

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

DYDDIAD Y CYFARFOD: DATE OF MEETING:	13 th December 2021
TEITL YR ADRODDIAD: TITLE OF REPORT:	Medical Engagement Scale Survey Results/Comparison Report November 2021
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Phil Kloer, Medical Director/Deputy Chief Executive
SWYDDOG ADRODD: REPORTING OFFICER:	Christine Davies, Assistant Director of Organisational Development John Evans, Assistant Director, Medical Directorate

Pwrpas yr Adroddiad (dewiswch fel yn addas)

Purpose of the Report (select as appropriate)

For Assurance

ADRODDIAD SCAA

SBAR REPORT

Sefyllfa / Situation

Improvement in health care requires 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, ultimately resulting in high quality patient care.

Medical Engagement is defined by the Medical Engagement Scale (MES) model 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.'

Cefndir / Background

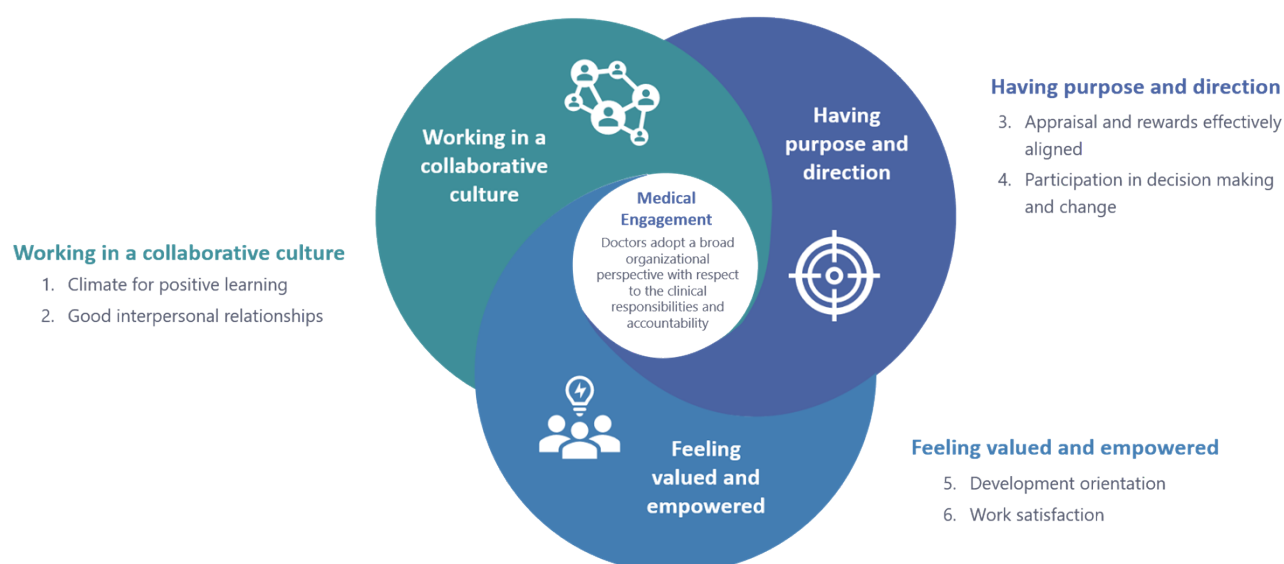
The MES was originally developed in 2008 for use in the 'Enhancing Engagement in Medical Leadership' project, conducted by the NHS Institute for Innovation and the Academy of Medical Royal Colleges for which Professor Peter Spurgeon was the National Project Director.

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. The MES scale is defined as:

MES Scale	Scale Definition <i>[The scale is concerned with the extent to which.....]</i>
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

Medical Engagement Scales

What make up the scales



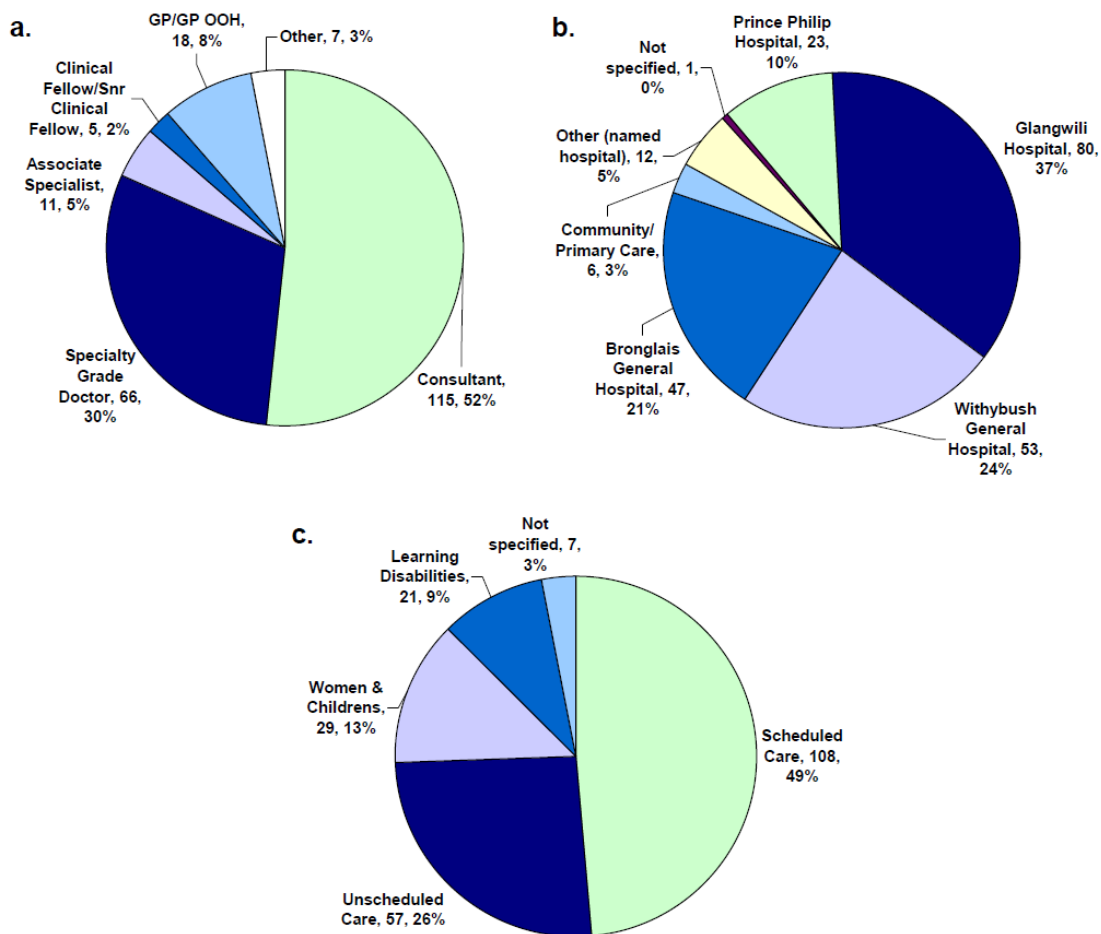
In June 2021, an all-Wales survey monitoring engagement of medical staff (MES) was conducted by Engage to Perform Ltd. This survey was conducted with a view to provide comparisons in terms of:

- Time - focusing on the differences and direction of travel between the survey undertaken in 2016 and this survey undertaken in 2021.
- Locations - across hospitals within Hywel Dda University Health Board (HDdUHB) and with other University Health Boards across Wales.

In total, **222** members of medical staff within HDdUHB completed the survey, including consultants, associated specialist/ staff grade and trainees. The survey is a comparison with 21,500 medical staff from other Health Boards, a Trust and one unified Public Health organisation.

The response rates broken down for staff groups(a), main hospital/sites(b) and directorate(c)

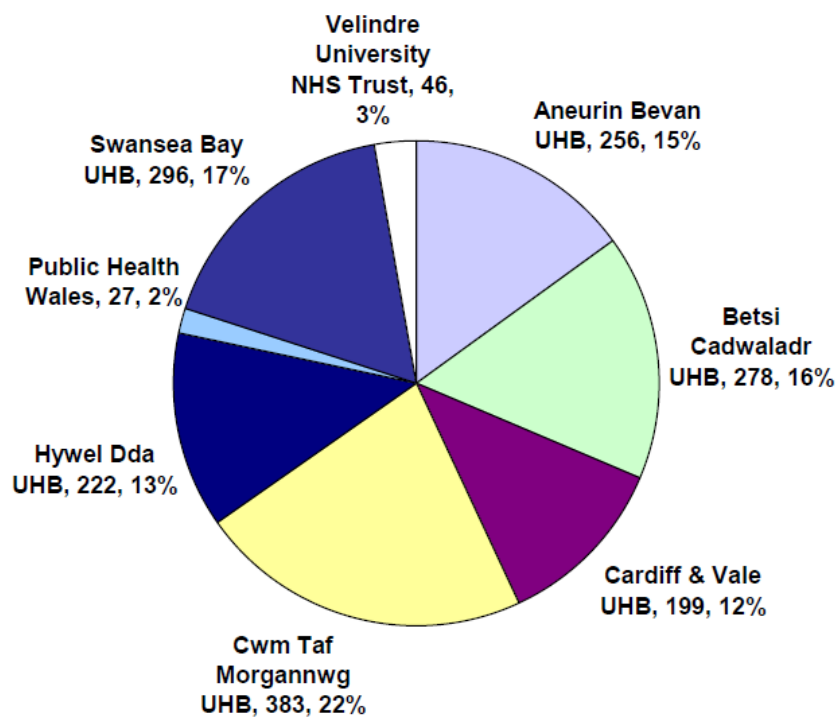
are as follows:



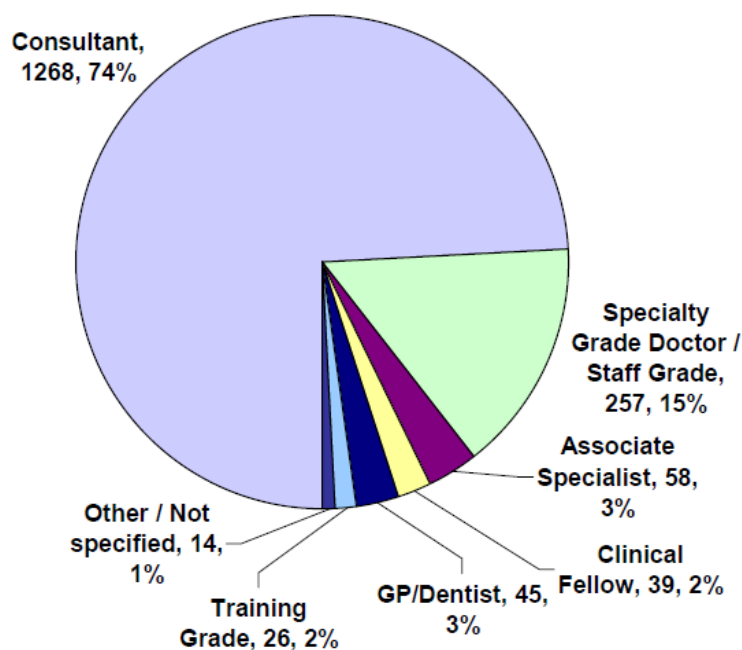
In addition to the HDdUHB report, a Pan Wales report was produced:

- To benchmark current levels of medical engagement in Wales against the updated normative MES database consisting of medical engagement data collated from over 150 MES survey administrations and comprising the opinions of more than 21,500 medical staff.
- To benchmark current levels of medical engagement in Wales against the baseline assessment of medical engagement in 2016 in order to assess percentage changes in scale score endorsement.
- To explore medical staff perceptions of common engagement issues across the Welsh Health Boards, Welsh Medical Staff Groups, and Welsh Specialties.

The response rates for all Welsh Health Boards is:



In terms of Medical Staff Groups response rates:



In addition to the medical engagement questions, three other categories were requested to provide contextual information using local questions. These were:

Set 1) Generally, in this organisation

- 1. We try new things rather than hold on to the status quo.***
- 2. I have regular involvement with the leadership team within my speciality.***
- 3. I have the information needed to understand the financial consequences of the decisions I make.***
- 4. I feel able to provide the best care to patients within the resources available.***
- 5. I am able to keep up to date and informed about changes in plans and policies.***

Set 2) The working arrangements in this organisation

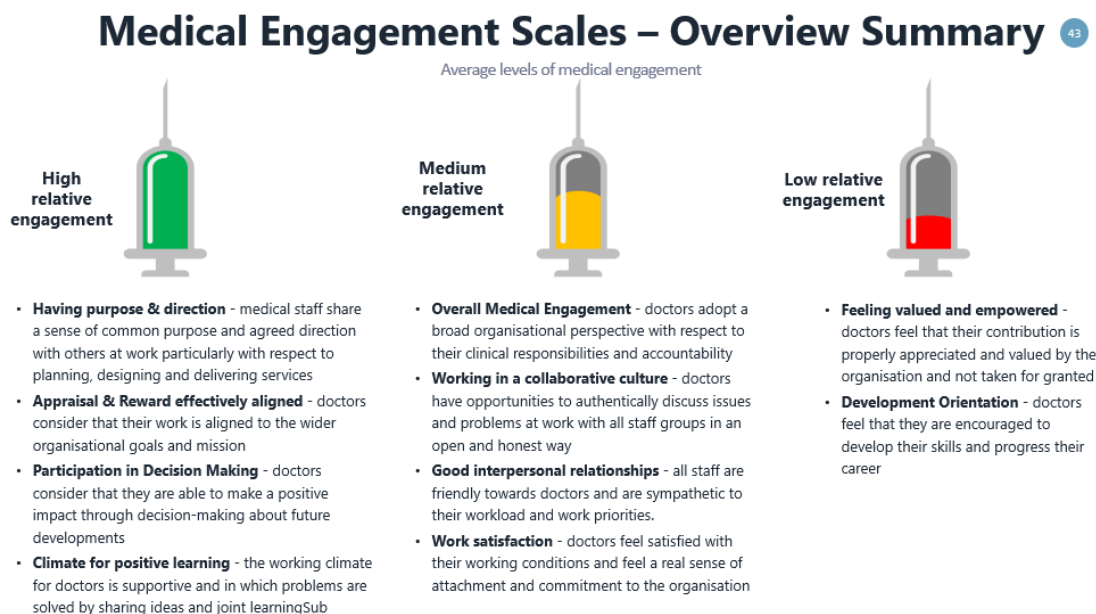
1. Support close working between the service team and medical staff to resolve issues.
2. Promote leadership, innovation and change as an intrinsic part of the medical role.
3. Facilitate my opportunities to discuss quality, safety and performance with Senior Managers, including the Chief Executive (formally or informally).
4. Help me engage in personal training and professional development programs.

Set 3) To what extent do you consider that the Covid-19 crisis has.....

1. Increased the level and complexity of your workload
2. Encouraged your personal involvement in making or influencing decisions
3. Fundamentally expended medical influence on organisational decision-making
4. Resulted in your contribution becoming more valued and appreciated
5. Highlighted your own training or development needs
6. Constrained your professional development and career prospects
7. Improved understanding and increased support for your work demands
8. Led to greater cooperation between all clinical staff.

Asesiad / Assessment

In all, 222 medical staff affiliated to HDdUHB completed the questionnaire. The average scores for all Trusts/Health Boards were ranked and split into five main engagement bands for each of the ten MES scales, the overall level of medical engagement for HDdUHB compared to the external norms were:



For the average of all responding medical staff, four of the ten MES scales were rated within the **high** relative engagement band, four MES scales were rated within the **medium** relative engagement band (and the two remaining MES scales (i.e. **Being Valued & Empowered** and **Development Orientation**) were both rated within the **low** relative engagement band.

Two medical staff groups (i.e. Consultant - n = 115 and General Practitioner (GP)/GP Out of Hours (OOH) – n = 18) were predominantly strongly engaged. With respect to Consultants, four scales had strongly improved since the baseline assessment in 2016. These were:

Having Purpose and Direction and its two constituent sub-scales (i.e. **Appraisal & Rewards Effectively Aligned** and **Participation in Decision-Making & Change**) together with **Development Orientation**.

Staff group **Associate Specialists** (n = 11) were associated with a *strongly disengaged*

MES engagement profile currently rating all ten MES scales within the lowest band and had large percentage declines in medical engagement compared to their baseline assessment. It was notable that **Participation in Decision-Making & Change** had declined 16% from the baseline assessment and **Development Orientation** had declined 26% from the baseline assessment.

Medical staff affiliated to **Withybush General Hospital (WGH)** (n = 53) had improved on all ten MES scales since the **Baseline** assessment particularly so with respect to **Working in a Collaborative Culture** and **Climate for Positive Learning**. In contrast, staff affiliated to **Prince Philip Hospital (PPH)** (n = 23) showed a consistent decline since the baseline assessment in levels of medical engagement across all ten MES scales. Medical staff affiliated to **Glangwili General Hospital (GGH)** (n = 80) and **Bronglais General Hospital (BGH)** were both associated with more 'mixed' medical engagement profiles with some scales improving over time and others revealing declines in levels of medical engagement.

Medical staff affiliated to the **Scheduled Care Directorate** (n = 108) have *moderately improved* for eight of the ten MES scales since the baseline assessment in 2016. In contrast, members of medical staff affiliated to the **Unscheduled Care Directorate** (n = 57) have *moderately declined* across all ten MES scales although the overall medical staff in this **Directorate** remain *positively engaged*. Levels of medical engagement for members of medical staff affiliated to the **Women & Children's Directorate** (n = 26) have a more 'mixed' MES profile. Staff in the **Learning Disabilities Directorate** (n = 21) have a *strongly engaged* MES profile with the sole exception of **Development Orientation** which was only rated in line with the *moderate* relative engagement band.

The results indicated that there were numerous **Speciality** fluctuations in medical engagement which will require further exploration at local level in order to uncover the causes and consequences of identified low levels of engagement and point to ways in which these work situations may be improved.

Consultants with a position of managerial responsibility (n = 38) were currently more engaged with respect to nine of the ten MES scales compared to their **Consultant** colleagues **without** a position of managerial responsibility (n = 77). **Consultants with** a position of managerial responsibility currently rated nine of the ten MES scales within the **highest** relative engagement band compared to the external norms. In contrast, **Consultants without** a position of managerial responsibility currently indicated high levels of engagement with respect to two scales (i.e. **Having Purpose & Direction** and **Appraisal & Rewards Effectively Aligned**).

On average, senior managers appeared to be well aligned to medical staff in their estimates with respect to **Having Purpose & Direction**, however appeared to **overestimate** medical staff perceptions with respect to the **Working in a Collaborative Culture**, and **Being Valued & Empowered**. This tendency for managers to overestimate medical engagement may indicate some lack of awareness or appropriate concern with the working challenges that members of medical staff regularly face at work.

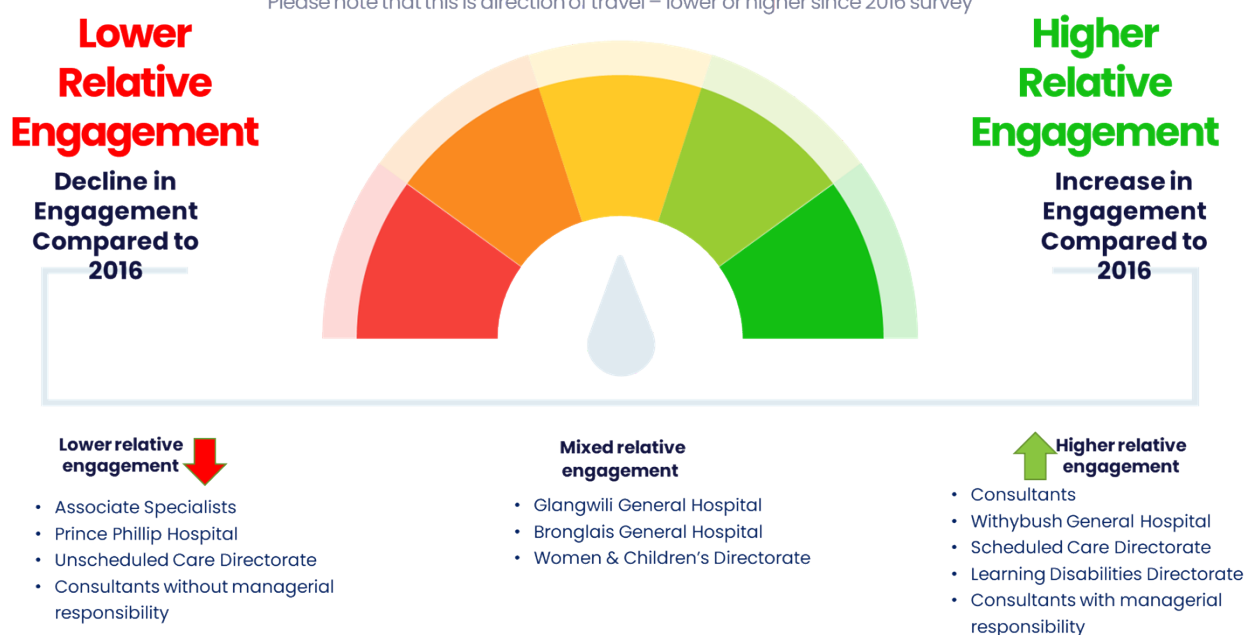
At the baseline assessment, 37% of respondents endorsed (i.e. either 'agreed' or 'strongly agreed') with the statement '**I am able to keep up to date and informed about changes in plans and policies**' whereas in the current assessment, 52% did so. Similarly, there were improved ratings with respect to '**I feel able to provide the best care to patients within the resources available**' (changed from 53% to 63%) and '**We try new things rather than hold onto the status quo**' (changed from 35% to 40%).

The COVID-19 crisis was generally perceived as having a range of impacts on medical working practice. For example, although 78% 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'**), 59% of respondents considered that the COVID-19 crisis had encouraged their personal involvement in making or influencing decisions (i.e. either **'moderately'**, **'a lot'** or **'a great deal'**). Similarly, although 84% 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'**), 90% of respondent felt that the crisis had led to greater cooperation between all clinical staff.

In terms of looking at general engagement by staff groups compared to 2016:

HDUHB GENERAL ENGAGEMENT

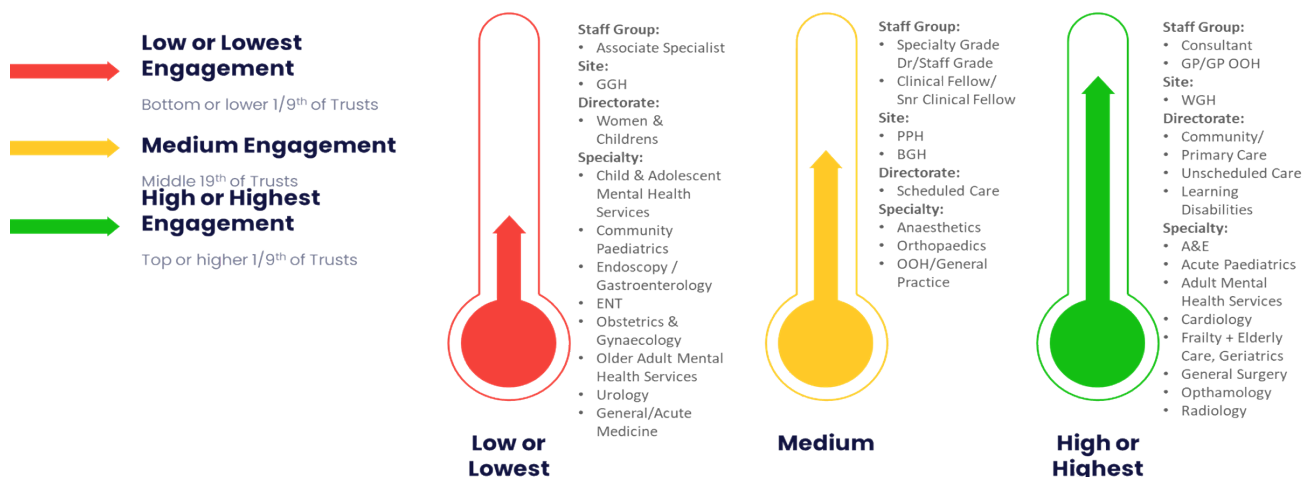
By staff groups, acute sites and directorate's compared to baseline 2016
Please note that this is direction of travel – lower or higher since 2016 survey



Comparing HDdUHB results with other Health Boards, a Trust and Public Health Wales:

Overall Levels of Engagement

Engagement levels broken down by Staff Group, Sites, Directorate and Speciality

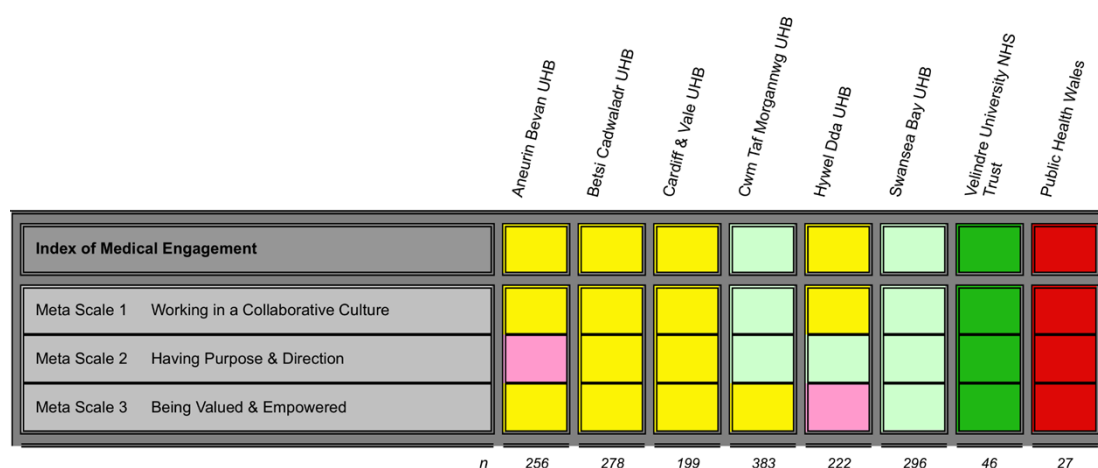


In terms of the MES scales pan Wales:

- HDdUHB has the 5th highest number of respondents (222), Cwm Taf Morgannwg UHB being the highest (393) – 1707 respondents in total across Wales.
- Overall, in terms of medical engagement, HDdUHB's results showed a medium relative engagement (middle 1/9th of Trusts/Health Boards).
- Whilst Velindre Trust came out as the highest medically engaged staff, they also saw the biggest percentage decline since the previous MES survey in 2016.
- Swansea Bay UHB evidenced the most improved levels of engagement since the 2016 survey with all 10 scores being rated as high relative engagement in 2021.
- HDdUHB has high relative engagement in relation to **Having Purpose & Direction**, medium relative engagement (middle 1/9th Trusts/Health Boards) in relation to **Working in a Collaborative Culture** and low relative engagement in relation to Being Valued and Empowered.

KEY

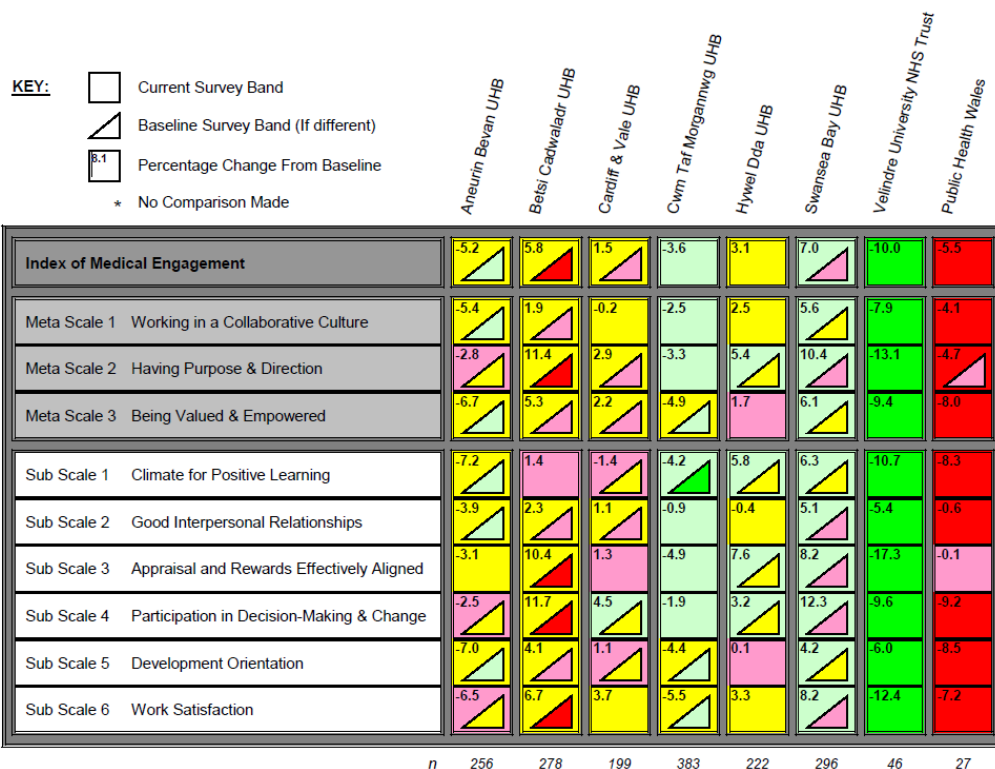
- Highest Relative Engagement (Top 1/3th Trusts)
- High Relative Engagement (Next 1/3th Trusts)
- Medium Relative Engagement (Middle 1/3th Trusts)
- Low Relative Engagement (Next 1/3th Trusts)
- Lowest Relative Engagement (Bottom 1/3th Trusts)



Considering the direction of travel for all Health Boards and Trusts:

- HDdUHB had the highest relative levels of medical engagement with Consultants along with Velindre Trust and Swansea Bay UHB.
- In terms of Specialty Grade Doctors and Staff Grades, HDdUHB remained in the medium relative engagement range, the biggest improvement was evidenced in Swansea Bay UHB, transitioning from the lowest range in 2016 to the highest range in 2021.

- HDdUHB, compared to the baseline assessment in 2016, indicated that all 10 MES scale scores have declined for associate specialists. In comparison, Aneurin Bevan UHB is consistently associated with a high level of medical engagement with associate specialists.
- Across Wales, consultant staff with management responsibility have higher levels of medical engagement across all ten MES scales compared to those without management responsibility. In this category, HDdUHB consultants were in the highest relative engagement range apart from 'good interpersonal skills' which was still in the high range with improvement from 2016 which was graded at medium.
- For consultants without a position of managerial responsibility, HDdUHB saw a decline from medium to lowest relative engagement range in terms of 'good interpersonal skills', however all other areas observed an increase from 2016.
- Across Wales, the General Surgery and Trauma and Orthopaedics specialty's engagement scores declined across all 10 engagement scales, whereas Dental & Oral & Maxillo-facial surgery, Dermatology, Respiratory and Rheumatology were all rated in the highest engagement category for all 10 engagement scales.



Contextual information – 'shared' local items

To provide context to the medical engagement scale, three sets of local additional shared questions were asked where respondents agreement has changed by 10% or more since 2016. They have been highlighted as follows - cells shaded in green indicate higher level of agreement and yellow indicates lower levels of agreement both compared to 2016:

1. Set 1 – Generally in the Organisation.....

Generally, in this organisation....

		Aneurin Bevan UHB	Betsi Cadwaladr UHB	Cardiff & Vale UHB	Cwm Taf Morgannwg UHB	Hywel Dda UHB	Swansea Bay UHB	Velindre University NHS Trust	Public Health Wales
1. We try new things rather than hold on to the status quo	2016	40.3	26.5	33.7	45.8	34.5	36.5	73.1	34.5
	2021	43.0	27.0	38.2	34.5	40.1	35.5	41.3	25.9
2. I have regular involvement with the leadership team within my speciality	2016	61.0	38.3	52.8	52.0	49.1	48.5	80.8	29.1
	2021	46.1	50.0	57.8	51.7	47.7	65.9	78.3	51.9
3. I have the information needed to understand the financial consequences of the decisions I make	2016	37.7	28.9	33.7	25.8	26.7	29.4	30.8	18.2
	2021	21.1	24.8	23.6	26.9	26.1	33.4	37.0	29.6
4. I feel able to provide the best care to patients within the resources available	2016	32.5	39.5	41.4	56.0	52.1	32.6	73.1	38.2
	2021	37.9	47.1	45.2	52.0	62.6	49.0	67.4	29.6
5. I am able to keep up to date and informed about changes in plans and policies	2016	45.5	32.0	42.3	38.2	36.4	38.5	76.9	32.7
	2021	43.4	36.3	40.2	42.8	52.3	48.0	67.4	33.3

HDdUHB medical staff ratings have improved in relation to - 4. *I feel able to provide the best care to patients within the resources available.* 5. *I am able to keep up to date and informed about changes in plans and policies.*

2. The working arrangements in this organisation.....

The working arrangements in this organisation....

		Aneurin Bevan UHB	Betsi Cadwaladr UHB	Cardiff & Vale UHB	Cwm Taf Morgannwg UHB	Hywel Dda UHB	Swansea Bay UHB	Velindre University NHS Trust	Public Health Wales
1. Support close working between the service team and medical staff to resolve issues	2016	32.5	24.9	19.3	na	32.7	30.0	88.5	23.6
	2021	31.3	31.3	35.2	38.1	45.0	41.2	43.5	18.5
2. Promote leadership, innovation and change as an intrinsic part of the medical role	2016	37.7	20.2	18.5	44.9	32.7	29.1	80.8	29.1
	2021	31.3	27.3	33.7	38.4	41.9	35.8	63.0	14.8
3. Facilitate my opportunities to discuss quality, safety and performance with Senior Managers including the Chief Executive (formally or informally)	2016	32.5	13.4	16.3	na	27.9	24.1	50.0	12.7
	2021	23.8	19.1	29.6	26.9	35.1	27.0	50.0	11.1
4. Help me engage in personal training and professional development programmes	2016	62.3	57.3	25.1	na	46.7	52.6	61.5	45.5
	2021	51.2	56.5	45.7	51.4	51.4	53.7	71.7	40.7

HDdUHB medical staff ratings have improved in relation to - 2. *Promote leadership, innovation and change as an intrinsic part of the medical role.*

3. To what extent do you consider that the COVID-19 crisis has....

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

	Aneurin Bevan UHB	Betsi Cadwaladr UHB	Cardiff & Vale UHB	Cwm Taf Morgannwg UHB	Hywel Dda UHB	Swansea Bay UHB	Velindre University NHS Trust	Public Health Wales
1. Increased the level and/or complexity of your workload	62.5	49.3	52.8	57.4	51.8	55.7	56.5	81.5
2. Encouraged your personal involvement in making or influencing decisions	25.0	23.7	27.6	31.3	24.3	30.1	34.8	29.6
3. Fundamentally expanded medical influence on organisational decision-making	21.5	18.7	21.1	28.7	26.1	20.3	30.4	22.2
4. Resulted in your contribution becoming more valued and appreciated	10.2	14.7	15.1	15.1	19.4	12.5	26.1	11.1
5. Highlighted your own training or development needs	8.2	11.2	12.6	16.2	20.7	12.2	10.9	14.8
6. Constrained your professional development and career prospects	31.3	19.8	19.1	22.7	23.9	28.0	2.2	22.2
7. Improved understanding and increased support for your work demands	9.0	10.1	12.6	15.1	16.2	10.1	15.2	7.4
8. Led to greater cooperation between all clinical staff	30.9	31.3	30.2	39.4	40.1	37.2	43.5	37.0

For the third set of questions, the cells shaded green highlight those Health Boards where there has been an increase in 5% or more from the average score; those where the average score is less than 5% or more from the average score are highlighted in yellow.

Pan Wales conclusion:

- Overall improved relative levels of medical engagement.
- Betsi Cadwaladr & Swansea Bay UHBs particularly marked improvement.
- Velindre Trust continues to evidence high relative levels of medical engagement, albeit a decrease in scale scores.
- Public Health Wales continues to have a lower relative engagement and decline.
- Cwm Taf Morgannwg UHB & HDdUHB have broadly similar profiles to previous.
- Staff feel that COVID-19 generally has not had a positive impact of working practice / style.

In the conclusion, it was observed that to be cost-effective, contemporary complex healthcare systems will increasingly rely on members of medical staff becoming more engaged in leading care through their close involvement in planning and providing service improvements. For the benefit and safety of patients, Health Boards in Wales remain required to focus more effort on encouraging all medical staff to develop a systems-wide perspective on their organisations in order to harness their valuable experience and clinical skills more effectively within these health delivery systems. This shift in culture will not only help medical staff deliver better and safer care to patients, it will also facilitate opportunities to help shape new patterns of service delivery. Although the current MES surveys (2021) have identified a range of real improvements in encouraging medical involvement in organisational decision-making and change, there is clearly a great deal that needs to be accomplished if the necessary significant cultural shift from 'top-down' management for progressive action is to be achieved.

HDdUHB Actions Underway

The views of medical staff affiliated to HDdUHB have indicated a range of levels of medical engagement compared to the established external medical engagement norms. As well as identifying improvements in medical engagement, also identified is a range of areas where

there remains a pressing need to enhance levels of medical engagement and some of these require tackling as a matter of some urgency. Despite the encouraging improvements in medical involvement, areas of low levels of medical engagement remain apparent within HDdUHB and further efforts should be made to better understand these as a focus for possible interventions at the local level.

It should be noted that the timing of this survey was in the middle of the global COVID-19 pandemic, which may have had a detrimental impact on compliance. This workforce intelligence will be vital in driving key workforce objectives and the progression of the Workforce, Organisational Development & Education Strategy 2020 – 2030.

Aggregated over the whole organisation, the results suggest that the three main areas where managerial interventions to improve medical engagement appear to be most pressing are:

- Facilitate greater opportunities for the professional development of medical staff;
- Ensure all staff understand that their contribution is understood and valued; and
- Encourage open and honest communication with a trusting and cooperative work style.

It is encouraging to note that HDdUHB is already making progress in these areas:

In terms of **Facilitating greater opportunities for the professional development** of medical staff, HDdUHB is:

- Progressing through the implementation of a New Consultant Development Programme which commenced in November 2021;
- Peer Mentor training for Consultants and SAS (staff grade, associate specialist and specialty doctors) Doctors;
- SAS Tutor co-ordinates SAS Development events throughout the year;
- Appointment to newly developed role of Clinical Lead for Certificate for Eligibility for Specialist Register (CESR) - specifically responsible for:
 - Providing mentorship to SAS doctors throughout the CESR process to make them feel valued.
 - Creating individualised flexible and family rotations for SAS doctors to support CESR application.
 - Organising secondments to other specialities required by the General Medical Council (GMC) to gain entry to the specialist register via the CESR route.
 - Providing SAS doctors with advice, feedback, and support to develop skills to deliver high quality patient care.
 - Developing and leading a CESR support group with regular meetings.
 - Developing and coordinating a CESR mentoring network.
 - Linking outside the organisation with appropriate bodies such as HEIW.
- Establishment of a CESR Mentoring/Support group comprising of consultants who have attained CESR and SAS doctors working towards the accreditation.
- An Overseas Doctors work programme has been developed to assist with the induction of new recruits from overseas. This will support the individual from the time of appointment through until they are fully established, both within the organisation

and outside of work. The 4 pillars of support include:

- Recruitment;
- Onboarding;
- Early Support (<6 months);
- On Going Support (>6 months).

In terms of **Ensuring all staff understand that their contribution is understood and valued:**

- Appointment of Deputy Medical Director and Consultant Surgeon as SAS Doctor Champion acting as an advocate for SAS Doctors, helping to promote change and strengthen the voice and the rights of SAS doctors across HDdUHB.
- In support of this important agenda, an SAS Steering Group has also been established and comprises staff from the SAS Doctor workforce, Workforce & OD and Appraisal & Revalidation. Ultimately, the aim of the steering group is to fully implement the SAS Charter - which encompasses conditions of employment/development opportunities/supporting SAS doctors/well-being/bullying and harassment.
- Focus groups to engage with areas highlighting a need for improvement, allowing opportunities to understand how involvement and engagement can be improved. Areas include:
 - Child and Adolescent Mental Health Services;
 - Community Paediatrics;
 - Unscheduled Care – PPH;
 - A further listening exercise with Associate Specialist grade doctors will be arranged for Spring 2022.

In terms of **Encouraging open and honest communication with a trusting and cooperative work style:**

- The Steering Group has co-ordinated a number of engagement activities including two listening exercises and an online survey, the purpose being to ascertain 'what is important to SAS Doctors, 'how well we as an employer are performing' and 'what mechanisms we as an organisation can put in place to holistically support doctors as individuals.
- The Steering Group's short and long-term objectives have been derived based on feedback from such meetings, i.e. implementation of a CESR Lead.
- To ensure the wider agenda maintains momentum and marginal gains are documented, a 'teams channel' entitled SAS Dr Steering Group has been created to allow a two way dialogue that will ensure transparency and openness.
- Listening exercise between the SAS doctor staff group and Medical Senior Leadership Team to better understand the needs, concerns and communication improvements required.
- A focus on understanding the need for recognition of SAS caseload activity and the senior accountability of the work undertaken.

Argymhelliad / Recommendation

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

- 1) Note the results of the Medical Engagement Scale Survey.
- 2) Receive assurance on the actions being undertaken in HDdUHB to further develop relationships with the medical staff cohort.

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	3.13 Seek assurances that there are engagement activities in place to encourage and facilitate staff participation and involvement with staff wellbeing and support interventions.
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Not applicable
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	7.1 Workforce
Amcanion Strategol y BIP: UHB Strategic Objectives:	2. Working together to be the best we can
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report	2. Develop a skilled and flexible workforce to meet the changing needs of the modern NHS
Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Medical Engagement Survey
Rhestr Termau: Glossary of Terms:	Contained within the body of the report.
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Diwylliant, Pobl a Datblygu Sefydliadol: Parties / Committees consulted prior to People, Organisational Development & Culture Committee:	Medical Staff Workforce & OD Staff

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	Not applicable
Ansawdd / Gofal Claf: Quality / Patient Care:	Not applicable
Gweithlu: Workforce:	Not applicable
Risg: Risk:	Not applicable

Cyfreithiol: Legal:	Not applicable
Enw Da: Reputational:	Not applicable
Gyfrinachedd: Privacy:	Not applicable
Cydraddoldeb: Equality:	Not applicable