage changes may either be positive (indicating extent of ***improvement*** in medical engagement from the baseline assessment) or negative (indicating extent of ***decline*** in medical engagement from the assessment).

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These percentage changes are only included where it is possible to do so. There are two reasons why some percentage changes in levels of engagement are not reported. Firstly, the staff categories may have changed resulting in comparisons not being feasible and secondly, if there are too few respondents in a staff category in either 2016 or 2021. In these instances, percentage changes from baseline MES scale scores are omitted because the results may well be unrepresentative and furthermore, inclusion of percentage change data may also compromise respondent confidentiality.

The current 2021 assessment of medical staff engagement within the eight Welsh health organisations listed above is being undertaken concurrently, although inevitably, there have been variations between organisations with respect to the time spent in the local organisation and administration of each of their MES surveys and, more importantly, securing sufficient medical returns within the data collection phase. Consequently, as survey data has accumulated for each organisation it has been analysed in turn and an engagement report for each organisation is now available.

In addition to producing the eight separate medical engagement reports for each participating organisation, the final ninth report presents a more integrated and focussed assessment of the current levels of medical engagement in Wales, based on by examining medical engagement profiles across health organisations, across medical staff groups and across common specialties.

The purpose of this report is to provide feedback about the relative levels of medical staff engagement at ***'Cardiff and Vale UHB'*** based on statistical comparisons with the latest norms and to discuss the implications of these results with respect to helping identify the priority for potential managerial interventions for enhancing medical engagement if and where the results have identified scope for improvement.

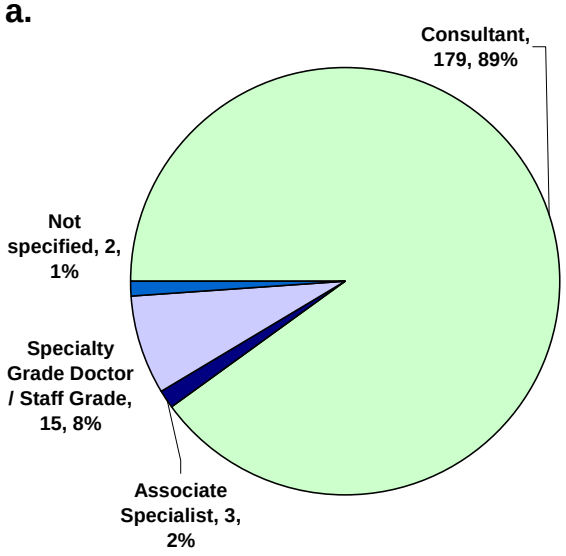
3) SURVEY RESULTS

a) Composition of *the 'Cardiff and Vale UHB' Medical* Sample

In all 199 members of medical staff participated in the current MES survey and the three pie chart and table shown below detail the percentage breakdown of medical staff respondents by:-

a) Staff Groups
b) Contracts
c) Directorates
d) Specialties

a.



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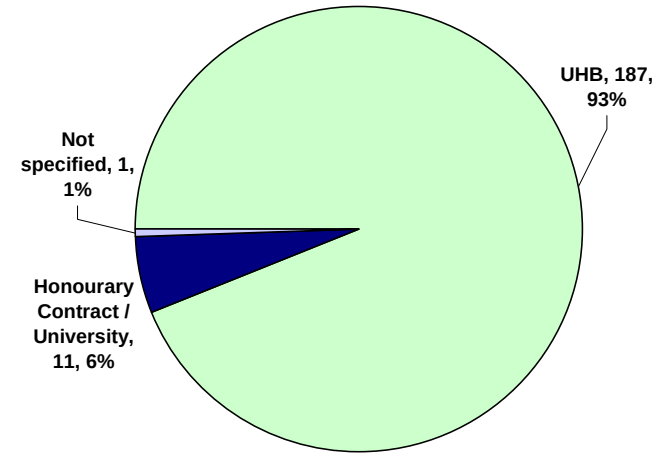

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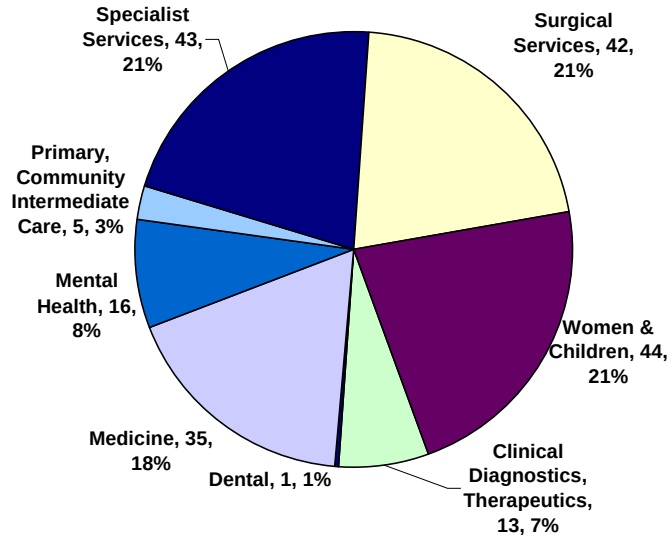
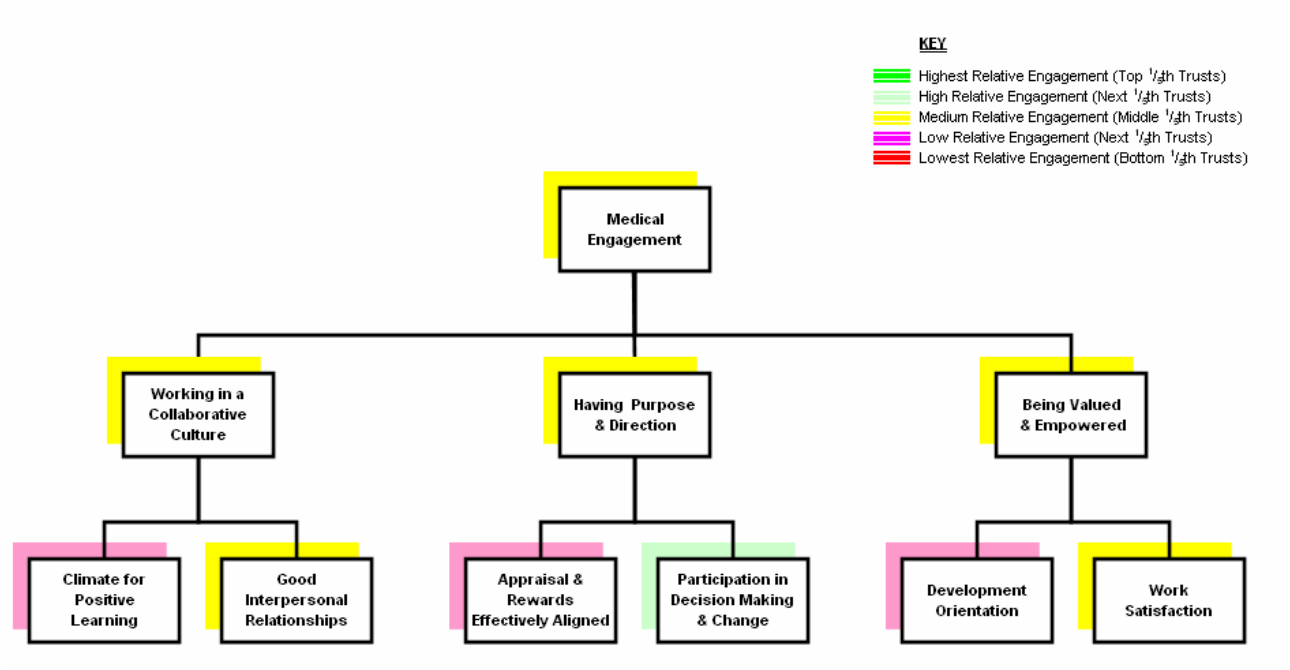


Specialty	***Frequency***	***Percentage***
Accident and Emergency/Acute Medicine	10	5.0
Anaesthetics (including ITU & Critical Care)	25	12.6
Cardiac Services	4	2.0
Clinical & Medical Genetics	4	2.0
Dental (including Hospital and Community Services)	1	0.5
Diabetes & Endocrinology	4	2.0
Elderly Care Medicine/Gerontology	10	5.0
Gastroenterology	4	2.0
General Medicine	15	7.5
General Surgery	9	4.5
Haematology & Clinical Immunology	5	2.5
Laboratory Medicine & Toxicology Laboratory	5	2.5
Mental Health (including Adult, Old Age, Psychiatry & LD)	17	8.5
Nephrology & Transplant	8	4.0
Neurosciences	9	4.5
Obstetrics & Gynaecology	5	2.5
Ophthalmology	2	1.0
Paediatrics (including Acute Child Health Services)	39	19.6
Radiology	9	4.5
Trauma & Orthopaedics	8	4.0
Sexual Health	6	3.0

Please note that in order to preserve anonymity and confidentiality, the ***Dental Specialty*** only comprised 1 member of medical staff and was not analysed as a distinct entity.

b) Average Levels of Medical Engagement

The average medical engagement scores for all Trusts in the external normative database were ranked and split into five main engagement bands for each of the ten MES scales. These bands are defined in the table below and can range from high relative engagement (coloured *green*) to low relative engagement (coloured *red*). Based on all members of medical staff who completed the current MES survey (n =199), the coloured hierarchical figure and the table below shows where this particular Board fell with respect to the normative database.



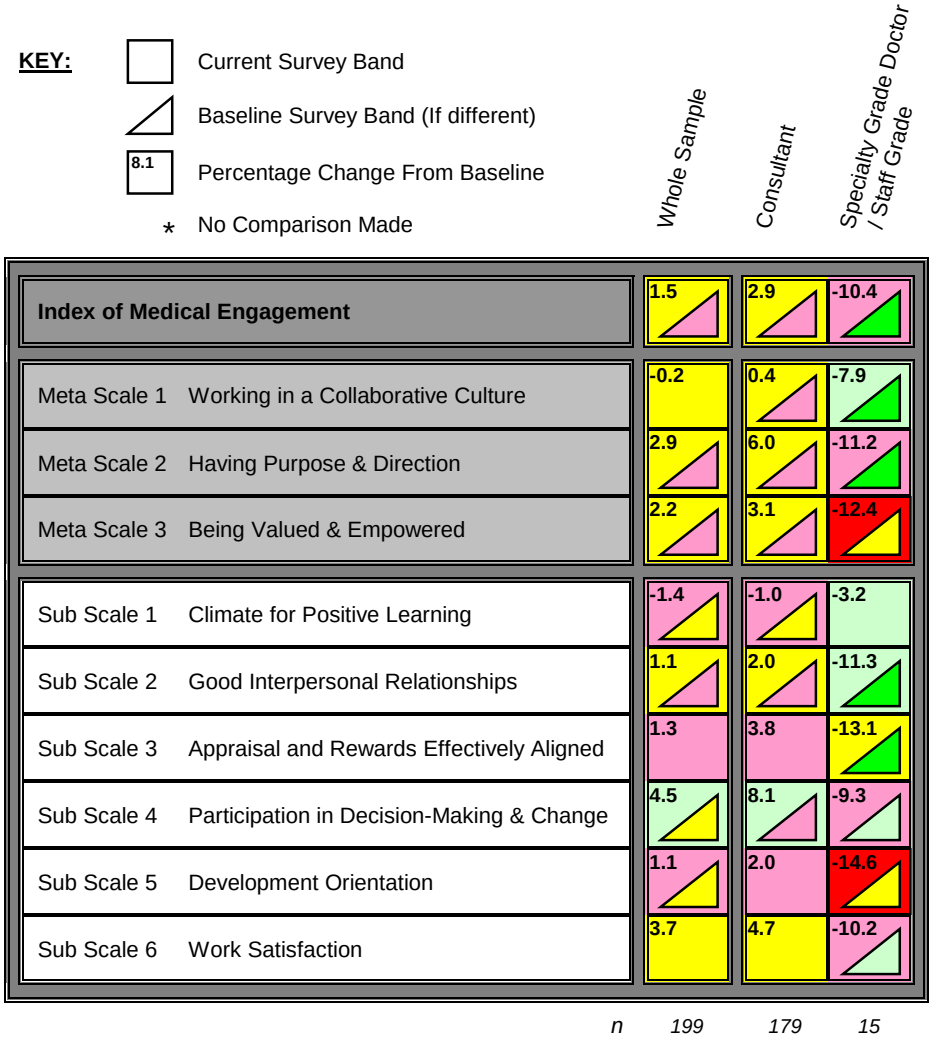
The hierarchical MES figure shows that for the average of all responding medical staff, six of the ten MES scales were rated within the ***medium*** relative engagement band compared to the external norms (coloured *yellow* in the hierarchy). Three MES scales were rated within the ***low*** relative engagement band (coloured *pink* in the hierarchy) and the one remaining MES scale (i.e. **Sub-Scale 4: Participation in Decision-Making & Change** was rated within the ***high*** relative engagement band (coloured *light green* in the hierarchy).

This variation across the scales is generally indicative of different levels of medical staff engagement, but it must be remembered that these rather consistent results represent data aggregated across a number of organisational categories and consequently many of the underlying peaks and troughs of engagement would tend to 'flatten out' and not be apparent in these averaged results. Therefore, in order to examine the levels and pattern of medical engagement in greater detail, these overall results were disaggregated in several ways as shown below.

- *Levels of Medical Engagement for Staff Groups*
- *Levels of Medical Engagement for Contracts*
- *Levels of Medical Engagement for Directorates*
- *Levels of Medical Engagement for Specialties*
- *Levels of Medical Engagement & Managerial Responsibility*

- ***Levels of Medical Engagement for Staff Groups***

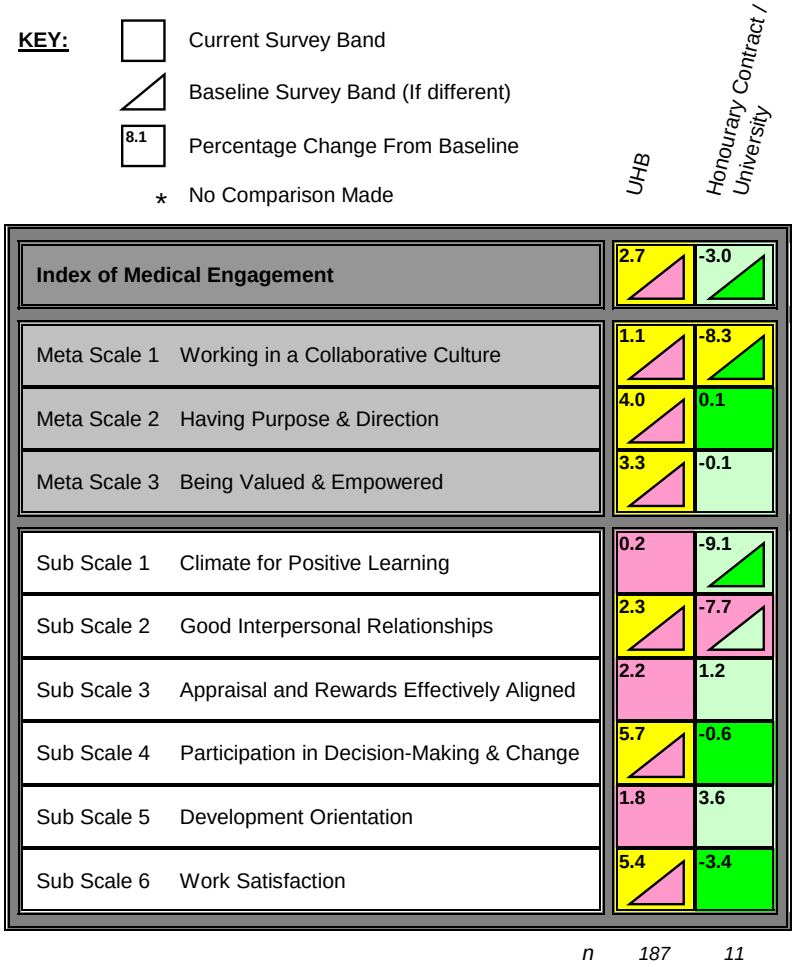
An inspection of the table below shows that, compared to the norms, the predominant medical staff group ***Consultants*** (n = 179) currently rated six of the ten MES scales within the ***medium*** compared to the external norms, and currently three MES scales were rated by this staff group within the ***low*** relative engagement range. One MES scale (i.e. **Sub-Scale 4: Participation in Decision-Making & Change)** was currently rated by this staff group within the ***high*** relative engagement range compared to the external norms. However, with the exception of **Sub-Scale 1: Climate for Positive Learning** all other nine MES scales were associated with a percentage improvement in MES scale scores since the baseline assessment in 2016.



Due to insufficient data, no current results or baseline comparisons could be included for ***Associate Specialists*** (n = 3) but the table shows that, on average, ***Specialty Grade Doctor/Staff Grade*** (n = 15) currently had a rather *'mixed'* medical engagement profile with this staff group rating various MES scales within differential normative engagement bands. However, it is notable that for all MES scales there were percentage declines in MES scale score compared to the baseline with the ratings for **Sub-Scale 5: Development Orientation** indicating a reduction of nearly 15%.

- ***Levels of Medical Engagement for Contracts***

In order to further examine the levels and pattern of medical engagement, the table below presents the levels of medical engagement disaggregated by the two currently surveyed contracts within ***'Cardiff and Vale UHB'***. The table highlights areas of relatively high and relatively low levels of medical engagement compared to the external norms.



The table above shows that ***Honorary Contract/University*** staff (n = 11) currently have a generally *strongly engaged* MES profile with eight of the ten MES scales being rated on average either within the ***high*** or the ***highest*** relative engagement bands. However, the table also shows that for this staff group, **Sub-Scale 2: Good Interpersonal Relationships** was rated within the ***high*** relative engagement range at the time of the baseline assessment in 2016 but currently was now only rated within the ***low*** relative engagement range compared to the external norms.

In contrast, the above table also shows that ***UHB*** staff (n = 187) currently have a *moderately engaged* MES profile with seven of the ten MES scales being rated on average either within the ***medium*** relative engagement range. The table also shows that there have been some improvements in percentage MES scale scores since the baseline assessment but three scales are still currently rated within the ***low*** relative engagement range compared to the external norms (i.e. **Sub-Scale 1: Climate for Positive Learning**, **Sub-Scale 3: Appraisal & Rewards Effectively Aligned** and **Sub-Scale 5: Development Orientation**).

- ***Levels of Medical Engagement for Directorates***

In order to examine the levels and pattern of medical engagement within ***Directorates,*** the table shown below presents the current levels of medical engagement together with percentage changes from baseline where possible.

Members of medical staff affiliated to the ***Directorate*** of ***Medicine*** (n = 35) currently have an average *strongly engaged* MES profiles with the exceptions of **Sub-Scale 3: Appraisal & Rewards Effectively Aligned** and **Sub-Scale 5: Development Orientation** which were both only rated within the ***medium*** relative engagement band compared to the external norms.

It is apparent from an examination of the table above that comparing the seven ***Directorates*** with respect to their percentage changes from the 2016 baseline MES scale scores that medical staff affiliated to ***Surgical Services*** (n = 42) are associated with the largest percentage improvements in MES scale scores. In particular **Meta-Scale 2: Having Purpose & Direction** has improved by 22.1 % and its **constituent Sub-Scale 4:**

Participation in Decision-Making & Change has improved by 28.2%. Despite these improvements in MES scale scores since baseline, this ***Directorate*** is still only *moderately engaged* on average although **Sub-Scale 3: Appraisal & Rewards Effectively Aligned** is currently rated within the ***low*** relative range and **Sub-Scale 4: Participation in Decision-Making & Change** is currently rated within the ***high*** relative range compared to the external norms.

Despite improvements in MES scale scores, staff affiliated to ***Clinical Diagnostics & Therapeutics*** (n = 13) remained at the levels they were at the baseline assessment and currently rated nine of the ten MES scales either within the ***low*** or the ***lowest*** relative engagement band s compared to the external norms. Similarly, staff affiliated to ***Women & Children*** (n = 44) also have a *strongly disengaged* MES profile but in this case this is largely accounted for by consistent percentage declines in MES scale scores since the 2016 baseline assessment. It is notable that whereas in 2016, staff affiliated to **Clinical *Diagnostics & Therapeutics*** rated **Sub-Scale 6: Work Satisfaction** in line with the ***high*** medical engagement band, in the current MES assessment (2021) average ratings for this scale had dropped to the ***lowest*** MES band.

- ***Levels of Medical Engagement for Specialties***

The table overleaf shows the disaggregation of the ***'Cardiff and Vale UHB'*** survey data to the ***Specialty*** level and highlights areas of relatively high and relatively low levels of medical engagement compared to the external norms.

The average changes in percentage MES scale scores from the 2016 baseline assessment were calculated for each of the 18 Specialties which could be compared across time and these are ranked from the most improved to the most deteriorated as shown in the table below:

Specialty	**Overall percentage score change since baseline**	**Rank order of change from improving to worsening**	**Current number of *lowest* relative engagement bands**	**Current number of *highest* relative engagement bands**
A & E/Acute Medicine	34.4	1	0	4
Diabetes & Endocrinology	28.0	2	0	10
Clinical & Medical Genetics	26.9	3	0	10
Anaesthetics	19.4	4	0	0
Lab. Medicine & Toxicology Lab.	16.2	5	0	7
General Surgery	14.3	6	3	0
Radiology	14.1	7	10	0
Haematology & Clinical Immunology	12.2	8	0	5
Elderly Care Medicine/Gerontology	9.1	9	0	9
Nephrology & Transplant	2.5	10	4	1
Neurosciences	1.4	11	6	0
Trauma & Orthopaedics	-2.4	12	0	0
General Medicine	-4.4	13	2	1
Mental Health	-4.4	13	4	0
Obstetrics & Gynaecology	-4.5	15	8	0
Cardiac Services	-5.5	16	1	1
Paediatrics	-11.2	17	8	0
Gastroenterology	-29.6	18	10	0

The underlying reasons for these changes and current variations in levels of medical engagement for the different ***Specialties*** in ***'Cardiff and Vale UHB'*** profiles are not evident from inspecting the MES results in isolation from an understanding of 'on-the-ground' medical working practices and operational conditions. Further probing within the Health Board should assist in uncovering potential causes and consequences of differing types of medical engagement profile and point to where interventions may prove cost-beneficial.

Average Levels of Medical Engagement For Specialty

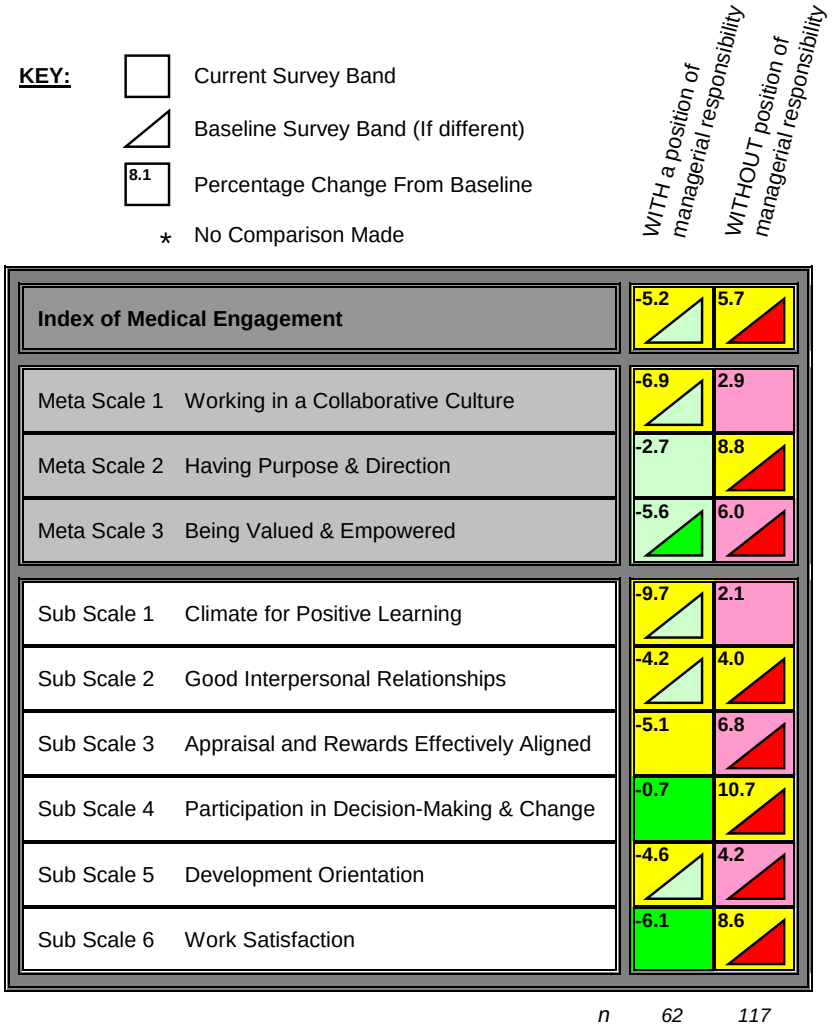
KEY:

- Current Survey Band
- Baseline Survey Band (If different)
- 8.1 Percentage Change From Baseline
- * No Comparison Made

	Accident and Emergency/Acute Medicine	Anaesthetics (including ITU & Critical Care)	Cardiac Services	Clinical & Medical Genetics	Diabetes & Endocrinology	Elderly Care Medicine/Gerontology	Gastroenterology	General Medicine	General Surgery	Haematology & Clinical Immunology	Laboratory Medicine & Toxicology Laboratory	Mental Health (including Adult, Old Age, Psychiatry & LD)	Nephrology & Transplant	Neurosciences	Obstetrics & Gynaecology	Paediatrics (including Acute Child Health Services)	Radiology	Trauma & Orthopaedics	Sexual Health
Index of Medical Engagement	34.3	18.1	-5.2	26.6	27.5	8.4	-29.4	-4.0	13.3	11.2	14.7	-4.3	-0.7	1.0	-4.5	-11.3	13.0	-2.4	*
Meta Scale 1 Working in a Collaborative Culture	50.2	10.4	-3.2	19.2	27.3	-2.7	-20.9	2.2	0.5	1.1	0.4	2.7	-20.0	1.3	-3.7	-11.2	5.5	-3.5	
Meta Scale 2 Having Purpose & Direction	28.2	30.9	-16.2	34.6	33.8	11.3	-31.8	-10.7	27.0	17.7	28.6	-5.5	7.2	4.3	-12.2	-9.6	16.9	-2.6	
Meta Scale 3 Being Valued & Empowered	25.3	17.1	2.4	28.0	22.8	18.2	-35.6	-4.4	15.7	16.2	19.7	-10.1	12.7	-1.5	1.4	-12.8	20.4	-1.1	
Sub Scale 1 Climate for Positive Learning	41.0	16.0	3.4	19.3	39.0	6.6	-32.0	-1.2	-2.4	-2.3	1.6	0.2	-22.0	1.2	7.4	-16.8	0.8	-11.2	
Sub Scale 2 Good Interpersonal Relationships	58.2	6.1	-8.3	18.5	18.0	-9.9	-12.2	5.6	3.0	4.5	-1.1	4.7	-12.1	1.3	-12.2	-6.3	9.6	4.0	
Sub Scale 3 Appraisal and Rewards Effectively Aligned	27.4	28.4	-15.6	25.4	27.8	15.1	-22.4	-21.0	19.0	42.8	28.9	-14.4	28.2	1.0	-16.9	-8.9	30.5	-11.8	
Sub Scale 4 Participation in Decision-Making & Change	28.9	33.0	-16.7	42.8	38.1	7.7	-40.5	-1.8	34.8	-1.5	28.6	2.4	-3.0	7.3	-7.4	-10.1	3.0	6.4	
Sub Scale 5 Development Orientation	16.0	19.6	0.9	16.0	18.1	18.2	-26.0	-9.2	7.6	15.0	19.4	-16.2	23.4	-5.0	-3.8	-10.9	19.2	2.2	
Sub Scale 6 Work Satisfaction	34.6	14.7	3.8	38.4	28.1	18.3	-45.3	0.4	24.4	17.3	20.8	-3.4	11.5	2.6	6.5	-14.6	22.1	-4.3	
n	10	25	4	4	4	10	4	15	9	5	5	17	8	9	5	39	9	8	6

- ***Levels of Medical Engagement and Managerial Responsibility (Consultants Only)***

A comparison of levels of engagement between those ***Consultants with*** a position of managerial responsibility (n = 52) compared to those ***Consultants without*** a position of managerial responsibility (n = 117) is summarised in the table below.



An examination of the table above shows that at the time of the baseline assessment in 2016 those ***Consultants with*** a position of managerial responsibility were more engaged with respect to all ten of the MES scales compared to their ***Consultant*** colleagues ***without*** a position of managerial responsibility. This situation has now changed to some extent insofar as since the baseline assessment in 2016 ***Consultants without*** a position of managerial responsibility have shown percentage improvements with respect to all ten of their MES scale scores whereas ***Consultants with*** a position of managerial have shown percentage decrements with respect to all ten of their MES scale scores. This has had the effect of dampening the contrast between the two ***Consultant*** groups to the extent that both the overall **Index of Medical Engagement** and **Sub-Scale 2: Good Interpersonal Relationships** are currently rated by both ***Consultant*** groups only within the ***medium*** relative engagement range compared to the external norms.

However, the table also shows that there are still contrasting MES profiles and the table highlights the key areas that most strongly characterise the engagement profiles of those members of medical staff who take on positions of managerial responsibility. For example, **Meta-Scale 3: Being Valued & Empowered** is currently rated within the high range for ***Consultants with*** a position of managerial responsibility and currently rated within the ***low*** range for ***Consultants without*** a position of managerial responsibility. Whether enhanced engagement is a cause or a consequence of assuming these expanded roles, it does suggest that these areas remain critical in sustaining high levels of medical engagement in ***'Cardiff and Vale UHB'***.

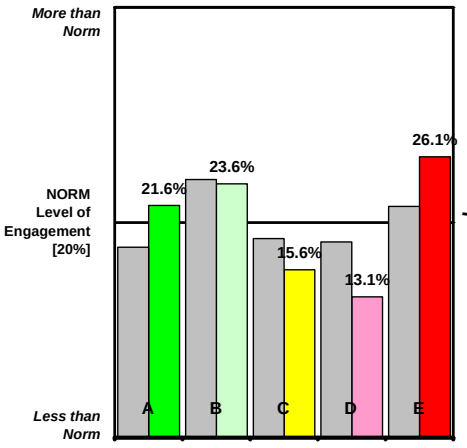
c) Distribution Profiles of Medical Engagement

We have seen in ***Section b)*** above that average scores can provide a useful summary of how all members of medical staff who participated in the survey have rated all of the MES scales compared to the norms. Of course, averages only tell part of the story since similar averages may conceal very different underlying distributions of scores. Knowing the shape of these distributions is sometimes important in identifying the proportion of medical respondents who may be either strongly or weakly engaged with service design and delivery.

For each of the ten medical engagement scales in turn, the distribution of scores for all medical staff in the normative database (i.e. currently over 21,500 medical staff) were split into five bands of scores (labelled A to E) - the upper and lower limits of each band being adjusted so that 20% of doctors in the norms fell into each one. A set of histograms detailing the expected and observed frequencies of members of medical staff ***at 'Cardiff and Vale UHB'*** are shown overleaf.

The interpretation of these histograms centres on examining the percentage deviation of the observed frequency distributions of the doctors' ratings (above or below) from the expected 20% norm line. If any of the doctors' histogram bars (i.e. A to E) fall above the 20% norm line, then they are rating above the level that we would expect from the external thresholds. Conversely, if any of the histogram bars (i.e. A to E) falls below the 20% norm line then this shows that there are a fewer number of doctors rating at this level than we would expect from the normative bandwidths. The ten histograms (shown overleaf) highlight the percentage of doctors who fell into each of these five bands of scores in 2016 and in 2021 and this enables a comparison to be made over time. Clearly, for several MES scales there has been an increase in the frequency of engaged medical staff.

Medical Engagement Index



Relative Levels of Medical Engagement [Percentage of Medical Staff in 5 Bandwidths A - E]

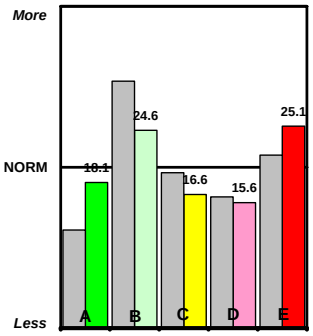
2016 sample [n = 362]

2021 sample [n = 199]

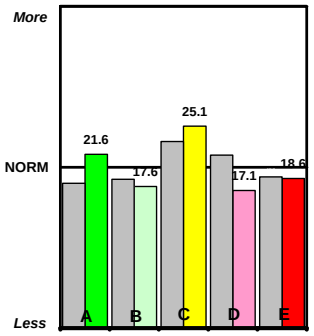
BANDS

A = Most Strongly Engaged Medical Staff
B = Strongly Engaged Medical Staff
C = Moderately Engaged Medical Staff
D = Weakly Engaged Medical Staff
E = Most Weakly Engaged Medical Staff

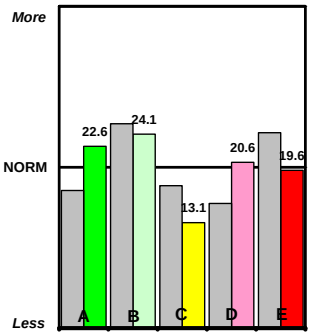
Meta 1: Working in a Collaborative Culture



Meta 2: Having Purpose & Direction

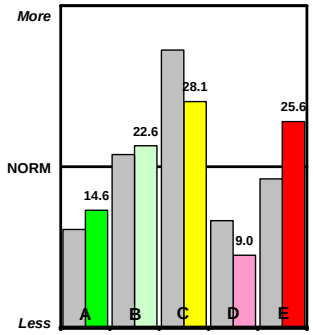


Meta 3: Being Valued & Empowered

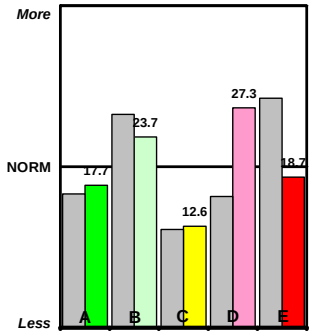


Sub-Scales

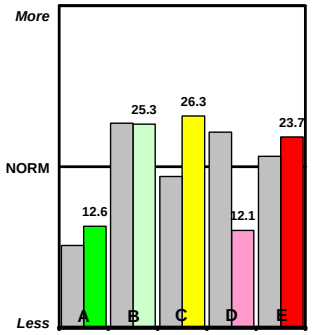
1: Climate for Positive Learning



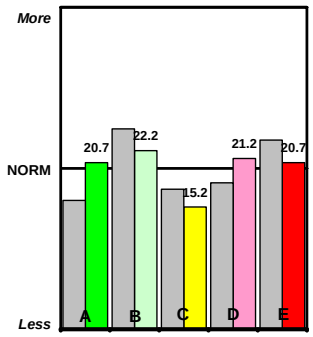
3: Appraisal & Rewards Effectively Aligned



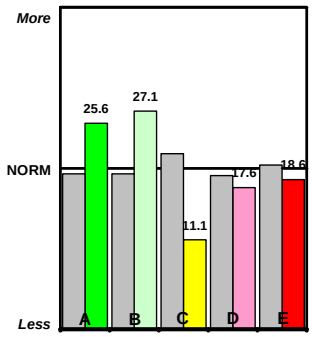
5: Development Orientation



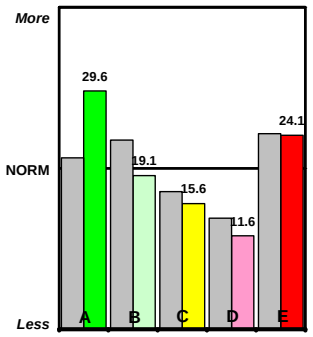
2: Good Interpersonal Relationships



4: Participation in Decision Making & Change



6: Work Satisfaction



The table below summarises percentages of all medical staff respondents who were the ***most engaged*** (i.e. Bands A and B) and the ***least engaged*** (i.e. Bands D and E) for each of the ten MES scales at the time of both the baseline 2016 survey and in the current 2021 survey. The last column of the table gives an overall percentage change estimate across the two survey administrations.

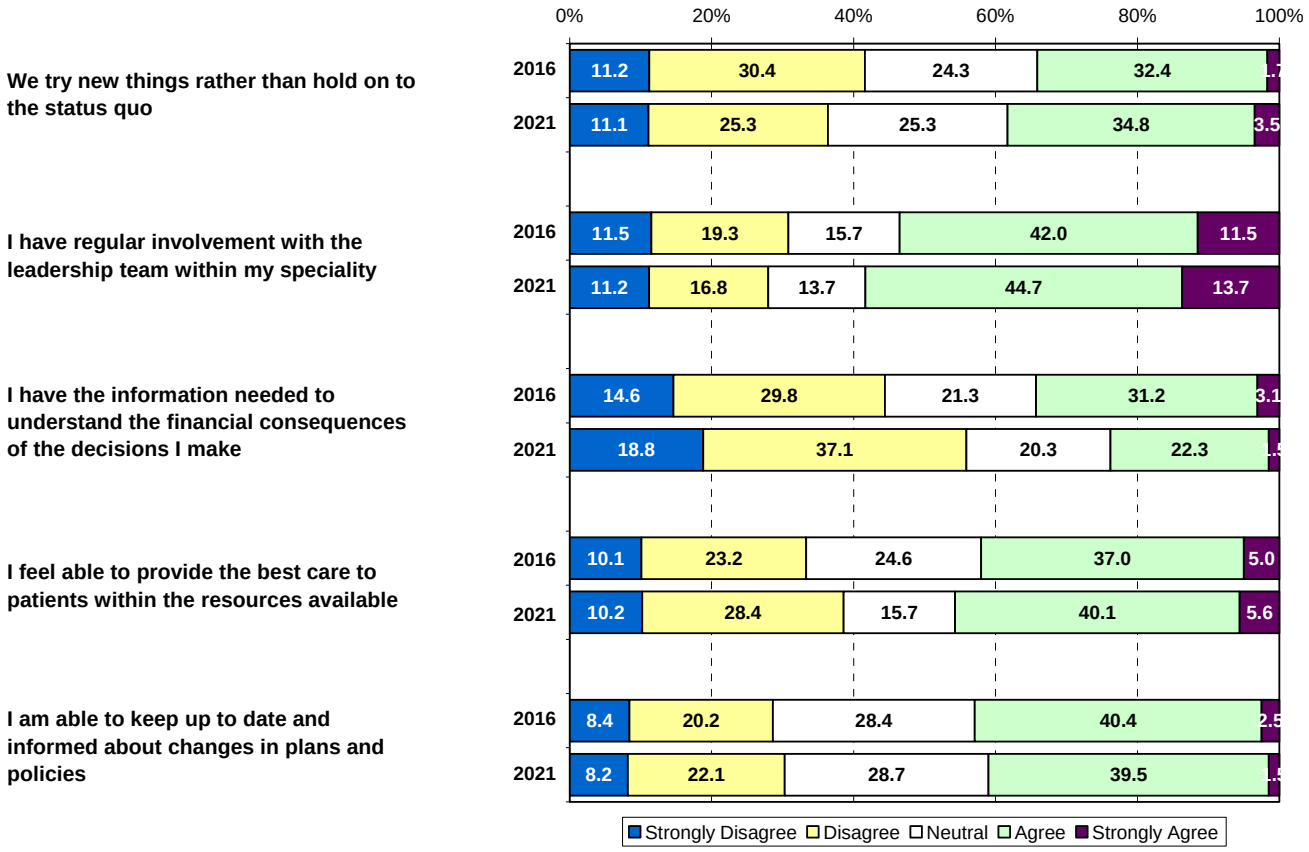
		Percentage Most Engaged (Bands A & B)			Percentage Least Engaged (Bands D & E)			*Overall Change*
		2016	2021	change	2016	2021	change	
MEI:	**Medical Engagement Index**	**42**	**45**	**4**	**40**	**39**	**-1**	**4**
Meta-Scale 1:	**Working in a collaborative culture**	**43**	**43**	**0**	**38**	**41**	**3**	**-3**
Meta-Scale 2:	**Having purpose and direction**	**37**	**39**	**3**	**40**	**36**	**-5**	**7**
Meta-Scale 3:	**Feeling valued and empowered**	**43**	**47**	**4**	**40**	**40**	**0**	**4**
Sub-Scale 1:	**Climate for positive learning**	**34**	**37**	**4**	**32**	**35**	**3**	**1**
Sub-Scale 2:	**Good Interpersonal relationships**	**41**	**43**	**2**	**42**	**42**	**0**	**2**
Sub-Scale 3:	**Appraisal and rewards effectively aligned**	**43**	**41**	**-2**	**45**	**46**	**1**	**-3**
Sub-Scale 4:	**Participation in decision-making & change**	**39**	**53**	**14**	**40**	**36**	**-3**	**17**
Sub-Scale 5:	**Development orientation**	**36**	**38**	**2**	**46**	**36**	**-10**	**12**
Sub-Scale 6:	**Work satisfaction**	**45**	**49**	**4**	**38**	**36**	**-2**	**6**

The table details the range of percentage change in medical engagement between the 2016 and the 2021 MES surveys. The overall change column indicates that on all ten MES scales there has been some marginal improvements in medical engagement at ***'Cardiff and Vale UHB'*** since the previous baseline MES survey in 2016. In particular, the largest overall percentage declines in engagement have occurred with respect to **Sub-Scale 4: Participation in Decision-Making & Change** (up 17% overall) and **Sub-Scale 5: Development Orientation** (up 12% overall).

4) LOCAL QUESTIONS

In order to provide additional information about medical engagement, representatives of ***'Cardiff and Vale UHB'*** had identified a number of local issues and these were included as three rating sections within the MES survey questionnaire. The first two sets of ratings were identical to those included in the baseline 2016 MES survey and this enabled changes over time to be assessed. The third section was new and comprised eight questions about the Covid-19 crisis. For all three sections, respondents were asked to rate each item using a five-point level of agreement scale. The three stacked histograms shown below summarise the ranked ratings (i.e. the average level of item scores) of all respondents to each section.

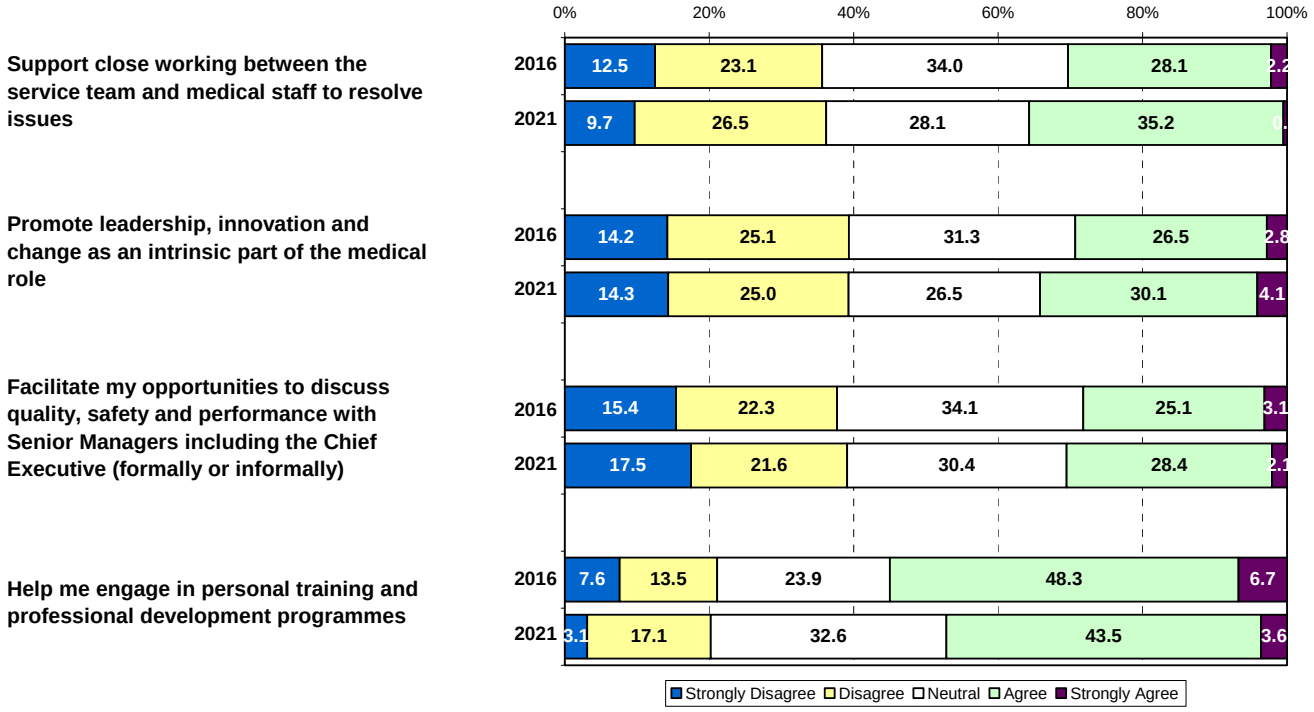
Generally, in this organisation....



The medical staff rating of these items provided a 'mixed' picture of working in ***'Cardiff and Vale UHB'***. For example, at the baseline assessment in 2016, 54% of respondents endorsed (i.e. either ***'agreed'*** or ***'strongly agreed'***) the statement ***'I have regular involvement with the leadership team in my specialty'*** and in the current assessment (2021), a similar proportion of medical staff (i.e. 59%) did so. Similarly, at the baseline assessment in 2016, 34% of respondents endorsed (i.e. either ***'agreed'*** or ***'strongly agreed')*** the statement ***'I have the information needed to understand the financial consequences of the decisions 1 make'*** whereas in the current assessment (2021), only 24% did so. It was concerning that less than half of respondents (only 46%) currently endorsed the statement ***'I feel able to provide the best care to patients within the resources available'***.

The stacked histogram shown below shows that the baseline ratings of all of the four statements about working arrangements had improved to a small extent by the time of the current MES survey. Currently, just over a third of medical staff respondents (36%) endorsed (i.e. either ***'agreed'*** or ***'strongly agreed***') with either the notion that the working arrangements in in ***'Cardiff and Vale UHB'*** supported close working between the service teams and medical staff or that the organisation promotes leadership, innovation and change as an intrinsic part of the medical role (34%). Currently, just under a half (47%) of respondents felt that the organisation helped them engage in training or development programmes and only 31% considered they had opportunities to discuss quality, safety and performance with senior managers In either a formal or informal capacity.

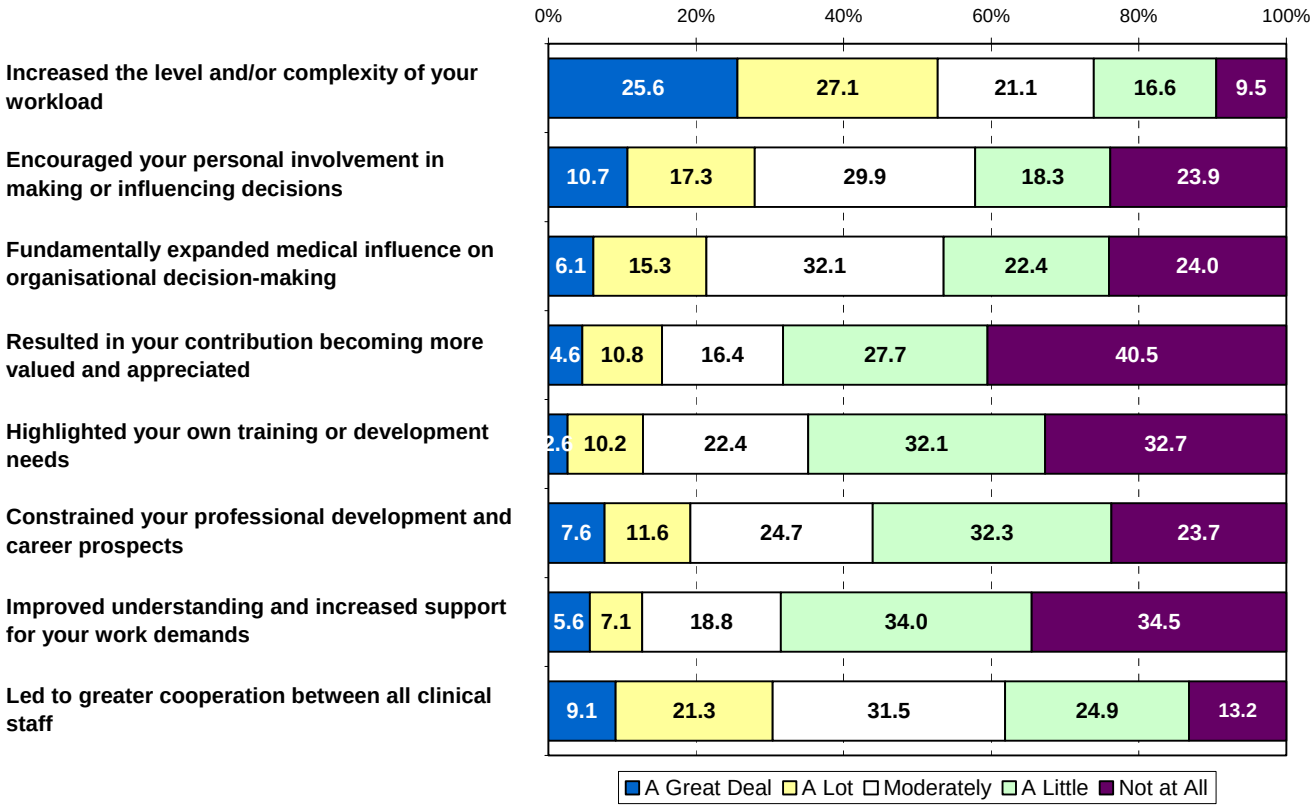
The working arrangements in this organisation….



An examination of the stacked histogram shown overleaf indicates that the impact of the Covid-19 crisis was generally perceived as having a range of impacts on medical working practices at ***'Cardiff and Vale UHB'***. For example, although 74% of respondents considered that the Covid-19 crisis had increased the level and / or complexity of their workload (i.e. either ***'moderately'***, ***'a lot'*** or ***'a great deal'***), only 62% of respondents considered that the Covid-19 crisis had led to greater cooperation between all clinical staff. (I.e. either ***'moderately'***, ***'a lot'*** or ***'a great deal'***).

Similarly, 76% of respondents considered that the Covid-19 crisis had constrained their professional development and career prospects to some extent (i.e. either ***'a little'***, ***'moderately'***, ***'a lot'*** or ***'a great deal'***), and 76 of respondent also felt that the crisis had fundamentally expanded medical influence on organisational decision-making. (I.e. either ***'a little'***, ***'moderately'***, ***'a lot'*** or ***'a great deal'***).

To what extent do you consider that the COVID-19 Crisis has….



5) SUGGESTED INTERVENTIONS

The MES methodology is based upon a model of medical engagement that differentiates organisational conditions from individual motivations in facilitating or inhibiting doctors to assume more proactive roles in shaping the organisations in which they work. In other words, the MES approach not only focuses on how individual doctors may become involved in a wider agenda but also takes account of organisational conditions that may impact upon perceived medical opportunities to become more engaged. Since less than optimal 'up-stream' organisational characteristics (in the cultural, structural and managerial control domains) impact upon medical staff at the 'sharp end', in this section of the report, some tentative suggestions are made about where management might best focus its attention in order to promote medical engagement at ***'Cardiff and Vale UHB'***.

On the one hand, management interventions may be large-scale, organisation-wide programmes directed at large groups of medical staff or, on the other hand, interventions may be small-scale, specific and focused on small clusters of staff. To ensure relative stability of the intervention recommendations for both large and small groups of doctors, the reference norms used to identify suggested intervention strategies for large groups (i.e. medical groups comprising more than approx. 15 - 20 members) are based on average scale scores for all organisation who have previously undertaken a MES survey. In contrast, the reference norms used to identify suggested intervention strategies for small groups (i.e. medical groups comprising less than approx. 10 members) are based on average scale scores for individual doctors (currently over 21,500 doctors in all):

For both types of normative comparison, the aim is to view the MES results from an ***action priority perspective*** where engagement levels correspond to three levels of management intervention priorities. In order of priority, these potential management intervention strategies have been labelled as follows:

M = Monitor & Maintain Effectiveness - (i.e. high average engagement)

I = Scope for Improvement - (i.e. medium average engagement)

P = Priority for Development - (i.e. low average engagement)

It is clear from an examination of the three figures shown overleaf that there are a number of areas that have been highlighted as a ***Priority for Development (PFD)***. In the first table, the MES results are presented at the ***Whole Sample*** and disaggregated at the ***Staff Group and Contracts*** level. In the second table, the MES results are presented disaggregated to the ***Directorate*** level. In the third table, the MES results are disaggregated to the level of ***Specialties.*** In all three tables, suggested interventions are presented as relative priorities in order to highlight where focussed management efforts may best be directed.

For example, at the ***Staff Group and Contracts*** level, the table shows that ***Consultants*** were not associated with any ***Priority for Development*** areas whereas for ***Specialty Grade Doctors/Staff Graded*** both **Meta-Scale 3: Being Valued & Empowered** and its two constituent sub-scales (I.e. **Sub-Scale 5 : Development Orientation** and **Sub-Scale 6: Development Orientation**) are both flagged as ***Priority for Development*** areas.

Suggested Strategies for Promoting Medical Engagement at Staff Group Levels

KEY: Action Priority

- P — Priority for Development
- I — Scope for Improvement
- M — Monitor & Maintain Effectiveness

	Whole Sample	Consultant	Specialty Grade Doctor / Staff Grade	UHB	Honourary Contract / University	
Meta-Scale 1: Working in a collaborative culture	I	I	I	I	I	**Ensure all staff are willing and able to work together productively and effectively** Provide support for all staff to collaborate effectively in shaping service change Improve the competence of all staff to build friendly and productive joint working relationships Ensure open discussion and equitable sharing of information, power and resources
Meta-Scale 2: Having purpose and direction	I	I	I	I	M	**Ensure all staff share a strong commitment to service quality as a core concern** Ensure committment to service quality is the key concern for both individuals and the organisation Demonstrate improving patient services and outcomes are a shared committment of all staff Encourage all medical staff to actively commit to planning, designing and delivering change
Meta-Scale 3: Feeling valued and empowered	I	I	P	I	M	**Ensure all staff understand that their contribution is understood and valued** Explore and promote the importance of shared values and beliefs between all staff groups Ensure that all staff are aware of how their contribution is appreciated and valued Match job duties and roles to individual staff skills so that staff time and efforts are not wasted
Sub-Scale 1: Climate for positive learning	I	I	I	I	I	**Promote a collaborative culture which supports multi-disciplinary working and learning** Establish interdisciplinary teams who work together to facilitate operational or strategic change Promote a climate of mutual support and joint learning to discuss organisational issues Publicise successful collaboration schemes as examples of good working practices
Sub-Scale 2: Good Interpersonal relationships	I	I	I	I	P	**Encourage open and honest communication with a trusting and cooperative work style** Encourage all medical staff to adopt collaborative and and cooperative working roles Promote a climate of trust where talk and action are coherent and consistent Develop communication channels that support effective cooperative working
Sub-Scale 3: Appraisal and rewards effectively aligned	I	I	I	P	M	**Recognise and reward doctors' commitment to achieving organisational goals** Assess individual doctor's performance and committment to achieving organisational goals Develop activities in which both managers and medics are keen to see succeed Introduce incentive schemes to recognise and reward doctors' committment to pursuing change
Sub-Scale 4: Participation in decision-making & change	I	I	I	I	M	**Develop doctors' roles to enhance participation in organisational decision-making** Identify and support work roles that organisationally-committed medical staff should perform Promote joint responsibility and committment to organisational decisions by all staff Develop structures and processes whereby medical staff can take a full part in decision-making
Sub-Scale 5: Development orientation	P	I	P	P	M	**Facilitate greater opportunities for the professional development of medical staff** Train all medical staff in project leadership and change management skills Support medical staff to achieve their personal and professional goals Provide facilities for medical staff to update and keep abreast of professional developments
Sub-Scale 6: Work satisfaction	I	I	P	I	M	**Provide working conditions and structures for medical staff to become involved in change** Promote a climate and culture for medical staff to feel supported and valued Incorporate work improvements for medical staff within service change initiatives Ensure all medical staff feel able to have a voice in the futrue direction of the organisation

Suggested Strategies for Promoting Medical Engagement at Directorate Level

KEY: Action Priority

- P — Priority for Development
- I — Scope for Improvement
- M — Monitor & Maintain Effectiveness

	Clinical Diagnostics & Therapeutics	Medicine	Mental Health	Primary, Community Intermediate Care	Specialist Services	Surgical Services	Women & Children	
Meta-Scale 1: Working in a collaborative culture	P	M	I	M	I	I	P	**Ensure all staff are willing and able to work together productively and effectively** Provide support for all staff to collaborate effectively in shaping service change Improve the competence of all staff to build friendly and productive joint working relationships Ensure open discussion and equitable sharing of information, power and resources
Meta-Scale 2: Having purpose and direction	P	I	I	M	I	I	P	**Ensure all staff share a strong commitment to service quality as a core concern** Ensure committment to service quality is the key concern for both individuals and the organisation Demonstrate improving patient services and outcomes are a shared committment of all staff Encourage all medical staff to actively commit to planning, designing and delivering change
Meta-Scale 3: Feeling valued and empowered	P	I	I	P	I	I	P	**Ensure all staff understand that their contribution is understood and valued** Explore and promote the importance of shared values and beliefs between all staff groups Ensure that all staff are aware of how their contribution is appreciated and valued Match job duties and roles to individual staff skills so that staff time and efforts are not wasted
Sub-Scale 1: Climate for positive learning	P	I	P	M	I	I	P	**Promote a collaborative culture which supports multi-disciplinary working and learning** Establish interdisciplinary teams who work together to facilitate operational or strategic change Promote a climate of mutual support and joint learning to discuss organisational issues Publicise successful collaboration schemes as examples of good working practices
Sub-Scale 2: Good Interpersonal relationships	P	M	M	M	I	I	P	**Encourage open and honest communication with a trusting and cooperative work style** Encourage all medical staff to adopt collaborative and and cooperative working roles Promote a climate of trust where talk and action are coherent and consistent Develop communication channels that support effective cooperative working
Sub-Scale 3: Appraisal and rewards effectively aligned	I	I	P	P	I	I	P	**Recognise and reward doctors' commitment to achieving organisational goals** Assess individual doctor's performance and committment to achieving organisational goals Develop activities in which both managers and medics are keen to see succeed Introduce incentive schemes to recognise and reward doctors' committment to pursuing change
Sub-Scale 4: Participation in decision-making & change	P	M	M	M	I	M	P	**Develop doctors' roles to enhance participation in organisational decision-making** Identify and support work roles that organisationally-committed medical staff should perform Promote joint responsibility and committment to organisational decisions by all staff Develop structures and processes whereby medical staff can take a full part in decision-making
Sub-Scale 5: Development orientation	P	I	P	P	I	I	P	**Facilitate greater opportunities for the professional development of medical staff** Train all medical staff in project leadership and change management skills Support medical staff to achieve their personal and professional goals Provide facilities for medical staff to update and keep abreast of professional developments
Sub-Scale 6: Work satisfaction	P	M	M	M	M	I	P	**Provide working conditions and structures for medical staff to become involved in change** Promote a climate and culture for medical staff to feel supported and valued Incorporate work improvements for medical staff within service change initiatives Ensure all medical staff feel able to have a voice in the futrue direction of the organisation

Suggested Strategies for Promoting Medical Engagement at Specialty Level

	Accident and Emergency/Acute Medicine	Anaesthetics (including ITU & Critical Care)	Cardiac Services	Clinical & Medical Genetics	Diabetes & Endocrinology	Elderly Care Medicine/Gerontology	Gastroenterology	General Medicine	General Surgery	Haematology & Clinical Immunology	Laboratory Medicine & Toxicology Laboratory	Mental Health (including Adult, Old Age, Psychiatry & LD)	Nephrology & Transplant	Neurosciences	Obstetrics & Gynaecology	Paediatrics (including Acute Child Health Services)	Radiology	Trauma & Orthopaedics	Sexual Health	
Meta-Scale 1: Working in a collaborative culture	M	I	I	M	M	M	P	M	P	I	M	I	P	P	P	P	P	I	M	**Ensure all staff are willing and able to work together productively and effectively**
Meta-Scale 2: Having purpose and direction	I	I	P	M	M	M	P	P	M	M	M	I	I	I	P	P	P	I	M	**Ensure all staff share a strong commitment to service quality as a core concern**
Meta-Scale 3: Feeling valued and empowered	M	I	M	M	M	M	P	I	I	M	M	P	I	P	P	P	P	I	P	**Ensure all staff understand that their contribution is understood and valued**
Sub-Scale 1: Climate for positive learning	M	I	I	M	M	M	P	M	P	M	M	P	P	P	P	P	P	I	M	**Promote a collaborative culture which supports multi-disciplinary working and learning**
Sub-Scale 2: Good Interpersonal relationships	M	I	I	M	M	M	P	M	P	I	M	M	P	P	P	P	P	I	M	**Encourage open and honest communication with a trusting and cooperative work style**
Sub-Scale 3: Appraisal and rewards effectively aligned	I	I	P	M	M	M	P	P	I	M	M	P	M	P	P	P	P	P	I	**Recognise and reward doctors' commitment to achieving organisational goals**
Sub-Scale 4: Participation in decision-making & change	M	I	I	M	M	M	P	M	M	I	M	M	P	I	P	P	P	I	M	**Develop doctors' roles to enhance participation in organisational decision-making**
Sub-Scale 5: Development orientation	I	I	I	M	M	M	P	P	P	M	M	P	M	P	P	P	P	I	P	**Facilitate greater opportunities for the professional development of medical staff**
Sub-Scale 6: Work satisfaction	M	I	M	M	M	M	P	M	M	M	M	I	I	P	I	P	P	P	M	**Provide working conditions and structures for medical staff to become involved in change**

KEY: Action Priority

- P — Priority for Development
- I — Scope for Improvement
- M — Monitor & Maintain Effectiveness

Similarly at the ***Directorate*** level, the second intervention table shows that members of medical staff affiliated to ***Clinical Diagnostics & Therapeutics*** and to ***Women's & Children*** have nine and ten ***Priority for Development*** flags respectively`.

The third intervention table for ***Specialties*** indicates that 12 of the 19 ***Specialties*** are associated with at least two ***Priorities for Development*** areas. The ***Specialty*** intervention table details where future managerial efforts to promote greater levels of medical engagement might be best focussed.

An examination of the tables indicates the suggested relative priority of future managerial efforts to promote greater levels of medical engagement. Although there are areas of good medical engagement which suggest that these should be maintained (tagged as ***'Monitor and Maintain Effectiveness'***), there are also numerous areas that may be characterised as either suggesting ***'Scope for Improvement'*** or are identified as ***'Priorities for Development'***.

Generally, this pattern of results may indicate the need for a more systematic, focussed and proactive management intervention strategy to maintain and build medical engagement in ***'Cardiff and Vale UHB'***. By summarising the percentage frequencies of ***'Priorities for Development'*** areas across all four intervention tables shown above, the table below provides an overall ranking of medical engagement intervention priorities across the whole organisation.

Percentage Frequency	Priority for Development (PFD)
51.6	Facilitate greater opportunities for the professional development of medical staff
41.9	Recognise and reward doctors' commitment to achieving organisational goals
35.5	Ensure all staff understand that their contribution is understood and valued
35.5	Promote a collaborative culture which supports multi-disciplinary working and learning
32.3	Encourage open and honest communication with a trusting and cooperative work style
29.0	Ensure all staff are willing and able to work together productively and effectively
25.8	Ensure all staff share a strong commitment to service quality as a core concern
25.8	Provide working conditions and structures for medical staff to become involved in change
22.6	Develop doctors' roles to enhance participation in organisational decision-making

The table indicates the extent to which the most frequent ***'Priorities for Development'*** occur across the whole Health Board. This *intervention impact is* calculated simply as the ratio of identified ***'Priorities for Development'*** compared to the maximum possible ***'Priorities for Development'*** expressed as a percentage. The table shows that highest medical engagement intervention priority across ***'Cardiff and Vale UHB'*** is ***'Facilitate greater opportunity for professional development of medical staff'.*** Some suggested strategies to improve medical engagement in this area might include:-

- ***Train all medical staff in project leadership and change management skills.***
- ***Support medical staff to achieve their personal and professional goals.***
- ***Provide facilities for medical staff to update and keep abreast of professional developments.***

6) CONCLUDING COMMENT

The purpose of this report was twofold. First, to present the findings of the recent MES Survey at ***'Cardiff and Vale UHB'*** by benchmarking the opinions of medical staff against the latest MES database comprising over 21,500 members of medical staff. Second, we have compared the current MES survey (2021) findings with the previous baseline MES survey of Welsh Health Boards undertaken in 2016.

The report has described a wide range of views expressed by medical staff affiliated to ***'Cardiff and Vale UHB'*** and has identified current levels of medical engagement benchmarked against the established external medical engagement norms. The results are rather mixed and also indicate that there are some areas where levels of medical engagement have improved to a small extent since the baseline MES assessment at ***'Cardiff and Vale UHB'*** *i*n 2016. However, from the perspective of the whole Health Board, the results suggest that a consistent strategy not only of formally facilitating the professional development of medical staff but also providing more informal opportunities for encouraging and valuing the medical contribution could prove to be a useful means of enhancing medical engagement at ***'Cardiff and Vale UHB'***.