



Health & Social Care Staff Experience Report 2018



‘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

Our focus in NHS Scotland is the provision of safe, effective and person-centred care. Improved staff experience supports improved care, so it is right that we are continually working to find better ways of improving staff experience.

The Scottish Government has therefore commissioned Webropol Ltd, an independent company to undertake the work to measure and report staff experience in Health and Social Care. Their report provides detailed information and analysis of staff experience gleaned from our iMatter Continuous Improvement Model in 2018.

iMatter was designed for staff by staff as a more effective way to measure and take action on staff experience. The questionnaire focuses on behaviours at the heart of organisational culture including those at the root of bullying, harassment and discrimination. Rather than adopting a top-down approach, teams collectively share responsibility for developing an action plan in response to their questionnaire results and review progress. This enables individual teams, direct line managers, Directors and Boards the facility to measure, understand and improve staff experience.

[The Scottish Parliament Health and Sport Committee's](#) inquiry into NHS Governance explored the culture of the NHS in Scotland and the way this impacts on patients. This included consideration of the [Staff Governance Standard](#) that looks at whether staff are managed in a fair and effective way. I am delighted that the Committee are supportive of iMatter and recognise the Health and Social Care Staff Experience Report as a useful tool for measuring progress in achieving the Staff Governance Standard and delivering improvements in the workplace.

All 22 Health Boards in NHSScotland have implemented iMatter and 24 Health and Social Care Partnerships (H & SCPs) have also chosen to participate. I expect all managers and leaders working within our NHSScotland Boards and H & SCPs to give full consideration to this report to inform the work to celebrate and improve staff experience.

It is worth reflecting on the fact that iMatter is both a collective endeavour and a continuous improvement journey. The 2019 roll-out of iMatter questionnaires will commence this February. I strongly encourage everyone to have their say by completing a questionnaire. More importantly however, I would encourage you to actively participate in the development of your team Action Plans for the forthcoming year.

Finally, let me personally thank everyone who has participated in iMatter. Your experience and your views matter and I am grateful to you for your involvement.

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 2018 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 programme has 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, 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 and 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

iMatter Report 2018

The first national Health & Social Care Staff Experience report on iMatter also included a report on the 2017 Dignity at Work Survey, it was published on 2 March 2018. The Cabinet Secretary for Health and Sport has endorsed the recommendation from the Scottish Workforce and Staff Governance Committee (SWAG) that for 2018, staff experience would be measured using iMatter only. In doing so a full independent evaluation of the staff experience approach is also being undertaken to inform the future approach. This work is now underway and the report is expected to inform actions to ensure that we have a modern and meaningful approach for effective staff engagement. At the core of this is a commitment to continuous improvement ensuring that we maximise improvements in staff experience and the cost-effectiveness of measuring employee engagement.

This report provides detailed information and analysis of the iMatter responses for 2018. It also contains comparisons to previous years 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 2018, 22 Health Boards and 24 H & SCPs took part.

For 2018 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 2018 programme used the same questionnaire and method as 2017 and therefore this report contains comparative data for the first time.

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 electronic 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	
4	
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.

Key Performance Indicators

Throughout the analysis of iMatter there is focus on 4 KPIs:

Response Rates

The response rate is calculated as the percentage of questionnaires issued that have been completed and returned within the allowable time. This logic is applied whether looking at all health and social care participants or an individual team or Board.

In total 177,619 questionnaires were issued. 23,441 (13%) of these were to social care staff within participating H & SCPs and 154,178 were NHSScotland staff. A total of 104,254 usable responses were received. This equates to an overall response rate of 59%. Whilst this overall response rate is below the agreed threshold of 60% that is required to produce the national iMatter Report, the national iMatter Components Report is available (see Appendix 1).

Overall Response Rate

59%

Questionnaires issued: 177,619

Responses received: 104,254

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 of 60%. Overall 9 out of 22 Boards and 38% of Teams did not receive an iMatter report.

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 (see Appendix 1).

EEI scores are provided only for Teams; Directorates; and Boards that have reached the response rate threshold. Because the response rate threshold was not achieved overall, no EEI score has been calculated for Health and Social Care.

Action Plans Agreed

Each team is invited to complete a continuous improvement action plan. This report shows the percentage of teams who have an agreed Action Plan in place within 12 weeks of receiving iMatter results.

Summary of Key Performance Indicators (KPIs) by Board

The table below shows the KPIs for each of the Health and Social Care Boards including H & SCPs

Board	Response Rate	EEl Score	No Report*	Action Plans
Health and Social Care	59%	No report	38%	56%
Golden Jubilee Foundation	63%	78	31%	71%
Healthcare Improvement Scotland	86%	80	15%	89%
NHS 24	70%	77	34%	66%
NHS Ayrshire & Arran	59%	No report	33%	61%
NHS Borders	53%	No report	44%	75%
NHS Dumfries & Galloway	59%	No report	39%	46%
NHS Education for Scotland	84%	81	15%	82%
NHS Fife	53%	No Report	47%	42%
NHS Forth Valley	62%	75	35%	80%
NHS Grampian	60%	77	37%	49%
NHS Greater Glasgow & Clyde	54%	No Report	41%	50%
NHS Health Scotland	91%	81	0%	90%
NHS Highland	51%	No report	51%	48%
NHS Lanarkshire	62%	78	35%	67%
NHS Lothian	63%	77	34%	60%
NHS National Services Scotland	77%	76	16%	76%
NHS Orkney	83%	76	11%	81%
NHS Shetland	56%	No report	44%	45%
NHS Tayside	58%	No report	44%	41%
NHS Western Isles	52%	No report	50%	14%
Scottish Ambulance Service	64%	67	33%	86%
The State Hospital	77%	77	23%	55%

Shaded boards did not get 2018 iMatter EEl report

* 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

Part 1: Response Rate Analysis

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 the higher the response rate, the more realistic the feedback of how staff feel about working in their team. In total 177,619 questionnaires were issued and 104,254 usable responses were received. This equates to an overall response rate of 59%.

Comparing 2017 to 2018 Response Rates

Response rates at individual Board level vary considerably from 51% in NHS Highland and NHS Western Isles to 91% in NHS Health Scotland. All Boards with a response rate of 60% or over have received a report.

Organisation	Response rate 2017	Response Rate 2018	Response Rate Movement (pp)
Health and Social Care	63%	59%	-4
Golden Jubilee Foundation	68%	63%	-5
Healthcare Improvement Scotland	80%	86%	+6
NHS 24	67%	70%	+3
NHS Ayrshire & Arran	63%	59%	-4
NHS Borders	61%	53%	-8
NHS Dumfries & Galloway	63%	59%	-4
NHS Education for Scotland	81%	84%	+3
NHS Fife	62%	53%	-9
NHS Forth Valley	65%	62%	-3
NHS Grampian	64%	60%	-4
NHS Greater Glasgow & Clyde	58%	54%	-4
NHS Health Scotland	85%	91%	+6
NHS Highland	58%	51%	-7
NHS Lanarkshire	65%	62%	-3
NHS Lothian	65%	63%	-2
NHS National Services Scotland	76%	77%	+1
NHS Orkney	73%	83%	+10
NHS Shetland	61%	56%	-5
NHS Tayside	65%	58%	-7
NHS Western Isles	52%	52%	0
Scottish Ambulance Service	64%	64%	0
The State Hospital	78%	77%	-1

Whilst the overall response rate dropped 4 percentage points (pp), there is considerable variation at individual Board level. NHS Orkney achieved a 10 percentage point increase in response rate from an already strong 73% to one of the highest at 83%.

NHS Fife saw the biggest drop in response rate from 62% to 53%. As the 2018 response rate was less than 60% NHS Fife did not receive a report for 2018. Other Boards with large drops in response rates were:

- NHS Borders -8 pp
- NHS Highland -7 pp
- NHS Tayside -7 pp
- NHS Shetland -5 pp

There are 3 Boards that did not receive a report in either 2017 or 2018. They are:

- NHS Greater Glasgow & Clyde
- NHS Highland
- NHS Western Isles

As would be expected from the overall response rate data, it is generally the Boards with a higher share of paper questionnaires that are less likely to get a report.

Three Boards did not achieve the 60% response rate threshold for online or for paper questionnaires:

- NHS Shetland
- NHS Highland
- NHS Western Isles

The difference between online and paper response rates

Overall 84% of the questionnaires were issued via email and 16% were on paper. The response rates differ greatly between the two methods, with online generating a far higher response rate than paper questionnaires.

Health and Social Care 2018	Volume issued	Usable Response Volume	% Response Rate
Email	149,557	95,693	64%
Paper	28,062	8,561	31%
Total	177,619	104,254	59%

This difference in response rate by method resulted in 92% of the total usable responses coming from online completions, and only 8% from paper questionnaires.

The variability in response rates across Boards is evident in both online and paper methods: The online response rate ranges from 91% for Health Scotland to 55% for NHS Shetland. The paper response rate ranges from 54% for Golden Jubilee Foundation to 6% for NHS Borders.

Health and Social Care 2018	Volume issued	% of Volume issued	Volume returned	% of Volume issued
Email	149,557	84%	95,693	92%
Paper	28,062	16%	8,561	8%
Total	177,254		104,254	

Response Rates by Board

Note: 4 Boards (Health Improvement Scotland, NHS 24, NHS Education for Scotland, NHS Health Scotland) distributed all questionnaires electronically

	Response rates		
	Email	Paper	Total
Health and Social Care	64%	31%	59%
Golden Jubilee Foundation	64%	54%	63%
Healthcare Improvement Scotland	86%	N/A	86%
NHS 24	70%	N/A	70%
NHS Ayrshire & Arran	64%	40%	59%
NHS Borders	62%	6%	53%
NHS Dumfries & Galloway	62%	32%	59%
NHS Education for Scotland	84%	N/A	84%
NHS Fife	60%	18%	53%
NHS Forth Valley	65%	24%	62%
NHS Grampian	66%	38%	60%
NHS Greater Glasgow & Clyde	62%	22%	54%
NHS Health Scotland	91%	N/A	91%
NHS Highland	57%	27%	51%
NHS Lanarkshire	66%	41%	62%
NHS Lothian	67%	43%	63%
NHS National Services Scotland	77%	15%	77%
NHS Orkney	83%	14%	83%
NHS Shetland	56%	33%	56%
NHS Tayside	62%	25%	58%
NHS Western Isles	59%	16%	52%
Scottish Ambulance Service	64%	31%	64%
The State Hospital	79%	45%	77%

Shaded boards did not get 2018 iMatter EEI report

The table above shows the response rate for questionnaires returned by email and by post for each Board. It illustrates that the postal response rate is always lower than the email response rate. However, it also shows that there is no clear relationship between the response rates for the two methods within each Board. Nor did we see any relationship between size of Board and response rates.

Geographic and National Boards

However, differences can be seen between the National and Geographic Boards (see below for lists of each type of Board) Response rates are higher among the National Boards, both for email and paper. Only 1% of paper questionnaires distributed were to staff in National Boards. Given higher response rates for online questionnaires generally, this increases still further the overall response rates for the National compared with Geographic Boards.

Response Rates and Volumes	Email	Paper	Total
Geographic Boards			
Issued questionnaires	136,376	27,651	164,027
Responses	86,238	8,372	94,610
Response Rate	63%	30%	58%
National Boards			
Issued questionnaires	13,181	411	13,592
Responses	9,455	189	9,644
Response Rate	72%	46%	71%
Share of questionnaires issued			
Geographic Boards	91%	99%	92%
National Boards	9%	1%	8%
Share of responses			
Geographic Boards	90%	98%	91%
National Boards	10%	2%	9%

Geographic Boards	National Boards
NHS Ayrshire & Arran	Golden Jubilee Foundation
NHS Borders	Healthcare Improvement Scotland
NHS Dumfries & Galloway	NHS 24
NHS Fife	NHS Education for Scotland
NHS Forth Valley	NHS Health Scotland
NHS Grampian	NHS National Services Scotland
NHS Greater Glasgow & Clyde	Scottish Ambulance Service
NHS Highland	The State Hospital
NHS Lanarkshire	
NHS Lothian	
NHS Orkney	
NHS Shetland	
NHS Tayside	
NHS Western Isles	

Response rate comparison 2017 to 2018

The overall response rate has dropped by 4 percentage points (pp) from 63% in 2017 to 59% in 2018. Within this the online response rate has dropped 4 pp, but the paper response rate has dropped by 7 pp.

Health and Social Care 2017	2017 Volume issued	Usable Response Volume 2017	% Response Rate 2017	% Response Rate 2018	Change in Response Rate (pp) 2017-18
Email	141,990	96,631	68%	64%	-4
Paper	30,597	11,599	38%	31%	-7
Total	172,587	108,230	63%	59%	-4

Compared to last year, the share of online questionnaires issued has increased marginally from 82% (to 84%) and the proportion of questionnaires completed online in 2017 was also lower at 89% compared to 92% in 2018.

Unusable responses

There were 8,625 recipients of the online questionnaire who clicked on the link but failed to finish the questionnaire.

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.

On the paper questionnaire it is not possible to monitor in this way and so it is only when returned questionnaires are processed that incomplete or incorrectly completed responses are identified.

The table below shows details of the reasons for paper responses being rejected and the incidence of each type.

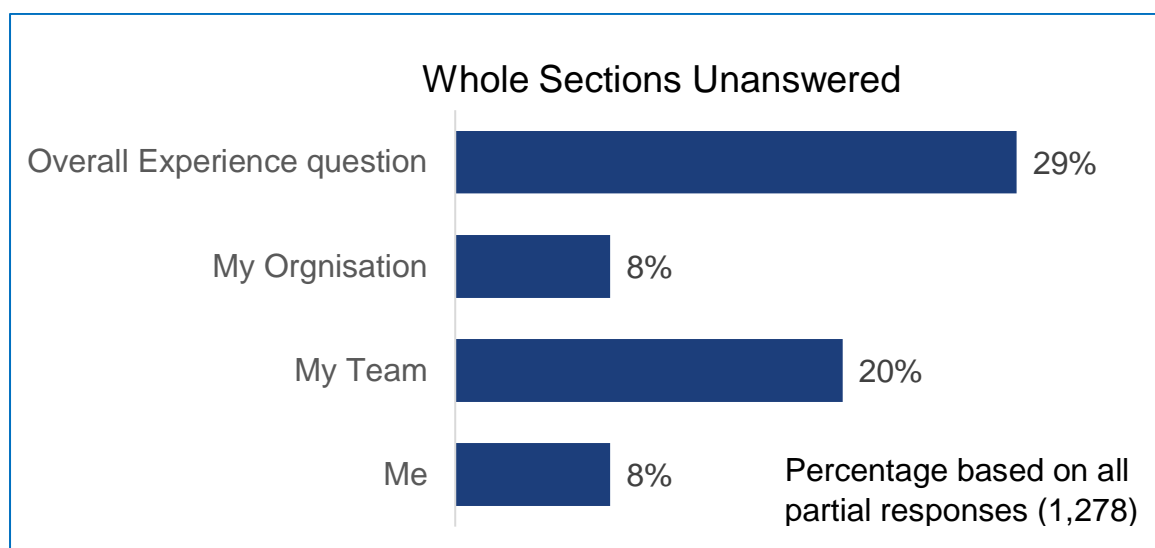
Paper Questionnaires	Number	Percentage of Questionnaires Issued	Percentage of Questionnaires Returned
Questionnaires Issued	28,062		
No Response	16,856	60%	
Valid Response	8,561	31%	76%
Rejected Questionnaire	2,645	9%	24%
Partial Response	1,278	5%	11%
Completion Errors	670	2%	6%
Duplicate	245	1%	2%
Past Deadline	452	2%	4%

In order to achieve the required 60% response rate, only 1429 additional completed questionnaires would have been needed. Given 2645 paper responses were rejected, the 60% response rate target could conceivably have been met.

Partial Response Analysis

As shown above 1,278 returned paper questionnaires were only partial responses, and so have not been included in the results. This comprises 5% of all paper questionnaires issued, and 11% of those questionnaires returned. Further analysis shows that the level of missing questions is very low.

29% do not answer the thermometer question (overall experience). Of the Staff Governance Standards the **My Team** section is the most likely to be left completely blank.



The individual questions most likely to be left unanswered are as shown below. Many of these questions are ones that the respondent may feel unable to answer.

For example, some staff may feel that particular elements do not apply or are not relevant to them (e.g. relating to career progression, training etc.). Others are statements that the respondent may feel unable to answer because they do not have enough knowledge or perhaps do not fully understand the question.

Statement
I am given the time and resources to support my learning and growth
I am confident my ideas and suggestions are listened to
I am confident performance is well managed in my team
I get the information I need to do my job well
I feel senior managers responsible for the wider organisation are sufficiently visible
I am treated with dignity and respect as an individual
I have confidence and trust in senior managers responsible for the wider organisation
I feel involved in decisions relating to my job
I am confident performance is managed well within my organisation
I get the help and support I need from other teams and services within the organisation to do my job
I have sufficient support to do my job well
I am confident my ideas and suggestions are acted upon

Summary

Overall the response rate fell just short of the required 60% for a National Report to be issued, a drop of 4 percentage points from last year. Nine Boards also failed to reach the threshold, an increase from the three without reports last year.

Response rates vary considerably across the Boards, with the National Boards typically achieving higher response rates than Geographic Boards.

There is considerable difference in the response rates between the two methodologies. Online, which accounts for 84% of the volume of questionnaires issued, achieves a 64% response rate. Paper questionnaires, whilst only a small proportion of the questionnaires, only achieved a 31% response rate this year, down 7 percentage points from last year. The requirement for 100% completion of the questionnaire leads to a notable volume of returned questionnaires being rejected. This report recommends further investigation into the paper questionnaire, both in terms of how it is distributed and how it is processed, in order to improve the response rate.

Whilst this report explores where the response rate has moved it cannot assess the reasons for that movement. However, given the variations at Board level both in absolute response rates and movement from last year, further work with staff is recommended, in order to understand why staff have chosen not to participate, or otherwise feel unable to do so. In particular, this might explore further why a small proportion of staff do not feel able to fully complete the questionnaire. It should be

recalled that a fully-independent academic evaluation of the model has been commissioned, this will report in 2019 and may present findings in respect of these issues.

Part 2: No Report

Gap to Reaching the Threshold Response Rate

Of the Boards that had no report because the response rate threshold of 60% was not reached, several were very close to required number of completed questionnaires. In particular, NHS Dumfries and Galloway needed just 1 more response and NHS Ayrshire and Arran an additional 103.

The table below shows the volume of questionnaires issued and returned along with the response rate achieved and the number of completed questionnaires that would be needed to have reached the response rate threshold.

	Questionnaires issued	Responses	Response Rate	Volume needed to achieve 60%	Gap needed to achieve report
Health and Social Care	177,619	104,254	59%	105,683	1,429
NHS Ayrshire & Arran	14,373	8,449	59%	8,552	103
NHS Borders	3,408	1,809	53%	2,028	219
NHS Dumfries & Galloway	4,355	2,590	59%	2,591	1
NHS Fife	10,841	5,778	53%	6,450	672
NHS Greater Glasgow & Clyde	43,420	23,356	54%	25,835	2,479
NHS Highland	10,296	5,276	51%	6,126	850
NHS Shetland	1,552	863	56%	923	60
NHS Tayside	14,014	8,147	58%	8,338	191
NHS Western Isles	996	516	51%	593	77

Teams with No Report

Overall the proportion of teams with No Report has risen from 33% in 2017 to 38% in 2018

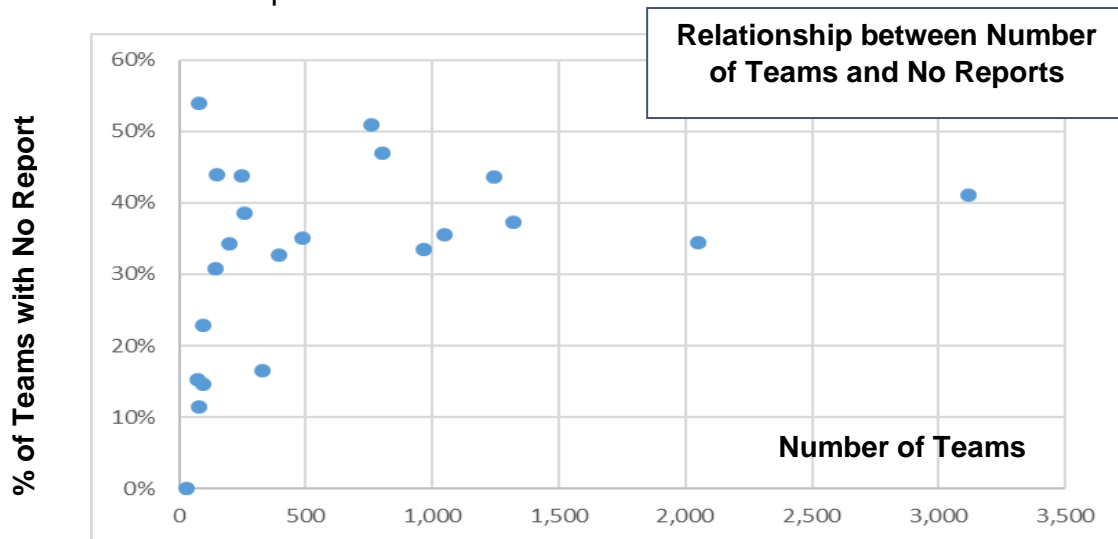
	2017	2018
Total Number of Teams	13,737	13,943
Total Number of Teams with No Report	4,537	5,300
% Teams with No Report	33%	38%

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. The level of no report by Board is as shown below. As might be expected, the Boards with no overall report have a higher incidence of team reports not being issued. Among Boards with no report the average level of teams with no reports was 42%, dropping to 33% among Boards with overall reports.

Board	No report	Total Teams	Percentage
Health and Social Care	5,300	13,943	38%
Golden Jubilee Foundation	44	143	31%
Healthcare Improvement Scotland	11	72	15%
NHS 24	67	196	34%
NHS Ayrshire & Arran	322	964	33%
NHS Borders	108	246	44%
NHS Dumfries & Galloway	100	259	39%
NHS Education for Scotland	14	96	15%
NHS Fife	376	799	47%
NHS Forth Valley	170	486	35%
NHS Grampian	491	1,318	37%
NHS Greater Glasgow & Clyde	1,278	3,117	41%
NHS Health Scotland	0	30	0%
NHS Highland	385	758	51%
NHS Lanarkshire	372	1,049	35%
NHS Lothian	706	2,052	34%
NHS National Services Scotland	54	328	16%
NHS Orkney	9	79	11%
NHS Shetland	66	150	44%
NHS Tayside	543	1,246	44%
NHS Western Isles	34	68	50%
Scottish Ambulance Service	129	395	33%
The State Hospital	21	92	23%

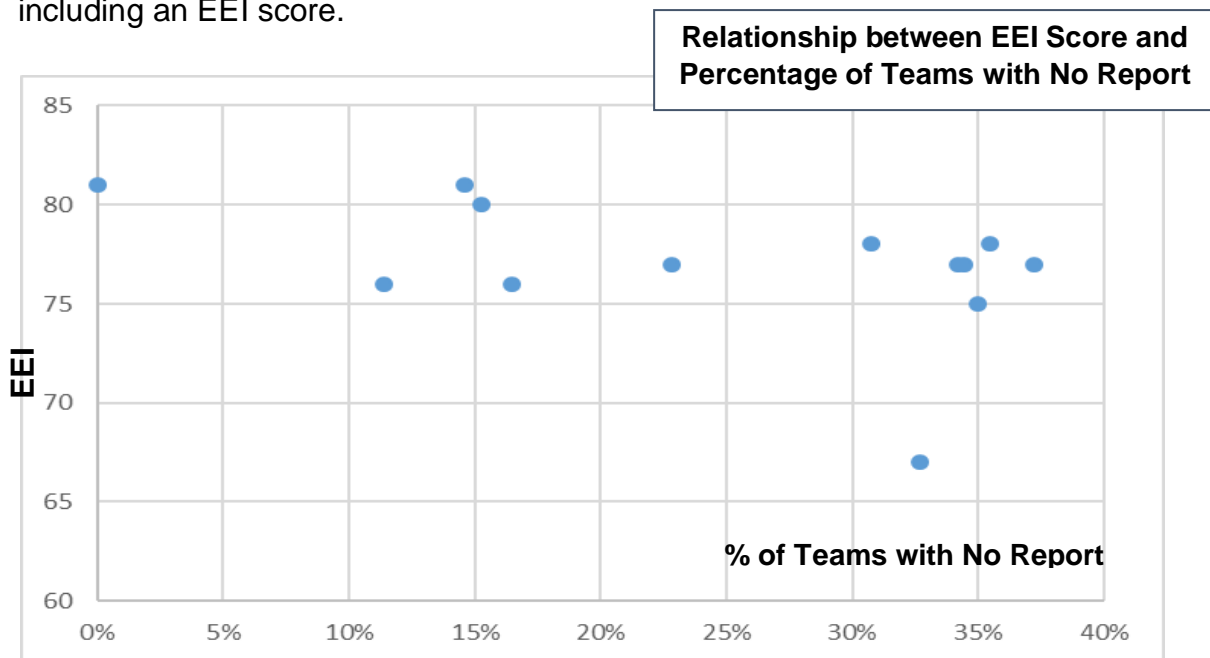
Two Boards (Western Isles and Highland) have 50% or more of their teams with no report and a further 5 Boards have over 40% of teams with no report (Borders, Fife, Greater Glasgow & Clyde, Shetland and Tayside)

There is no clear relationship between the size of the Board, its number of teams and the level of No Report.



Each data point is an individual Board

Nor is there any obvious correlation between the EEI Score and percentage of No Report, though this is based only on those Boards that had a board level report including an EEI score.



Each data point is an individual Board

Summary

As a direct result of the drop in response rate, there is an increase in the number of Boards and Teams not receiving a report. This will potentially impact future engagement with iMatter, hence the recommendation to investigate the non-responses as noted previously.

Part 3: iMatter EEI per organisation

Of the 13 Boards that were issued with reports in both 2017 and 2018, 7 have an EEI score in 2018 which is higher than in 2017; 5 have the same EEI score; and one has a lower EEI score in 2018 than in 2017. See Appendix 1.

Organisation	EEI	
	2017	2018
Health and Social Care	75	No report
Golden Jubilee Foundation	78	78
Healthcare Improvement Scotland	80	80
NHS 24	75	77
NHS Ayrshire & Arran	76	No report
NHS Borders	74	No report
NHS Dumfries & Galloway	75	No report
NHS Education for Scotland	80	81
NHS Fife	75	No report
NHS Forth Valley	75	75
NHS Grampian	76	77
NHS Greater Glasgow & Clyde	No report	No report
NHS Health Scotland	81	81
NHS Highland	No report	No report
NHS Lanarkshire	77	78
NHS Lothian	76	77
NHS National Services Scotland	77	76
NHS Orkney	75	76
NHS Shetland	78	No report
NHS Tayside	74	No report
NHS Western Isles	No report	No report
Scottish Ambulance Service	67	67
The State Hospital	76	77

67
-
100 Strive & Celebrate

51
-
66 Monitor to Further Improve

34
-
50 Improve to Monitor

0
-
33 Focus to Improve

iMatter Report of EEI scores for Teams per Organisation

The table below shows the report percentage of EEI scores and the distribution of teams per Organisation.

It highlights differing levels of consistency across teams within individual Boards. NHS Health Scotland is the only Board with all Teams at **Strive & Celebrate** level. In contrast the Scottish Ambulance Service has 20% of teams in **Monitor to Further Improve** and 2% in **Improve to Monitor**.

Board	Teams	Strive & Celebrate 67-100	Monitor to Further Improve 51-66	Improve to Monitor 34-50	Focus to Improve 0-33	No report	Total Teams
Health and Social Care - (all Boards with 2018 Reports)	Number	3,846	381	20	1	2,088	6,336
	Percentage	61%	6%	0%	0%	33%	
Golden Jubilee Foundation	Number	92	6	1	0	44	143
	Percentage	64%	4%	1%	0%	31%	
Healthcare Improvement Scotland	Number	57	4	0	0	11	72
	Percentage	79%	6%	0%	0%	15%	
NHS 24	Number	115	14	0	0	67	196
	Percentage	59%	7%	0%	0%	34%	
NHS Education for Scotland	Number	77	5	0	0	14	96
	Percentage	80%	5%	0%	0%	15%	
NHS Forth Valley	Number	276	38	2	0	170	486
	Percentage	57%	8%	0%	0%	35%	
NHS Grampian	Number	766	57	3	1	491	1,318
	Percentage	58%	4%	0%	0%	37%	
NHS Health Scotland	Number	30	0	0	0	0	30
	Percentage	100%	0%	0%	0%	0%	
NHS Lanarkshire	Number	642	33	2	0	372	1,049
	Percentage	61%	3%	0%	0%	35%	
NHS Lothian	Number	1,230	112	4	0	706	2,052
	Percentage	60%	6%	0%	0%	34%	
NHS National Services Scotland	Number	248	25	1	0	54	328
	Percentage	76%	8%	0%	0%	16%	
NHS Orkney	Number	67	3	0	0	9	79
	Percentage	85%	4%	0%	0%	11%	
Scottish Ambulance Service	Number	182	78	6	0	129	395
	Percentage	46%	20%	2%	0%	33%	
The State Hospital	Number	64	6	1	0	21	92
	Percentage	70%	7%	1%	0%	23%	

EEL scores for Teams per Organisation comparing 2017 to 2018

The table below shows the report percentage of EEL scores and the distribution of teams per Organisation comparing 2017 and 2018.

Comparing 2018 to 2017		Strive & Celebrate 67-100	Monitor to Further Improve 51-66	Improve to Monitor 34-50	Focus to Improve 0-33	No Report
Golden Jubilee Foundation	2017	75%	3%	1%	0%	21%
	2018	64%	4%	1%	0%	31%
Healthcare Improvement Scotland	2017	79%	9%	0%	0%	12%
	2018	79%	6%	0%	0%	15%
NHS 24	2017	52%	8%	0%	0%	40%
	2018	59%	7%	0%	0%	34%
NHS Education for Scotland	2017	79%	5%	1%	0%	15%
	2018	80%	5%	0%	0%	15%
NHS Forth Valley	2017	62%	7%	0%	0%	31%
	2018	57%	8%	0%	0%	35%
NHS Grampian	2017	64%	5%	0%	0%	30%
	2018	58%	4%	0%	0%	37%
NHS Health Scotland	2017	91%	0%	0%	0%	9%
	2018	100%	0%	0%	0%	0%
NHS Lanarkshire	2017	65%	5%	0%	0%	30%
	2018	61%	3%	0%	0%	35%
NHS Lothian	2017	60%	7%	1%	0%	33%
	2018	60%	6%	0%	0%	34%
NHS National Services Scotland	2017	79%	6%	0%	0%	15%
	2018	76%	8%	0%	0%	16%
NHS Orkney	2017	74%	10%	1%	0%	15%
	2018	85%	4%	0%	0%	11%
Scottish Ambulance Service	2017	36%	25%	2%	0%	37%
	2018	46%	20%	2%	0%	33%
The State Hospital	2017	73%	10%	1%	0%	16%
	2018	70%	7%	1%	0%	23%

Summary

Of the 13 Boards included in this analysis 4 Boards have increased the percentage of their teams with a 'Strive and Celebrate' score. This figure is influenced by the increase in teams with no reports across 9 of the Boards.

Part 4: iMatter Results 2018

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 2). The 28 questions were then mapped to the 20 components and Staff Governance Standards to provide a measure of Employee Engagement (see Appendix 3).

Mapping responses to the Staff Governance Standard strands indicate that in 2018 respondents felt that they were: well informed (80%); and treated fairly & consistently with dignity and respect in an environment where diversity is valued (77%). Responses also indicate that respondents felt they were provided with a continuously improving and safe working environment that promotes the health and wellbeing of staff, patients and the wider community (77%). Results relating to appropriate training and development (74%) and feeling involved in decisions (71%) were lower.

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

Staff Governance Standard - Experience as an individual

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

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

Responses to all individual statements achieve scores that fit into the 'Strive and Celebrate' category. The statement with the highest score was: "I am clear about my duties and responsibilities" with an aggregated score of 88. Also scoring highly was the statement: "I am treated with dignity and respect as an individual". Responses to statements that scored less highly are those that relate to development and change:

- I am confident my ideas and suggestions will be acted on (71)
- I feel involved in decisions relating to my job (71)
- I am given time and resources to support my learning growth (72)
- I get enough helpful feedback on how well I do my work (73)

Experience as an Individual - Distribution of responses

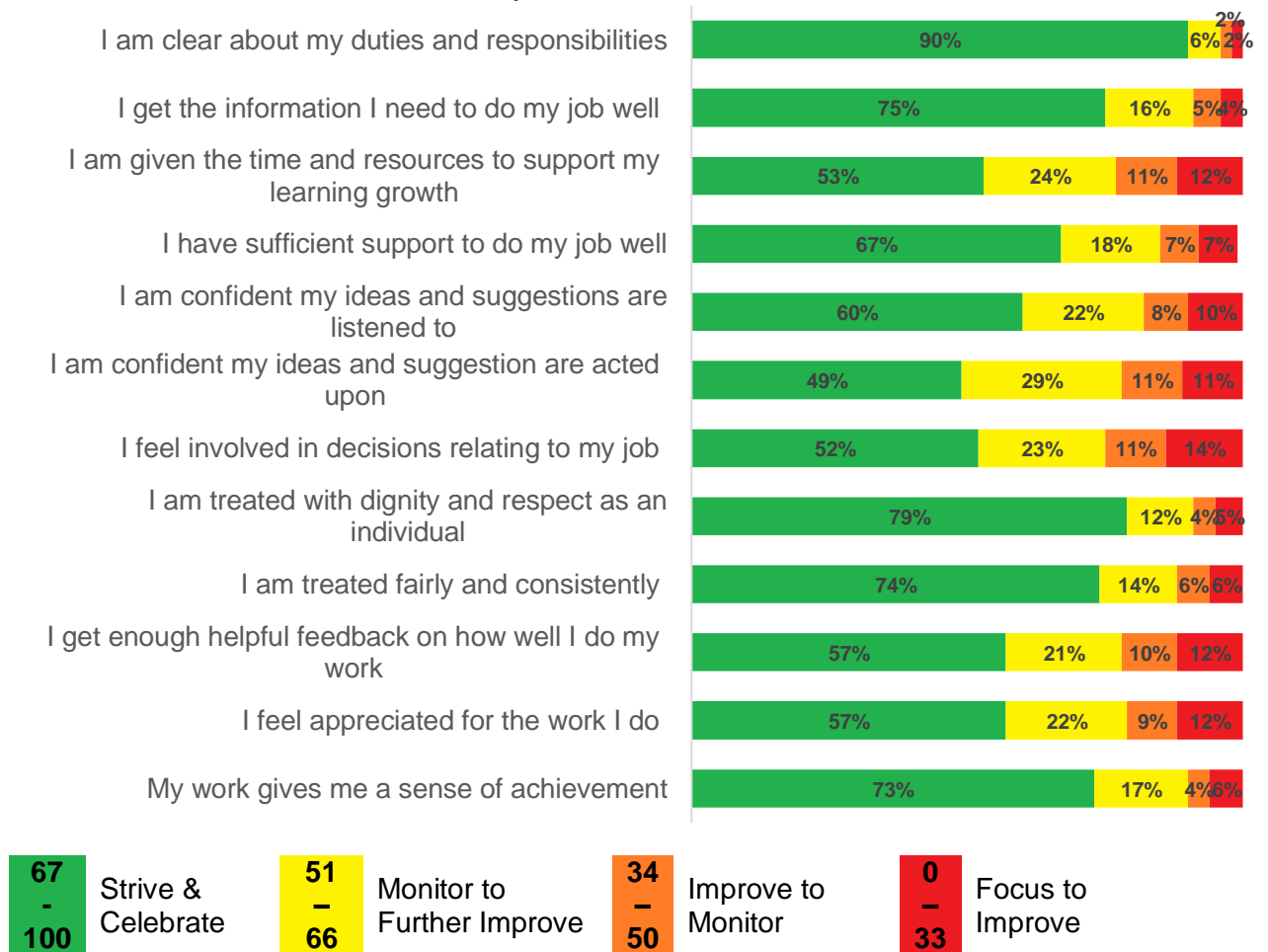
The chart below shows the distribution of responses to the questions relating to the 'Experience as an Individual' Staff Governance Standard. This highlights the variation in answers given by staff. For example, 90% of respondents either strongly agreed or agreed with the statement: "I am clear about my duties and responsibilities". This contrasts to only 49% of respondents who either strongly agreed or agreed with the statement: "I am confident my ideas and suggestions are acted upon".

The percentage of strongly agree or agree responses to the statement: "I feel involved in decisions relating to my job" was only 14% indicating this is an area to Focus to Improve. The following statements are also identified as areas to Focus to Improve as they achieved only 12% which was the lowest number of strongly agree or agree responses:

- I am confident my ideas and suggestions will be acted on
- I am given time and resources to support my learning growth
- I get enough helpful feedback on how well I do my work
- I feel appreciated for the work I do

Number of respondents 104,254

Experience as an Individual



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'.

All scores of My Team/Direct Line Manager shown below achieved the Strive and Celebrate threshold. The highest scores were for statements relating specifically to the line manager:

- My direct line manager is sufficiently approachable (87)
- I feel my direct line manager cares about my health and wellbeing (84)
- I have confidence and trust in my direct line manager (84)

The lowest score achieved was for "involvement in decisions relating to my team", which reflect also the lower score for the equivalent statement relating to the individual member of staff (I feel involved in decisions relating to my job).

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

My Team / My Direct Line Manager - Distribution of Responses

The distribution of responses for each question in this Standard follow a more consistent pattern than seen previously for Experience as an Individual. However, it is notable that 10% of staff responding either disagreed or strongly disagreed with the statement: 'I feel involved in decisions relating to my team'. This falls into the Focus to Improve category.

Number of respondents 104,254

My Team/My Direct Line Manager



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.

The 'My Organisation' Standard shows the greatest variation in scores across the statements, from the best at 83 (I understand how my role contributes to the goals of my organisation) to the lowest at 57 (I feel involved in decisions relating to my organisation).

Four of the 9 statements are scored as Monitor to Further Improve. As well as the involvement in decisions noted above, the other measures are:

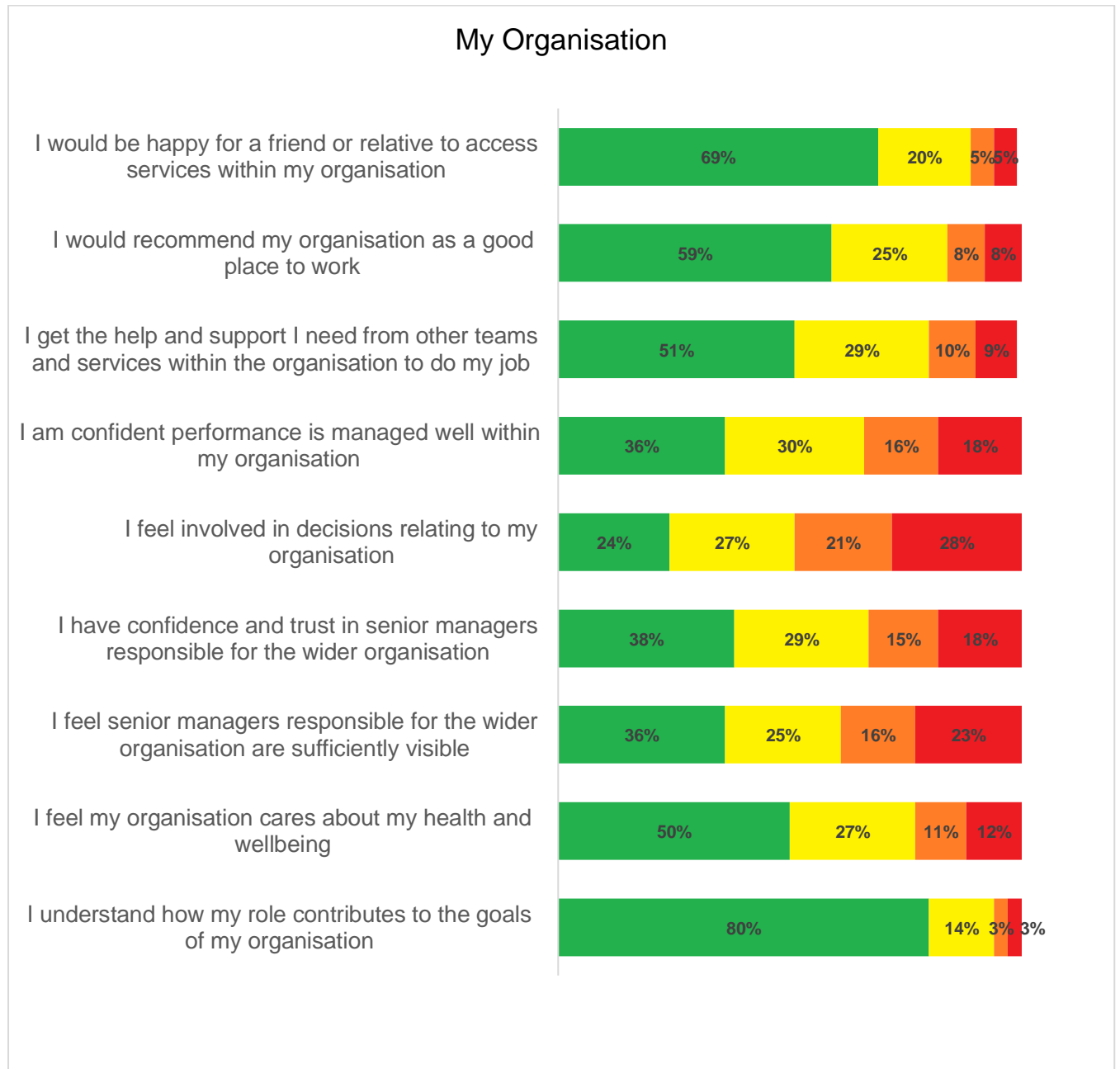
- I feel senior managers responsible for the wider organisation are sufficiently visible (62)
- I am confident performance is managed well within my organisation (64)
- I have confidence and trust in senior managers responsible for the wider organisation (65)

My Organisation	Weighted Index Value	
	2017	2018
I understand how my role contributes to the goals of my organisation	82	83
I feel my organisation cares about my health and wellbeing	70	71
I feel senior managers responsible for the wider organisation are sufficiently visible	62	62
I have confidence and trust in senior managers responsible for the wider organisation	64	65
I feel involved in decisions relating to my organisation	57	57
I am confident performance is managed well within my organisation	64	64
I get the help and support I need from other teams and services within the organisation to do my job	71	72
I would recommend my organisation as a good place to work	74	74
I would be happy for a friend or relative to access services within my organisation	78	79

My Organisation - Distribution of Responses

This Staff Governance Standard shows the greatest variability in response both within and across the individual questions. In particular, only 24% of staff responding either agreed or strongly agreed with the statement: 'I feel involved in decisions relating to my organisation' whilst 28% of respondents either disagreed or strongly disagreed with the statement.

Number of respondents 104,254



Health and Social Care iMatter Components

The 28 questions were then mapped to the 20 components and Staff Governance Standards to provide a measure of Employee Engagement (see Appendix 3). From 2017 to 2018, 13 of the questions have improved by 1 point and 15 of the questions have shown no movement

iMatter Questions	Staff Experience Employee Engagement Components	Average Response	
		2017	2018
I am clear about my duties and responsibilities	Role Clarity	88	88
My direct line manager is sufficiently approachable	Visible and Consistent Leadership	86	87
I feel my direct line manager cares about my health and well-being	Assessing Risk and Monitoring Work Stress and Workload	84	84
I have confidence and trust in my direct line manager	Confidence and Trust in my management	83	84
I am treated with dignity and respect as an individual	Valued as an Individual	82	83
I would recommend my team as a good one to be a part of	Additional question	82	83
I understand how my role contributes to the goals of my organisation	Sense of Vision, Purpose and Values	82	83
My team works well together	Effective Team Work	81	82
I am treated fairly and consistently	Consistent Application of Employment Policies and Procedures	81	81
I get the information I need to do my job well	Clear, Appropriate and Timeously Communication	81	81
My work gives me a sense of achievement	Job Satisfaction	81	81
I would be happy for a friend or relative to access services within my organisation	Additional question	78	79
I have sufficient support to do my job well	Access to Time and Resources	77	78
I am confident performance is managed well within my team	Performance Management	77	77
I feel involved in decisions relating to my team	Empowered to influence	75	76
I am confident my ideas and suggestions are listened to	Listened to and Acted Upon	75	75
I would recommend my organisation as a good place to work	Additional question	74	74
I feel appreciated for the work I do	Recognition and Reward	73	74
I get enough helpful feedback on how well I do my work	Performance Development and Review	73	73
I am given the time and resources to support my learning growth	Learning and Growth	71	72
I get the help and support I need from other teams and services within the organisation to do my job	Appropriate Behaviours and Supportive Relationships	71	72
I am confident my ideas and suggestion are acted upon	Listened to and Acted Upon	70	71
I feel involved in decisions relating to my job	Empowered to influence	71	71
I feel my organisation cares about my health and wellbeing	Health and Wellbeing Support	70	71
I have confidence and trust in senior managers responsible for the wider organisation	Confidence and Trust in my management	64	65
I am confident performance is managed well within my organisation	Performance Management	64	64
I feel senior managers responsible for the wider organisation are sufficiently visible	Visible and Consistent Leadership	62	62
I feel involved in decisions relating to my organisation	Partnership Working	57	57

Comparisons between individual, team and organisation

A number of the questions are asked both of the team and the wider organisation. Differences are evident between the two with direct line managers/own teams scoring higher than the organisation.

There is a 19 point gap in ‘**confidence and trust**’ between line manager and senior managers in the wider organisation. A similar gap exists between feeling involved in decisions relating to team and those relating to the organisation. Interestingly, the score for feeling involved in decisions relating to my job, scores 5 points lower than team decisions.

The chart below summarises the relevant questions from the components report shown on the previous page.

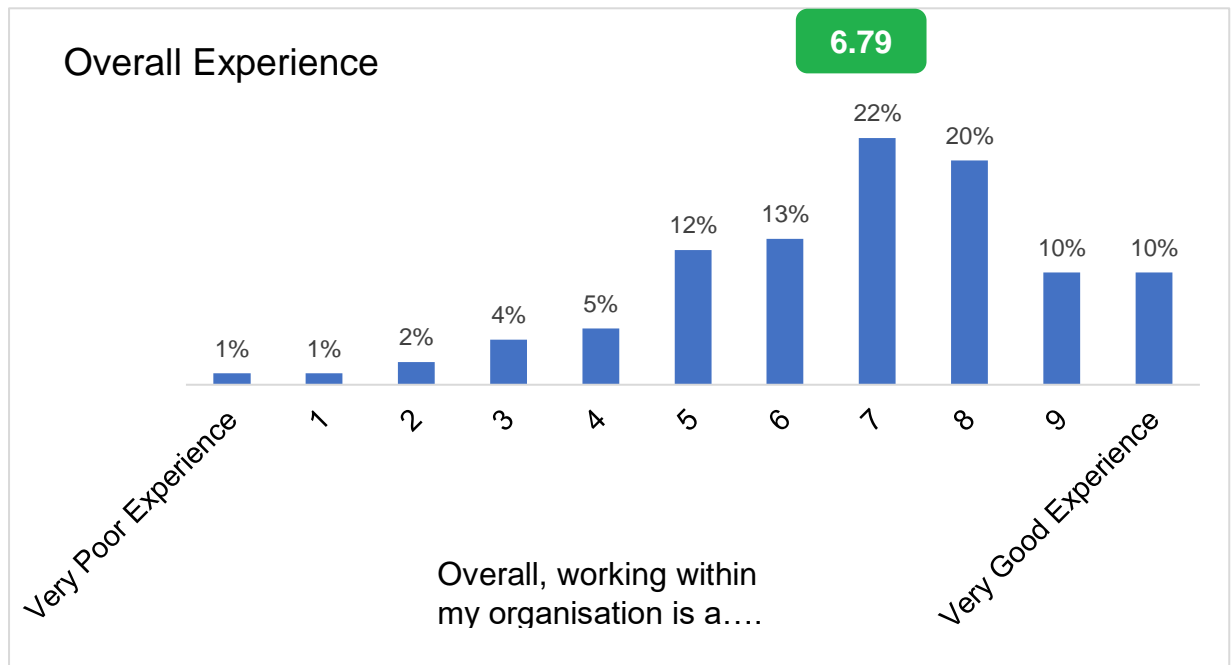


Overall, working within my organisation is a ...

The thermometer question is a numeric question asking staff to rate working in the organisation. The mean score is up slightly from 6.73 in 2017 to 6.79 in 2018.

Almost two-thirds of the staff taking part, score 7 or more (62%), though within that only 20% rate 9 or 10. However, 13% rate their experience at 4 or less.

Number of respondents 104,254



iMatter Question Analysis by Board

The two tables below show the rank order of each of the components for each Board compared with Health and Social Care overall. By focusing on rank order rather than absolute score the difference in relative performance within each board can be seen.

Table 1: Geographic Boards

It is immediately evident that there is less variability across the geographic Boards, with the Top 3 always containing the same 3 questions in every Board.

- I am clear about my duties and responsibilities
- My direct line manager is sufficiently approachable
- I feel my direct line manager cares about my health and wellbeing

There are only two individual questions that are ranked notably lower than average:

- Ranked fourth overall – “I have confidence and trust in my direct line manager” for NHS Dumfries & Galloway ranked seventh
- Ranked fifth overall – “I am treated with dignity and respect as an individual” for NHS Shetland ranked ninth

Similarly, the questions ranked within the bottom 4 are the same across all geographic Boards.

Table 2: National Boards

Across the National boards there was much greater variation in the rank order of questions: In particular the top ranked statement “I am clear about my duties and responsibilities” is only ranked fifth for Health Scotland, seventh for Education for Scotland and eighth for Health Improvement Scotland. It is notable that “My work gives me a sense of achievement is the third highest ranking statement for the Scottish Ambulance Service. There is however, much greater consistency on the questions ranked lowest in each Board.

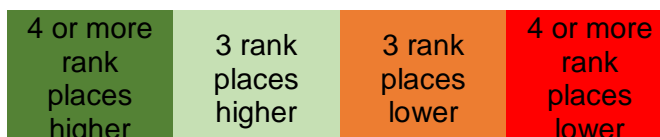
Table 1: Geographic Boards	Health and Social Care	NHS Ayrshire & Arran	NHS Borders	NHS Dumfries & Galloway	NHS Fife	NHS Forth Valley	NHS Grampian	NHS Greater Glasgow & Clyde	NHS Highland	NHS Lanark-shire	NHS Lothian	NHS Orkney	NHS Shetland	NHS Tayside	NHS Western Isles
Annual Report 2018	No	No	No	No	No	Yes	Yes	No	No	Yes	Yes	Yes	No	No	No
I am clear about my duties and responsibilities	1	1	1	1	1	1	1	1	1	1	1	2	2	1	2
My direct line manager is sufficiently approachable	2	2	2	2	2	2	2	2	2	2	2	1	1	2	1
I feel my direct line manager cares about my health and wellbeing	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3
I have confidence and trust in my direct line manager	4	4	4	7	4	5	5	4	4	4	4	6	6	4	5
I am treated with dignity and respect as an individual	5	7	6	6	5	4	4	6	5	6	5	5	9	5	4
I would recommend my team as a good one to be a part of	6	5	5	5	7	7	6	7	6	5	6	9	5	6	8
I understand how my role contributes to the goals of my organisation	7	6	7	4	6	6	7	5	7	7	7	7	4	10	7
My team works well together	8	8	8	9	8	10	10	8	8	8	8	10	8	7	11
I am treated fairly and consistently	9	10	9	11	9	9	9	10	9	10	9	8	11	8	6
I get the information I need to do my job well	10	9	11	10	11	8	11	9	11	9	10	11	12	11	10
My work gives me a sense of achievement	11	11	10	8	10	11	8	11	10	11	11	4	7	9	9
I would be happy for a friend or relative to access services within my organisation	12	14	12	12	13	12	12	12	12	14	12	12	10	14	12
I have sufficient support to do my job well	13	12	14	13	12	13	13	13	13	13	13	15	14	12	13
I am confident performance is managed well within my team	14	13	13	15	14	14	14	14	14	12	14	16	13	13	16
I feel involved in decisions relating to my team	15	15	15	17	16	15	15	15	15	15	15	13	15	15	15
I am confident my ideas and suggestions are listened to	16	17	16	16	15	16	16	16	16	16	16	14	18	16	14
I would recommend my organisation as a good place to work	17	16	19	14	17	17	17	17	19	17	17	18	16	19	17
I feel appreciated for the work I do	18	19	17	18	18	19	18	19	17	19	18	17	17	17	19
I get enough helpful feedback on how well I do my work	19	18	18	20	19	18	19	18	18	18	19	19	19	18	20
I am given the time and resources to support my learning growth	20	20	23	22	20	23	20	21	23	20	20	24	24	21	21
I get the help and support I need from other teams and services within the organisation to do my job	21	21	21	19	22	20	23	20	21	21	22	21	21	23	22
I am confident my ideas and suggestion are acted upon	22	23	22	21	21	21	24	22	22	22	23	22	23	20	23
I feel involved in decisions relating to my job	23	24	20	23	23	22	21	23	20	23	21	20	22	22	18
I feel my organisation cares about my health and wellbeing	24	22	24	24	24	24	22	24	24	24	24	23	20	24	24
I have confidence and trust in senior managers responsible for the wider organisation	25	26	25	25	26	25	25	25	25	25	25	26	25	26	25
I am confident performance is managed well within my organisation	26	25	26	26	25	26	26	26	26	26	26	25	26	25	27
I feel senior managers responsible for the wider organisation are sufficiently visible	27	27	27	27	27	27	27	27	27	27	27	27	27	27	26
I feel involved in decisions relating to my organisation	28	28	28	28	28	28	28	28	28	28	28	28	28	28	28

Compared to the national average



Table 2: National Boards	Health and Social Care	NHS Education for Scotland	Golden Jubilee	NHS Health Scotland	Health Improvement Scotland	National Services Scotland	NHS 24	Scottish Ambulance Service	The State Hospital
I am clear about my duties and responsibilities	1	7	1	5	8	3	2	1	1
My direct line manager is sufficiently approachable	2	1	2	1	1	1	1	2	2
I feel my direct line manager cares about my health and wellbeing	3	2	4	2	2	2	3	5	3
I have confidence and trust in my direct line manager	4	4	5	3	3	4	4	4	6
I am treated with dignity and respect as an individual	5	3	8	4	4	5	8	9	7
I would recommend my team as a good one to be a part of	6	6	7	7	6	7	9	7	5
I understand how my role contributes to the goals of my organisation	7	10	6	9	10	6	5	6	9
My team works well together	8	8	11	8	7	9	15	8	4
I am treated fairly and consistently	9	5	12	6	5	8	12	10	10
I get the information I need to do my job well	10	14	10	13	12	11	10	12	8
My work gives me a sense of achievement	11	11	9	19	16	13	14	3	13
I would be happy for a friend or relative to access services within my organisation	12	9	3	15	11	10	6	11	23
I have sufficient support to do my job well	13	16	14	14	17	12	11	14	11
I am confident performance is managed well within my team	14	18	15	16	19	16	7	13	12
I feel involved in decisions relating to my team	15	13	16	11	14	17	19	15	14
I am confident my ideas and suggestions are listened to	16	15	17	12	9	18	20	18	16
I would recommend my organisation as a good place to work	17	12	13	20	15	14	16	16	19
I feel appreciated for the work I do	18	17	20	17	13	19	17	17	17
I get enough helpful feedback on how well I do my work	19	19	18	10	18	20	13	21	15
I am given the time and resources to support my learning growth	20	23	21	22	23	21	22	24	18
I get the help and support I need from other teams and services within the organisation to do my job	21	24	22	24	24	22	18	19	22
I am confident my ideas and suggestion are acted upon	22	22	23	23	21	23	26	22	21
I feel involved in decisions relating to my job	23	21	24	21	22	24	27	23	20
I feel my organisation cares about my health and wellbeing	24	20	19	18	20	15	21	20	24
I have confidence and trust in senior managers responsible for the wider organisation	25	25	25	26	25	25	23	25	25
I am confident performance is managed well within my organisation	26	27	26	28	27	27	24	26	28
I feel senior managers responsible for the wider organisation are sufficiently visible	27	26	27	25	26	26	25	27	26
I feel involved in decisions relating to my organisation	28	28	28	27	28	28	28	28	27

Compared to the national average



Comparison between higher and lower scoring Boards

It is notable that across the Geographic Boards, there is considerable consistency in EEI scores, with the range only going from 75 for NHS Forth Valley to 78 for NHS Lanarkshire.

However, there are much larger differences across the National Boards: This analysis compares the score of 3 Boards that represent the highest and lowest EEI scores among Boards that received a Report in 2018.

While all three are National Boards, it is noted that the Scottish Ambulance Service is over ten times the size of the others in terms of response volume.

	Scottish Ambulance Service	Health Improvement Scotland	NHS Health Scotland
EEI	67	80	81
Response Rate	64%	86%	91%
Response Volume	4,571	474	289

Differences between iMatter questions

The EEI scores with the biggest differences are all in the Experience as an Individual strand and relates to a feeling of involvement and inclusion:

- I get enough helpful feedback on how well I do my work
- I feel involved in decisions relating to my job
- I am given the time and resources to support my learning growth
- I am confident my ideas and suggestions are listened to

In contrast the questions that have the least difference are also in this strand, but relate to the individual's personal role:

- I am clear about my duties and responsibilities
- My work gives me a sense of achievement

Also showing considerable differences between the high and lower scoring Boards are two of the statements in My Organisation;

- I feel my organisation cares about my health and wellbeing
- I feel senior managers responsible for the wider organisation are sufficiently visible

iMatter Questions individual Board component reports	Scottish Ambulance Service	Health Improvement Scotland	NHS Health Scotland
EEI	67	80	81
Response Rate	64%	86%	91%
Response Volume	4,571	474	289
I am clear about my duties and responsibilities	85	84	87
I get the information I need to do my job well	72	81	82
I am given the time and resources to support my learning growth	57	76	79
I have sufficient support to do my job well	69	80	82
I am confident my ideas and suggestions are listened to	62	82	83
I am confident my ideas and suggestion are acted upon	58	78	77
I feel involved in decisions relating to my job	57	77	80
I am treated with dignity and respect as an individual	76	87	89
I am treated fairly and consistently	73	85	87
I get enough helpful feedback on how well I do my work	59	80	84
I feel appreciated for the work I do	63	81	81
My work gives me a sense of achievement	80	80	82
I feel my direct line manager cares about my health and wellbeing	79	91	92
My direct line manager is sufficiently approachable	84	91	93
I have confidence and trust in my direct line manager	80	89	90
I feel involved in decisions relating to my team	67	81	83
I am confident performance is managed well within my team	70	79	82
My team works well together	76	84	84
I would recommend my team as a good one to be a part of	77	85	86
I understand how my role contributes to the goals of my organisation	78	82	84
I feel my organisation cares about my health and wellbeing	60	78	82
I feel senior managers responsible for the wider organisation are sufficiently visible	51	72	69
I have confidence and trust in senior managers responsible for the wider organisation	54	69	73
I feel involved in decisions relating to my organisation	47	66	65
I am confident performance is managed well within my organisation	53	65	66
I get the help and support I need from other teams and services within the organisation to do my job	62	74	75
I would recommend my organisation as a good place to work	67	80	80
I would be happy for a friend or relative to access services within my organisation	72	82	82

Dependency between questions

Using Pearson correlation analysis we can look at the relationship between the individual questions. The Pearson correlation analysis can be viewed [here](#).

High dependency between questions

The strongest correlation is between:

- I am confident my ideas and suggestions are listened to
- I am confident my ideas and suggestions are acted upon

This is logical given the similarity in the statements, however the overall average score for being 'listened to' is higher (75) than the score for 'acted upon' (71). These two questions then also correlate strongly with 'I feel involved in decisions relating to my job'.

There is a cluster of high correlation around the relationship staff have with their direct line manager:

- I feel my direct line manager cares about my health and wellbeing
- My direct line manager is sufficiently approachable
- I have confidence and trust in my direct line manager

There is a correlation also between the visibility of senior managers and the level of trust that staff have in them:

- I feel senior managers responsible for the wider organisation are sufficiently visible
- I have confidence and trust in senior managers responsible for the wider organisation

These two statements also correlate strongly with 'I am confident performance is managed well within my organisation'.

Two other pairs of statements that correlate highly are:

- I am treated with dignity and respect as an individual
- I am treated fairly and consistently

And

- I get enough helpful feedback on how well I do my work
- I feel appreciated for the work I do

The highest correlations with the Overall thermometer question are:

1. I would recommend my organisation as a good place to work
2. I feel my organisation cares about my health and wellbeing
3. I would be happy for a friend or relative to access services within my organisation
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 feel appreciated for the work I do

Statements 1. and 3. above might be seen as the 'outcomes' i.e. if staff say working in their organisation is a 'very good experience' then they are very likely to recommend it as a good place to work and be happy for a friend or relative to access its services.

The other statements may be seen as 'inputs'. i.e. staff who agree strongly with those statements are most likely to say the overall experience is very good. Equally those who rate low for these statements will typically describe the overall experience as bad. Three out of these four statements relate to the organisation rather than the team.

Low dependency between questions

Two questions have low correlations with almost all other questions including the overall thermometer:

- I am clear about my duties and responsibilities
- I understand how my role contributes to the goals of my organisation

The overall lowest correlations are between 'I am clear about my duties and responsibilities' and:

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

As might be expected there is generally very little correlation between the Team statements and those about the wider Organisation.

Part 5: Action Plans

All teams are encouraged to complete an action plan within 12 weeks of receiving their iMatter report. The table below shows the percentage of teams for each Board that have completed action plans.

The majority of boards, fifteen in total, have increased the percentage of teams with action plans for 2018 compared to 2017. Only five boards have fewer action plans in 2018 than they did in 2017 and two Boards have the same percentage in both years.

Action Plans Completed after 12 Weeks			
Organisation	2017	2018	Movement from 2017
Health and Social Care	43%	56%	↑
Golden Jubilee Foundation	62%	71%	↑
Healthcare Improvement Scotland	71%	89%	↑
NHS 24	15%	66%	↑
NHS Ayrshire & Arran	55%	61%	↑
NHS Borders	26%	75%	↑
NHS Dumfries & Galloway	12%	46%	↑
NHS Education for Scotland	71%	82%	↑
NHS Fife	41%	42%	↑
NHS Forth Valley	26%	80%	↑
NHS Grampian	53%	49%	↓
NHS Greater Glasgow & Clyde*	44%	50%	↑
NHS Health Scotland	97%	90%	↓
NHS Highland*	29%	48%	↑
NHS Lanarkshire	49%	67%	↑
NHS Lothian	33%	60%	↑
NHS National Services Scotland	78%	76%	↓
NHS Orkney	81%	81%	→
NHS Shetland	13%	45%	↑
NHS Tayside	39%	41%	↑
NHS Western Isles*	12%	14%	↑
Scottish Ambulance Service	73%	86%	↑
The State Hospital	78%	55%	↓

Shaded boards did not get 2018 iMatter EEI report

* Boards did not get a report in neither 2017 nor 2018

Increase in Action Plans

Overall 56% of teams across Health and Social Care have a 2018 iMatter action plan, up thirteen percentage points from 2017. However, there is considerable variation across the Boards, from only 14% in NHS Western Isles to 90% in NHS Health Scotland.

Many Boards have increased considerably the proportion of teams with action plans. The biggest percentage point increases are:

- NHS Forth Valley from 26% to 80% (+54pp)
- NHS 24 from 15% to 66% (+51pp)
- NHS Borders from 26% to 75% (+49pp)
- NHS Dumfries and Galloway from 12% to 46% (+34pp)
- NHS Shetland from 13% to 45% (+32pp)
- NHS Lothian from 33% to 60% (+27pp)

Relationship between Action Plans and other Key Performance Indicators

From the variation in the level of action plans completed across the boards, it appears there are differing level of commitment to action planning. In order to explore this we look at the percentage of teams with action plans compared to other KPIs and other factors that have been seen to be linked to differences between boards.

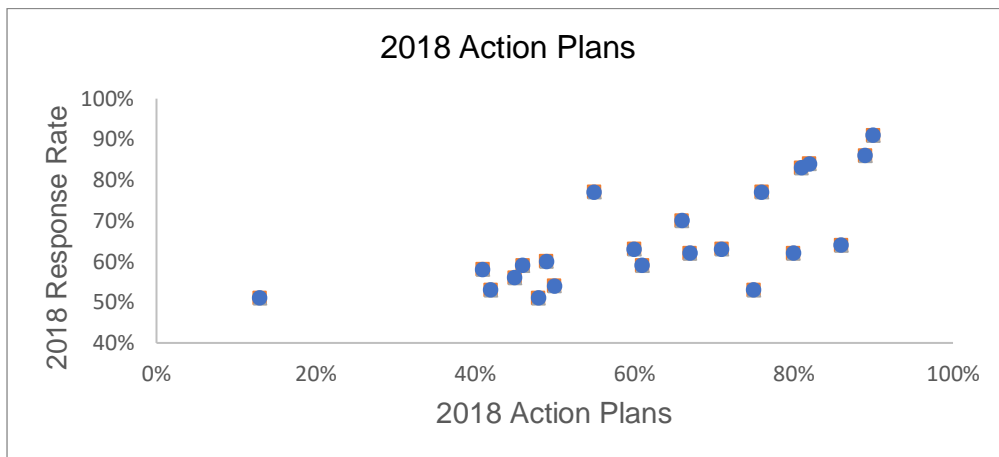
Lowest percentage of Action Plans Completed within 12 weeks: The nine Boards with the lowest percentage of teams with action plans includes seven of the nine Boards that did not get an EEI report in 2018.

Organisation	2018
NHS Western Isles	14%
NHS Tayside	41%
NHS Fife	42%
NHS Shetland	45%
NHS Dumfries & Galloway	46%
NHS Highland	48%
NHS Grampian	49%
NHS Greater Glasgow & Clyde	50%

Shaded boards did not get 2018 iMatter EEI report

The three boards that did not reach the 60% response rate threshold in either 2017 or 2018 have all shown an increase in the percentage of teams with actions plans.

Response Rate: There is a relationship between the share of teams with action plans in 2018 and the 2018 response rate. Typically, teams with a higher response rate are likely to have a higher proportion of action plans completed for 2018.



Of more importance though is the link between the percentage of teams completing 2017 iMatter action plans and the 2018 response rate. It is clear from the chart below that there is a positive relationship between the two measures. This suggests that completion of 2017 action plan demonstrates commitment within the team to iMatter and therefore helped to drive a higher response rate in 2018.



There is no clear pattern in percentage of action plans completed linked to geographic or national boards.

2018 Action Plans	Geographic Boards	National Boards
Highest level of Action Plans	NHS Orkney 81%	NHS Health Scotland 90%
Lowest level of Action Plans	NHS Western Isles 14%	The State Hospital 55%

Action Plans and Team Stories

Many stories included details of Action Plans and the process by which they are created. There is a direct link made between no Action Plan in 2017 and a perception of 'no action' and therefore less engagement and enthusiasm to take part in 2018. This appears to translate into a drop in response rate.

“Staff have verbally stated that they are unlikely to complete the questionnaire in 2018 as they completed it in 2017 and no action was taken.” [Aberdeen City H & SCP](#)

Equally there is reference to the follow-up action of monitoring scores to see if the previous year's actions have been effective with clear tracking of KPIs (response rate, EEI and Action Plan completion) from 2017 to 2018.

[Health Scotland Awards Team 2017](#) actions were aimed at moving scores for contribution to organisation goals and involvement in organisation decisions. In this instance, movement in scores was not seen in 2018 as there was a feeling that these were perhaps beyond the control of the team. So, the focus for 2018 moved towards celebration of the things the team were good at.

[The State Hospital AHP Team](#) story details 2017 actions and desired outcomes and reports on the successes and focuses on actions for 2018.

“The aim of our journey was to become more cohesive and visible.”

[NSS Clinical Dental Team](#) and [Dumfries and Galloway Nithsdale Health and Social Care Locality Management Team](#) are two examples of teams that are building on what was done as part of the 2017 iMatter programme and are monitoring 2017 Action Plan progress and building on them for 2018. The latter consider themselves to be 'on a journey'

“Being the best that we can be!”

Part 6: “People Make Change Happen” – iMatter 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. For the iMatter 2018 programme, 24 Team Stories have been put forward for inclusion in this report. They represent the majority of NHSScotland Boards and includes six Health and Social Care Partnership stories.

This section of the report contains a review of the content of the Team Stories that have been shared, drawing out recurring themes. It includes an overview of the Team Story formats, the role of iMatter and recurring themes, before then exploring individual topics in more depth. Links to the individual stories are also included.

Team Story Formats

Prior to reviewing the content of the stories, it is notable that the Team Stories shared are diverse in many aspects, reflecting the purpose and personalities of the teams involved:

- **Focus:** Team Stories cover a variety of topics, from individual actions to team activities, from iMatter process management to targeting specific areas of performance. This diversity is reflective of the team priorities and demonstrates the different areas of focus for each of the teams.
- **Content:** The level of detail provided differs greatly. This is usually reflective of the complexity or longevity of the team story. For example, some show the method used for the Action Planning process, others focus purely on the outcome.
- **Teams:** Stories differ in the size and composition of teams involved, from the single Line Manager team, through to amalgamations of multi-discipline teams that work together. This collaboration can be valuable in developing connectivity and efficiencies across team action plans.
- **Style:** With no prescriptive format for output the design of individual Team Stories differ considerably; from word documents to films, from infographics to PowerPoint presentations. It is assumed that the style is reflective of the author and/or the Team’s usual style of communication. This freedom to produce the story in the way that is right for the team is an important part of their ‘owning’ the story and should not be stifled. Equally however, it may be helpful to provide an outline template, or even an author service for any teams who would want to tell their story but are perhaps less comfortable with the ‘write-up’ process.

The role of Team Stories in iMatter

The Action Planning process and Team Stories are an integral part of the iMatter process and in this section we look both at the relationship between iMatter performance and Team Stories, and the role of the iMatter programme within teams.

iMatter Team Stories and Engagement

There is a tendency for Team Stories to be provided by teams that already engaged, typically with above average scores and response rates. These teams are therefore likely to be more positive about the action planning process and sharing their story. Clearly maintaining great teams requires effort and commitment and this is being shown through an array of activities. [Dumfries and Galloway Nithsdale Health and Social Care Locality Management Team](#) in particular, celebrate the successes of the team, but also note the need to not be complacent. These stories demonstrate what can be achieved and have an overarching positivity to them. They do provide ideas and inspiration that other teams may draw on for themselves.

However, it is important that teams with greater challenges also look at how to address staff concerns and share their experiences, in order to help other teams in similar situations. Teams with issues and challenges should be encouraged and helped to develop action plans and to share their story, in order to inspire others. The learning opportunity for others will come both from seeing the success of strong team, but also from how teams with challenges are facing up to them and driving change. There are a few stories from such teams, one in particular from [Scottish Ambulance Service Shotts Station](#) is an honest and open assessment of the difficulties faced by the team.

“We had lost engagement with staff, due to a lack of communication, time restrictions, increased call volume, meal break randomness and consistent shift overruns.”

This team manager has taken the opportunity to use the team iMatter report along with other team feedback to identify areas for discussion to improve staff experience. The ideas and suggestions put forward provide great food for thought for other teams facing similar challenges.

iMatter as an enabler

Many Team Stories recognise the role of iMatter as an enabler. This cuts across all teams but is particularly prevalent in H & SCP Team Stories who are typically newer to iMatter.

iMatter also enables staff to have confidence to speak their mind and share views and ideas:

“ People need to have trust that they can say what they need to say, and know that if they are going to raise anything that here and now is the time to do so confidently and positively without repercussion.” [NHS Grampian Programmes Team](#)

Teams talk of iMatter as the catalyst for them coming together as a team to review results and to discuss and develop action plans. There is a sense that without iMatter other activities would take priority and this forward focus on team improvement might not happen.

“iMatter provides the platform and vehicle to move on but does require someone to see it through.” [NHS Grampian Programmes Team](#)

“The whole (iMatter) process allowed us the opportunity to have more reflective and planning time together, something we hadn’t taken time to realise and implement until having discussed it in detail following iMatter.” [Glasgow City South H & SCP Health Improvement](#)

“We are enthusiastic about Inverclyde H & SCP and our wonderful staff; spending more time and learning from and with them is both humbling and inspirational. iMatter has helped us focus on what is important to our staff and by focusing on this improvement journey we trust they will know that they matter, we all matter.” [Inverclyde H & SCP](#)

Recurring Themes

Throughout the Team Stories, across the different content and styles there are a number of recurring themes:

Key to the success of all of the Team Stories is communication, whether that’s between staff and management, within teams or across teams. There is a recognition that communication is key and there is clearly a lot of effort and energy going in to improving communications methods and content. There is also acknowledgement that considerable commitment is needed to address communication issues.

“We identified two main areas that we could improve as a team: communication and relationships. These were big, daunting issues to tackle, but by creating our iMatter action plan we were able to break it down and map out some of our solutionsWe all put in effort and bravery as individuals to improve our team relationships, stepping outside our comfort zone both at the

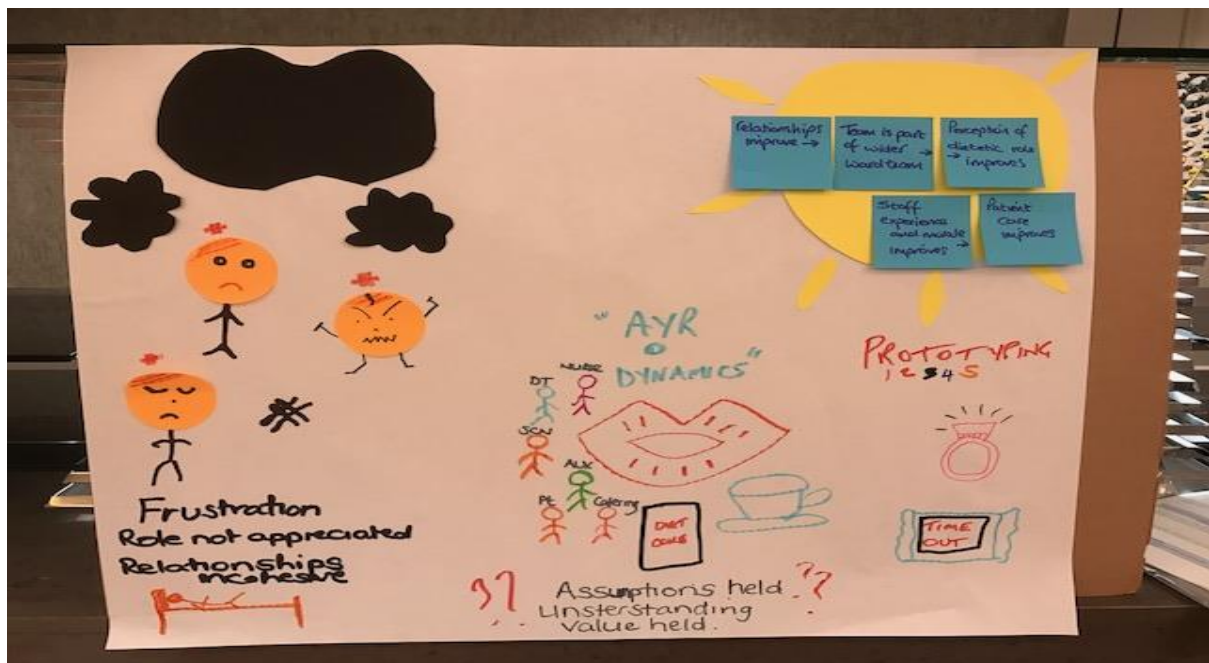
coaching sessions and in day-to-day work.” [Health Improvement Scotland Maternity and Children Quality Improvement Collaborative](#)

Collaboration

There is widespread focus on collaboration within and across teams.

“We are a good team to work in....We work well together.” [NHS Orkney Quality Improvement Hub](#)

Examples include separate teams working together to improve the patient experience, dispersed teams working out how they can work together most effectively, senior and junior staff creating opportunities to work and train together. The example below illustrates how the [South Ayrshire H & SCP Dietetic Team](#) visualised their discussions.



Celebration and Positivity

Many Team Stories demonstrate how success and achievement are celebrated. In some instances it is a celebration of what has gone well and scores accordingly in iMatter. In others it is an awards process that celebrates actions that improve staff and/or patient experiences.

“Collaborate as a team to celebrate National AHP day 15 October to share out practice at the Journal Club.” [The State Hospital \(Allied Health Professionals\) AHP Team](#)

The example below from [NHS Orkney](#) conveys well the celebration of the team strengths and focuses on how to improve still further.



Patient Care and Experience

Many of the Team Stories are explicit in the link between their actions and the patient experience, prioritising actions that will benefit the patient. Examples include ward teams working together, awards that acknowledge great patient care.

“Greater efficiency will hopefully benefit women we look after.” [NHS Lothian South East Community Midwives](#)

“This has reassured the team that changes can happen to improve how we work better together and in turn improve our services to local people.” [Glasgow City South H & SCP Health Improvement](#)

“Improved joint working between all AHP groups for patient rehabilitation.” [The State Hospital AHP Team](#)

“Greater efficiency will hopefully benefit women we look after.” [NHS Lothian South East Community Midwives](#)

There are many examples of staff ‘going the extra mile’ to deliver on agreed actions:

“In addition to team meetings, staff agreed to put time in to catch up and work better together away from the core team meetings.” [Glasgow City South H & SPC Health Improvement](#)

The Simple Things

There are many examples of teams taking simple small actions that will make a real difference. This takes nothing away from the effort and commitment to much larger actions, but demonstrates that commitment to action planning does not always need to be a daunting task, sometimes a quick and simple act can have significant impact.

“We have introduced name badges for the whole team which clearly state to patients and colleagues what our name is and that we work in pharmacy. We celebrated the role of Pharmacy Technicians on Pharmacy Technician Day in collaboration with our comms department.” [Golden Jubilee Pharmacy Team](#)

Another such example came from NHS 24 where actions were taken to streamline the process for requesting access to call listening [NHS 24](#).

Ownership

The Team Stories widely acknowledge the need for ownership at either team or individual level. Throughout this report there are numerous examples of individuals and teams taking ownership for agreed actions.

Fun/ Light hearted

Several of the Team Stories explicitly use the word ‘fun’, others demonstrate it through enjoyable team building activities etc. This is not to reduce the seriousness of the activity, but to increase its accessibility to the widest possible audience and improve staff experience.

“The aim being to fully utilise the skills of all the team – communication, negotiation, creativity and have fun together.” [NHS Health Scotland Awards Team](#)

Team Story Topics

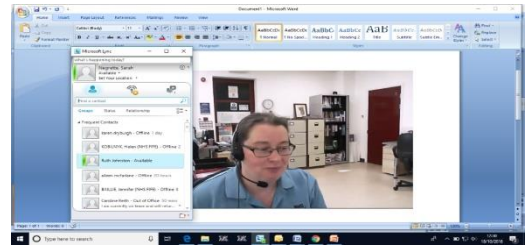
In this section we explore in more detail a number of specific topics that have been highlighted through iMatter and are covered in several of the Team Stories. These would be applicable to large numbers of teams across the organisation.

The Communications Challenge: Finding Solutions

A recurring theme across the Team Stories is around communication and a recognition that getting the team together in a forum where ideas and opinions can be shared is important. Where possible to do, some have seen the value of getting whole teams together in one place:

“The team used to have three bases. It felt as though there were three teams not one.....(now) start the days from just one of the bases and all meet together...Passing on information face to face stimulates more discussion and conversation.” [NHS Lothian South East Community Midwives](#)

While many Stories talk about the value of face to face meetings, [Fife H & SCP Children and Young People's Occupational Therapy Service](#) had to find an alternative solution as they were an integrated team spread across 4 geographical locations. This team has therefore embraced technology and fully utilised online meetings software to enable virtual sessions.



Through video technology and screen/document sharing facilities, the team are able to recreate the face to face meeting environment. This approach has the added benefit of increased efficiency through reduced travel time.

Team Cohesion

Throughout all of the Team Stories there are examples of how the team are working together more closely, making the most of the skills and experience within the team:

“What we do well: Work together as an adaptable and accommodating team utilising the skills of all of our team members to deliver a good pharmacy service.” [Golden Jubilee Pharmacy Team](#)

“We have introduced fortnightly pharmacy peer review meetings. This is a chance over lunch for team members to lead a session and share learning.” [Golden Jubilee Pharmacy Team](#)

“Two members of staff one, one from each award would prepare a team building activity to demonstrate skills and energise everyone prior to our Business Planning session.....The aim being to fully utilise the skills of all the team – communication, negotiation, creativity and have fun together.” [NHS Health Scotland Awards Team](#)

There are also practical solutions put forward for dealing with the situation when the whole team cannot be together such as splitting the team into two or three sub-groups to workshop action plans and then share the feedback with the wider team.

Vertical Team Integration

There are a variety of examples of how iMatter has enabled teams to identify and address areas for improvement through working together. This has involved using activities such as meetings, huddles and training activities which have the added benefit of enabling junior/trainee staff get to see more of what the seniors do.

“We have adopted an inclusive approach to learning and development, for example our upcoming leadership development workshops “Better Conversations” include leaders and managers from across the H & SCP all learning, reflecting and practicing new skills together. This provides opportunities to build relationships and increase visibility.” [Inverclyde H & SCP](#)

Several Team Stories talk about various techniques for integrating staff across the team including, staff inclusion in forums and encouraging them to share views with their union representatives.

Cross Team Activity

Several stories focus on the need to build stronger relationships across teams, to improve working relationships and improve the patient experience. This could easily slip into a mindset of 'not my team, not my problem'. However, several teams provide ideas on how to actively improve cross-team collaboration.

One story talks of achieving greater integration with other teams by getting involved through working groups etc. which in turn leads to improved communications:

"A broader knowledge of what is happening across NSS as well as making connections with colleagues working in different areas of NSS." [NHS NSS Clinical Dental Team](#)

Another acknowledges the need to work at inter-team relationships and a proactive, solution-focused action plan focuses on addressing the issues head-on.

"There was agreement that these frustrations were likely to always be there unless we tried to do something different. We would need to invest time to try and influence this." [South Ayrshire H & SCP Dietetic Team](#)

Team Leadership

Team leadership is a topic covered in many of the stories, demonstrating the importance of leadership in achieving team success. The qualities of good leadership are referenced in several Team Stories:

"Our Team Leader's door is always open. He is approachable and makes time to keep staff informed." [Scottish Ambulance Service Shotts Station](#)

"Professional leader in our team who we have confidence in to take forward any issues identified." [NHS Grampian Programmes Team](#)

"Our team does already have an open honest and professional approach to discussions and very much respect each other's views and contributions to team meetings. We are always listened to by our line management and always made to feel valued in our roles within the team. It was good to discuss the action plan as a team to take forward improvements identified." [NHS Grampian Programmes Team](#)

From Team to Individual

Several Team Stories make the transition from team actions to individual accountability, with agreed actions being taken on by individuals in their personal development plans. One such example from South Ayrshire H & SCP Dietetic team focuses on the need to improve inter-team working.

“Each Dietitian identified their own improvement plan for the individual ward they had identified. This became their service improvement objective which every AHP member of staff was expected to have, as directed by the AHP Associate Director. A report setting out the situation, background, assessment and recommendation (SBAR) was completed by each member of staff and discussed with their line manager at their 3 monthly review.” [South Ayrshire H & SCP Dietetic Team](#)

The example given was one of a team member carrying out an accurate assessment of the situation and then developing a set of personal development actions to implement that would make it easier for other teams to support them. This particular example not only showed how individual staff are taking ownership of team issues, but also a recognition that there is a collective responsibility to take actions to improve across teams.

Another illustration comes from [NHS Greater Glasgow Clyde Sector Acute Division](#) who have actioned a formal structured training programme for nurses that addresses many of the areas included within iMatter.

“The programme incorporates Attendance Management, Delegation skills, Finance, Minimizing Complaints, Managing Difficult Conversations, Recruitment and Selection, Emotional Intelligence, Team Development and Effectiveness, Managing Conduct and Quality Improvement. All key skills identified for being managers and leaders of the future.”

The programme has had a positive impact on staff, who feel more empowered. It has also led to identification of further areas to be included in future training.

“Staff reported feeling ‘more confident and empowered’ for their role. They reported appreciation for the time out and focus given to their development. There was great feedback given that has allowed the course to be further refined and targeted to include resilience and business continuity under difficult circumstances.” [NHS Greater Glasgow Clyde Sector Acute Division](#)

The Wider Organisation

Whilst the Team Stories are outstanding examples of teams taking ownership of their iMatter results and developing action plans that make a difference, they are typically from the smaller units within the overall organisation. This is reflective of the Action Planning process that starts at individual team level.

However, the areas that perform less well in iMatter, tend to be those that relate to senior management and interactions with the wider organisation.

[“It felt like there was a gap that needed bridging between expectations of the organisation and the reality faced by QPS teams and staff.” NHS Highlands Quality Programme Service Teams](#)

The reference in this Team Story to ‘the gap’ highlights the perceived lack of understanding of challenges faced by staff. Improved communication will be key to addressing this ‘gap’.

Senior Managers

The Team Stories contain two perspectives on senior managers, reflecting the importance of both trust in them and their visibility and accessibility through the organisation. There are examples of senior management teams initiating actions to be more accessible and approachable in their areas.

The screenshot shows the 'iMatter WHO'S WHO' page with the following content:

- Cathie Cowan, Chief Executive:** "I championed iMatter during my time with NHS Forth Valley. As Chief Executive having an understanding of the things that matter to our staff is invaluable. I am truly passionate about this work. The benefits to patient care of having an engaged and happy workforce are evidence-based and I will continue to support and lead the work as I did at NHS Forth Valley."
- Mr Andrew Murray, Medical Director:** "iMatter is a great tool to help me understand how engaged my team are. If they're engaged and feel valued they'll do great things and that's the NHS Forth Valley I want to work in."
- Dr Graham Foster, Director of Public Health and Strategic Planning:** "I believe iMatter is a great tool as it gives staff who may not otherwise be willing to speak up, a chance to have their views heard and to influence change. It has helped us as a team as it involves everyone."
- Professor Angela Wallace, Director of Nursing:** "I continue to support and value iMatter and see it as fundamental to my ability to understand what matters to my team. We plan together to make changes happen that support how we work together to deliver high quality care for patients and support for our staff."
- Ian Aitken, General Manager, Medical Directorate:** "Staff engagement and experience is central to the continued delivery of excellent patient care, more so in today's fast changing environment than perhaps at any time in the past. Recognising the value of staff is crucially important that staff have the time, space and support to be able to reflect, learn and improve."
- Gillian Morton, General Manager, Women, Children's & Sexual Health Services Directorate:** "I can fully appreciate iMatter as a means of involving all teams within our services in a process of continuous improvement. Not only does this deliver improvements for our patients and service users, but the results also help identify and address any areas which staff feel are important to them. This really does matter because we need to ensure staff remain motivated and engaged and feel valued and empowered for their commitment."
- Kathy O'Neill, General Manager, Community Services Directorate:** "iMatter feedback has helped the Directorate Management Team focus on the challenges of managing services which are facing lots of changes due to health and social care integration. One priority is that as senior managers we need to be more visible and create opportunities to meet with staff more often. Another is to meet informally on a senior team each week to support each other and share information."

[“I am keen to be much more visible and to meet up with you and your teams over a coffee.” NHS Forth Valley Chief Executive Office Team](#)

The approach to this is generally informal and open, which should in turn build confidence and trust among staff. For example [NHS Lanarkshire Corporate Management Team](#) have increased Director visibility by sharing names and photos of the team, writing personal blogs and doing ‘back to the floor’ walk-arounds.

There are also examples of staff exploring ways of getting more access to senior managers:

[“We need to share our concerns with senior managers regarding the issues QPS teams faced on a daily basis.” NHS Highlands QPS Teams](#)

However, it is notable that in this particular example the reference is to the sharing of concerns, where perhaps there is an opportunity to not only share concerns but also to present suggested solutions.

“The issue of visible senior leadership in the organisation...suggested informal invitations to Directors to join our team meetings...a chance to chat and ask questions of senior managers that we might not interact with otherwise and that’s been really positive.” [NHS Grampian Programmes Team](#)

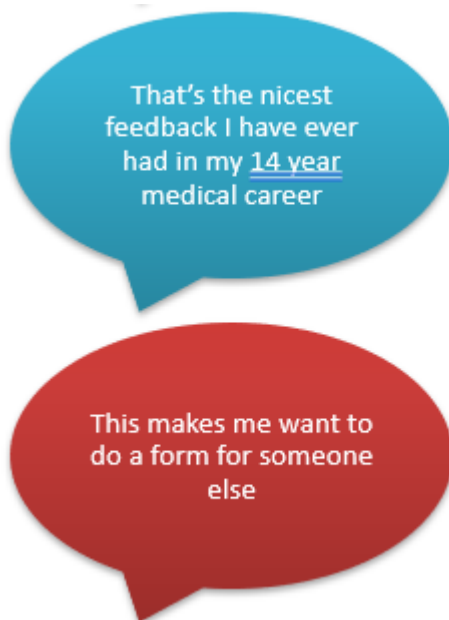
Some Team Stories do talk of senior management presence at meetings and events, which is certainly an important first step, but it is essential that this attendance is back-up with interaction, openness and action, in order that staff feel truly listened to and supported.

Recognition

A number of teams have instigated award processes to recognise achievements in areas such as:

- going the extra mile
- providing great care to the team and patients
- brilliant teamwork

They typically acknowledge small achievements, done by individuals – often a simple spoken word or gesture – not expensive, not time consuming but able to make a significant difference.



The recognition/award mechanism is often noted as an engagement process with large numbers of staff getting involved in nominations and award events. This demonstrates that whilst the individual winners love the experience, the wider team also benefits from the positivity.

The comments (left) illustrate this well from [NHS Tayside Emergency Department](#) and their focus on recognising and rewarding colleagues.

The [NHS Western Isles Physiotherapy Team](#) have a campaign running based on “Our focus is you!” which can be interpreted differently by whoever sees it, be they team members, visitors, patients etc. The recognition mechanism set up acknowledges that patient care and staff appreciation go hand-in-hand

“An appreciation board will be developed which will record these positive messages for all to see. These efforts will not only see improvements within staff morale, but will inevitably see considerable benefits to the patient experience within the Physiotherapy Department.” [NHS Western Isles Physiotherapy Team](#)

[The Ayrshire and Arran Oral Health Dental Diamond Award Programme](#) [launched by The Public Dental Services’ Oral Health Improvement Team](#) is a great example of how teams can influence and improve staff experience. Their awards programme engages staff interest staff throughout the team. It includes awards in the following categories:

- ◆ Care and compassion
- ◆ Helping Hand
- ◆ Encouraging Word
- ◆ Calm in the eye of a storm
- ◆ Excellence in humour and entertainment
- ◆ Outstanding innovation

The purpose of the awards speak to many of the topics covered in this report.

“Committed to ensuring all our staff feel valued, and recognise the important role they play in the provision of dental care.”

This particular story was told through an excellent film introducing the awards to the staff. [Click here to view the video](#). These awards are accessible to all as they are based on ways of working that anyone can deliver. They are in turn celebrated by the nominee, the nominator and all involved in the awards event.



Allen Stevenson, Head of Health and Community Care with the LD Redesign Team at our 2018 Staff Awards

Inverclyde H & SCP

Seeking Further Insight

There are several examples where teams felt they need to explore topics further within their teams. In the example below we can see how staff have been actively involved in the strategic plan development and therefore will feel part of the future of their team and that they are being listened to:

“We are currently co-creating our Strategic Plan with our staff through a staff survey, focus groups to explore our values, vision and priorities, and targeted discussions with groups whose views are traditionally not heard, for example homecare staff and residential care home staff.” [Inverclyde H & SCP](#)

In this second example focus groups were conducted to get a better understanding of the actions needed. It's notable also that the focus groups themselves will have begun the journey of better communications with the senior team:

“We met again to discuss the focus group finding and these were pivotal in helping us shape our action plan to be taken forward in the coming year with support of our organisational development and communication team colleagues.” [NHS Lanarkshire Corporate Management Team](#)

[NHS Dumfries and Galloway Nithsdale Health and Social Care Locality Management Team](#) carried out a survey on integration and partnership as well as establishing a multi-disciplinary team workforce forum and staff engagement sessions for the wider team.

Further Considerations

Individuals within Teams

Some teams show a variability in opinions within the team. It is important that whilst stories should and do celebrate success, that also the views of less happy contented staff are Considered within discussions and action plans. There are instances at team level where individual ratings range from Strive and Celebrate to Focus to Improve. Activities that bring teams together are important in addressing these differences in opinions, but equally perhaps attention needs to be paid to individuals in order to address their concerns.

The approach taken at [Scottish Ambulance Service Shotts Station](#) has been very focused on the individuals within the team, with one to one sessions with staff:

“Positive reinforcement and encouragement for any good work, regardless of how small, to show the team they were appreciated and not taken for granted.”

These one-on-one sessions will allow individual, personal concerns to be heard and addressed, something that is not always evident across some of the Team Stories. So where other teams may need to consider also the individuals, this particular team may find its next priority is to work on challenges collectively as a team.

Top-Down Activity

As noted the Action Planning and Team Story process starts at individual teams and builds to cross-team projects. In order to address concerns around the relationships between teams and the wider organisation, inclusion of Directorate or Board level Action Plans and Team Stories focused on how to build stronger overall relationships may help to address this issue. Demonstrating and sharing the link between iMatter results and strategic planning is also important, as demonstrated opposite by [NHS Lanarkshire Corporate Management team](#)



Sharing Best Practice

Team Stories have a huge collection of great and diverse ideas. Clearly, this report and the Team Stories website are great forums for giving the wider organisation access to them. There are many examples of best practice that can be shared widely across the organisation and adopted by many other teams.



Examples of best practice action that could be rolled out include:

- [NHS Tayside](#) who have a Power of Positivity Box in which staff can share examples of excellence they see across the
- Team building activities in and out of the workplace. A [NHS Health Scotland Award Programme Team](#)

The focus in many team stories on the simple things that can make a huge difference, for example the widespread emphasis on saying “well done” and “thank you” as implemented by The Emergency Department at [NHS Tayside](#) in their Learning from Excellence programme and the “positive reinforcement and encouragement of any good work, regardless of how small” at [Scottish Ambulance Service Shotts Station](#)

- Staff awards that recognise staff contributions: e.g. Dental Diamonds awards programme from the [East Ayrshire & Arran H & SCP](#)

Summary

Overall the Team Stories demonstrate a huge enthusiasm and commitment across Health and Social Care. They contain a great selection of action plans and activities being undertaken to improve and maintain employee engagement and supports improved patient care:

“This system provides peer to peer positive feedback both within our department and to all those we interact with on a daily basis. It allows team members to recognise great care, or those who go the ‘extra mile’, or brilliant teamwork, and to say well done and thank you.” [NHS Tayside Emergency Department Medical Staff Team](#)

These two sentences encapsulate so many of major themes that are covered in many of the team stories:

- The importance of iMatter
- Recognition – acknowledging and sharing
- Link between staff behaviours and patient experience
- Small things can make a big difference
- Collaboration within and across teams

All team stories can be viewed on our iMatter website www.iMatter.scot

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](#)



(L.Long) Mgt. Team
Staff views: they matter to us



Children & Young People’s
Occupational Therapy Service
Our iMatter story



Oral Health Improvement Team
Dental Diamond Awards



Aberdeen City HSCP
Employee Engagement



Karen McNiven, HI Team Leads
Health Improvement – working better together



Dietetics Team
Nutritional Care Matters



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](#)



AHP Team (C Totten)
Our AHP Journey in the state hospital



Kate Cheesbrough – South East Community Midwives Team
Giving Birth to a Huddle



Cathie Cowan, CEO Team
The Forth Valley Way!



Christina Bichan, Health Intelligence & Governance Team
Quality improvement hub story



Emergency Medicine Medical Staff
Well Done & Thank You!



Shotts Ambulance Service
Re-booting Frontline A&E Management



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



Iona McGauran Raigmore
Senior Quality & Patient Safety
Division Team
Bridging the Gap



Golden Jubilee Foundation –
Pharmacy Team
Our Team Story



Nithsdale Health & Social Care
Locality Management Team
**Being the best we
can be!**



Jacki Smart Surgical &
Anaesthetics Team
**Developing for the
future**



MCQIC
It's a rap!



Programmes Team
**iMatter as part of the
programmes team**



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](#)



NHSWI Physiotherapy Team
Our focus is you!



Medical Directorate iMatter Team



NHS Lanarkshire Corporate Management Team
Calum and CMT Team Journey



Awards Programme
Team building in a collaborative and creative way



NHS24
NHS 24's iMatter Story



Service Delivery Dental Clinicians
Better Improvement Makes Us Smile



Appendix 1: iMatter Background

Types of Questions

The iMatter questionnaire consists of 28 attitudinal questions relating to staff engagement. These questions are phrased positively and each question has six responses: 'Strongly Agree', 'Agree', 'Slightly Agree', 'Slightly Disagree', 'Disagree', 'Strongly Disagree'. These responses are then converted to a scale between six and one, six being the most positive response and one being the least positive. The aggregated scores are then placed into one of four categories that can then be used to help inform actions. This can be done for individual questions, or as a Weighted Index Value covering the questions relevant to each Staff Governance Standard.

Example:

Thinking of your experience in the last 12 months please tell us if you agree or disagree with the following statements:	Strongly Agree	Agree	Slightly Agree	Slightly Disagree	Disagree	Strongly Disagree
I am clear about my duties and responsibilities	6	5	4	3	2	1
The numbers generated then fall into one of four categories that can be used as a guide to inform actions.	67 – 100 Strive & Celebrate		51 – 66 Monitor to Further Improve	34 – 50 Improve to Monitor	0 – 33 Focus to Improve	

There is also a twenty-ninth item: 'Overall working within my organisation is a: very good experience (10 points)...very poor experience' (0 points). Response requires an 11 point sliding scale.

Response Rates

The 60% response rate was agreed by the Scottish Workforce and Staff Governance Committee (SWAG) in July 2013. This is intended to ensure that the Employee Engagement Index (EEI) reported is representative of staff experience. Where the 60% response rate is achieved the iMatter report that is generated provides response rates and EEI. All Boards and Directorates receive a Components Report regardless of whether the 60% response rate is achieved. The Components Report provides all questions mapped to staff experience questions in rank order.

Calculation of the NHSScotland Employee Engagement Index (EEI)

The iMatter questionnaire was developed within NHS. Dr Austyn Snowden & Dr Ewan MacArthur at the University of the West of Scotland have further validated the questionnaire and index (NHSS EEI). Their recommendation regarding the questionnaire and calculation of the index has been implemented by NHSScotland and gives the iMatter questionnaire credibility.

The NHSS EEI is a summary score derived from the 28 item questionnaire. In line with current policy it is designed to inform individuals, teams and organisations about the degree of staff engagement. Built in conjunction with NHSScotland staff, Scotland is the only country in the world to be developing such a systematic and systemic measure in this inclusive manner.

The NHSS EEI is generated from 28 items relating to staff engagement, each item has six Likert responses: 'Strongly Agree', 'Agree', 'Slightly Agree', 'Slightly Disagree', 'Disagree', 'Strongly Disagree'. These responses were translated to a score for statistical analysis, with 6 for 'Strongly Agree' down to 1 for 'Strongly Disagree'. The sum total of these 28 item responses gives a range of 28 – 168.

Calculating the Average Score The number of responses for each point on the scale (Strongly Agree – Strongly Disagree) is multiplied by its number value (6-1) (see right). These scores are then added together and divided by the overall number of responses to the question.	6	Strongly Agree
	5	Agree
	4	Slightly Agree
	3	Slightly Disagree
	2	Disagree
	1	Strongly Disagree

“The NHSS EEI is a robust, reliable, valid and popular measure of staff engagement. It is also an excellent tool to measure improvement in staff engagement”. [1]

Appendix 2: 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 3: 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

Appendix 4: Calculation of Responses

For ease of reading, all percentages are reported to the nearest whole number. Please note that all reported differences between results are based on rounded results.

2018 Result unrounded	2017 Result unrounded	2018 Result reported	2017 Result reported	Difference reported
78.3	78.9	78	79	-1

Rounding percentages to the nearest whole number occasionally results in total percentages that do not add up to exactly 100% (in some charts / tables percentages may total 99% or 101%).



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