

BOARD MEETING

26th October 2017

Paper Title:	Medical Engagement and Medical Leadership
Section:	Public
Lead Director:	Medical Director
Paper Author:	Medical Director
Agenda Item:	10
Presented For:	Assurance
Paper Category:	Quality

Executive Summary:

- Medical engagement and leadership within BDCFT is strong and will continue to evolve as long as senior leaders remain committed to supporting it.
- A significant percentage of the medical workforce undertakes some kind of leadership role, in addition to their clinical responsibilities.
- We take talent management and leadership development seriously, through both in-house and external support.
- Medical engagement and leadership is underpinned by strong systems of appraisal and revalidation and job planning.
- Recruitment to Consultant posts in general adult psychiatry and to the regional psychiatry training scheme remains problematic with ongoing implications for medical locum expenditure; a variety of mitigations are being deployed.

Recommendations:

That the Board

Note the contents of this report and confirm that it provides assurance in respect of actions being taken to maintain high levels of medical engagement across the Trust.

Endorse the suggested 'next steps' to further improve medical leadership and medical recruitment.

Governance/Audit Trail:

Meetings where this item has previously been discussed (please mark with an X):					
Audit Committee		Quality & Safety Committee		Remuneration Committee	Finance, Business & Investment Committee
Executive Management Team	x	Directors		Chair of Committee Meetings	Mental Health Legislation Committee
Council of Governors					

This report supports the achievement of the following strategic aims of the Trust: (please mark those that apply with an X):	
Consolidation of Market Share : being great in our patch	x
Manage the impacts of the whole system of reduced health and social care funding: working in partnership to develop cost effective out of hospital services and pathways to support the delivery of sustainable services	
Secure Funding for new or expanded services	

This report supports the achievement of the following Regulatory Requirements: (please mark those that apply with an X):	
Safe: People who use our services are protected from abuse and avoidable harm	x
Caring: Staff involve people who use our services and treat them with compassion, kindness, dignity and respect	
Responsive: Services are organised to meet the needs of people who use our services	
Effective: Care, treatment and support achieves good outcomes, helps to maintain quality of life people who use our services and is based on the best available evidence.	x
Well Led: The leadership, management and governance of the organisation make sure it's providing high-quality care that is based around individual needs, encourages learning and innovation, and promotes an open and fair culture.	x
NHSI Single Oversight Framework	

Freedom of Information:
<p>Publication Under Freedom of Information Act</p> <p>This paper has been made available under the Freedom of Information Act.</p>

Medical Engagement and Medical Leadership

Introduction

Changes affecting the medical workforce over the past 15 years (including the introduction of the 2003 Consultants' Contract, the new junior doctors' contract and the developing role of the SAS doctor) have combined to create a significant impact on how doctors train and work.

The Trust continues to consider the opportunities and challenges presented by these changes including the number and kind of doctors we need and how best to deploy them in providing quality patient care. This paper specifically focusses on how we are engaging with our medical workforce, to ensure their full involvement in planning and developing new pathways and services, and how we are growing medical leadership across the Trust.

The role of the doctor

In looking at the unique aspects of a doctor's role the discussion should be framed by an examination of, not simply, "what is it that doctors do?" but, rather, "*what is it that doctors do that others don't?*" By gaining an appreciation of these particular exceptional skills and competencies and the values which underpin them the fundamental nature of the doctor's role is better illuminated.

Various organisations have attempted to define the role of the doctor but in 2008 a powerful alliance of medical royal colleges, unions, deaneries, employers and patient groups issued a consensus statement which begins thus:

"Doctors alone amongst health care professionals must be capable of regularly taking ultimate responsibility for difficult decisions in situations of clinical complexity and uncertainty, drawing on their scientific knowledge and well developed clinical judgment. The doctor's role must be defined by what is in the best interests of patients and of the population served".

The essence of the doctor's unique contribution can be summarised as a leader prepared to take ultimate responsibility, able to deal with complexity and uncertainty, able to work outside of protocols and responsible for training the next generation of doctors.

Current medical workforce

The medical workforce of BDCFT is divided, broadly, into three categories: Consultants, SAS doctors and trainees.

Consultants

Consultants are the most senior and highly paid doctors in the Trust. A wealth of evidence shows the benefits of Consultant-delivered services. The Consultant provides expert clinical care at the more complex end of the spectrum and their clinical role sits alongside

other important roles such as managerial decisions, teaching, training, research, developing local services and generally being involved in the wider management and leadership of the Trust. A Consultant is expected to practise independently and autonomously and has ultimate responsibility for patients under their care (including multidisciplinary care). The Consultant Psychiatrist has a predominant role in the implementation of the Mental Health Act, a statutory role which requires significant time for it to be delivered to the extremely high standard required. To become a Consultant, a doctor must have completed a prescribed training programme, hold a certificate of eligibility and must be on the UK Specialist Register of the General Medical Council.

Consultants should play a key role at the beginning of a patient's care pathway, ensuring that patients receive appropriate interventions following a thorough assessment, diagnosis and formulation.

Staff and Associate Specialist (SAS) doctors

Most SAS doctors are doctors who have undertaken several years postgraduate training but who do not possess a certificate of eligibility to become a Consultant; this may be because they were unable to get onto a suitable training programme or because they prefer the work-life balance which this role allows. The role of the SAS doctor tends to be entirely focussed on meeting service requirements and they have far less of the administrative, managerial and leadership responsibilities that Consultants have.

Trainees

Foundation trainees (FY1 and FY2) are doctors in their first two years out of medical school. During those two years they rotate through various specialties, including psychiatry, for four to six months at a time. Some, but by no means all, of these foundation trainees will wish to pursue a career in Psychiatry.

GP trainees are doctors who have chosen a career in General Practice and who are undertaking a psychiatry placement as part of their rotation. Both Bradford and Airedale have a long tradition of 'growing their own' so it is likely that many of these trainees will be the local GPs / commissioners of the future.

Core trainees (CT1, 2 & 3) and Specialty trainees (ST4, 5 & 6) are doctors who have chosen a career in Psychiatry. They provide a significant service commitment to the Trust via direct patient contact, both in and out of hours, in return for which they are provided with high quality training and development under the auspices of a Consultant who is required to act as both their clinical and educational supervisor. BDCFT currently has availability for 36 trainees.

Medical staffing levels

The exact breakdown of our permanent medical workforce, by specialty, is as follows:

	Whole time equivalents	Consultants	SAS
General Adult	15.4	14	3
Older People	10	7	3
Older People Liaison	1.0	1	0
Child and Adolescent	7.2	9	0
Low Secure	2.0	2	0
Learning Disability	3.0	2	1
PICU	1.0	1	0
Assertive Outreach	1.0	1	0
EIP / Rehabilitation	2.2	3	0
Psychotherapy	0.5	1	0
Perinatal	0.6	1	0

In addition, the Trust also employs a Senior Lecturer from York University on an honorary contract (two sessions) and a GP with a specialist interest in substance misuse (four sessions).

Medical Leadership Structures

Despite 30 years of evidence-based calls for meaningful, medical leadership, progress in the NHS has been mixed.

Research evidence shows that more desirable and attractive leadership roles for doctors must be created. Existing barriers include a preference for clinical work, a lack of adequate training and support, an absence of defined career paths and a culture which fails to value and reward doctors who take on leadership roles. Every NHS Trust should place a high priority on promoting medical leadership and engagement and commit time and resources to make it happen, investing in the development of medical leaders and pairing them with experienced managers, rewarding them both financially and in other ways and supporting them through expert mentoring and coaching. A recent Kings Fund study concluded “becoming a medical leader must be seen as a prize to be won, rather than a burden to be borne, in organizations where there is an expectation that those in leadership are among the brightest.....a few NHS Trusts are moving in this direction but most have a long way to go”.

All Trusts are required to have a Medical Director, with responsibility for the performance of the medical workforce, and who usually has a number of additional responsibilities including being Responsible Officer for medical appraisal and revalidation, Accountable Officer for Controlled Drugs, Caldicott Guardian etc.

Medical leadership structures and responsibilities below the level of Director are far more varied but BDCFT has been successful in attracting doctors into a wide variety of roles as follows:

- (i) A Deputy Medical Director who has four dedicated sessions per week and who leads on medical staffing issues.

- (ii) An Associate Medical Director, responsible for postgraduate and undergraduate training, employed five sessions per week.
- (iii) A Chief Clinical Information Officer (CCIO) two sessions per week.
- (iv) Medical Leads for CAMHS and Medical Specialties, 0.65 sessions per week.
- (v) A Director of Research, two sessions per week.
- (vi) Two Postgraduate Clinical Tutors, one session per week each.
- (vii) A Guardian of Safe Working Hours, one session per week.
- (viii) A Chair of the Local Negotiating Committee (LNC), 0.5 sessions per week.
- (ix) An SAS doctor tutor with an ad-hoc commitment.
- (x) Two new Trust-wide prescribing leads with an ad-hoc commitment.
- (xi) Continuing Professional Development (CPD) lead with an ad-hoc commitment
- (xii) Mentors for new consultants and for doctors facing more difficult situations.

The Deputy Medical Director and Director of Research have given presentations (on autism and dementia respectively) prior to recent public Board meetings which have been very well attended by members of the public and which have received excellent feedback. This is something we should seek to continue with other Consultants. A number of these medical leaders and other doctors have also contributed to Forward to Excellence sessions in 2017, specifically those looking at cultural competence and the 'well-led' framework.

The Trust currently has vacancies for Medical Lead roles for General Adult and Older People's mental health services but new opportunities to develop innovative Medical Lead roles are likely to be offered by future organisational change programmes.

Leadership Training

The leaders in roles (i) – (iv) are members of the Faculty of Medical Leadership and Management (FMLM), funded via a group subscription from the Medical Directorate budget. FMLM is the professional home for medical leadership in the UK and provides numerous resources and opportunities for its members. A number of our medical leaders have also graduated from the Trust's own 'Engaging Leaders' programme (five last year and four more currently undertaking) or programmes run by the King's Fund or the NHS Leadership Academy.

Additional training in leadership skills has been provided to medical staff via four courses, run locally by the British Medical Association (BMA), as part of our internal CPD programme (managed by the CPD lead).

Research

In addition to the Director of Research, we have now appointed to a number of Clinical Specialty Research Lead posts. These posts, created to assist with the work of the R&D Department, amount to 0.05wte for each post. They are entirely voluntary, with no remuneration, but despite this we had strong interest from a lot of good candidates. The role of the posts is to act as a point of contact for the R&D Department in a range of specialties, to engage with clinicians in the specialties to increase the pool of people contributing to research activity, and to increase the volume of Clinical Research Network portfolio work and so, ultimately, our funding from the network.

We have appointed Consultants to posts in Older Peoples Mental Health, CAMHS and LD. Other specialty leads represent a range of professional backgrounds and seniority, from team leaders to psychological therapists.

This represents a major step forward for the R&D department, and will allow those appointed to gain skills and knowledge to develop careers as researcher clinicians which will be of considerable benefit to the trust.

Regional roles

A small number of doctors have regional (Yorkshire and Humber) roles including the Deputy Training Programme Director for Older Peoples Mental Health and the regional Royal College representative for CAMHS.

Wider Medical Engagement

Previous objective measures of medical engagement such as the Medical Engagement Scale (MES) showed that the Trust fell within the high range, not only on the overall index of medical engagement, but also on 'working in a collaborative culture' and 'being valued and empowered'. On a third measure, 'having purpose and direction', the Trust was in the medium range with no measures in the lower range.

On average, senior managers appeared to underestimate levels of medical engagement which is a result often found in Trusts where management are sensitive to the appropriate roles of medical staff and are proactive in promoting and maintaining high levels of authentic medical involvement in ensuring the quality of service provision.

Despite the overall good results BDCFT has not rested on its laurels as medical engagement is a continuous 'contact sport' and hard-won progress is easily lost.

A number of specific actions have already been taken, or are ongoing, to further improve medical engagement:

Senior managers and Directors (both executive and non-executive) are attending doctors' meetings more regularly to discuss ideas, concerns and expectations.

Medical leads and managers attend a monthly Medical Management Steering Group * whose standard agenda includes workforce planning and feedback from medical leads on service / quality issues.

A General Adult Psychiatrist forum * has recently been established. The meetings are themed and the first one looked at the issue of recruitment, with a number of helpful suggestions emerging.

A robust, but supportive, appraisal and revalidation system has been successfully established; appraisal rates are 100% and all Trust doctors have been revalidated. The Trust funds doctors' 365 feedback tool to aid this process. Nine of our Consultants are fully-trained appraisers, undertaking an average of five appraisals each per annum and support each other via an Appraiser Peer Group *. Internal audit has given a 'significant assurance' opinion, in 2017, in relation to medical appraisal and revalidation.

The Local Negotiating Committee (LNC) * is being re-established, now that we have attracted a new Chair from the Consultant body. This, quarterly meeting, allows the Trust to negotiate with employed doctors on matters pertaining to contracts of employment.

The terms of reference of the, long-established, Medical Council * are to be revised with the agenda being determined by the medical workforce itself. The Deputy Medical Director will step down as Chair of the Council and be replaced by a doctor who does not hold a formal leadership position within the Trust. These changes are being made in response to suggestions from the medical workforce and will see a shift in emphasis from a 'corporate' forum which doctors attend to a doctors' forum which senior management attend.

Doctors have become increasingly involved in the Quality Impact Assessment panels * in recent months, in response to a specific recruitment drive, and have made important contributions to a number of significant transformation discussions.

* = medical director attends

With the arrival of some new Board members, consideration is being given to the re-introduction of 'clinical buddying' which previously helped to build mutual understanding between Board members and doctors but which was paused a couple of years ago.

The Associate Medical Director is a qualified coach and, over the past year, has provided individual coaching to a number of Consultant and SAS staff which has helped them with important career development decisions (e.g. postgraduate qualifications in medical education) which the Trust has been happy to support. Some good results already achieved with catching new Consultants early on (identify potential and support development), working with established Consultants (what more do they want from their jobs) and those nearing retirement (how can we support transition and encourage them to continue working in the organisation for the right reasons).

Job Planning

All Consultants and SAS doctors are expected to have an annual job plan discussion, separate to their annual appraisal, in line with national contractual terms and conditions. The Trust job planning policy was revised two years ago and these discussions now take place between the doctor, a senior manager and a senior medical colleague, supported by HR.

Internal audit has given a 'significant assurance' opinion, in 2017, in relation to medical job planning.

Medical Locums

Trust spend on medical locums has been high for a number of years despite extensive efforts to address the issue.

The biggest root cause is the lack of doctors choosing psychiatry as a career, leading to low numbers of core trainees and a lack of applications for General Adult Consultant jobs. Nationally, the number of training posts has recently been increased (at the expense of other medical and surgical specialties) and psychiatry trainees receive a salary premium as part of the new junior doctor contract but whether these measures will lead to an upsurge in psychiatrist numbers remains unclear.

The majority of locums are covering existing vacancies but there is a considerable premium on top of the cost of a substantive appointment.

A smaller number are employed in response to maternity and sickness absence.

A number of initiatives are being used to address the locum issue:

All long term Consultant locums were given the option to work at the national pay cap and those who refused were replaced by locums 'at cap'. This measure had mixed results with some replacement locums not reaching the quality standards we expect. All Consultant locums are now practising to our high standards.

The Trust has an ongoing programme of recruitment and has recently entered into a sourcing arrangement (for permanent Consultants), with one of our more responsive locum agencies, in addition to our standard processes.

We continue to offer long-term agency locums the option of permanent employment.

For SAS doctors and locums who do not hold a Certificate of Completion of Training (CCT) we are promoting and supporting the Certificate of Eligibility for Specialist Registration (CESR). This allows doctors who have knowledge, skills and experience in psychiatry, but have gained these outside of an approved training programme, to apply for entry onto the Specialist Register. Applications for a CESR are complicated and time consuming but we currently have one locum who is nearing the end of the process and one SAS who has expressed an interest. Doctors who have a CESR can apply for permanent Consultant posts.

Internal audit has given a 'significant assurance' opinion, in 2017, in relation to Consultant recruitment.

As far as junior doctors are concerned, we were successful in recruitment of three 'Trust Grade' doctors in August; these are doctors who have stepped aside from a recognised training programme to consider their career options and who provide all the service that a junior in a recognised training post would. In addition we have successfully recruited an experienced, international psychiatrist via the The Medical Training Initiative (MTI). The MTI is a mutually beneficial scheme that provides junior doctors from all over the world with the opportunity to work and train in the UK, while giving Trusts a high quality, longer-term alternative to using locums to fill rota gaps. Our record, this year, for attracting to these novel posts has exceeded that of neighbouring Trusts. We are also continuing to explore the possibility of a West Yorkshire junior doctor bank with our colleagues in LYPFT and SWYPFT.

Conclusions

BDCFT requires a medical workforce which is able to deliver safe, high quality care, able to train the next generation of doctors and which contributes to the development of the Trust through excellent leadership.

Our medical workforce is of a very high standard, across all specialties.

There are high levels of medical engagement and many doctors in leadership positions (particularly for a Trust our size) but this needs constant attention and, in times of persistent transformation, the Trust must continue to ensure good communication between senior management and doctors.

Expenditure on medical locums remains an ongoing challenge (in common with the national picture) but we have introduced a number of initiatives to reduce this, some of which are beginning to show results.

Three internal audits have reported in 2017: job planning, appraisal & revalidation and recruitment; all three received a 'significant assurance' opinion.

Next steps

The medical lead role is currently under-utilised for communication purposes. As part of Head of Service team planning, service managers should have regular meetings with medical leads.

The gap in medical leadership in General Adult Mental Health needs addressing; establish a Consultant lead in each CMHT working closely with one team leader to take initiatives forward.

Opportunities for Consultants to take a greater role in service management may be appropriate in smaller services such as psychotherapy.

Consider automatic offer of 'Engaging Leaders' to new Consultants and consider extending this to higher trainees as a way to attract new Consultants (TEWV, for example, run a specific 'management for higher trainees' programme).

Undertake regular (12-18 month) audit / evaluation of medical engagement.

Have consultant focus group, (similar to the recruitment session), to look at "what do we understand by medical engagement' and develop a shared vision.

Establish a specialist medical HR role to support recruitment and retention, job planning, implementation of national terms and conditions, liaise with the LNC and support investigations of concerns around doctors' practise.

Develop a further series of lunchtime presentations by medical staff prior to public Board meetings.

Recommendations

Board is asked to note the contents of this report and confirm that it provides assurance in respect of actions being taken to maintain high levels of medical engagement across the Trust.

Board is asked to endorse the suggested 'next steps' to further improve medical leadership and medical recruitment.