



Health & Social Care Staff Experience Report 2019



‘Positive Staff Experience Supports Improved Care’

**EVERYONE MATTERS:
2020 WORKFORCE VISION**



**Healthier
Scotland**
Scottish
Government

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Ministerial Foreword for Staff Experience Report 2019

This report is a detailed analysis of the iMatter Continuous Improvement Model, carried out by Webropol Ltd, an independent company commissioned by the Scottish Government. All 22 Health Boards and 28 Health and Social Care Partnerships in Scotland participated in iMatter in 2019. I would like to personally thank every one of you that took part, and in particular, those of you who helped develop your teams' Action Plans.

Our staff, across Health and Social Care are our biggest asset and good staff experience is key to good patient care and delivering quality services. iMatter means that teams, managers and employers can measure and understand, improve and evidence staff experience. An independent evaluation of iMatter and Dignity at Work, carried out by Strathclyde University in 2018/19 found that staff, managers and trade unions viewed iMatter as an effective tool for promoting staff engagement. This is key to effective team working and empowering staff to take action to improve their experience in the workplace.

I was encouraged by the stories of innovations shared by teams covering a wide range of areas including health and wellbeing, team values, celebrating diversity, improved communication and visible leadership. These are all vital to creating healthy workplace cultures. This is a collective effort and we all have equally important roles to play, whether that is as a team member, line manager, or senior leader. I expect senior leaders and managers across health and social care to reflect on this report, celebrate staff achievements and champion our shared aim of improving staff experience.

iMatter is our shared journey to continuously improve our workplace cultures. Moving forward this will be supported by the roll-out of refreshed workforce policies that put staff at the centre, and which are applied consistently across NHS Scotland. I have also convened a Ministerial Short Life Working Group on Culture and Wellbeing, with representation from across Health and Social Care. This group is considering impactful ways of engaging staff to shape and embed cultures where staff work in open, fair, supportive and responsive environments, whatever their role and wherever they might be based. This group will report back to me with its proposals for delivering workplace improvements before the summer recess. Work is also underway to co-produce a new Dignity at Work measurement tool to make sure health and social care staff feel valued, listened to and treated with respect. Crucially this will be developed by staff for staff, using a similar methodology to that adopted to develop iMatter.

The roll out of 2020 iMatter questionnaires will begin this February. Your views matter, so thank you again for participating in 2019 and please take the opportunity to have your say, as we move forward into 2020.

Jeane Freeman OBE, Cabinet Secretary for Health and Sport



Introduction

Employers in Health and Social Care are committed to improving patient and public services through enhancing staff experience.

Our 2020 Vision for Health and Social Care makes a commitment to valuing and empowering everyone who works in NHSScotland and supporting them to work to the best of their ability. We recognise that improved staff experience is critical for delivery of the Scottish Government's Health and Social Care Delivery Plan, to provide better care, better health and better value.

It is therefore essential that staff at all levels in NHSScotland, including those working within Health & Social Care Partnerships (H & SCPs) are empowered and enabled to have their voices heard, that they are valued within their immediate team and wider organisation, and that their views, opinions and actions contribute to continuous improvement.

The work to measure and report staff experience in Health and Social Care in 2019 was commissioned by the Scottish Government and carried out by Webropol Ltd, an independent company.

The iMatter Continuous Improvement Model

The iMatter Continuous Improvement Model was developed by NHSScotland staff and aims to engage staff in a way that feels right for people at every level. As a team-based tool, iMatter offers individual teams, managers and organisations the facility to measure, understand, improve and evidence staff experience. The iMatter team stories included in this report illustrate the continued dedication of staff to improving not only their staff experience but in turn improving the care and services they deliver.

Arrangements for the delivery of the iMatter model were developed in full partnership and have been endorsed by the Scottish Workforce and Staff Governance Committee ([SWAG](#)) and approved by the Cabinet Secretary for Health and Sport. iMatter was initially rolled out over a three year period from 2015 to 2017 to all staff across NHSScotland and 24 Health & Social H & SCPs that chose to participate. The 2018 and 2019 programmes have repeated that process.

The implementation of iMatter has enabled us to obtain a comprehensive picture of staff experience. Indicating areas of success and those which require improvement both nationally and locally, it helps inform progress in delivering the commitments of our Staff Governance Standard. Our commitment to promoting effective staff governance was reinforced with the NHS Scotland (Reform) Act 2004 and the Staff Governance Standard underpins that commitment.

iMatter Process

The iMatter questionnaire enables staff the opportunity to feed back their experience within their team and at organisational level on a real-time basis. iMatter results are directly reported at team, directorate and organisation levels. Once team results are delivered two weeks after questionnaires closing, teams are invited to collectively share responsibility for developing an action plan within a 12 week period and to review actions and progress made throughout the year. As an integral part of the iMatter process teams come together to review the results and share thoughts and ideas in order to develop and implement Action Plans. This process is illustrated through the sharing of Team Stories. This report includes a summary of the main themes emerging and includes hyperlinks to all of the Team Stories submitted (Appendix 2).

iMatter Report 2019

This report provides detailed information and analysis of the iMatter responses for 2019. It also contains comparisons to 2018 and 2017 where appropriate.

The findings from this report will be used by a range of stakeholders, including:

- Individual organisations (Health Boards and local authorities)
- The Scottish Government
- Partnership Groups such as the Scottish Partnership Forum (SPF) and the Scottish Workforce and Staff Governance Committee (SWAG)

Data Collection

The iMatter questionnaire used Webropol to distribute electronic and paper questionnaires to NHSScotland employees, as well as those employed by the local authority who work in a Health & Social Care Partnership (H & SCPs) who chose to participate. In 2019, 22 Health Boards and 28 H & SCPs took part.

For 2019 all fieldwork was carried out between 5 February and 17 September. Paper responses were accepted through until 24 September to allow for post processing. The 2019 questionnaire additionally asked a question on staff groupings but was otherwise unchanged from 2018 and 2017. The report therefore contains data from all three years of the iMatter survey. Further details of the method are included in Appendix 1.

Key Performance Indicators

Throughout the analysis of iMatter there is focus on 4 KPIs, all of which have improved in 2019.

Overall Response Rate

62%

Questionnaires Issued: 179,453
Responses Received: 111,512

Response Rate

The response rate is calculated as the percentage of questionnaires issued that have been completed and returned within the allowable time. In total 179,453 questionnaires were issued. 25,782 (14%) of these were to social care staff within participating H & SCPs and 153,671 (86%) were NHSScotland staff. A total of 111,512 usable responses were received. This equates to an overall response rate of 62%. **This response rate has increased from 59% in 2018.**

No Report

**4 Boards
34% Teams**

No Report

The level of No Report is tracked at a Team, Directorate and Board level*. This shows the proportion within each group who have not achieved the response rate threshold. Overall 4 out of 22 Boards and 34% of Teams did not receive an iMatter report. **This is a notable improvement from 2018 when 9 Boards and 38% of Teams did not receive an iMatter report.**

E EI Score

76

Employee Engagement Index Score (EEI)

The Employee Engagement Index (EEI) is calculated based on the number of responses for each point on the scale (Strongly Agree to Strongly Disagree) multiplied by its number value (6 to 1). These scores are added together and divided by the overall number of responses to give the score to show level of engagement.

The 2019 EEI Score for Health and Social Care is 76, an improvement of one point from the 2017 score. No EEI was published in 2018 as the response rate threshold was not achieved.

Action Plans Agreed

58%

Action Plans Agreed

Each team is invited to complete a continuous improvement action plan. 58% of teams had an agreed Action Plan in place within 12 weeks of receiving iMatter results. **This is a small improvement on the 56% achieved in 2018.**

*Note: From 2020 it is anticipated that the reported KPI will be the percentage of teams issued with reports.

Key Performance Indicators (KPIs) by Board

The table below shows the KPIs for each of the Health and Social Care Boards.

Board	Response Rate	EEl	No Report*	Action Plans
Health & Social Care	62%	76	34%	58%
Golden Jubilee Foundation	67%	77	29%	52%
Healthcare Improvement Scotland	90%	78	19%	73%
NHS 24	65%	78	43%	54%
NHS Ayrshire & Arran	60%	76	34%	55%
NHS Borders	53%	No Report	47%	70%
NHS Dumfries & Galloway	66%	74	25%	58%
NHS Education for Scotland	87%	82	10%	93%
NHS Fife	62%	76	36%	42%
NHS Forth Valley	68%	75	26%	72%
NHS Grampian	62%	77	35%	52%
NHS Greater Glasgow & Clyde	59%	No Report	37%	57%
NHS Health Scotland	93%	81	0%	100%
NHS Highland	60%	74	37%	49%
NHS Lanarkshire	65%	79	30%	77%
NHS Lothian	63%	77	34%	57%
NHS National Services Scotland	82%	76	13%	88%
NHS Orkney	66%	75	30%	70%
NHS Shetland	63%	78	33%	41%
NHS Tayside	61%	75	38%	47%
NHS Western Isles	56%	No Report	43%	13%
Scottish Ambulance Service	59%	No Report	42%	82%
The State Hospital	79%	77	8%	79%

* Teams with No Report are teams of more than 4 people who did not achieve a 60% response rate and teams of 4 or less people that did not achieve 100% response rate. As the No Report KPI is a 'negative' metric the lower the percentage for this metric the better the performance.

Team Stories

Introduction to Team Stories

Team Stories are a vital part of the iMatter programme. They illustrate the way in which individuals and teams have come together to review the results and share thoughts and ideas in order to develop and implement Action Plans. Team Stories give best practice examples of how to address challenges that may be experienced by many teams. They therefore provide inspiration and ideas for other teams and for the organisation as a whole.

Team Stories are analysed in this section of the report with illustrative examples. Team Stories are incorporated elsewhere in this report, where they demonstrate how teams have addressed challenges in specific areas (e.g. response rates, long term trends, individual Staff Governance Standards etc.) A link to all Team Stories can be found on the Picture Boards in Appendix 2.

As was seen last year, Team Stories are demonstrative of the range of focus areas and actions that iMatter influences. In total 37 Team Stories have been submitted, 13 more than were put forward in 2018. They represent 15 NHSScotland Boards and include 11 Health and Social Care Partnership stories.

Health and Social Care	
NHS Education for Scotland	NHS Health Scotland
The State Hospital	NHS Highland
NHS Lothian	NHS Lanarkshire
NHS Greater Glasgow & Clyde	NHS Orkney
NHS 24	NHS Tayside
NHS Borders	Scottish Ambulance Service
NHS Dumfries & Galloway	Golden Jubilee Foundation
NHS Grampian	

HSCPs
Inverclyde (NHS Greater Glasgow & Clyde)
West Dunbartonshire (NHS Greater Glasgow & Clyde)
East Dunbartonshire (NHS Greater Glasgow & Clyde)
Angus (NHS Tayside)
Orkney HSCP
South Lanarkshire (NHS Lanarkshire)
North Lanarkshire (NHS Lanarkshire)
Dumfries & Galloway HSCP

It is notable that a number of the Team Stories are written against a **background of change**. Whether linked to personnel, organisational or working practice, change can cause uncertainty from which other issues emerge, such as lack of confidence, apparent lack of communication, workplace feelings of stress etc. Many stories start from a period of change, recognise the impact on the team and then move forward to turning that change into an opportunity for improvement as the example overleaf illustrates:

The migration to the new hospital has put strain on NHS Orkney, making the need for teams to work well together and for roles and responsibilities to be clear even greater. With new team members the Organisational Development Team need to be proactive in establishing and strengthening their team:

“Team Development day was well spent mapping out roles and responsibilities, it included a lot of fun during the day – which continued on into the evening!”



NHS Orkney, Organisational Development and Learning. Knowing me, Knowing you

Summary of themes

Across the 37 stories there are a wide range of topics addressed and differing approaches to how Action Plans are developed and implemented. The format that stories are presented in also vary considerably demonstrating again how each Team Story is owned by, and is a reflection of, that individual team.

In broad terms the following themes recur through the Team Stories. Each of these are explored in more depth in the following sections of the report:

- Staff wellbeing
- Collaboration and communication
- Teamwork
- Long-term commitment to improvement
- Outcomes beyond iMatter
- Improving the iMatter process

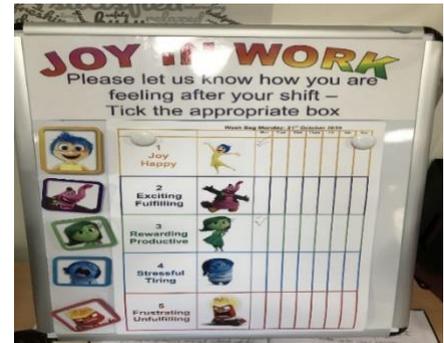
Staff Wellbeing

It is positive to see many stories focusing on staff wellbeing. In addition to the examples here, the topic is further explored in the **Staff Governance Standard – My Organisation** section of the report, through a powerful team story from the **Scottish Ambulance Service**.

An example of a proactive approach to understanding and improving the staff experience is provided by the Drum Ward, who have used an accessible approach to enable staff to be open about how they feel:

As a direct result of ‘poor’ scores for ‘experience as an individual’ the senior team has adopted the ‘Joy at Work’ programme for the Drum Ward. The programme focused on supporting staff health and wellbeing and has led to the Drum Ward team having an emotion board through which staff have an open opportunity to share and discuss their feelings.

NHS Grampian, Mental Health & Learning Disabilities Drum Ward. Team Journey



Sometimes it is simple things that can go a long way to supporting staff as illustrated in the Bee Happy at Work story:

“We are also making a conscious effort to spend lunch together allowing for time for social interaction with colleagues and building relationships....Looking after each other means we are better equipped to look after and support NHS Borders Staff.”

NHS Borders Work and Wellbeing – Occupational Health Team – Bee Happy at Work

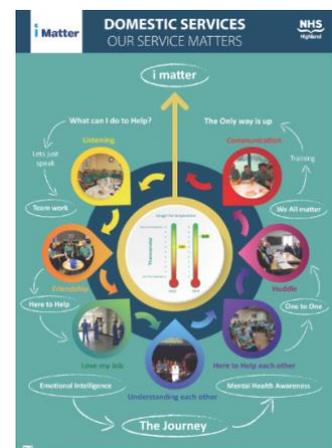
The Domestic Services team at Raigmore Hospital started their iMatter journey in 2015, initially getting staff engaged in the programme. They firstly invested in training to improve communication skills and are now moving on to focus on staff wellbeing:

“Through working together we have now developed a workplace culture that fosters team work allowing us to set clear goals and agree objectives with our individual teams and wider service users.”

More recent focus has been on raising the team profile across the organisation and continued skills development of the team. For 2019 the priority is the importance of happy staff:

“We began to think about mental health and wellbeing within the workplace, understanding how to deal with it positively and how to support each other.”

NHS Highland Domestic Services Team – Our Services Matter



Collaboration and Communication

Similar to last year, many team stories focus on how to improve communication and collaboration within teams, across teams or with senior management. There is a recognition that proactivity is needed, as illustrated by the example below:

The Community Children's Nursing Team took a very pro-active approach to improving two-way communication between their team and senior management.

The team identified a two-way knowledge gap between the team and senior management *"who were they and what did they know about us as a team."*

Various actions were taken to engage with the senior team, including inviting them to meetings, running Q&A sessions and having regular informal 'back to the floor' sessions



North Lanarkshire HSCP, Integrated Nursing Service. Our iMatter Journey

Teamwork

Again, as last year, many stories demonstrate how teamwork has been improved, whether within the individual team or through greater understanding and collaboration across teams. The three examples below come from NHS Education for Scotland and illustrate different aspects of team building:

1. Celebrating Diversity

“The diverse mix of our team members is also very helpful – we have a range of experiences, backgrounds and ambitions, and everyone is happy to share and learn from each other.”

NHS Education for Scotland, CPD Connect Team. Better communication means better staff experience

2. Raising awareness of the team and what it does, by using new solutions to do so

“Our aim is to increase knowledge and awareness of the team’s activities, both within the NES organisation and externally.... maximising opportunities to showcase the team’s work... new ways to network with key partners and would like to make more use of digital and social media in the future.”

NHS Education for Scotland, Oral Health Improvement Team. Raising the profile of the team

3. Dealing with the additional challenges of a dispersed team, recognising the increased need for two-way communication that this can present. This example demonstrates the importance both of speaking up and of listening:

“We introduced a weekly stand up every Monday to allow the whole team, from all offices, to hear and share the key areas of work for the upcoming week ... they have improved awareness and transparency around priorities across the team.. allowed team members to become involved in decisions within the team, give and receive feedback on matters of priority to them or the team.”

NHS Education for Scotland – Pharmacy Team – Improving communication across the team

Long-term Commitment to Improvement

Several of the stories track iMatter performance over time of response rate, scores or both. These show the importance and value of remaining committed to a specific course of action over extended periods of time in order to achieve sustained improvement. They also illustrate how it can sometimes take time for changes in behaviour to have an impact on performance and scores. Several stories highlight progress over 3 or 4 years of the iMatter programme, demonstrating the value of continued focus in driving sustained change. In addition to the examples below, another further Team Story is included in the **EEI** section of this report.

The story from Stracathro Hospital below demonstrates how continued focus can have huge impact on scores:

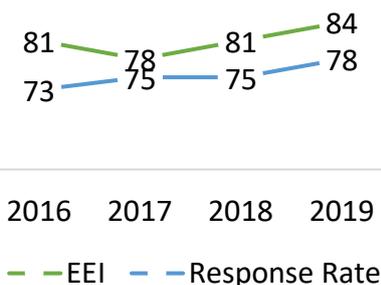
The team have focused on one individual Component: *I have sufficient support to do my job well*. In 2017 it scored 50, alongside an EEI of 57. Through open communication and clarity around roles and responsibilities they have seen the Component rating rise to 92 this year and an EEI that is now 92.

Angus HSCP, Social Therapy and Recovery Service. Our iMatter Journey

The story below from an East Dunbartonshire HSCP team shows how the development of their intranet set has contributed to long term improvements both in response rate and EEI score:

'Keep connected in Oral Health' developed an intranet site, through which staff are able to get involved and see their contributions listened to and acted on. It has helped achieve continued increases in both response rate and EEI as well as having wider benefits for the team.

Results 2016-2019



"The site is intended to be a resource that supports all staff by providing a variety of information and guidance on the services within oral health as well as a range of useful links and documents and has been found to be a very effective resource for staff induction."

**East Dunbartonshire Oral Health Directorate HSCP,
NHS Greater Glasgow and Clyde**

Improving the iMatter Process

Several team stories focus in on actions taken to improve the way in which iMatter is approached within their teams. For some this starts with a very honest reflection on staff scepticism towards the value iMatter. For others it is a recognition that awareness of iMatter is low and engagement with it is limited. Actions put in place to address these concerns show great results in raising the profile and importance of iMatter to those teams. Examples of these stories are also included within the **Response Rates** section of this report.

The Person Centred Improvement Team faced a positive challenge. For the last 3 years they have achieved 100% for My Team/My Direct Line Manager. This has led to some reticence towards iMatter:

“What’s the point? It just tells us the same thing every year.”

“Feels like a tick-box we’re having to think about how we could improve things when we’re happy with the way the team works.”

“We’re too busy to be taking time out to do something we don’t feel is of any value.”

In order to maintain the positivity, the team used the patient-focused ‘What Matters to You?’ initiative, testing the creative feedback model to explore how to overcome perceived barriers and ensure the whole team was able to contribute meaningfully to the Action Plan development process



The State Hospital, Person Centred Improvement Team. Building Thoughts: Connecting Blocks

Outcomes Beyond iMatter

A number of stories refer to team Action Plans that were developed to address a specific area of iMatter performance and go further to have a considerable onward benefit to wider team performance (KPIs, patient care etc.). The example below illustrates this point well:

In 2018 the team scored 62 for ‘My team works well together’ and set about identifying their team values to drive their team culture. These values became a part of everyday life and led to a 2019 score for ‘My team works well together’ of 97; a huge increase. The additional outcome of this improvement was record highs in performance on all KPIs such as staff absence, products on time, right first time etc. It is notable also that this team remains committed to maintaining *“this positive culture and further improve the team’s joy at work.”*

NHS Lothian, Radio pharmacy, Royal Infirmary of Edinburgh. Improving Culture, Improves Performance

Best Practice in Communicating Messages

Every story is unique and each is an illustration of best practice and a focus on improvement. Each story can provide other teams across Health and Social Care with ideas that they can take back into their own teams. Often those that use visual illustrations such as this example, are powerful and can easily be adapted to be of value to other teams across the organisation:

“Sometimes it feels like we have to climb a mountain. It’s much easier to get to the top each day if we use the tools, resources and support of colleagues... There are many routes and after obstacles to overcome on the path.”

The mountain was pinned on the noticeboard and each team member put footprints on where they are on their journey. This will give the team a shared view of their current position and will be valuable to track over time as they work towards the ‘peak’



NHS Health Scotland, HWL Advice Line. Climbing a mountain

Summary

It is encouraging to see the increase in the number of Team Stories put forward this year. Each story is unique to its authors, both in the topic it addresses and the format it is told in. Many stories demonstrate considerable personal commitment from the team, along with creative and innovative approaches to developing solutions.

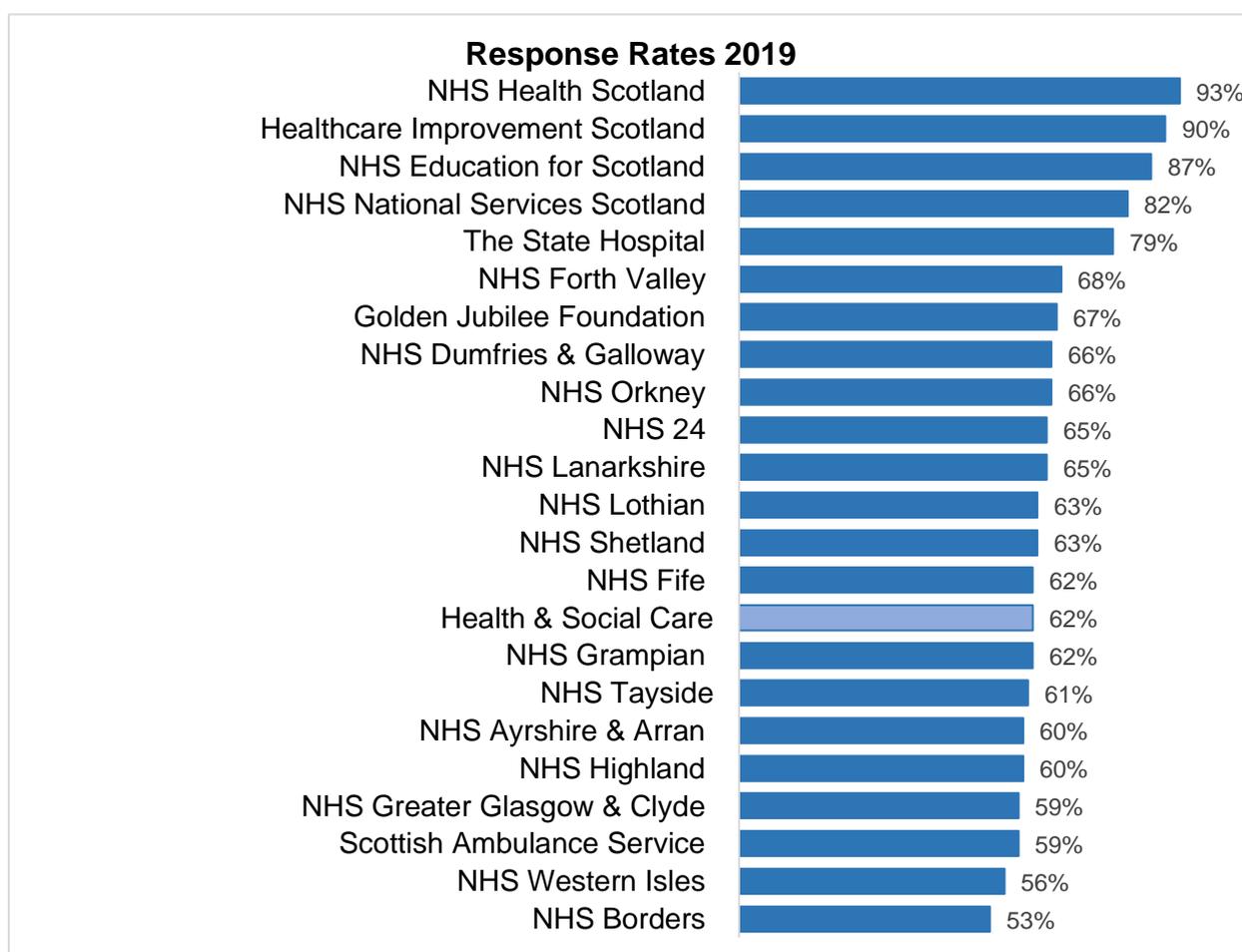
The Team Stories provide other teams with examples of best practice actions along with ideas and inspiration for how to address challenges they may be facing.

Response Rates

All questions on the iMatter questionnaire are mandatory to eliminate partial loss of data. Only those questionnaires that have every question answered can be included within the analysis. The response rate shows the number of staff issued with the questionnaire (Recipients) and the number of staff who responded (Respondents) as an overall percentage. A response rate of 60% is required for teams of 5 or more and 100% for teams of 4 or less to generate a report. This is to ensure anonymity and also the higher the response rate, the more realistic the feedback of how staff feel about working in their team. In total 179,453 questionnaires were issued and 111,512 usable responses were received. This equates to an overall response rate of 62%.

2019 Board Response Rates

While the overall response rate for Health and Social Care for 2019 is 62%, there is considerable variation in response rates across the Boards, ranging from 53% to 93%.



There are 5 Boards, all of which are National Boards, that stand out in terms of high response rates:

- NHS Health Scotland (93%)
- Healthcare Improvement Scotland (90%)
- NHS Education for Scotland (87%)
- NHS National Services Scotland (82%)
- The State Hospital (79%)

The highest response rate in a Geographic Board is NHS Forth Valley (68%). NHS Borders has the lowest response rate at 53%, with a further 3 Boards not reaching the 60% threshold:

- NHS Western Isles (56%)
- Scottish Ambulance Service (59%)
- NHS Greater Glasgow and Clyde (59%)

Comparing 2019 Response Rates to Previous Years

The table below shows the response rates for the three years that iMatter has been in place. The overall response rate for Health and Social Care has risen to 62% this year, an improvement of 3 percentage points over 2018. It is now only 1 percentage point below the 63% achieved in 2017.

Across the 22 Boards, 17 have an improved response rate in 2019 over 2018, two have remained unchanged and three have declined.

Board	2017	2018	2019	Response Rate Movement 2019-2018 (pp)
Health and Social Care	63%	59%	62%	+3
Golden Jubilee Foundation	68%	63%	67%	+4
Healthcare Improvement Scotland	80%	86%	90%	+4
NHS 24	67%	70%	65%	-5
NHS Ayrshire & Arran ¹	64%	59%	60%	+1
NHS Borders	61%	53%	53%	0
NHS Dumfries & Galloway	63%	59%	66%	+7
NHS Education for Scotland	81%	84%	87%	+3
NHS Fife	62%	53%	62%	+9
NHS Forth Valley	65%	62%	68%	+6
NHS Grampian	64%	60%	62%	+2
NHS Greater Glasgow & Clyde	58%	54%	59%	+5
NHS Health Scotland	85%	91%	93%	+2
NHS Highland	58%	51%	60%	+9
NHS Lanarkshire	65%	62%	65%	+3
NHS Lothian	65%	63%	63%	0
NHS National Services Scotland	76%	77%	82%	+5
NHS Orkney	73%	83%	66%	-17
NHS Shetland	61%	56%	63%	+7
NHS Tayside	65%	58%	61%	+3
NHS Western Isles	52%	52%	56%	+4
Scottish Ambulance Service	64%	64%	59%	-5
The State Hospital	78%	77%	79%	+2

The largest increases from 2018 to 2019 are

- NHS Highland up 9 percentage points from 51% to 60%
- NHS Fife up 9 percentage points from 53% to 62%
- NHS Dumfries and Galloway up 7 percentage points from 59% to 66%
- NHS Shetland up 7 percentage points from 56% to 63%

All four of these Boards succeeded in increasing their response rates to above the 60% threshold. Case studies overleaf illustrate actions taken to achieve these increases:

¹The NHS Ayrshire and Arran response rate for 2017 was amended following the 2018 report publication from 63% to 64%.

Case study 1: Improving Response Rate

NHS Fife Tea Break Campaign 2019 recognised that as well as staff knowing about iMatter, they also need to have access to the survey in an environment that was conducive to participation.

“We co-ordinated a series of visits direct to staff workplaces with a tea trolley, tea urn, biscuits, fruit (had to ensure our healthy working lives credentials were sound) and access to the iMatter survey. We had a number of laptops, ipads and access to local follow on printers for staff who were keen on completing paper copies. Our two trolleys were supported by Communications staff, HR staff and partnership representatives who volunteered to assist.”

An example of the process can be seen here at <https://youtu.be/hadKaVWUqFk>

Case Study 2: Improving Response Rate

NHS Highland started by providing greater resource in the Preparation and Confirmation Stages. This led to a considerable reduction in the number of teams. There were a series of iMatter Awareness sessions and weekly reporting of response rates.

Actions were taken to reduce the volume of paper surveys and an increased response rate was achieved among those responding on paper. The most significant change was the level of support from senior management in the Board. The interim Chair and the new CEO. The weekly CEO bulletin was used to publicise key aspects of iMatter and considerable support came from the Director of Communications who ensured important iMatter messages were distributed via the Team Brief.

Case Study 3: Improving Response Rate

NHS Dumfries & Galloway took a number actions, building on previous years activity including a considerable increase in Action Plans in 2018. They delivered Staff Awareness Sessions aimed at highlighting the importance of staff engagement the cycle of improvement, stages of the iMatter cycle and how to effectively action plan. They increased communications throughout the cycle – all staff emails, articles in Workforce Briefing paper and weekly staff Core Briefing and created an iMatter video. Specific action was taken to reduce the number of paper surveys by offering Support Services staff the opportunity to participate via providing a personal email address instead of paper questionnaires. This resulted in 25% of Support Services staff opting to complete online.

Looking at progress from 2017 there are three Boards that have increased their response rates each year:

- Healthcare Improvement Scotland (80%, 86%, 90%)
- NHS Education for Scotland (81%, 84%, 87%)
- NHS Health Scotland (85%, 90%, 91%)

In contrast, the response rate in NHS Orkney has dropped from 83% in 2018 to 66% in 2019. NHS Orkney's relocation to a new hospital led to some internal delays and technical issues. The additional workload to implement this move and maintain patient care are likely to have impacted staff's availability to complete the iMatter questionnaire this year.

Method Effect – online and paper response rates

In order to ensure all staff have the opportunity to take part in iMatter, paper questionnaires are distributed to those without access to the online survey.

In 2019 86% of surveys were issued online and 14% were on paper. The proportion of paper surveys issued has continued to drop slightly from 16% in 2018 and 18% in 2017. The share of the responses received is 92% online and 8% paper. This is due to the higher response rate to the online survey, leading to online being a higher proportion of the responses.

Health and Social Care 2019	Volume issued	% of Volume Issued	Usable Response Volume	% of Responses Received	Response Rate by Method
Online	153,989	86%	102,099	92%	66%
Paper	25,464	14%	9,413	8%	37%
Total	179,453		111,512		62%

Both online and paper response rates have increased from 2018. The online response rate has improved by 2 percentage points and the paper response rate by 6 percentage points.

Typically the Geographic Boards make more use of paper surveys than their National counterparts. The highest use of paper surveys is in NHS Grampian and NHS Greater Glasgow and Clyde, with both issuing paper surveys to 19% of their staff.

Further detail of response volume and response rates by method are contained in Appendix 4.

As seen in the overall response rates there is considerable variation across Boards in both the online and paper response rates.

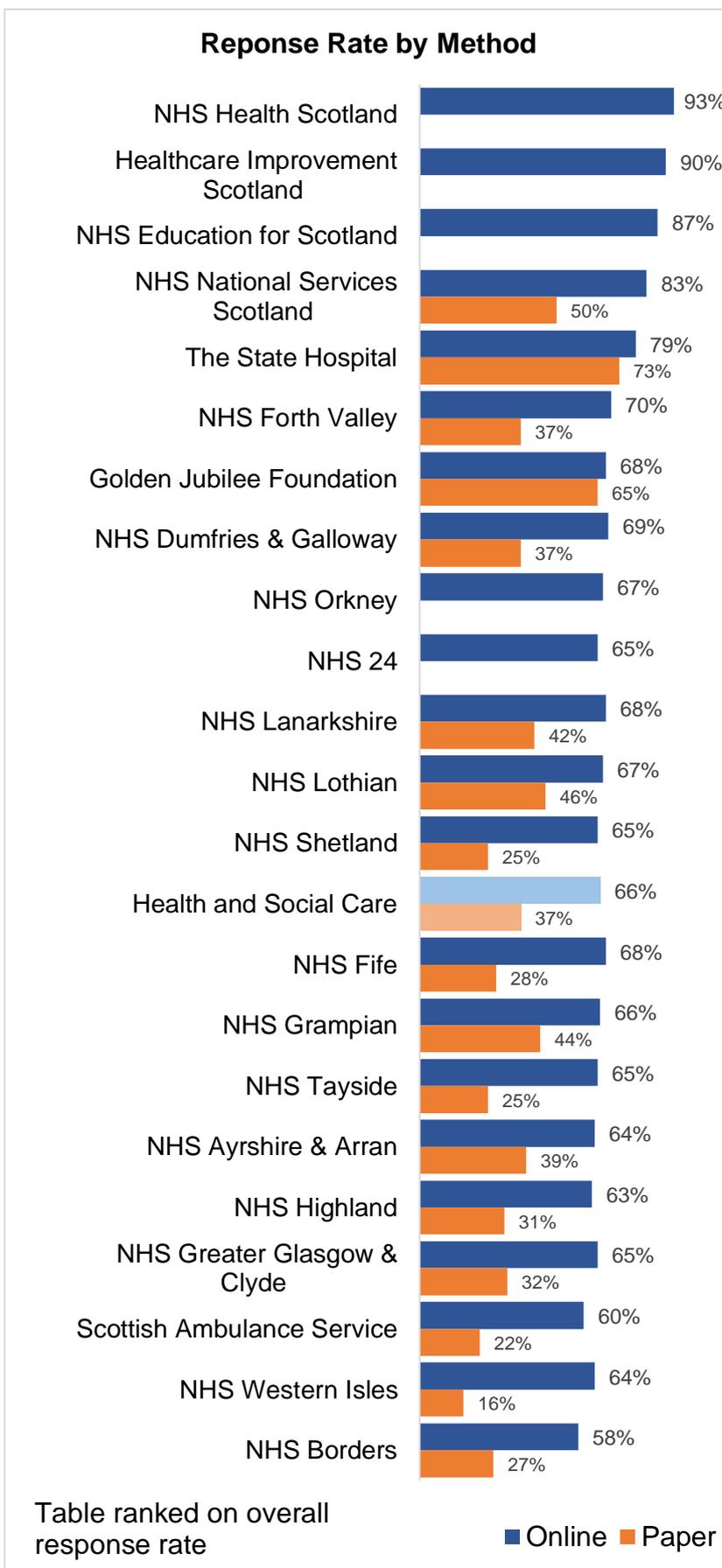
The three Boards with the highest overall response rate only used the online survey, as did NHS Orkney and NHS 24.

The State Hospital achieved a 73% response rate on the paper survey, coming close to their online survey response rate of 79%. Golden Jubilee Foundation also achieve a high paper response rate (65%), similar to the Board's online response rate of 68%.

Case Study 4: Migrating from paper surveys

The State Hospital made a concerted effort in 2019 to reduce the number of paper surveys used particularly in teams where paper was the majority response method.

Discussions between the iMatter Board Administrator and iMatter Team Leaders resulted in additional support being given to staff to set up valid e-mail accounts before the survey went live. Time was then allocated for staff to visit the Learning Centre where they were given the opportunity to use a PC to complete their e-mail survey.



Case Study 5: Migrating from paper surveys

The Golden Jubilee Foundation; *“Based on previous response rates from paper questionnaires, the Op Lead had contacted all those areas who had previously opted for paper questionnaires over the last few years. Recognising that many of the staff in these areas did not frequently access their work e-mail accounts, each of the managers were provided with the option to use personal e-mail addresses. The managers communicated this to their teams and many staff opted to have the questionnaire sent electronically to their personal e-mails. This in turn reduced the number of paper questionnaires sent. The managers within the departments who utilised the paper questionnaires this year continue to be committed to the continuous improvement model and have continued to encourage and engage with their teams which resulted in the increase in responses.”*

The Future

As noted, there has been a small reduction in the volume of paper questionnaires issued and several Boards have taken proactive steps to reduce their reliance on paper surveys.

The Care at Home Services team from West Dunbartonshire HSCP took an innovative approach to reducing paper questionnaires. Key actions are highlighted below and their Team Story “Text for Success” provides full details.

Case Study 6: SMS Pilot

As a team of home carers, most had previously received paper questionnaires, but lacked engagement in iMatter. The team garnered support from NHS GG&C, the Scottish Government and Webropol to embark on a mobile technology supported pilot, that involved text messages to home carers informing them about iMatter and providing the link to the survey. Not only did this pilot generate an 85% iMatter response rate, but it has also served as a catalyst for using technology to enhance learning and communications across the team

“We are thrilled with the success of the project, and excited about the potential of using SMS technology to engage staff in the improvement process even more widely in the future.”

West Dunbartonshire HSCP, Care at Home Services. SMS Pilot

Looking to the future, the combination of encouraging staff towards the online questionnaire and use of technologies such as SMS will continue to reduce the volume of paper surveys and should increase the overall response rate.

Unusable Responses

A prerequisite of iMatter is that every question on the questionnaire is answered. If there are any errors on the questionnaire then it is not processed.

For the online questionnaire this is monitored within the script and so non-completion is not an issue. However, in 2019 there were 6,630 recipients (4% of the total online survey volume) who clicked on the survey invitation but did not then finish the survey. This is an improvement on 2018, when 8,625 did not complete the online survey. In addition, 1,362 people reached the end of the survey but did not hit the “Submit” button and so their surveys are not included in the results. Some of these people may have made a conscious decision not to submit their responses, but others may simply not have realised that they needed to ‘submit’ their response for it to be processed. Some design enhancements are under consideration for next year to reduce the volume who accidentally miss the ‘Submit’ button.

On the paper questionnaire it is not possible to monitor responses as they are being completed and so it is only when returned

questionnaires are processed that incomplete or incorrectly completed responses are identified.

Of the 25,464 paper surveys issued, 9,413 (37%) were input and a total of 2,278 (9%) were rejected for the reasons shown here.

Of the partial responses 79% were only missing a response to one question.

Health and Social Care 2019	Volume	% of paper surveys sent
Paper Surveys Sent	25,464	
Responses Processed	9,413	37%
Responses Rejected	2,278	9%
Reasons for Rejection		
Partial Response	1,587	6%
Completion Errors	282	1%
Duplicate	167	1%
Past Deadline	242	1%

Summary

Overall the response rate has increased 3 percentage points from last year to 62% meaning the reporting threshold of 60% has been achieved. This increase is reflected across most of the Boards, with only three having a lower response rate in 2019 than 2018. Of those, NHS Orkney saw a considerable drop, but there are mitigating circumstances with a major hospital relocation impacting all staff during the iMatter fieldwork period.

The increase in response rates has occurred in both online and paper surveys, though there has also been a small reduction in the share of paper surveys issued.

Several Boards have shown considerable increases in their response rates and as the Case Studies show those improvements are as a result of concerted effort across the whole iMatter process, raising awareness and engaging with staff at all stages as well as senior management demonstrating their support throughout.

No Report

With the higher overall response rate in 2019 the number of Boards with No Report has reduced from nine in 2018 to four this year. Whilst this is a considerable improvement it is still one Board more than in 2017.

The table below shows the 10 Boards that have had one or more 'No Report' over the three years of iMatter. Of these, two have never had a report (NHS Greater Glasgow and Clyde, NHS Western Isles) because their response rate has remained below 60%, though both have improved year on year. Two Boards have had No Report for two of the three years (NHS Borders and NHS Highland).

This is the first year that the Scottish Ambulance Service has not received an EEI Report as their response rate dropped 5 percentage points to 59%.

No Report	2017	2018	2019
Health and Social Care		No Report	
NHS Ayrshire & Arran		No Report	
NHS Borders		No Report	No Report
NHS Dumfries & Galloway		No Report	
NHS Fife		No Report	
NHS Greater Glasgow & Clyde	No Report	No Report	No Report
NHS Highland	No Report	No Report	
NHS Shetland		No Report	
NHS Tayside		No Report	
NHS Western Isles	No Report	No Report	No Report
Scottish Ambulance Service			No Report

Of the 4 Boards that did not receive a report this year, NHS Borders were a considerable volume of responses short, as their response rate has remained at 53%.

To reach the 60% threshold three Boards only needed a small number of additional completed surveys:

NHS Greater Glasgow and Clyde	336 surveys
NHS Western Isles	33 surveys
Scottish Ambulance Service	3 surveys

Teams with No Report

Note: From 2020 it is expected that the reported metric will be the % of Teams Receiving Reports, rather than the current 'No Report' metric. This is designed to bring this metric in line with the format of the other KPIs.

Overall the proportion of teams with No Report in 2019 has decreased to 34% (down 4 percentage points from last year). However, at individual Board level there are some considerable movements in the proportion of teams not receiving reports.

	Teams with No Report		Change 2018 – 2019 (pp)
	2018	2019	
Health and Social Care	38%	34%	+4
Golden Jubilee Foundation	31%	29%	+2
Healthcare Improvement Scotland	15%	19%	-4
NHS 24	34%	43%	-9
NHS Ayrshire & Arran	33%	34%	-1
NHS Borders	44%	47%	-3
NHS Dumfries & Galloway	39%	25%	+14
NHS Education for Scotland	15%	10%	+5
NHS Fife	47%	36%	+11
NHS Forth Valley	35%	26%	+9
NHS Grampian	37%	35%	+2
NHS Greater Glasgow & Clyde	41%	37%	+4
NHS Health Scotland	0%	0%	0
NHS Highland	51%	37%	+14
NHS Lanarkshire	35%	30%	+5
NHS Lothian	34%	34%	0
NHS National Services Scotland	16%	13%	+3
NHS Orkney	11%	30%	-19
NHS Shetland	44%	33%	+11
NHS Tayside	44%	38%	+6
NHS Western Isles	50%	43%	+7
Scottish Ambulance Service	33%	42%	-9
The State Hospital	23%	8%	+15

Geographic Boards

All but three of the Geographic Boards have reduced the percentage of teams not receiving reports considerably, typically reflecting the increase in response rate they have achieved. Those with the largest improvements in teams with no report are:

NHS Highland reduced the percentage of teams with no report by 14pp to 37%, reflecting the 9pp increase in their overall response rate (to 60%). They typically have larger teams with an average of 13 people. The number of teams has increased only marginally from 2018 to 818 teams in 2019.

NHS Dumfries and Galloway reduced the number of teams with no report to 25% (down 14pp from 2018), again reflecting the 7pp increase in overall response rate. They have the largest average team size with 16 people per team and the total number of teams has increased 10% this year from 259 to 285.

An example of action taken in one team to increase engagement and response rate is illustrated here:

Case Study 7: Improving Response Rate

The iMatter Operational Lead and Trainee Improvement Advisor worked with a senior charge nurse and her team to improve their engagement with the iMatter questionnaire and action plan. The project had a specific measure of increasing engagement from 43% to over 60% in line with the Workforce 2020 vision of staff engagement. This was achieved – they reached 64% and obtained a team report for the first time. The engagement work included a number of actions to improve staff health and wellbeing including peer and team reporting of positive achievements and developing a stronger team ethos.

NHS Dumfries and Galloway

In **NHS Fife** the proportion of teams with no report reduced by 11pp, to 36%, reflecting the 9pp increase achieved in overall response rate. The average team size is 13 people and the number of teams has remained almost constant from 2018.

NHS Shetland also reduced the percentage of teams with no report by 11 percentage points to 33%, reflecting the 7pp increase in response rate in 2019. The number of teams in NHS Shetland reduced from 150 in 2018 to 135 in 2019 and the average team size is now 11 people.

In contrast, 30% of **NHS Orkney** teams did not receive a report in 2019, up 19pp from only 11% in 2018. As noted earlier, NHS Orkney has faced challenges this year that have impacted their overall response rate (down from 83% in 2018 to 66% in 2019) that is then reflected in the reduced share of teams receiving reports.

National Boards

Across the 8 National Boards, four have reduced the proportion of teams not receiving a report and three have a higher proportion of teams with no report in 2019. **NHS Health Scotland** has maintained its 100% record with all teams again receiving a report in 2019. It has an average team size of 10 and it has just one more team from 2018 (now 31 teams).

The State Hospital has improved the most, reducing 15pp from 23% of teams not receiving a report in 2018 to only 8% in 2019. It is noted that their overall response rate increased by 2%, but that the number of teams reduced in 2019 to 63 from 92 in 2018 (down 32%) and the average team is now 10 people.

The two National Boards with the largest increase in the proportion of teams not receiving a report are:

NHS 24 is up 9pp to 43% of teams not receiving a report. Their overall response rate dropped 5pp to 65% which will have impacted teams' potential to receive a report. NHS 24 increased the number of teams from 196 in 2018 to 214 in 2019 (an increase of 9%). The average team size is 7 people.

Scottish Ambulance Service is also up 9% in 2019 with 42% of teams not receiving a report this year, reflecting the drop of 5% in their overall response rate. The average team size is 12 people and the number of teams has increased only marginally from 2018.

The absence of a report, be that at Board or Team level, should not be a barrier to focusing on iMatter topics and striving to provide the best possible working environment for staff. One Team Story stands out as illustration of this point. Although Golden Jubilee as a Board has reached the response rate threshold each year, 29% of the teams within it did not receive a report in 2019. Golden Jubilee Conference Hotel team is one of those and the following Team Story demonstrates how Action Plans can still be effectively developed and implemented:

The **NHS Golden Jubilee Conference Hotel Team** is a large team, working shifts, that have been through many changes of personnel and management structure. The team have not received an iMatter report for the last two years. However, the team have fully engaged with the Action Planning process. They have identified 4 focus areas:

- Role clarity
- Visible and consistent leadership
- Valued as an individual
- Effective team work.



The team have been actively engaged in focus groups and have senior management commitment to valuing staff. This year they held a motivational staff appreciation day. For the future, staff will be given dedicated time to complete the iMatter survey in a safe environment

“The hard work will not stop there as we now look forward to ways we can continue to improve as a team and also how we continue deliver and improve the hotel experience to our guests and customers.”

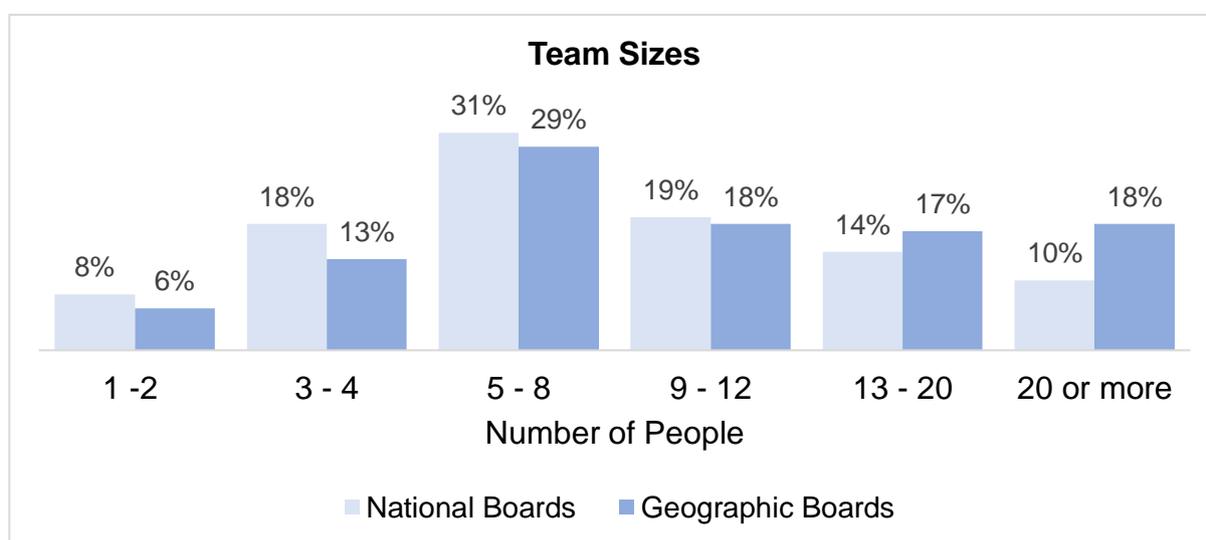
NHS Golden Jubilee, Conference Hotel Team

Impact of Team Size on No Report

Across Health and Social Care team sizes vary considerably from teams of just 1 person through to teams with more than 20 people. The distribution of team sizes below shows that of the 14,388 teams in 2019, 29% consist of 5-8 people.

	1 – 2 people	3-4 people	5-8 people	9-12 people	13-20 people	More than 20 people	Total
Number of Teams	869	1,998	4,174	2,567	2,350	2,430	14,388
Percentage of Teams	6%	14%	29%	18%	16%	17%	100%

The chart below illustrates that National Boards are more likely to have smaller teams with 26% of their teams having 4 or less people in them, compared to only 19% of Geographic Boards. In contrast, at the other end of the spectrum 18% of Geographic Board teams have 20 or more people in them, compared to only 10% of National Board teams.



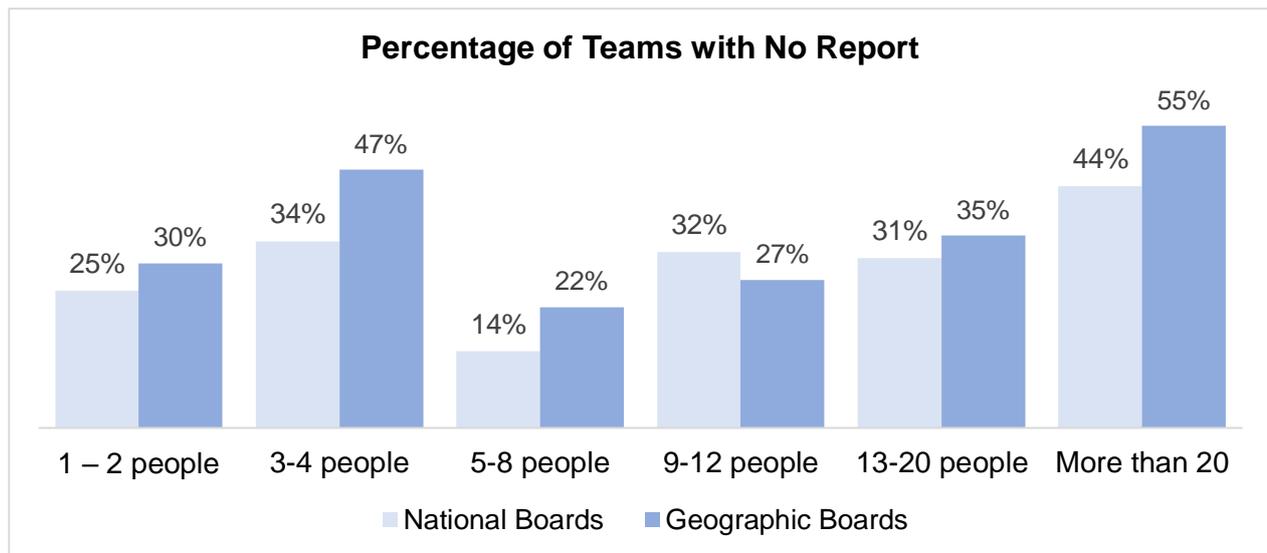
For teams with 4 or less people in, a 100% response rate is required for them to receive a report and for teams of 5 or more people a 60% response rate is required. Therefore, whilst the analysis that follows compares response rate across team sizes, it is important to bear this difference in threshold in mind when considering the results.

	1 – 2 people	3-4 people	5-8 people	9-12 people	13-20 people	20 or More	Total
Total Number of Teams	869	1,998	4,174	2,567	2,350	2,430	14,388
Number of Teams with No Report	256	899	898	713	816	1,320	4,902
% of Teams with No Report	29%	45%	22%	28%	35%	54%	34%

Among teams with 5 or more people (i.e. 60% response rate requirement) the percentage of teams not receiving a report increases as the team size grows, from 22% of teams with 5-8 people to 54% of teams with more than 20 people.

Among teams requiring 100% response rate, 29% of teams with 1 or 2 people have No Report compared to 45% of teams with 3-4 people.

These patterns are reflected in both the National and Geographic Boards, though typically at higher levels for Geographic Boards, reflecting the lower overall response rates.



Summary

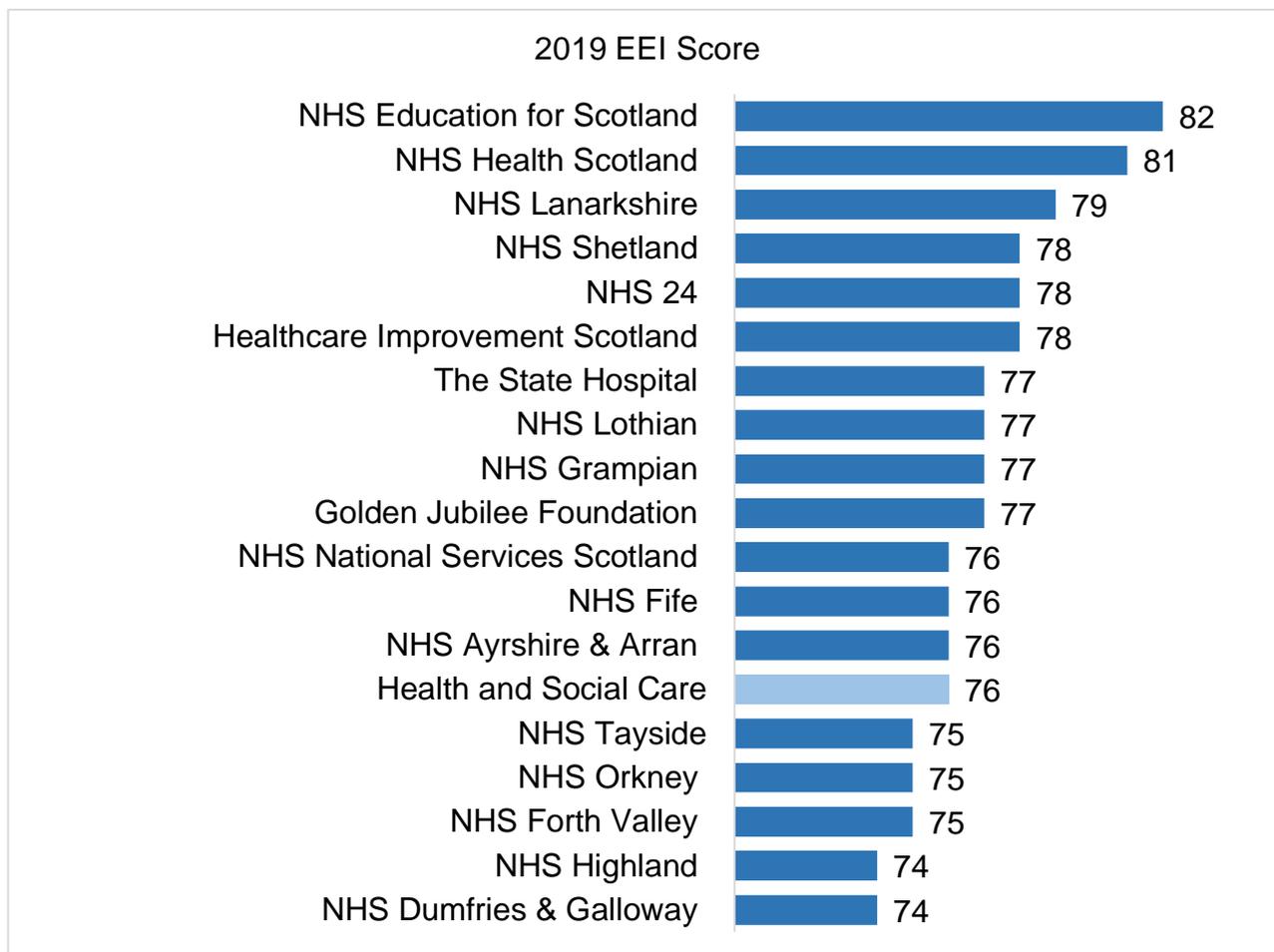
The volume of No Report at Board level has reduced with only 4 Boards not receiving and EEI report in 2019. Overall there is also a reduction in the proportion of teams not receiving a report from 38% in 2018 to 34% in 2019. These improvements reflect the overall increase in response rate. However, there are 6 Boards (3 National and 3 Geographic) that have an increase in the percentage of their team with No Report.

It is positive to see Team Story and Case Study examples of teams that have still developed an Action Plan despite not having a report, demonstrating their commitment to iMatter and to improvement.

iMatter EEI per organisation

The Employee Engagement Index (EEI) is calculated based on the number of responses for each point on the scale (Strongly Agree to Strongly Disagree) multiplied by its number value (6 to 1). These scores are added together and divided by the overall number of responses to give the score to show level of engagement.

The overall EEI score of 76 for Health and Social Care is one point higher than in 2017. There was no reported score for 2018 as the threshold response rate of 60% was not achieved.

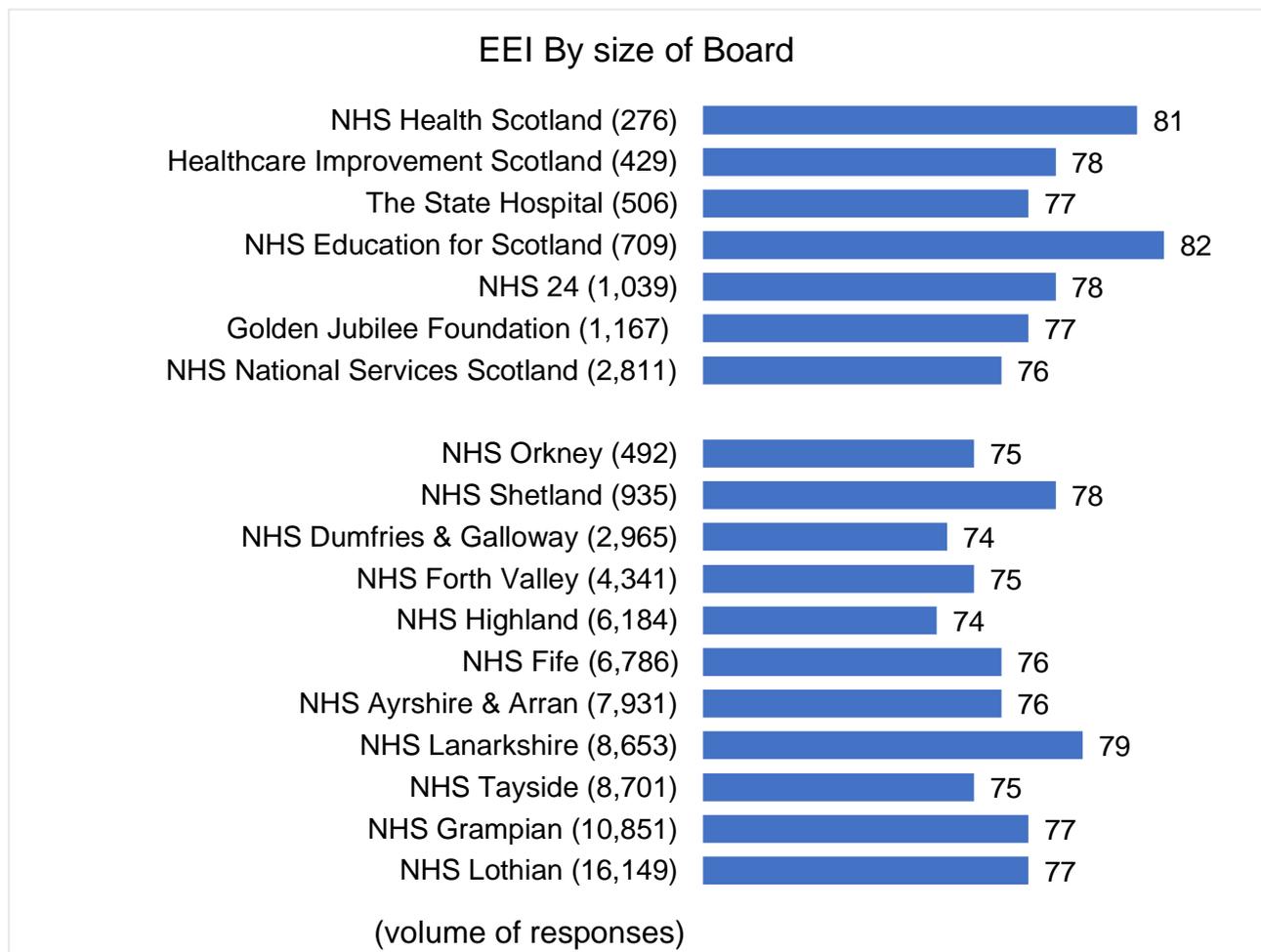


NHS Education for Scotland now has the highest ever reported Board EEI score of 82. NHS Health Scotland has the second highest score this year, remaining at 81.

Among the Geographic Boards NHS Lanarkshire has achieved the highest EEI score (79).

NHS Dumfries & Galloway and NHS Highland have the lowest reported EEI scores at 74. It is noted that the lowest EEI score in 2018 was the Scottish Ambulance Service (67) which did not reach the response rate threshold to receive a report this year.

Whilst there is a tendency overall for National Boards to have higher EEI scores than Geographic Boards, there is not a clear and obvious link between the EEI score and the size of a Board.



Comparing 2019 EEI to Previous Years

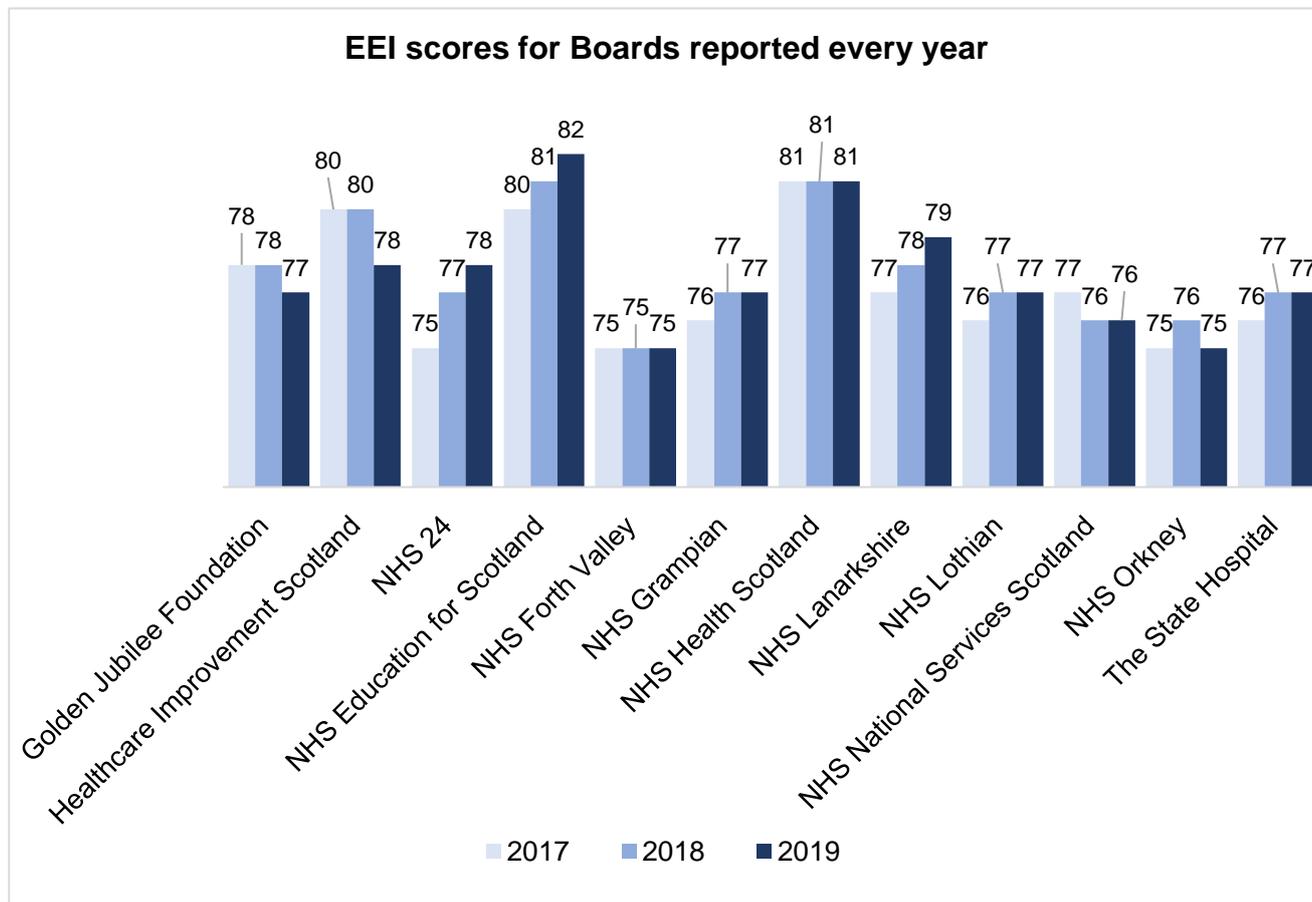
Of those Boards that received an EEI score this year 5 have increased by 1 point over their previous score (achieved in either 2018 or 2017). 8 Boards remain unchanged from their previous score. Four Boards have a lower EEI score than previously, three having gone down by 1 point and one Board (Healthcare Improvement Scotland) by 2 points.

EEI Score	2017	2018	2019	Movement from previous reported EEI*
Health and Social Care	75	No Report	76	+1
Golden Jubilee Foundation	78	78	77	-1
Healthcare Improvement Scotland	80	80	78	-2
NHS 24	75	77	78	+1
NHS Ayrshire & Arran	76	No Report	76	0
NHS Borders	74	No Report	No Report	
NHS Dumfries & Galloway	75	No Report	74	-1
NHS Education for Scotland	80	81	82	+1
NHS Fife	75	No Report	76	+1
NHS Forth Valley	75	75	75	0
NHS Grampian	76	77	77	0
NHS Greater Glasgow & Clyde	No Report	No Report	No Report	
NHS Health Scotland	81	81	81	0
NHS Highland	No Report	No Report	74	
NHS Lanarkshire	77	78	79	+1
NHS Lothian	76	77	77	0
NHS National Services Scotland	77	76	76	0
NHS Orkney	75	76	75	-1
NHS Shetland	78	No Report	78	0
NHS Tayside	74	No Report	75	+1
NHS Western Isles	No Report	No Report	No Report	
Scottish Ambulance Service	67	67	No Report	
The State Hospital	76	77	77	0

*Movement is shown from the most recent year each Board previously received a report.

Looking at the Boards who have received reports in all 3 years, it is notable that NHS 24, NHS Education for Scotland and NHS Lanarkshire have shown continuous improvement in their EEI score across all 3 years. NHS 24 have the largest reported improvement overall from 75 in 2017 to 78 in 2019

Two Boards; NHS Health Scotland and NHS Forth Valley have no reported change in their EEI score across all 3 years.



Several team stories highlight progress over 3 or 4 years of the iMatter programme, demonstrating the value in continued focus in driving sustained change as illustrated below (further examples are included within the Team Story section on this report).

The team has successfully focused on continuous improvement, by having regular reviews and open discussion. Through this process they have *“identified alternative, more effective & efficient ways of working to reduce staff pressures, alongside achieving better outcomes for service users and releasing time to care.”*

This has been reflected in considerable progress in iMatter metrics:

	2017		2018		2019
Response Rate	71%		71%		80%
EEl score	61		67		74
Component results	7 Amber		10 Yellow		1 Yellow
	11 Yellow		18 Green		27 Green
	10 Green				

East Dunbartonshire Alcohol & Drugs Service HSCP, ‘The Road to Success’

Whilst NHS Dumfries and Galloway have seen a drop of 1 point from 2017 when an EEl report was last received to 2019, the Board are utilising the QI Hub process to support staff:

Case Study 8: NHS Dumfries and Galloway QI Hub

“The Board has a local QI Hub which provides networking sessions and drop-in opportunities for staff to receive QI advice and support for their projects. There are also formal courses; around 150 staff to date have taken the Scottish Improvement Skills course. The Board is encouraging 2-3 members of a team to attend the course to build up whole team QI skills. The Board has also introduced the Scottish Coaching and Leading for Improvement course which provides more advanced training. The aim is to help local teams integrate QI skills within their projects from the outset.”

NHS Dumfries and Galloway

Relationship between Response Rate and EEI

Across the Boards who have received reports in all three years, there is no consistent relationship between response rate movement and EEI movement.

Organisation	Response Rate			EEI		
	2017	2018	2019	2017	2018	2019
Golden Jubilee Foundation	68%	63%	67%	78	78	77
Healthcare Improvement Scotland	80%	86%	90%	80	80	78
NHS 24	67%	70%	65%	75	77	78
NHS Education for Scotland	81%	84%	87%	80	81	82
NHS Forth Valley	65%	62%	68%	75	75	75
NHS Grampian	64%	60%	62%	76	77	77
NHS Health Scotland	85%	91%	93%	81	81	81
NHS Lanarkshire	65%	62%	65%	77	78	79
NHS Lothian	65%	63%	63%	76	77	77
NHS National Services Scotland	76%	77%	82%	77	76	76
NHS Orkney	73%	83%	66%	75	76	75
The State Hospital	78%	77%	79%	76	77	77

Of the 4 Boards that have seen improvement in response rate year-on-year across the three years:

- NHS Education for Scotland has also seen an increase in EEI year-on-year
- Healthcare Improvement Scotland's EEI has declined each year
- The EEI for NHS Health Scotland has remained unchanged across the three years
- NHS National Services Scotland saw a drop of 1 in EEI from 2017 to 2018 and in 2019 it remained unchanged

Therefore it is reasonable to assume that continuing to increase response rates in future years will NOT have a direct detrimental effect on EEI score.

iMatter Report of EEI scores for Teams per Organisation

Across the whole of Health and Social Care (including both Boards that did receive a report and those that did not) the distribution of teams across each of the score bands is as shown below. The vast majority of teams that received a report score in Strive to Celebrate (67-100). Across the whole of Health and Social Care there are only 59 teams that have an EEI score between 34 and 50 (less than 1% of all teams) and just one team with a score of 33 or less.

Organisation	Number of Teams	Percentage of Teams
Strive & Celebrate (67-100)	8,438	59%
Monitor to Further Improve (51-66)	988	7%
Improve to Monitor (34-50)	59	0%
Focus to Improve (0-33)	1	0%
No Report	4,902	34%
Total Health and Social Care	14,388	100%

Of the 60 teams that scored 50 or less, 16 of them (27%) are in Boards that did not receive a report in 2019. This compares with 25% of the teams scoring Strive and Celebrate and 33% of the teams scoring Monitor to Further Improve being in Boards that did not receive a report.

The table overleaf shows the distribution of team scores for each Board that received a report in 2019.

NHS Health Scotland is the only board with all teams in the Strive and Celebrate band. Additionally, there is one Geographic Board and three National Boards that have all teams with reports scoring either Strive and Celebrate or Monitor to Further Improve:

- NHS Orkney
- NHS 24
- NHS Education for Scotland
- The State Hospital

90% of the volume of teams in reported Boards are in Geographic Boards and only 10% in National Boards. Of teams scoring Strive and Celebrate, 89% are in Geographic Boards reflecting the slightly lower overall EEI among Geographic Boards.

The above threshold categories were developed and recommended in the Staff Experience Project Report and Recommendations 2013 and approved in June 2013 by the Scottish Workforce and Staff Governance Committee.

Boards that received a report in 2019	Strive & Celebrate 67-100	Monitor to Further Improve 51-66	Improve to Monitor 34-50	Focus to Improve 0-33	No Report	Total
Golden Jubilee Foundation	95	7	2	0	42	146
	65%	5%	1%	0%	29%	100%
Healthcare Improvement Scotland	63	8	1	0	17	89
	71%	9%	1%	0%	19%	100%
NHS 24	110	11	0	0	93	214
	51%	5%	0%	0%	43%	100%
NHS Ayrshire & Arran	566	58	3	0	321	948
	60%	6%	0%	0%	34%	100%
NHS Dumfries & Galloway	187	25	1	0	72	285
	66%	9%	0%	0%	25%	100%
NHS Education for Scotland	91	1	0	0	10	102
	89%	1%	0%	0%	10%	100%
NHS Fife	475	45	4	0	294	818
	58%	6%	0%	0%	36%	100%
NHS Forth Valley	343	49	3	0	141	536
	64%	9%	1%	0%	26%	100%
NHS Grampian	799	76	2	0	462	1,339
	60%	6%	0%	0%	35%	100%
NHS Health Scotland	31	0	0	0	0	31
	100%	0%	0%	0%	0%	100%
NHS Highland	415	69	2	0	285	771
	54%	9%	0%	0%	37%	100%
NHS Lanarkshire	704	37	6	0	326	1,073
	66%	3%	1%	0%	30%	100%
NHS Lothian	1,313	129	10	0	736	2,188
	60%	6%	0%	0%	34%	100%
NHS National Services Scotland	285	23	2	0	45	355
	80%	6%	1%	0%	13%	100%
NHS Orkney	49	5	0	0	23	77
	64%	6%	0%	0%	30%	100%
NHS Shetland	84	6	1	0	44	135
	62%	4%	1%	0%	33%	100%
NHS Tayside	693	105	7	0	501	1,306
	53%	8%	1%	0%	38%	100%
The State Hospital	54	4	0	0	5	63
	86%	6%	0%	0%	8%	100%

E EI scores for Teams per Organisation comparison over time

The table below shows the E EI scores for the Boards that achieved reports in all three years. Percentages are based on the teams receiving a report. Overall there is consistency in the distribution of team scores over time. However, 3 Boards have increased the proportion of teams with reports scoring Strive and Celebrate across all three years

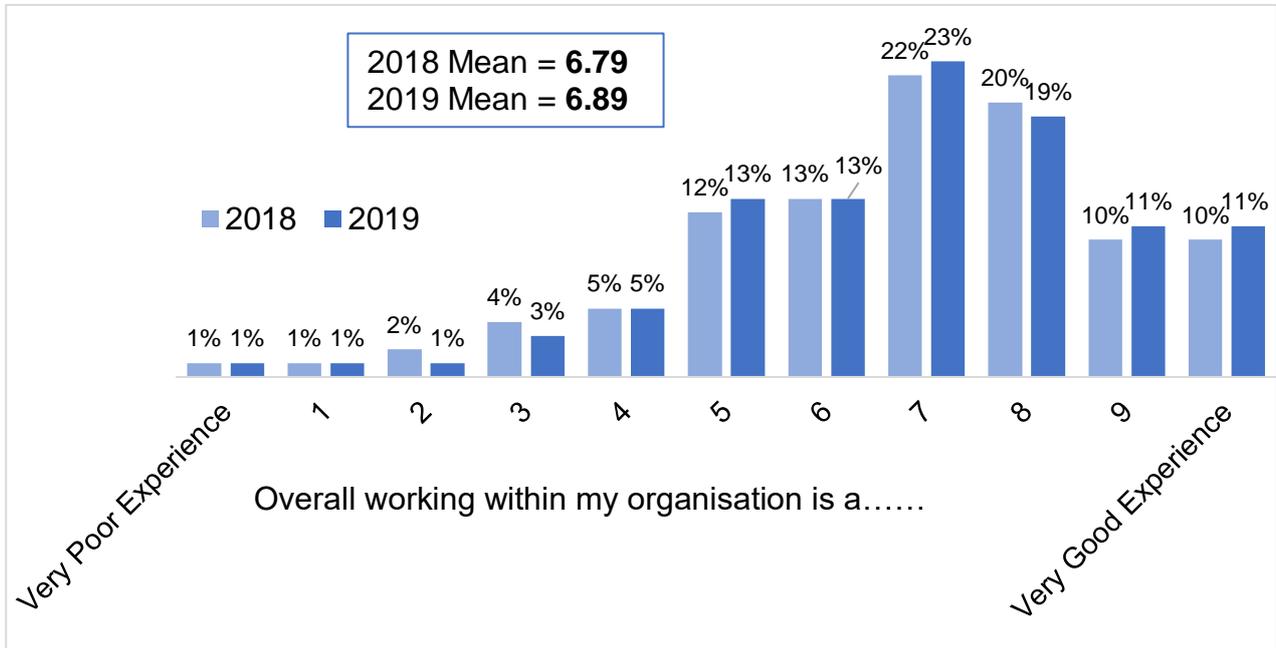
- NHS 24 (87% in 2017, 89% in 2018, 91% in 2019)
- NHS Education for Scotland (93%, 94%, 99%)
- The State Hospital (87%, 90%, 93%)

The proportion of teams with reports who have scored in the Strive and Celebrate band has decreased each year for The Golden Jubilee Foundation (95% in 2017, 93% in 2018 and 91% in 2019), leading to increases in the percentage of teams in the Monitor to Further Improve and Improve to Monitor bands.

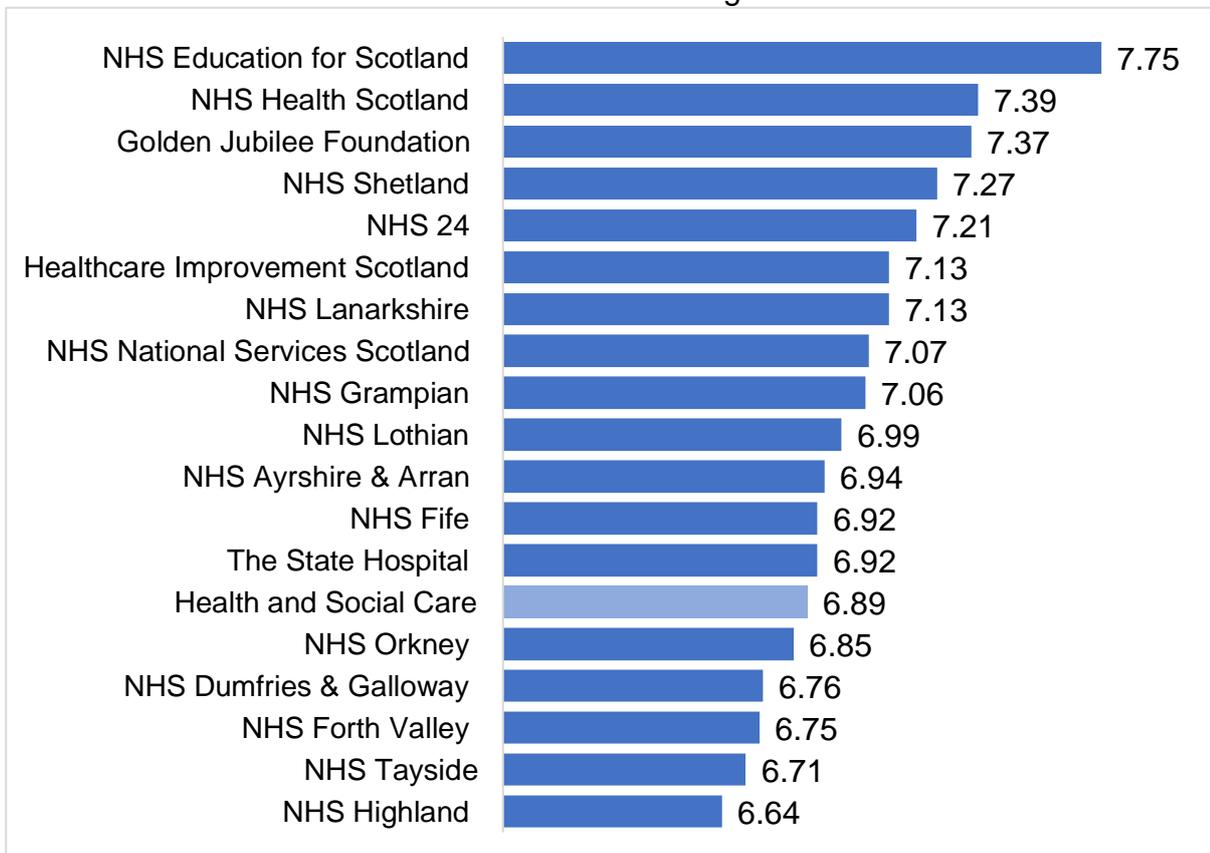
Percentages based on all Teams receiving a report		Strive & Celebrate 67-100	Monitor to Further Improve 51-66	Improve to Monitor 34-50	Focus to Improve 0-33
Golden Jubilee Foundation	2017	95%	4%	1%	0%
	2018	93%	6%	1%	0%
	2019	91%	7%	2%	0%
Healthcare Improvement Scotland	2017	90%	10%	0%	0%
	2018	93%	7%	0%	0%
	2019	88%	11%	1%	0%
NHS 24	2017	87%	13%	0%	0%
	2018	89%	11%	0%	0%
	2019	91%	9%	0%	0%
NHS Education for Scotland	2017	93%	6%	1%	0%
	2018	94%	6%	0%	0%
	2019	99%	1%	0%	0%
NHS Forth Valley	2017	90%	10%	0%	0%
	2018	87%	12%	1%	0%
	2019	87%	12%	1%	0%
NHS Grampian	2017	91%	7%	0%	0%
	2018	93%	7%	0%	0%
	2019	91%	9%	0%	0%
NHS Health Scotland	2017	100%	0%	0%	0%
	2018	100%	0%	0%	0%
	2019	100%	0%	0%	0%
NHS Lanarkshire	2017	93%	7%	0%	0%
	2018	95%	5%	0%	0%
	2019	94%	5%	1%	0%
NHS Lothian	2017	90%	10%	1%	0%
	2018	91%	8%	0%	0%
	2019	90%	9%	1%	0%
NHS National Services Scotland	2017	93%	7%	0%	0%
	2018	91%	9%	0%	0%
	2019	92%	7%	1%	0%
NHS Orkney	2017	74%	10%	1%	0%
	2018	96%	4%	0%	0%
	2019	91%	9%	0%	0%
The State Hospital	2017	87%	12%	1%	0%
	2018	90%	8%	1%	0%
	2019	93%	7%	0%	0%

Overall Experience

The overall experience question has shown a small improvement from 2018 to 2019 with an increase in the mean of 0.1 to 6.89. This increase is being driven by small increases in the percentages scoring 9 or 10 and a decrease in the percentages scoring 2 or 3.



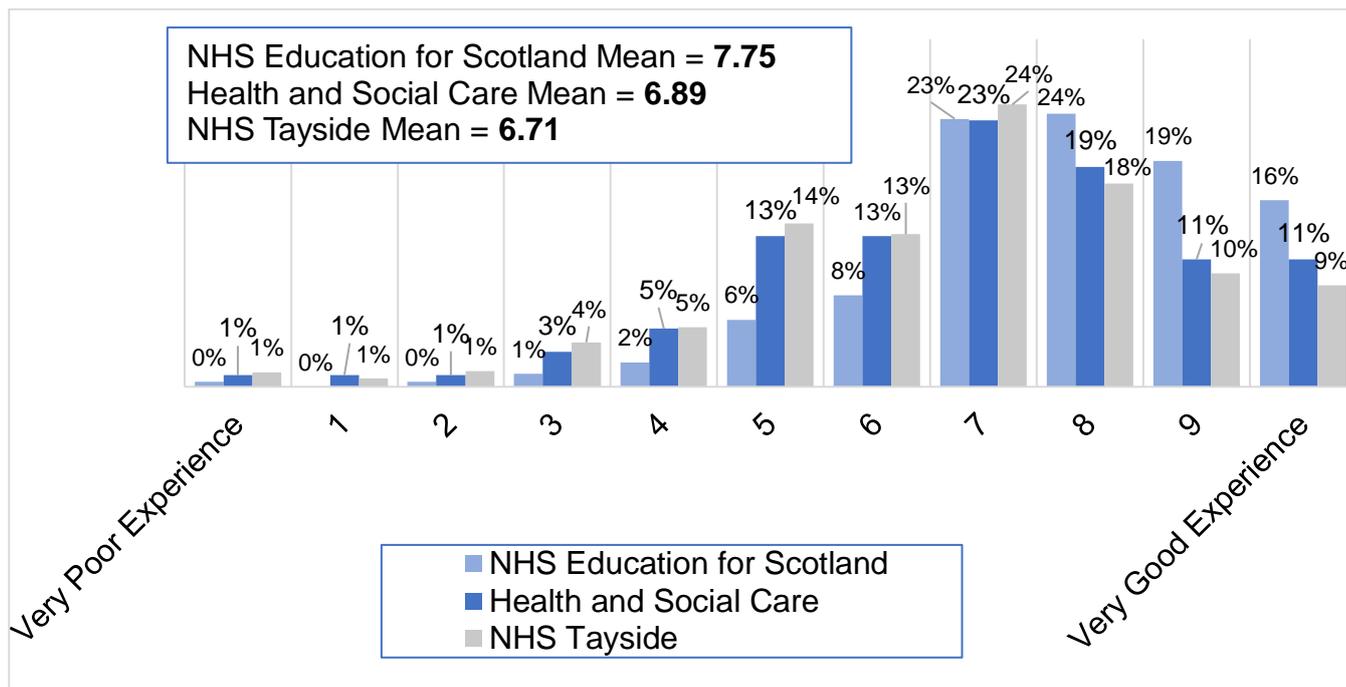
Across the Boards receiving a report, the overall experience mean score ranges from 7.75 for NHS Education for Scotland to 6.64 for NHS Highland.



The distribution of responses across the 11 point scale illustrates the differences between the highest and lowest scoring Boards. To demonstrate this point, the chart below compares the distributions for NHS Education for Scotland and NHS Tayside with the overall NHS Scotland distribution.

The high NHS Education for Scotland score is driven by a greater proportion of staff using the top end of the scale, with 59% of staff in this Board scoring 10, 9 or 8, compared to 41% of Health and Social Care staff overall. In contrast only 37% of NHS Tayside staff score 8, 9 or 10.

Distributions for all Boards receiving an EEI report are shown in Appendix 6.



Summary

The 2019 iMatter EEI score for Health and Social Care is 76, one point higher than the last reported score of 75 from 2017. Of the Boards that received an EEI score the highest is NHS Education for Scotland at 82 and the lowest NHS Dumfries and Galloway and NHS Highland, both with a score of 74. Five Boards have an improved EEI score this year, 8 are unchanged and 4 have a lower score than last time they received a report.

Several Boards show evidence of continuous improvement year on year in their EEI score, with individual Team Stories illustrating how this can be achieved through continued long-term commitment to improvement Action Plans.

At team level, the vast majority (89%) of those that receive a report score in the Strive and Celebrate band (67-100) with just 60 teams across the whole of Health and Social Care scoring 50 or less.

Staff Governance Standards – Components

Staff Governance is a key component of the governance framework used to monitor and manage the performance of NHS Scotland organisations. Staff Governance considers both how *effectively* staff are managed and also how staff *feel* they are managed. The standard was underpinned in legislation in 2004 and its component strands as shown below continue to be monitored, both locally and nationally.

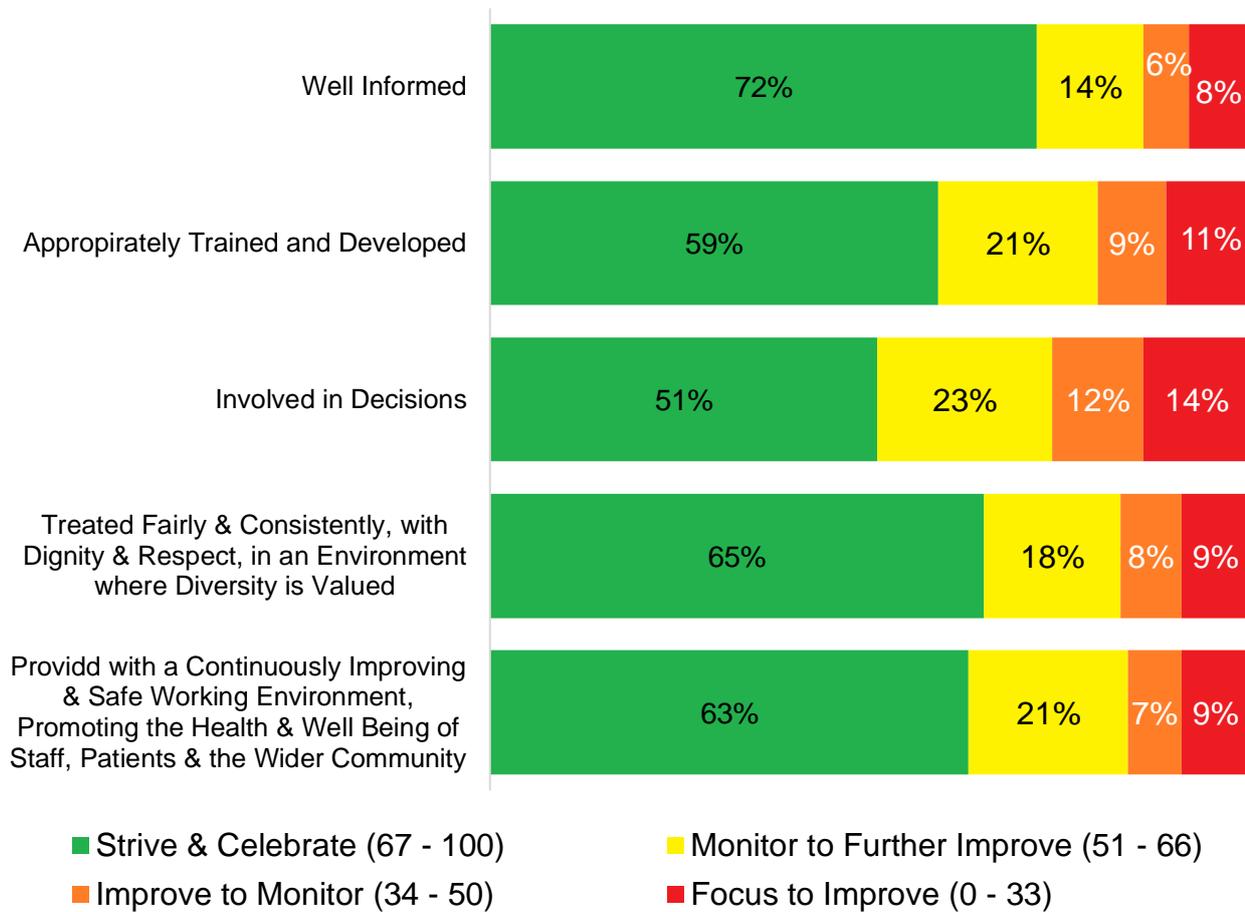
Staff Governance Standard – Scores

The strands of the Staff Governance Standard were mapped against the 20 components forming part of the Staff Experience Framework (see Appendix 7). The 28 questions were then mapped to the 20 components and Staff Governance Standards to provide a measure of Employee Engagement (see Appendix 8).

All five Staff Governance Standard Strand reported scores remain unchanged from 2018, with being ‘Well Informed’ the highest scoring Strand (80) and being ‘Involved in decisions’ (71) remaining an area for future focus.

Staff Governance Standards – Scores	Weighted Index Value		
	2017	2018	2019
Well informed	80	80	80
Appropriately trained and developed	73	74	74
Involved in decisions	71	71	71
Treated fairly & consistently, with dignity & respect, in an environment where diversity is valued	77	77	77
Provided with a continuously improving & safe working environment, promoting health & wellbeing of staff, patients & the wider community	76	77	77

The distribution of scores reflects this with 72% scoring in the Strive to Celebrate band for the 'Well-Informed' Strand and only 51% for the 'Involved in Decisions' Strand.



Staff Governance Standard - Experience as an individual

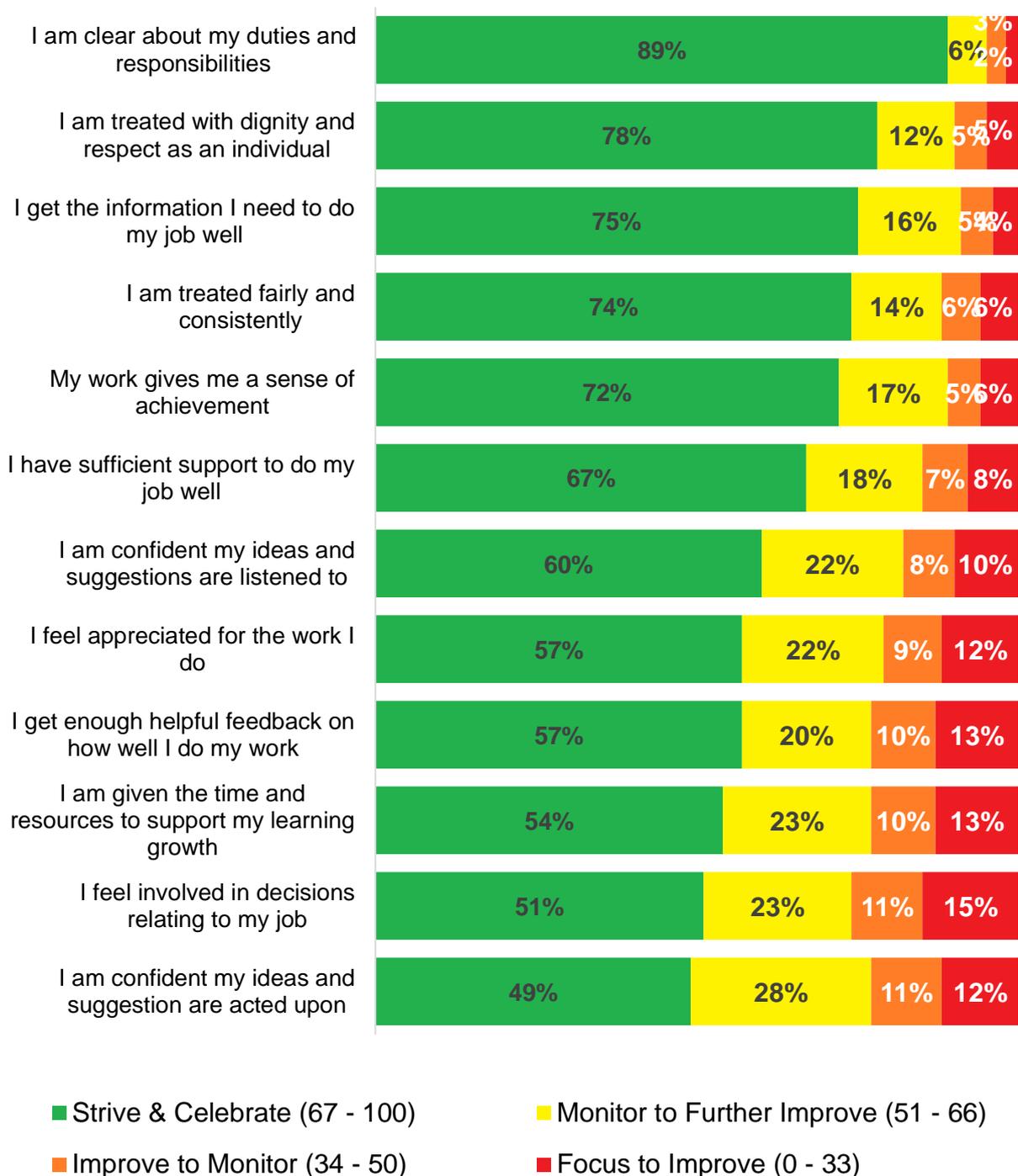
Results are aggregated for each question presented under the heading 'As an Individual'.

From 2018 to 2019 there has been very little movement in the components that comprise the 'Experience as an Individual' Strand. The highest scoring component 'I am clear about my duties and responsibilities' has dropped one point as has the lowest scoring component 'I feel involved in decisions relating to my job'.

Experience as an Individual	2017	2018	2019	Movement 2019 – 2018
I am clear about my duties and responsibilities	88	88	87	-1
I am treated with dignity and respect as an individual	82	83	83	0
I am treated fairly and consistently	81	81	81	0
My work gives me a sense of achievement	81	81	81	0
I get the information I need to do my job well	81	81	81	0
I have sufficient support to do my job well	77	78	78	0
I am confident my ideas and suggestions are listened to	75	75	75	0
I feel appreciated for the work I do	73	74	74	0
I get enough helpful feedback on how well I do my work	73	73	73	0
I am given the time and resources to support my learning growth	71	72	72	0
I am confident my ideas and suggestion are acted upon	71	71	71	0
I feel involved in decisions relating to my job	71	71	70	-1

From these scores it is evident that staff generally feel they are treated fairly and with respect and that they are clear about their responsibilities. The greater challenge is ensuring staff feel they have a voice and are given the feedback and support they feel they need.

Across the distribution of scores for each component in 'Experience as an Individual' there is considerable variation in the share of staff rating each component as Strive & Celebrate. At the top end, 89% of staff score in the Strive & Celebrate band for role clarity, whilst only half of staff do so for feeling involved in decisions and confidence that their suggestions and ideas are acted on.



Scores for this component are consistent between National and Geographic Boards with the exception of the Scottish Ambulance Service that typically scores lower (see following for details). Staff working in Geographic Boards are usually more positive about the sense of achievement they get from their work than staff in National Boards.

Experience as an Individual Geographic Boards	NHS Greater Glasgow & Clyde	NHS Lothian	NHS Grampian	NHS Tayside	NHS Lanarkshire	NHS Ayrshire & Arran	NHS Fife	NHS Highland	NHS Forth Valley	NHS Dumfries & Galloway	NHS Borders	NHS Shetland	NHS Western Isles	NHS Orkney
Number of Responses	25,420	16,149	10,851	8,701	8,653	7,931	6,786	6,184	4,341	2,965	1,774	935	553	492
I am clear about my duties and responsibilities	88	88	87	86	89	88	88	86	87	85	87	87	87	85
I get the information I need to do my job well	81	82	81	80	84	82	81	79	80	79	80	83	81	78
I am given the time and resources to support my learning growth	71	74	74	71	75	74	72	71	70	70	71	73	72	72
I have sufficient support to do my job well	77	79	79	78	81	79	78	76	76	76	76	80	77	75
I am confident my ideas and suggestions are listened to	74	76	76	75	77	75	75	75	75	73	74	78	75	75
I am confident my ideas and suggestion are acted upon	70	72	72	71	74	71	71	70	70	69	70	74	72	72
I feel involved in decisions relating to my job	69	72	72	70	73	71	70	70	69	69	70	74	72	72
I am treated with dignity and respect as an individual	82	84	84	83	85	83	83	82	82	81	83	85	82	84
I am treated fairly and consistently	80	82	82	81	83	81	81	80	80	79	81	83	81	82
I get enough helpful feedback on how well I do my work	72	74	75	73	76	74	73	72	71	71	74	77	72	73
I feel appreciated for the work I do	72	75	75	74	76	74	73	73	72	72	75	78	73	76
My work gives me a sense of achievement	80	82	82	81	82	81	81	80	80	80	81	85	82	84

Experience as an Individual National Boards	Scottish Ambulance Service	NHS National Services Scotland	Golden Jubilee Foundation	NHS 24	NHS Education for Scotland	The State Hospital	Healthcare Improvement Scotland	NHS Health Scotland
Number of Responses	2,838	2,811	1,167	1,039	709	506	429	276
I am clear about my duties and responsibilities	84	85	89	89	87	90	83	85
I get the information I need to do my job well	72	79	83	82	82	84	79	81
I am given the time and resources to support my learning growth	56	74	75	72	80	76	75	78
I have sufficient support to do my job well	68	78	79	82	82	82	79	80
I am confident my ideas and suggestions are listened to	61	75	74	72	84	77	79	82
I am confident my ideas and suggestion are acted upon	57	71	71	68	79	73	75	77
I feel involved in decisions relating to my job	56	70	70	64	79	75	74	78
I am treated with dignity and respect as an individual	75	84	82	82	89	84	84	90
I am treated fairly and consistently	71	81	81	80	88	82	83	86
I get enough helpful feedback on how well I do my work	57	75	73	80	81	79	79	81
I feel appreciated for the work I do	61	75	74	75	82	77	79	81
My work gives me a sense of achievement	79	78	82	80	84	80	78	81

Staff Governance Standard - My Team / My Direct Line Manager

Results are aggregated for each question presented under the heading 'My Team / My Direct Line Manager'.

There is no reported movement in components in this Staff Governance Strand. Staff continue to be very positive about their line manager and their relationship with their line manager. Staff are less sure that performance is managed across their team or their level of involvement in decisions that affect them.

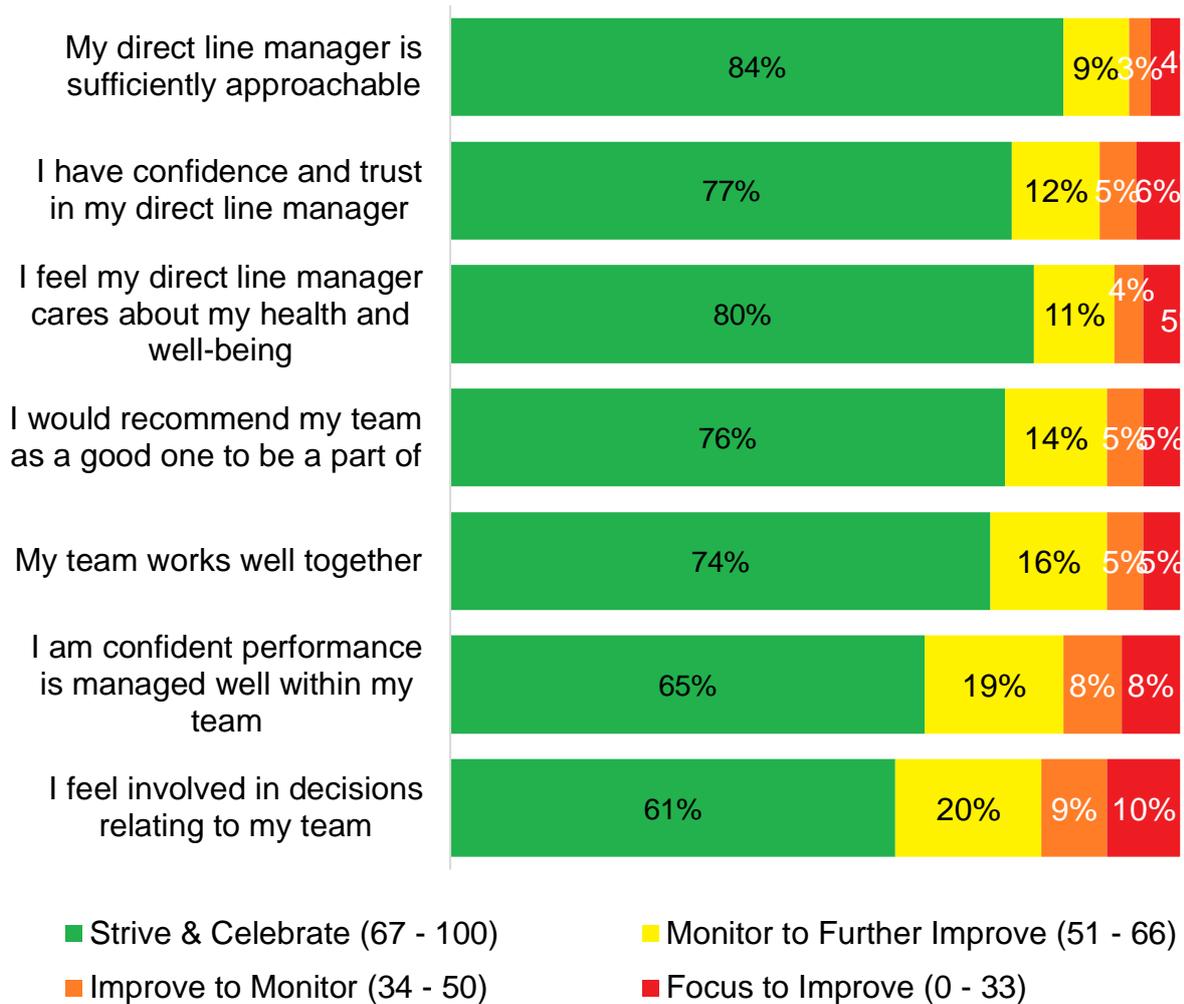
My Team/My Direct Line Manager	2017	2018	2019	Movement 2019 – 2018
My direct line manager is sufficiently approachable	86	87	87	0
I feel my direct line manager cares about my health and well-being	84	84	84	0
I have confidence and trust in my direct line manager	83	84	84	0
I would recommend my team as a good one to be a part of	82	83	83	0
My team works well together	81	82	82	0
I am confident performance is managed well within my team	77	77	77	0
I feel involved in decisions relating to my team	75	76	76	0

The importance of the line manager relationship is illustrated in this example from a team story focused on communications:

"We strongly believe we get a high iMatter score because we have a manager who fully supports us, is approachable and values our individual contributions."

NHS Education for Scotland, CPD Connect Team. Better communication means better staff experience

The distribution of responses for each component (shown overleaf) illustrate the high level of positivity towards line managers, with 84% of staff scoring 'My line manager is sufficiently approachable' as Strive to Celebrate and 80% doing so for 'My line manager cares about my health and wellbeing'.



Staff working in National Boards, with the exception of the Scottish Ambulance Service, typically score around 3 points higher than those working in Geographic Boards for the three line manager components. The following tables show component scores for each Geographic and National Board.

My Team/ My Direct Line Manager Geographic Boards	NHS Greater Glasgow & Clyde	NHS Lothian	NHS Grampian	NHS Tayside	NHS Lanarkshire	NHS Ayrshire & Arran	NHS Fife	NHS Highland	NHS Forth Valley	NHS Dumfries & Galloway	NHS Borders	NHS Shetland	NHS Western Isles	NHS Orkney
Number of Responses	25,420	16,149	10,851	8,701	8,653	7,931	6,786	6,184	4,341	2,965	1,774	935	553	492
I feel my direct line manager cares about my health and well-being	84	85	84	84	87	85	84	83	83	82	84	86	83	84
My direct line manager is sufficiently approachable	87	87	86	87	89	87	86	85	85	85	86	87	85	85
I have confidence and trust in my direct line manager	83	84	84	83	86	84	83	82	82	81	83	84	82	81
I feel involved in decisions relating to my team	75	77	77	75	79	76	75	75	75	74	75	78	75	76
I am confident performance is managed well within my team	77	78	78	76	81	78	77	76	76	74	76	78	75	75
My team works well together	82	83	81	82	84	83	82	81	81	80	81	83	80	81
I would recommend my team as a good one to be a part of	82	84	83	83	85	84	83	82	83	82	83	84	81	82

My Team/ My Direct Line Manager National Boards	Scottish Ambulance Service	NHS National Services Scotland	Golden Jubilee Foundation	NHS 24	NHS Education for Scotland	The State Hospital	Healthcare Improvement Scotland	NHS Health Scotland
Number of Responses	2,838	2,811	1,167	1,039	709	506	429	276
I feel my direct line manager cares about my health and well-being	79	87	83	90	91	87	90	91
My direct line manager is sufficiently approachable	83	88	86	92	91	90	91	92
I have confidence and trust in my direct line manager	79	85	83	90	89	86	88	88
I feel involved in decisions relating to my team	67	76	75	77	82	80	81	84
I am confident performance is managed well within my team	69	77	77	84	82	81	78	82
My team works well together	75	81	81	80	86	85	81	85
I would recommend my team as a good one to be a part of	77	82	82	84	87	86	83	86

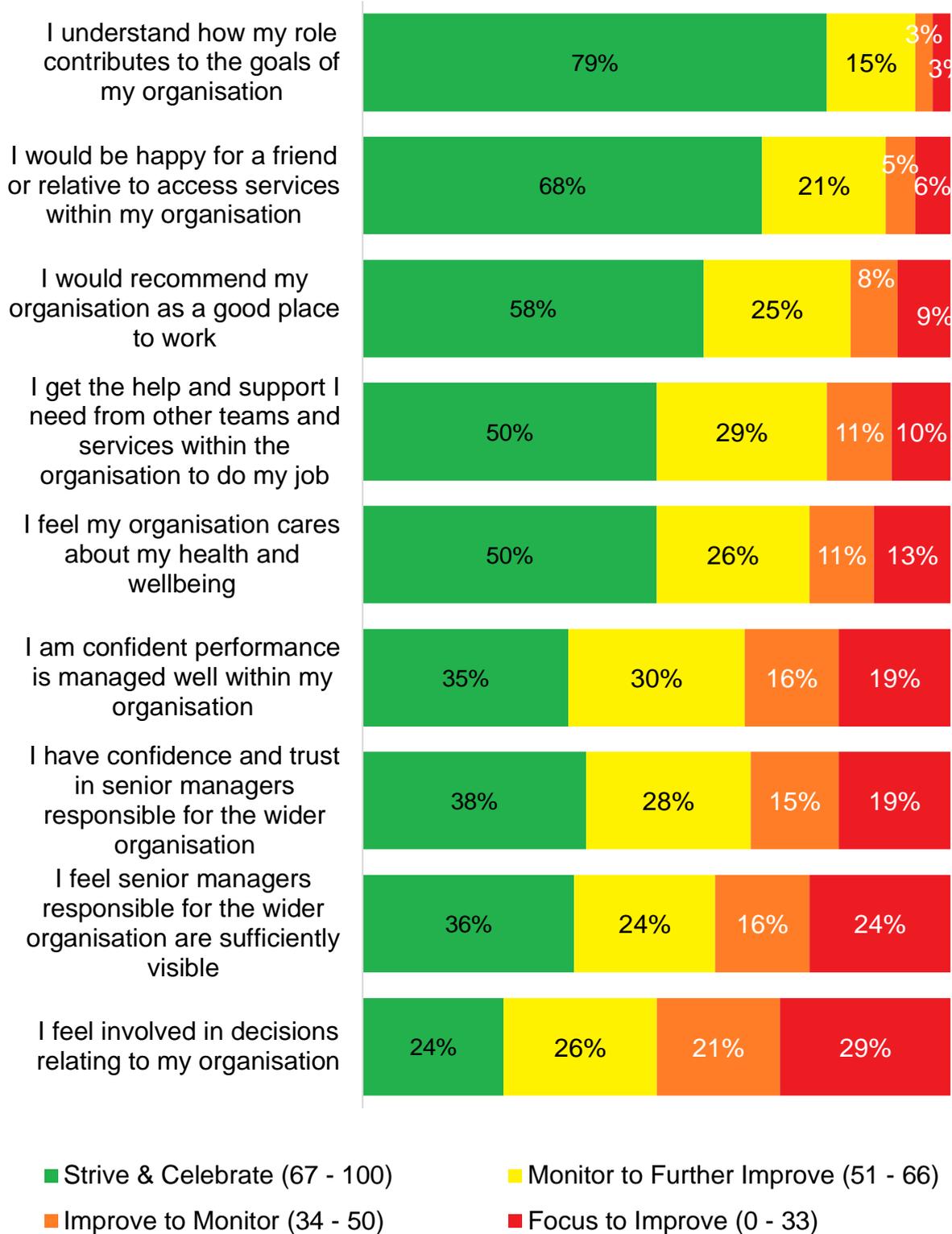
Staff Governance Standard - My Organisation

Results are aggregated for each question presented under the heading 'My Organisation', where Organisation refers to and includes both the relevant NHS Board and Health & Social Care Partnership(s). 'Senior Managers' refers to the Chair, Chief Executive, Non-Executives and Directors/Chief Officer.

Although reported movements are only one point, it is notable that the scores for half of the components in this strand have declined. The highest scoring competent remains staff's understanding of how their role contributes to the organisation's goals, though it has dropped from 83 to 82.

My Organisation	2017	2018	2019	Movement 2019 – 2018
I understand how my role contributes to the goals of my organisation	82	83	82	-1
I would be happy for a friend or relative to access services within my organisation	78	78	78	0
I would recommend my organisation as a good place to work	74	74	74	0
I get the help and support I need from other teams and services within the organisation to do my job	71	72	71	-1
I feel my organisation cares about my health and wellbeing	70	71	70	-1
I am confident performance is managed well within my organisation	64	64	64	0
I have confidence and trust in senior managers responsible for the wider organisation	64	65	64	-1
I feel senior managers responsible for the wider organisation are sufficiently visible	62	62	62	0
I feel involved in decisions relating to my organisation	57	57	57	0

Staff in National Boards, with the exception of Scottish Ambulance Service, are more likely than those in Geographic Boards to say they would recommend the organisation as a good place to work.



My Organisation Geographic Boards	NHS Greater Glasgow & Clyde	NHS Lothian	NHS Grampian	NHS Tayside	NHS Lanarkshire	NHS Ayrshire & Arran	NHS Fife	NHS Highland	NHS Forth Valley	NHS Dumfries & Galloway	NHS Borders	NHS Shetland Isles	NHS Western Isles	NHS Orkney
Number of Responses	25,420	16,149	10,851	8,701	8,653	7,931	6,786	6,184	4,341	2,965	1,774	935	553	492
I understand how my role contributes to the goals of my organisation	83	83	83	81	85	83	83	81	81	81	82	84	82	82
I feel my organisation cares about my health and wellbeing	70	71	73	68	73	72	71	69	69	69	69	75	69	72
I feel senior managers responsible for the wider organisation are sufficiently visible	62	64	63	59	66	63	61	58	60	62	58	66	59	62
I have confidence and trust in senior managers responsible for the wider organisation	65	66	66	60	69	65	65	59	63	64	60	68	60	62
I feel involved in decisions relating to my organisation	57	58	59	54	61	57	56	54	55	57	53	61	55	57
I am confident performance is managed well within my organisation	64	66	66	61	69	65	65	59	63	63	59	67	59	61
I get the help and support I need from other teams and services within the organisation to do my job	71	72	72	70	74	72	71	69	70	71	70	75	72	72
I would recommend my organisation as a good place to work	74	76	76	72	77	75	75	72	73	74	73	78	73	75
I would be happy for a friend or relative to access services within my organisation	78	79	79	77	80	78	78	77	77	77	77	82	78	79

My Organisation National Boards	Scottish Ambulance Service	NHS National Services Scotland	Golden Jubilee Foundation	NHS 24	NHS Education for Scotland	The State Hospital	Healthcare Improvement Scotland	NHS Health Scotland
Number of Responses	2,838	2,811	1,167	1,039	709	506	429	276
I understand how my role contributes to the goals of my organisation	78	81	83	85	84	83	81	83
I feel my organisation cares about my health and wellbeing	58	75	73	73	81	69	75	80
I feel senior managers responsible for the wider organisation are sufficiently visible	50	64	64	67	70	63	66	71
I have confidence and trust in senior managers responsible for the wider organisation	52	66	68	69	73	62	68	70
I feel involved in decisions relating to my organisation	46	57	59	58	63	60	60	69
I am confident performance is managed well within my organisation	51	62	67	69	69	60	61	66
I get the help and support I need from other teams and services within the organisation to do my job	60	72	73	73	76	72	73	72
I would recommend my organisation as a good place to work	65	77	81	78	84	73	77	81
I would be happy for a friend or relative to access services within my organisation	71	79	85	85	85	71	79	82

Confidence and trust in senior managers has dropped back from 65 in 2018 to 64 in 2019 as it was in 2017, suggesting this is an area that still needs focus. It is important to take action in this area as it is a component that is important in driving staff's overall opinion of working in the organisation.

Two team stories provide examples of how the need to build visibility and ultimately trust in senior managers:

Previous senior team roadshows had been poorly attended and so a new approach was needed. Several specific actions were taken:

1. The Service Manager and Head of MHLDS made regular ward 'walk arounds' that highlighted how many staff didn't know who the senior management team were
2. Developed a 'Who's Who' board for the staff room with photos and role descriptions
3. A staff survey is being run to find out how staff would prefer senior management to communicate with them

NHS Grampian, Mental Health & Disabilities Drum Ward

In order to address concerns around senior staff visibility:

"The team suggested that senior managers could be more instantly visible to all staff if they embraced the "Hello my name is" badges and will seek to invite members of the senior management team to team meetings and consider what they wish to promote and share at these engagements."

NHS Greater Glasgow & Clyde, AHP Medicine

The component score for "I feel my organisation cares about my health and wellbeing" has reduced by 1 point in 2019 to 70. This is in sharp contrast to the equivalent rating for line managers caring about staff health and wellbeing which at 84 is one of the highest scoring components.

Staff feeling that the organisation cares about their health and wellbeing is a very important component in driving overall opinion and it is positive that several team stories focus in on health and well being. One particular story from the **Scottish Ambulance Service RUOK? Team at Livingston Station**, explores ways of supporting staff's health and wellbeing more effectively. It also demonstrates how the commitment of one individual can grow through their team to ultimately be rolled out across the whole Board and beyond. See overleaf for an introduction to the project and the impact it has had on staff:

“This is the story of how two colleagues identified a need for better welfare support and collaborated to improve staff experience whilst removing the stigma of mental health, not just in their own local teams, but throughout the Scottish Ambulance Service and extending to Ambulance Trusts across the UK. The introduction of iMatter gave them hope that they could discuss staff welfare and staff experience issues openly. Their journey demonstrates how individuals can engage in the workplace to effect change for the benefit of all.”



“It was uplifting to hear you, it meant a great deal to me personally learning that I was not alone in the service and I was not unique having the dark time I had. Your work is vital and is without a doubt a lifesaver.” – Paramedic

“Having someone who has been through it and is brave enough to speak about their experience really helped. I think it will help a lot of people feel confident to speak up.” – Call taker

“You may feel that you are alone when you feel down but actually there is help.” - Firefighter

Scottish Ambulance Service RUOK? Team at Livingston Station

Staff Groupings

For the first time in 2019, staff were asked to confirm which staff grouping they belonged to. This allows both comparison between Local Authority and NHSScotland employees and comparison of staff groupings within each employer.

Although these questions were optional almost all staff chose to answer them: 99% of staff confirmed whether they were NHSScotland or Local Authority Employees. Of those, 98% of the NHSScotland Employees and 99% of the Local Authority Employees identified which Staff Grouping they belonged to. Details of the number of responses from each staff grouping are shown in Appendix 5. Looking firstly at the comparison between Local Authority staff and NHSScotland employees:

	Local Authority	NHS Scotland	Difference
I am clear about my duties and responsibilities	87	87	0
I get the information I need to do my job well	80	81	-1
I am given the time and resources to support my learning growth	73	72	+1
I have sufficient support to do my job well	78	78	0
I am confident my ideas and suggestions are listened to	76	75	+1
I am confident my ideas and suggestion are acted upon	71	71	0
I feel involved in decisions relating to my job	70	70	0
I am treated with dignity and respect as an individual	83	83	0
I am treated fairly and consistently	81	81	0
I get enough helpful feedback on how well I do my work	76	73	+3
I feel appreciated for the work I do	75	73	+2
My work gives me a sense of achievement	82	81	+1
I feel my direct line manager cares about my health and well-being	86	84	+2
My direct line manager is sufficiently approachable	88	86	+2
I have confidence and trust in my direct line manager	85	84	+1
I feel involved in decisions relating to my team	77	75	+2
I am confident performance is managed well within my team	79	77	+2
My team works well together	82	82	0
I would recommend my team as a good one to be a part of	84	83	+1
I understand how my role contributes to the goals of my organisation	83	82	+1
I feel my organisation cares about my health and wellbeing	72	70	+2
I feel senior managers responsible for the wider organisation are sufficiently visible	64	62	+2
I have confidence and trust in senior managers responsible for the wider organisation	67	64	+3
I feel involved in decisions relating to my organisation	59	57	+2
I am confident performance is managed well within my organisation	67	63	+4
I get the help and support I need from other teams and services within the organisation to do my job	72	71	+1
I would recommend my organisation as a good place to work	75	74	+1
I would be happy for a friend or relative to access services within my organisation	78	78	0

From the previous table it is evident that Local Authority staff typically score a little higher overall than NHSScotland staff. There is only one component “**I get the information I need to do my job well**” where NHSScotland staff score higher. Local Authority staff score two components 3 points higher (**I have confidence and trust in senior managers responsible for the wider organisation, I get enough helpful feedback on how well I do my work**) and one where the score is 4 points higher (**I am confident performance is managed well within my organisation**).

Local Authority Staff

The table overleaf show how ratings differ across the staff groupings within the Local Authority staff. Overall staff in Criminal Justice and Strategic Development tend to score highest and staff in Older People tend to score lowest.

The components that show the greatest variation across staff groupings are

- ‘I am confident performance is managed well within my organisation’ ranging from 64 among Local Authority Senior Managers to 68 among Criminal Justice staff
- ‘I feel my organisation cares about my health and wellbeing’ with staff in Older People scoring 71 and Strategic Development scoring 75
- ‘I would be happy for a friend or relative to access services within my organisation’, varying from 77 among Older People staff to 81 for Strategic Development staff and Local Authority Senior Managers
- ‘I am given the time and resources to support my learning growth’ ranging from 72 for Older People staff to 76 among Criminal Justice and Strategic Development staff

The most consistent component across the Local Authority staff groupings is ‘My direct line manager is sufficiently approachable’.

Local Authority Staff Groupings	Adult Services	Business Services	Childrens Services	Criminal Justice	Older People	LA Senior Managers	Strategic Dev	Difference highest to lowest
I am clear about my duties and responsibilities	86	87	87	88	86	87	88	2
I get the information I need to do my job well	80	80	80	81	79	79	81	2
I am given the time and resources to support my learning growth	73	73	73	76	72	73	76	4
I have sufficient support to do my job well	79	79	79	80	78	80	80	2
I am confident my ideas and suggestions are listened to	76	75	76	77	75	76	77	2
I am confident my ideas and suggestion are acted upon	71	71	72	73	71	72	74	3
I feel involved in decisions relating to my job	70	70	70	72	70	70	72	2
I am treated with dignity and respect as an individual	83	83	84	84	83	84	85	2
I am treated fairly and consistently	82	81	82	82	81	83	84	3
I get enough helpful feedback on how well I do my work	76	75	76	76	76	76	78	3
I feel appreciated for the work I do	76	75	76	77	75	78	78	3
My work gives me a sense of achievement	83	84	84	85	83	85	85	2
I feel my direct line manager cares about my health and well-being	86	85	86	87	86	87	88	3
My direct line manager is sufficiently approachable	88	88	88	89	88	89	89	1
I have confidence and trust in my direct line manager	85	84	85	86	85	87	87	3
I feel involved in decisions relating to my team	76	76	76	77	76	78	78	2
I am confident performance is managed well within my team	78	79	79	80	78	81	81	3
My team works well together	85	83	83	84	82	84	84	3
I would recommend my team as a good one to be a part of	84	85	84	86	84	86	86	2
I understand how my role contributes to the goals of my organisation	83	83	84	84	83	82	83	2
I feel my organisation cares about my health and wellbeing	72	72	72	74	71	73	75	4
I feel senior managers responsible for the wider organisation are sufficiently visible	63	62	63	63	62	61	63	2
I have confidence and trust in senior managers responsible for the wider organisation	66	65	66	67	65	65	66	2
I feel involved in decisions relating to my organisation	59	58	59	59	58	57	58	2
I am confident performance is managed well within my organisation	67	67	67	68	66	64	66	4
I get the help and support I need from other teams and services within the organisation to do my job	73	73	73	74	72	72	74	2
I would recommend my organisation as a good place to work	75	76	76	77	75	76	77	2
I would be happy for a friend or relative to access services within my organisation	78	79	79	80	77	81	81	4

NHSScotland Employees

The table overleaf shows component scores for each of the NHSScotland Employee Staff Groupings.

There are some considerable variations across the NHSScotland staff groupings with the Ambulance Services staff the least positive, typically scoring 10 points lower than the average of all NHSScotland employees. NHSSenior Managers are the most positive, typically 5 points above the average of all NHS Scotland employees.

There are some huge differences in individual component scores across the NHSScotland Staff Groupings, typically with the two mentioned groups being the highest and lowest. Of most note are those that differ by over 20 points:

- I feel involved in decisions relating to my job (26)
- I feel involved in decisions relating to my organisation (26)
- I get enough helpful feedback on how well I do my work (24)
- I feel senior managers responsible for the wider organisation are sufficiently visible (23)
- I am confident my ideas and suggestions are acted upon (23)
- I am confident my ideas and suggestions are listened to (23)
- I have confidence and trust in senior managers responsible for the wider organisation (22)
- I am given the time and resources to support my learning growth (22)
- I feel appreciated for the work I do (21)

Looking specifically at Scottish Ambulance Service staff, the highest scoring components are:

- I am clear about my duties and responsibilities (85)
- My direct line manager is sufficiently approachable (83)

The lowest scoring components for Ambulance Service staff are:

- I feel involved in decisions relating to my organisation (45)
- I feel senior managers responsible for the wider organisation are sufficiently visible (49)

NHSScotland Employee Staff Groupings	Admin Services	Health Professional	Ambulance Services	Health Sciences	Medical Dental	Medical & Dental Support	Nursing & Midwifery	Other Therapeutic	Personal & Social Care	NHS Senior Managers	Support Services	Difference high to low
I am clear about my duties and responsibilities	86	87	85	85	88	88	89	86	86	88	88	3
I get the information I need to do my job well	80	82	72	78	81	82	83	81	79	82	81	11
I am given the time and resources to support my learning growth	74	70	55	67	73	75	72	72	74	77	75	22
I have sufficient support to do my job well	78	78	67	75	75	80	79	78	78	78	78	13
I am confident my ideas and suggestions are listened to	75	77	60	72	73	73	76	78	75	83	71	23
I am confident my ideas and suggestion are acted upon	71	72	56	68	68	69	72	73	72	79	68	23
I feel involved in decisions relating to my job	70	72	55	67	71	69	71	73	71	81	68	26
I am treated with dignity and respect as an individual	83	85	74	81	83	81	83	86	82	87	79	13
I am treated fairly and consistently	81	83	71	78	81	79	81	84	80	86	78	15
I get enough helpful feedback on how well I do my work	74	74	56	69	72	72	74	74	73	80	71	24
I feel appreciated for the work I do	74	75	60	70	73	73	74	77	74	81	71	21
My work gives me a sense of achievement	78	83	79	78	82	80	82	81	84	85	78	7
I feel my direct line manager cares about my health and well-being	85	86	78	82	83	84	84	87	82	89	80	11
My direct line manager is sufficiently approachable	87	88	83	84	86	84	87	88	85	90	83	7
I have confidence and trust in my direct line manager	83	85	79	80	84	82	84	86	82	88	80	10
I feel involved in decisions relating to my team	75	77	66	71	75	73	77	77	75	84	73	18
I am confident performance is managed well within my team	77	78	68	71	76	76	79	77	78	81	76	13
My team works well together	81	83	75	77	82	80	83	81	80	82	79	8
I would recommend my team as a good one to be a part of	81	84	76	78	83	81	85	83	81	84	80	9
I understand how my role contributes to the goals of my organisation	82	86	78	81	79	83	83	82	83	88	83	10
I feel my organisation cares about my health and wellbeing	74	70	57	70	67	72	68	71	73	78	73	21
I feel senior managers responsible for the wider organisation are sufficiently visible	63	59	49	58	59	62	61	60	64	72	62	23
I have confidence and trust in senior managers responsible for the wider organisation	65	62	51	61	61	64	64	64	66	73	64	22
I feel involved in decisions relating to my organisation	56	55	45	52	55	55	55	54	59	71	58	26
I am confident performance is managed well within my organisation	63	62	50	60	61	64	62	62	66	67	65	17
I get the help and support I need from other teams and services within the organisation to do my job	72	71	60	68	69	71	71	71	72	75	69	15
I would recommend my organisation as a good place to work	76	74	65	72	73	74	74	75	76	80	75	15
I would be happy for a friend or relative to access services within my organisation	79	79	71	77	79	80	78	79	79	85	77	14

Summary

Staff Governance Stand Scores have all remained unchanged from 2018, with Well Informed continuing to be the highest scoring strand (80) and Involved in Decisions the lowest (71). Within each strand there is very little movement in individual components, with just 6 components having dropped by 1 point from 2018.

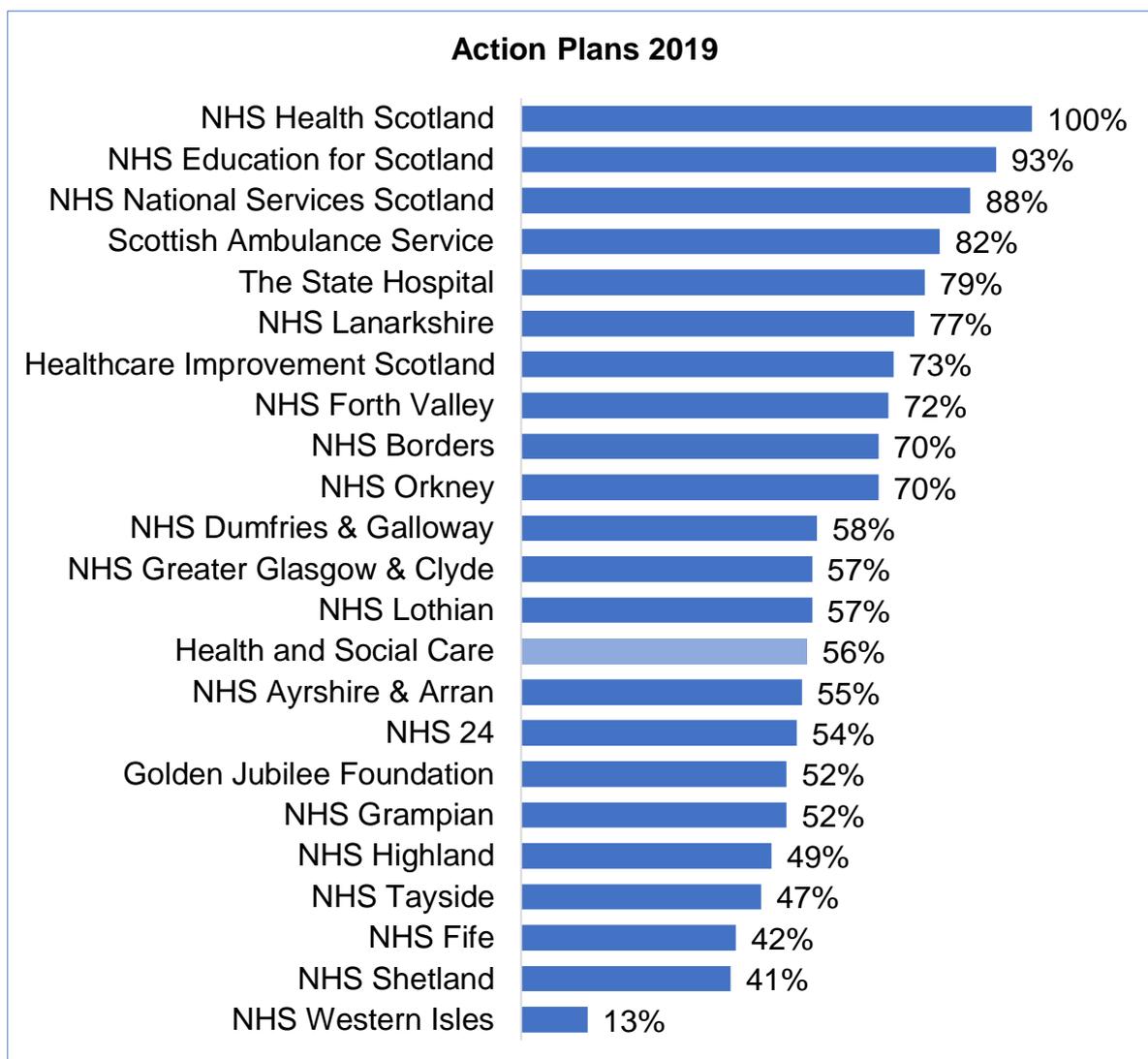
National Boards (with the exception of the Scottish Ambulance Service) typically score higher than Geographic Boards for line management components, but lower for the sense of achievement gained from their work.

The importance of staff feeling that the organisation cares about their health and wellbeing is evident and is well illustrated by the Scottish Ambulance Service RUOK? Team Story.

The inclusion of Staff Grouping analysis for the first time this year provides new insight into the views of staff in different roles. At an overall level Local Authority Staff tend to score slightly higher than NHSScotland. Within the two Employer Groups, staff opinions differ considerably depending on their role. For example, within NHSScotland Senior Managers tend to be the most positive and those in Ambulance Services the least so. Among Local Authority Staff those in Criminal Justice and Strategic Development tend to score highest and those in Older People lowest.

Action Plans

The chart below shows the percentage of teams who completed an Action Plan within the 12 week requirement². The 5 Boards with the highest percentage of teams with Action Plans are all National Boards. NHS Lanarkshire is the Geographic Board with the highest percentage of teams with Action Plans (77%). NHS Western Isles stands out in this analysis with only 13% of teams producing Action Plans, some 28 percentage points below any other Board.



² Some Action Plans are completed after the 12 week deadline. These are not included in the reported percentages of Action Plans completed

Percentage of Teams with Action Plans comparison over time

Across Health and Social Care 58% of teams have completed Action Plans within 12 weeks in 2019. This is an increase of 2 percentage points on 2018 and 15 percentage points on 2017.

	2017	2018	2019	Change from 2018 to 2019 (pp)	Change from 2017 to 2019 (pp)
Health and Social Care	43%	56%	58%	2	15
Golden Jubilee Foundation	63%	71%	52%	-19	-11
Healthcare Improvement Scotland	72%	89%	73%	-16	1
NHS 24	14%	66%	54%	-12	40
NHS Ayrshire & Arran	54%	60%	55%	-5	1
NHS Borders	26%	75%	70%	-5	44
NHS Dumfries & Galloway	13%	46%	58%	12	45
NHS Education for Scotland	73%	82%	93%	11	20
NHS Fife	40%	42%	42%	0	2
NHS Forth Valley	26%	80%	72%	-8	46
NHS Grampian	54%	49%	52%	3	-2
NHS Greater Glasgow & Clyde	44%	50%	57%	7	13
NHS Health Scotland	94%	90%	100%	10	6
NHS Highland	29%	48%	49%	1	20
NHS Lanarkshire	48%	67%	77%	10	29
NHS Lothian	33%	60%	57%	-3	24
NHS National Services Scotland	78%	76%	88%	12	10
NHS Orkney	81%	81%	70%	-11	-11
NHS Shetland	14%	45%	41%	-4	27
NHS Tayside	39%	41%	47%	6	8
NHS Western Isles	12%	14%	13%	-1	1
Scottish Ambulance Service	72%	86%	82%	-4	10
The State Hospital	78%	55%	79%	24	1

In 2019 10 Boards have increased the percentage of teams with Action Plans from 2018. The biggest increase is in The State Hospital with 79% of teams completing Action Plans in 2019, compared to 55% in 2018. The biggest decrease in the percentage of teams with Action Plans in 2019 from 2018 is in Golden Jubilee Foundation, down 19 percentage points from 71% in 2018 to 52% in 2019.

Following the increase from 14% in 2017 to 66% in 2018, NHS 24 dropped back to 54% Action Plan completion in 2019. Through 2019 the Board was delivering two significant strategic priorities alongside iMatter questionnaire and action plan completion, which they believe may have contributed to the decrease in response rate and completed action plans.

Notes:

1. The NHS Ayrshire and Arran 2018 No Report percentage was amended following the 2018 report publication from 60% to 61%”
2. Following removal of Chair Teams from the 2017 data, the No Report percentages for 11 Boards have changed from those reported in 2018

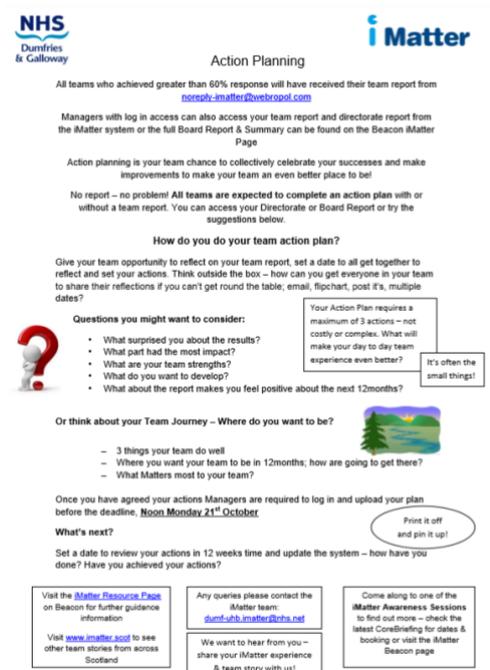
Looking at longer term progress from 2017 to 2019, all but three Boards have increased the percentage of teams with completed Action Plans. The largest increase is in NHS Dumfries and Galloway, having gone from 13% in 2017, 46% in 2018 to 58% in 2019, an overall increase of 45 percentage points over the three years. NHS Lanarkshire has also achieved large increases each year in the percentage of teams with Action Plans. Below are summaries of actions taken by these Boards:

Case Study 9: NHS Dumfries and Galloway – Increasing the percentage of teams with Action Plans

NHS Dumfries and Galloway have continued staff awareness session in 2019, with a focus on how to effectively action plan – particularly highlighting that small actions matter, small changes, not service changing.

Clear and easy-to-action communications have been created, including weekly all staff emails encouraging Action Plan completion.

The campaign has successfully led to a continued increase in Action Plan completion again in 2019.



Case Story 10: NHS Lanarkshire – Increasing the percentage of teams with Action Plans

“Local champions, supported by the Op Lead and Board Administrator, are in place in each directorate / partnership area and have been key this year in recognising where support is required working with the managers ensuring they had the time and support to take things forward, asking for additional support from Op Lead if required. The impact of this was very noticeable within our Acute area where, although the overall response was below 60%, there was a big rise in action plans completed – the local champions put in place here were at Assistant Service Manager level and able ensure robust support was provided in pressure areas.”

As Op Lead I keep in touch with managers and local champions during their 12 week action plan widow offering 1:1 or group support if required.”

The Team Story below illustrates the pride in ensuring all HSCP teams complete an action plan:

The STARS service are the first in this Board to have every team complete a 2019-20 Action Plan, a significant achievement for a geographically dispersed team. The visual created to illustrate the Team story is both a recognition of the value of iMatter and an insight into the positive culture it is supporting.

NHS Dumfries and Galloway, HSCP Team - Short Term Reablement Service (STARS) – Striving for excellence in care



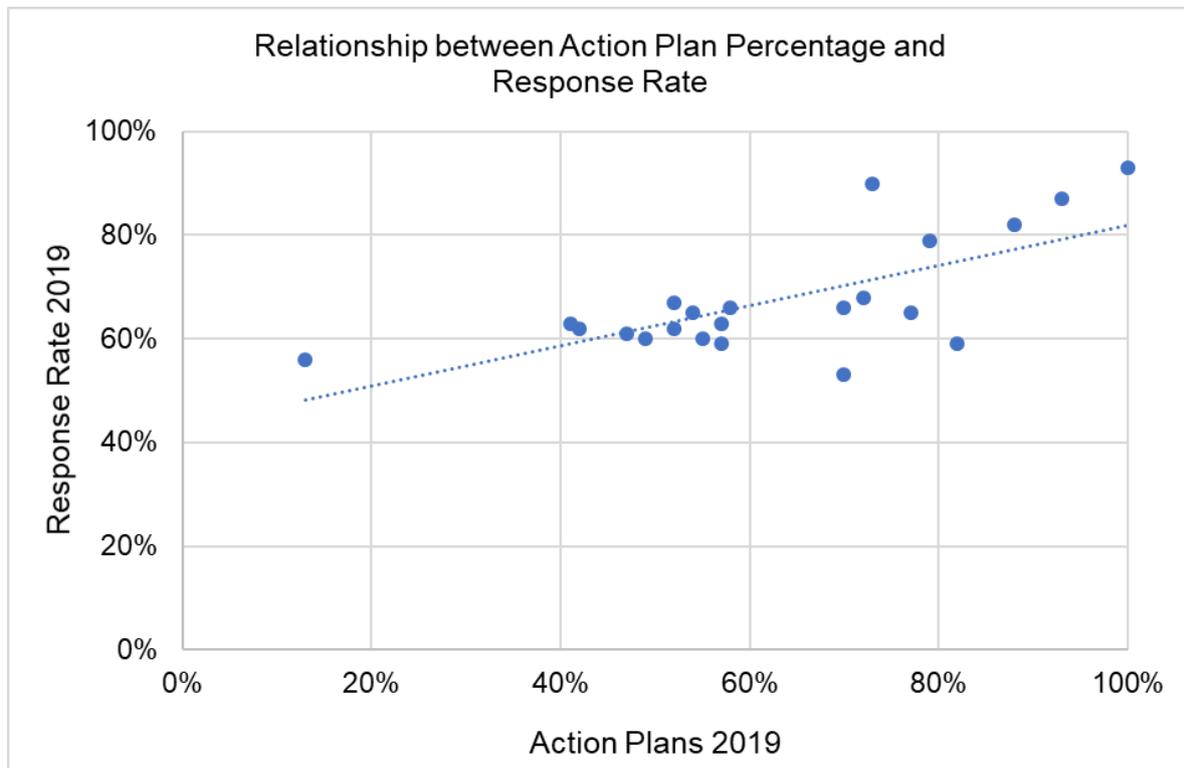
Relationship between Action Plan Percentage and other KPIs

Using the KPI data for each Board we can explore the relationship between the percentage of teams with Action Plans and each of the other KPIs:

Board	Response Rate	EEl	No Report*	Action Plans
Health & Social Care	62%	76	34%	58%
Golden Jubilee Foundation	67%	77	29%	52%
Healthcare Improvement Scotland	90%	78	19%	73%
NHS 24	65%	78	43%	54%
NHS Ayrshire & Arran	60%	76	34%	55%
NHS Borders	53%	No Report	47%	70%
NHS Dumfries & Galloway	66%	74	25%	58%
NHS Education for Scotland	87%	82	10%	93%
NHS Fife	62%	76	36%	42%
NHS Forth Valley	68%	75	26%	72%
NHS Grampian	62%	77	35%	52%
NHS Greater Glasgow & Clyde	59%	No Report	37%	57%
NHS Health Scotland	93%	81	0%	100%
NHS Highland	60%	74	37%	49%
NHS Lanarkshire	65%	79	30%	77%
NHS Lothian	63%	77	34%	57%
NHS National Services Scotland	82%	76	13%	88%
NHS Orkney	66%	75	30%	70%
NHS Shetland	63%	78	33%	41%
NHS Tayside	61%	75	38%	47%
NHS Western Isles	56%	No Report	43%	13%
Scottish Ambulance Service	59%	No Report	42%	62%
The State Hospital	79%	77	8%	79%

Relationship between Action Plan Percentage and Response Rate

The chart below shows the response rate and the percentage of teams completing an Action Plan for each Board. This suggests some positive relationship between the two measures as Boards with high response rates are most likely to have a high Action Plan completion. The three Boards with both the highest response rate and the highest percentage of Action plans are National Boards.

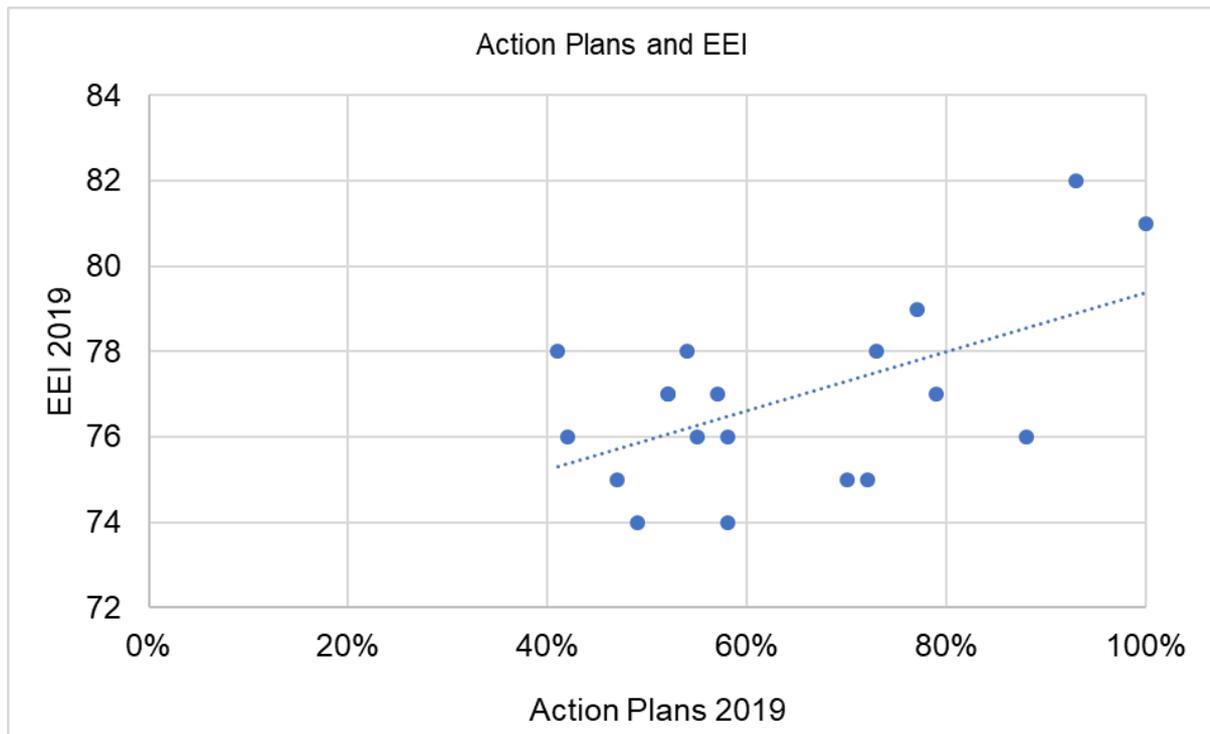


Whilst NHS Borders had the lowest response rate (53%) it has a good percentage of teams with Action Plans completed (70%). Similarly, the Scottish Ambulance Service only achieved a 59% response rate but has the fourth highest percentage of teams with Action Plans (82%).

Relationship between Action Plan Percentage and EEI

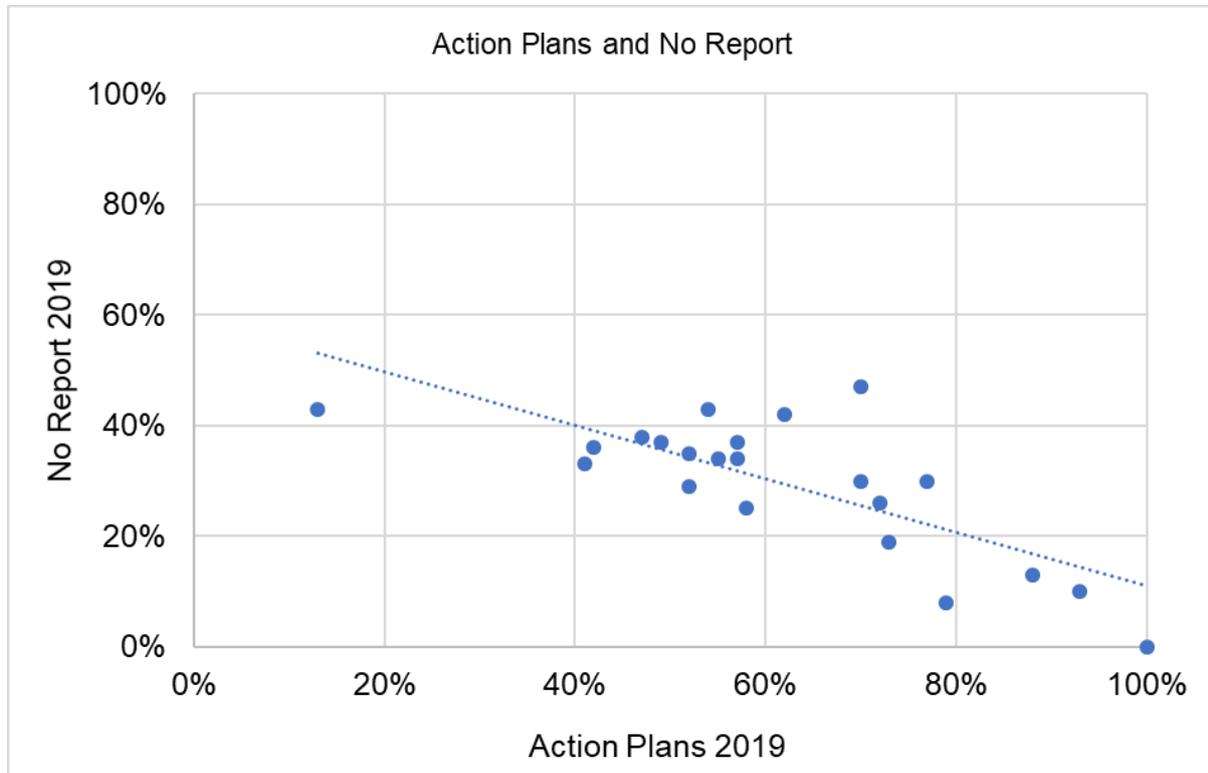
Comparing the percentage of teams with Action Plans and the EEI for each Board that received a report, the relationship is less strong, with examples of Boards such as

- NHS National Services Scotland having the third highest percentage of completed Action Plans, but an EEI score of 76.
- NHS Shetland with an EEI score of 78, but only 41% of teams with completed Action Plans.



Relationship between Action Plan Percentage and No Report

As might be expected there is an inverse relationship between the percentage of teams with Action Plans and the percentage with No Report. There are some exceptions, for example NHS Borders, where 47% of teams did not get a report but still 70% of teams completed an Action Plan. The case study below illustrates the proactive steps taken by NHS Borders to encourage Action Plan completion.



Case Study 11: NHS Borders – Encouraging Action Plan Completion

“Within NHS Borders we are very clear with managers and their teams that whilst completing the survey is voluntary, there is an expectation that each team will submit an action plan.”

In 2018 our HR Business Partners provided a great deal of support to services within their area to encourage them to complete an action plan. In 2019 we deliberately took a step back from this approach because we wanted to encourage ownership for the iMatter process both within a management and team level (although of course support was still available through the iMatter team). Despite this step back, we still had a high action plan conversion rate.”

Summary

The level of Action Plan completion has risen in 2019 to 58% from 56% in 2018. At individual Board level there is considerable variation from 100% in NHS Scotland to only 13% in NHS Western Isles.

There are examples of how Boards have encouraged their teams to develop Action Plans and this is reflected in increased percentages of teams with Action Plans in many Boards. However, there are a number of Boards that have notable decreases in the percentage of teams with Action Plans, which warrants further review prior to commencement of the 2020 iMatter programme.

Appendix 1: iMatter Survey Method

The process for distributing the iMatter questionnaire begins with a team confirmation period. Managers (at individual team level) were required to confirm their teams to ensure accuracy and that respondent information is updated. This was conducted for a period of 4 weeks where managers are required to remove any staff who have left the team, exclude staff who will not be available during the questionnaire stage and add any new staff that have joined the team. Once this process was completed, the online questionnaire was issued to all respondents with an email entered on the system and remained open for a period of 3 weeks. The paper version was also available to be printed and distributed on the same day, with the deadline to receive paper copies set for 1 week after the questionnaire closing date. All paper responses received within the deadline were also input within 1 week of the receipt deadline. Reminders were issued each week over the 3 week period.

Week Number	Action
1	Managers confirm team details to ensure accurate respondent information:
2	
3	- remove staff who have left
4	- exclude staff who will not be available during fieldwork Add new staff
5	Fieldwork window:
6	- email electronic questionnaire/print & distribute paper version
7	Reminders issued each week to non-responders
8	Additional week for Webropol to receive paper responses
9	All response data input to system

The iMatter questionnaire and data collection process was undertaken by Webropol, an independent company, to ensure full anonymity for the respondents. All processes have been fully assessed to ensure compliance with General Data Protection Regulation (GDPR) Principles. In order to keep the reports within small teams of 4 or less anonymous, the response rate for team reports to be published must be 100%. The reports are published at team level and available to that team only. The response data contained in team reports informs reports at both Directorate and Organisational level.

Appendix 2: Team story links. To read any of the Team Stories in full, click on team photo to enter iMatter website, then click on button “download our story” - [Download our Story](#)



To read any of the Team Stories in full, click on team photo to enter iMatter website, then click on button “download our story” -

[Download our Story](#)



To read any of the Team Stories in full, click on team photo to enter iMatter website, then click on button “download our story” -

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To read any of the Team Stories in full, click on team photo to enter iMatter website, then click on button “download our story” -

[Download our Story](#)



Specialist Children's Services and C&F
Reflective improvement in Children and Families




Social Therapy and Recovery Service
Our iMatter Story




Community Nursing Team
Striving for Excellence in Care




STARS Team
Striving for Excellence in Care




South H&SCP - Clydesdale Children & Justice Services Team
Team Journey




Integrated OT Team
Working together to make a real difference


To read any of the Team Stories in full, click on team photo to enter iMatter website, then click on button “download our story” -

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To read any of the Team Stories in full, click on team photo to enter iMatter website, then click on button “download our story” -

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Appendix 3: Statistical Notes

Significance Testing

Significance testing has been carried out on the iMatter data, to assess whether the movements in results from 2018 to 2019 are likely to be ‘true’, rather than ‘chance’. Specifically, a series of t-tests has been used to examine the size of change needed to give us a very high level of confidence that a ‘true’ change has happened.

The key element here is the number of responses – the larger the number of responses, the smaller the minimum change that can be deemed statistically significant (meaning that the change is highly likely to be ‘true’).

Overall Health and Social Care Level Data

- A change of 0.3, or even 0.2 at times, is significant across Health and Social Care as a whole. This generally means any change reported from 2018 to 2019 is likely to be a ‘true’ change.
- However, the above finding highlights a slight challenge, since iMatter reporting is based on whole integers, and therefore some significant movements may not be visible in the report. We therefore recommend that future reporting is to one decimal place, in order that all significant movements can be reported.

Board Level Data

As noted above, the number of respondents (the achieved sample size) is key to the level of movement year on year that is significant. Therefore, for individual Boards, significant movements are:

- Boards with less than 800 responses per year: movements of 3 points are significant
- Boards with between 800 and 2,800 responses per year: movements of 2 points are significant
- Boards with over 2,800 responses per year: movements of 1 point are significant

Movements of 3pp are significant	Movements of 2pp are significant	Movements of 1pp are significant
NHS Health Scotland (276 responses in 2019)	NHS Shetland (935 responses in 2019)	NHS National Services Scotland (2,811)
Healthcare Improvement Scotland (429)	NHS 24 (1,039)	Scottish Ambulance Service (2,838)
NHS Orkney (492)	Golden Jubilee Foundation (1,167)	NHS Dumfries & Galloway (2,965)
The State Hospital (506)	NHS Borders (1,774)	NHS Forth Valley (4,341)
NHS Western Isles (553)		NHS Highland (6,184)
NHS Education for Scotland (709)		NHS Fife (6,786)
		NHS Ayrshire & Arran (7,931)
		NHS Lanarkshire (8,653)
		NHS Tayside (8,701)
		NHS Grampian (10,851)
		NHS Lothian (14,183)
		NHS Greater Glasgow & Clyde (25,420)

Regression Analysis

Regression analysis has been carried out on the 2019 iMatter data to examine the extent to which the overall thermometer question is related to the individual component questions. The scores for the thermometer question ('Overall, working within my organisation is a ..very poor experience (0) . . . very good experience (10)') were compared to each of the component scores (6 for Strongly Agree . . . 1 for Strongly Disagree) for each respondent.

The analysis looks at the degree of 'similarity' between the overall score and the component scores - that is, the extent to which respondents giving a high (or low) overall score also gave a high (or low) component score. In practical terms this provides insight into which components have the greatest influence on staff's overall experience of working within their organisation.

Unsurprisingly, responses to 'I would recommend my organisation as a good place to work' were most closely related to the overall score, reflecting their broadly similar nature. The other components are shown below in order. For example, 'I feel my organisation cares about my health and wellbeing' has the next strongest influence on the overall score.

1. I feel my organisation cares about my health and wellbeing
2. I would be happy for a friend or relative to access services within my organisation
3. My work gives me a sense of achievement
4. I am confident performance is managed well within my organisation
5. I have confidence and trust in senior managers responsible for the wider organisation
6. I have sufficient support to do my job well
7. I would recommend my team as a good one to be a part of
8. I feel appreciated for the work I do
9. I feel involved in decisions relating to my organisation
10. I am treated fairly and consistently
11. I am given the time and resources to support my learning growth
12. I have confidence and trust in my direct line manager
13. I am treated with dignity and respect as an individual
14. I get the information I need to do my job well
15. I get enough helpful feedback on how well I do my work
16. I am clear about my duties and responsibilities
17. I feel my direct line manager cares about my health and well-being
18. I am confident performance is managed well within my team
19. I am confident my ideas and suggestions are listened to
20. My team works well together
21. My direct line manager is sufficiently approachable
22. I feel involved in decisions relating to my job
23. I am confident my ideas and suggestion are acted upon
24. I feel involved in decisions relating to my team
25. I get the help and support I need from other teams and services within the organisation to do my job
26. I feel senior managers responsible or the wider organisation are sufficiently visible
27. I understand how my role contributes to the goals of my organisation

Appendix 4: Response Volumes by Method

NHS Scotland	Sent surveys					Responses				
	Online	Paper	Total	Online Share	Paper share	Online	Paper	Total	Online Share	Paper share
Health and Social Care	153,989	25,464	179,453	86%	14%	102,099	9413	111,512	92%	8%
Golden Jubilee Foundation	1,506	226	1,732	87%	13%	1,020	147	1,167	87%	13%
Healthcare Improvement Scotland	479	0	479	100%	0%	429	0	429	100%	N/A
NHS 24	1,590	0	1,590	100%	0%	1,039	0	1,039	100%	N/A
NHS Ayrshire & Arran	11,068	2077	13,145	84%	16%	7,113	818	7,931	90%	10%
NHS Borders	2,836	503	3,339	85%	15%	1,636	138	1,774	92%	8%
NHS Dumfries & Galloway	4136	343	4,479	92%	8%	2,839	126	2,965	96%	4%
NHS Education for Scotland	815	0	815	100%	0%	709	0	709	100%	N/A
NHS Fife	9,345	1641	10,986	85%	15%	6,325	461	6,786	93%	7%
NHS Forth Valley	6,026	372	6,398	94%	6%	4,205	136	4,341	97%	3%
NHS Grampian	14189	3336	17,525	81%	19%	9,368	1483	10,851	86%	14%
NHS Greater Glasgow & Clyde	34,986	8273	43259	81%	19%	22,766	2656	25,422	90%	10%
NHS Health Scotland	297	0	297	100%	0%	276	0	276	100%	N/A
NHS Highland	9283	1097	10,380	89%	11%	5,839	345	6,184	94%	6%
NHS Lanarkshire	11,520	1847	13,367	86%	14%	7,885	768	8,653	91%	9%
NHS Lothian	21,192	4265	25457	83%	17%	14,183	1966	16,149	88%	12%
NHS National Services Scotland	3,361	56	3417	98%	2%	2,783	28	2,811	99%	1%
NHS Orkney	736	5	741	99%	1%	492	0	492	100%	0%
NHS Shetland	1,419	64	1,483	96%	4%	919	16	935	98%	2%
NHS Tayside	13,012	1150	14,162	92%	8%	8,418	283	8,701	97%	3%
NHS Western Isles	833	152	985	85%	15%	529	24	553	96%	4%
Scottish Ambulance Service	4,729	46	4,775	99%	1%	2,828	10	2,838	100%	0%
The State Hospital	631	11	642	98%	2%	498	8	506	98%	2%

Appendix 5: Staff Grouping Response Volumes

	Responses	Percentage
Total Responses	111,512	
Total answering this question	110,801	99%
Local Authority Employees	14,873	13%
NHS Scotland Employees	95,928	87%
Local Authority Employees	14,873	
Total answering this question	14,533	98%
Adult Services	6,557	44%
Business Services	1,091	7%
Children's Services	2,022	14%
Criminal Justice	689	5%
Older People	3,884	26%
Local Authority Senior Managers	113	1%
Strategic Development	177	1%
NHS Scotland Employees		
Total answering this question	95,010	99%
Admin Services	19,996	21%
Health Professional	11,347	12%
Ambulance Services	2,619	3%
Health Sciences	3,502	4%
Medical Dental	6,673	7%
Medical & Dental Support	1,007	1%
Nursing & Midwifery	35,750	37%
Other Therapeutic	3,576	4%
Personal & Social Care	1,233	1%
NHS Senior Managers	1,106	1%
Support Services	8,201	9%

Note: These questions were optional on the 2019 survey.

Appendix 6: Distribution of Thermometer Question Responses

Board	Thermometer Score										
	0	1	2	3	4	5	6	7	8	9	10
Golden Jubilee Foundation	1%	0%	1%	2%	4%	9%	10%	21%	23%	14%	15%
Healthcare Improvement Scotland	1%	0%	1%	4%	3%	8%	11%	23%	26%	12%	10%
NHS 24	1%	1%	1%	3%	3%	10%	9%	22%	21%	13%	15%
NHS Ayrshire & Arran	1%	1%	1%	3%	5%	13%	13%	23%	19%	11%	11%
NHS Dumfries & Galloway	2%	1%	2%	3%	4%	13%	14%	23%	19%	11%	8%
NHS Education for Scotland	0%	0%	0%	1%	2%	6%	8%	23%	24%	19%	16%
NHS Fife	1%	1%	1%	3%	4%	13%	13%	23%	19%	11%	11%
NHS Forth Valley	1%	1%	2%	4%	5%	14%	13%	23%	17%	10%	10%
NHS Grampian	1%	0%	1%	2%	4%	12%	12%	23%	21%	12%	11%
NHS Health Scotland	1%	0%	0%	1%	2%	8%	10%	28%	27%	13%	10%
NHS Highland	1%	1%	2%	4%	6%	15%	13%	22%	18%	9%	10%
NHS Lanarkshire	1%	0%	1%	3%	4%	11%	11%	23%	20%	12%	13%
NHS Lothian	1%	1%	1%	3%	4%	12%	13%	23%	20%	11%	11%
NHS National Services Scotland	1%	1%	1%	2%	4%	10%	12%	23%	22%	12%	11%
NHS Orkney	1%	1%	1%	3%	4%	13%	14%	25%	21%	10%	8%
NHS Shetland	0%	1%	1%	2%	3%	11%	10%	22%	22%	14%	13%
NHS Tayside	1%	1%	1%	4%	5%	14%	13%	24%	18%	10%	9%
The State Hospital	2%	1%	1%	3%	4%	10%	12%	25%	17%	12%	12%

Appendix 7: Staff Experience Framework

Staff Experience Continuous Improvement Framework																				
Health Care Quality Strategy 2010 3 Quality Ambitions	Person-Centred, Safe & Effective																			
MacLeod Enablers/ Healthy Working Lives	MacLeod: Leadership				MacLeod: Engaging Managers				MacLeod: Employee Voice				MacLeod: Integrity to the Values & Purpose				Health and Well-being			
Staff Governance Standard Strands	SG1: Well Informed				SG2: Appropriately Trained & Developed				SG3: Involved in Decisions				SG4: Treated Fairly & Consistently, with Dignity & Respect, in an Environment where Diversity is Valued				SG5: Provided with a Continuously Improving & Safe Working Environment, Promoting the Health & Wellbeing of Staff, Patients and the Wider Community			
Staff Experience Components	Visible & Consistent Leadership	Sense of Vision, Purpose & Values	Role Clarity	Clear, Appropriate & Timeously Communication	Learning & Growth	Performance Development & Review	Access to Time & Resources	Recognition & Rewards	Confidence & Trust in Management	Listened to & Acted Upon	Partnership Working	Empowered to Influence	Valued as an Individual	Effective Team Working	Consistent Application of Employment Policy & Procedures	Performance Management	Appropriate Behaviours & Supportive Relationships	Job Satisfaction	Assessing Risk & Monitoring Work Stress & Workload	Health & Well-being Support
KSF Core Dimensions	C1	C1	C2	C1	C2	C2	C2	C2	C6	C4	C4	C4	C6	C5	C6	C5	C6	C5	C3	C3

Appendix 8: Mapping Staff Governance Standard

iMatter Staff Experience Components	iMatter Questions	KSF*
SG1: Well Informed		
Visible & Consistent Leadership	My direct line manager is sufficiently approachable. I feel senior managers are responsible for the wider organisation and are sufficiently visible.	C1
Sense of Vision, Purpose & Values	I understand how my role contributes to the goals of the organisation.	C1
Role Clarity	I am clear what my duties and responsibilities are.	C2
Clear, Appropriate & Timeously Communication	I get the information I need to do my job well.	C1
SG2: Appropriately Trained & Developed		
Learning & Growth	I am given the time and resources to support my learning and growth.	C2
Performance Development & Review	I get enough helpful feedback on how well I do my work.	C2
Access to Time & Resources	I have sufficient support to do my job well.	C2
Recognition & Rewards	I feel appreciated for the work I do.	C2
SG3: Involved in Decisions		
Confidence & Trust in Management	I have confidence and trust in my direct line manager. I have confidence and trust in senior managers responsible for the wider organisation.	C6
Listened to & Acted Upon	I am confident my ideas and suggestions are listened to. I am confident my ideas and suggestions are acted upon.	C4
Partnership Working	I feel involved in decisions relating to my organisation.	C4
Empowered to Influence	I feel involved in decisions relating to my job. I feel involved in decisions relating to my team.	C4
SG4: Treated Fairly & Consistently, with Dignity & Respect, in an Environment where Diversity is Valued		
Valued as an Individual	I am treated with dignity and respect as an individual.	C8
Effective Team Working	My team works well together.	C5
Consistent Application of Employment Policy & Procedures	I am treated fairly and consistently.	C6
Performance Management	I am confident performance is managed well within my team. I am confident performance is managed well within my organisation.	C5
SG5: Provided with a Continuously Improving and Safe Working Environment, Promoting the Health and Wellbeing of Staff, Patients and the Wider Community		
Appropriate Behaviours & Supportive Relationships	I get the help and support I need from other teams and services within the organisation to do my job.	C6
Job Satisfaction	My work gives me a sense of achievement.	C5
Assessing Risk & Monitoring Work Stress & Workload	I feel my direct line manager cares about my health & wellbeing.	C3
Health & Wellbeing Support	I feel my organisation cares about my health & wellbeing.	C3

* KSF – Agenda for Change Knowledge Skills Framework



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