

**HS Paper 44/19**

# **Board Meeting: 27 September 2019**

**We are working towards all our publications being available in an accessible format. In the meantime if you require this paper in a more accessible format, please contact us using this email address** **nhs.healthscotland-ceo@nhs.net**

**iMatter Board Report 2019**

## **Recommendation/action required:**

|  |
| --- |
| The Board is asked to note the iMatter Board Report. |

Author: Sponsoring Director:

|  |  |
| --- | --- |
| **Jim Carruth****Head of People and ImprovementRachael McNelisPeople Development Co-ordinator** | Cath DenholmDirector of Strategy |

**19 September 2019**

**iMatter Board Report**

**Purpose**

1. The Board is asked to discuss the organisational and directorate iMatter results for 2019. The Partnership Forum discussed this report at their meeting on 22 August and agreed the following:
	1. A series of meetings involving the Employee Director and the Head of People and Improvement and individual Directorate Management Teams as an appropriate approach to the development and monitoring of directorate plans.

**Background**

1. iMatter has been the national measure of staff experience for NHSScotland since 2016, following agreement that the previous national annual Staff Survey be discontinued. National staff experience is now measured using the iMatter Continuous Improvement Model (iMatter) supplemented by a short complementary “Dignity at Work” survey.
2. The most recent “Dignity at Work” survey’ was issued to staff in all NHSScotland boards in November 2017.

**Annual Organisational iMatter survey – June 2019 results**

1. To mirror NHS Health Scotland’s previous action planning approach, we were keen to provide where possible, comparison between Health Scotland and other Health boards, and between Directorates across the organisation.
2. The combination of these approaches should encourage best practice within the health sector and consistency of staff experience across Health Scotland.
3. The iMatter survey can provide NHS averages for each question and against staff governance themes but is unable to identify leading health board scores.
4. The initial analysis of the survey results is given in Appendix A and provides the following:
	1. Comparison of directorate results with NHS Health Scotland and NHS Scotland averages in relation to Staff Governance Standards.
	2. Comparison of directorate results with NHS Health Scotland and NHS Scotland averages in relation to individual questions under the headings of:
		1. individual staff experience
		2. my team/my direct line manager
		3. my organisation
	3. Comparison of organisational scores from the 2017 and 2018 results.
	4. Identification of organisation and directorate priorities, relative to agreed Organisational and Directorate Targets.
5. The information provided is only an aid to decision making in relation to organisational and directorate priorities. This will supplement a range of team action plans being developed across the organisation.
6. The response rate and employee engagement index score is given below and is compared both with the national picture and Health Scotland’s 2018, 2017 and 2016 performance:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **HS** **2019** | **HS** **2018** | **NHS 2018** | **HS** **2017** | **NHS 2017** | **HS** **2016** |
| **Response Rate** | 93% | 91% | 59% | 85% | 63% | 82% |
| **Employee Engagement Index** | 81 | 81 | Not available | 81 | 75 | 79 |

1. Currently the organisation has set two local iMatter targets to support discussion and to help identify priority actions:

**Organisational Target**

* To reduce the questions where Health Scotland is below NHSScotland average.

**Directorate Target**

* For each directorate response to be no poorer than 5 less than NHS Health Scotland average
1. Against the Organisational Target, Health Scotland scored less than the NHSScotland average in only one of the 28 questions surveyed. (See Appendix A for details)

 **National Health Scotland**

I am clear about my duties and responsibilities 88 85

1. Our 2019 iMatter scores against the Directorate Targets identified 2 questions where Directorates scored more than 5 poorer that Health Scotland Average. (See Appendix A for details.)
2. The Partnership Forum are asked to agree any results that require follow up actions.

**Finance and Resource Implications**

1. This paper has no specific financial implications. Resource will be in relation to implementing any action against results requiring follow up.

**Staff Partnership**

1. The roll out of this work continues to be overseen by the Employee Director and Head of People and Improvement, as well as using this forum to ensure it is approached and agreed in partnership.

**Communication and engagement**

1. We continue to promote the benefits of an effective approach and commitment at all levels to iMatter. This year’s results have been shared on the Source and team results distributed appropriately via Team Heads.
2. We will also continue to use the iMatter email address, to respond to queries.

**Corporate Risk**

1. There is not believed to be any direct risk resulting from iMatter which should be recorded on the CRR or MRR. It would be a concern if a board of our size were unable to effectively coordinate the surveying and addressing of staff concerns at organisation, directorate and team level. However, we have a strong history of both high response rates and comprehensive response and monitoring.
2. The work does have a link to the 2019/20 CRR19-5, in that iMatter results will be one of the key measures in monitoring this risk:
* As a result of the impacts or perceived impacts on staff of the changes planned through the creation of Public Health Scotland and associated arrangements, there is a risk of an impact on productivity and staff turnover, and so we do not deliver all our commitments for 2019/20.

**Issues Associated with Transition**

1. Our intention is to take as proportionate and relevant approaches to staff engagement as possible in the run up to transition to Public Health Scotland. We will continue to agree and set in motion, relevant directorate action plans arising from these iMatter results. We also see the iMatter results, and any Pulse Surveys that we agree to take, as a very useful tool in tracking how staff are feeling and responding in the context of change.
2. It is also worth noting that direct comparable analysis of any impact of the actions will be dependent on approach to, and timing of iMatter in the new body.
3. The Partnership Forum should also note that this information will support the development of the joint commission with ISD on preparing our workforce for the new body.

**Promoting Fairness**

1. We aim to embed work towards the attainment of our Equality Outcomes across all our work related to workforce. In particular this area is very relevant to our workforce Equality Outcome, “We have a workforcethat welcomes, values and promotes diversity and dignity; is competent in advancing equality and tackling discrimination (within and outwith the organisation), and embraces our organisational aim that everyone should enjoy the right to health.”
2. We strive to support all staff, regardless of protected characteristic, to be at work and feel valued for their contribution.

**Sustainability and Environmental Management**

1. This paper has no specific sustainability and environmental management implications.

**Action / Recommendations**

1. The Board is asked to note the iMatter report.

**Jim Carruth**

**19 September 2019**

**Appendix A - Health Scotland iMatter survey report 2019**

**Background**

In May 2019, all staff across NHSScotland were given the opportunity to anonymously complete the online iMatter survey, asking them to rate their satisfaction in relation to a number of statements, categorised under 4 headings:

* staff governance standards
* individual experience
* team / direct line manager and
* the organisation

Of the 297 staff in Health Scotland at this time, 276 completed the survey, giving a 93% response rate. Results were provided to NHS Health Scotland at a national, organisational, directorate and team level. The response rate and employee engagement index score is given below and is compared both nationally, and with Health Scotland’s 2018, 2017 and 2016 performance.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **HS** **2019** | **HS** **2018** | **NHS** **2018** | **HS** **2017** | **NHS 2017** | **HS** **2016** |
| **Response Rate** | 93% | 91% | 59% | 85% | 63% | 82% |
| **Employee Engagement Index** | 81 | 81 | Not available\* | 81 | 75 | 79 |

This report provides detail on the results received for each of the four categories above, making comparisons by directorate (with the exception of CEO) and between NHS Health Scotland and the national averages. A full breakdown of NHS Health Scotland’s 2019 iMatter results, and average response percentages for each statement since 2017, are detailed in Annex 1 and 2.

(\*nationally NHS did not reach the 60% response rate target, so no EEI score was calculated)

**Staff Governance Standards**

The chart in Figure 1 displays the percentage of staff who agreed/strongly agreed with each of the five Staff Governance Standards. These are broken down by directorate and are compared with the national and NHS Health Scotland average results. NHS Health Scotland staff recorded a higher satisfaction level for all five standards in comparison to NHSScotland as a whole. One standard showed a slight improvement on last year, one sustained the same score, three standards showed a decrease in score.

The largest positive Health Scotland variations are seen in ‘Involved in Decisions’ which scored 7 higher than the national average, and ‘Appropriately Trained and Developed’ which scored 6 higher than the national average.

**Figure 1**

Staff were also asked to rate a number of statements linked to their individual experience of working within NHS Health Scotland. The chart in Figure 2 illustrates the percentage of staff in each directorate who agreed or strongly agreed with each.

**Figure 2**

PHS recorded scores above, or the same, as the Health Scotland average for all questions within this section.

The largest positive variations were for the following:

|  |  |
| --- | --- |
| *I feel appreciated for the work I do* | 86 (PHS, Health and Work +5) |
| *I have sufficient support to do my job well* | 85 (Health and Work +5) |
| *I get enough helpful feedback on how well I do**my work* | 86 (Health and Work +5) |

The largest negative variations were seen in the following questions:

|  |  |
| --- | --- |
| *I am treated fairly and consistently* | 82 (Strategy -4) |
| *I feel appreciated for the work I do* | 77 (Strategy -4) |

**Figure 3**

The chart in Figure 3 takes the average results for each of the individual staff experience statements and compares them with the 2018 NHSScotland averages.

The biggest positive variation was seen in the question:

|  |  |
| --- | --- |
| *I get enough helpful feedback on how well I do my work* | 81 (+8) |

In only one question, Health Scotland was lower than the national average:

|  |  |
| --- | --- |
| *I am clear about my duties and responsibilities*  | 85 (-3) |

Health Scotland matched the national average for two questions:

|  |  |
| --- | --- |
| *I get the information I need to do my job well*  | 81 |
| *My work gives me a sense of achievement*  | 81 |

**My Team / My Direct Line Manager**

Staff were also asked to rate their experience of their team and their line manager.

Figure 4 shows by directorate, the percentage of staff who agreed or strongly agreed with each statement.

**Figure 4**

Health and Work was the only directorate to score above, or the same, as the Health Scotland average score for each statement.

The largest positive variation was for the following statement:

|  |  |
| --- | --- |
| *I would recommend my team as a good one to be a* *part of* | 90 (Health and Work +4) |

The largest negative variation was for the following statements:

|  |  |
| --- | --- |
| *I feel my direct line manager cares about my health* *and well-being* | 88 (Strategy -3) |
| *I am confident performance is managed well within* *my team* | 79(Health Equity -3) |

**Figure 5**

A comparison of the average results for NHS Health Scotland and NHSScotland as a whole, shows that Health Scotland scored higher on all 7 statements. Figure 5 highlights these variations.

The most positive variation from the national average was for the following statement:

|  |  |
| --- | --- |
| *I feel involved in decisions relating to my team* | 84 (+8) |

**My Organisation**

Staff were also asked to rate their experience of the organisation.

Figure 6 shows by directorate, the percentage of staff who agreed or strongly agreed with each statement.

**Figure 6**

No directorate scored above, or the same, against the Health Scotland average score for all statements.

The largest positive variations were for the following statements:

|  |  |
| --- | --- |
| *I feel senior managers responsible for the wider organisation are sufficiently visible* | 78 (Health and Work+7)  |
| *I am confident performance is managed well within my organisation*  | 72 (Health and Work +6) |

The largest negative variations were seen in the following:

|  |  |
| --- | --- |
| *I have confidence and trust in senior managers responsible for the wider organisation* | 62 (Strategy -8) |
| *I feel involved in decisions relating to my organisation* | 63 (Strategy -6) |
| *I am confident performance is managed well within my organisation* | 61 (Strategy -5) |
| *I would be happy for a friend or relative to access services within my organisation* | 77 (Strategy -5) |
| *I understand how my role contributes to the goals of the organisation*  | 78 (Health and Work -5) |

**Figure 7**

Figure 7 compares NHS Health Scotland’s results for these statements against NHSScotland as a whole. On average, we score higher, or the same, for all 9 statements.

The largest positive variation was seen in the following question:

|  |  |
| --- | --- |
| *I feel involved in decisions relating to my organisation*  | 69 (+12) |

**Year on Year Comparison**

This is the fourth year iMatter has been conducted in NHS Health Scotland, which provides an opportunity for comparison with our results from 2017 and 2018.

Of the 28 questions surveyed, there was improvement in some scores, while others decreased. The following details the number of questions which:

|  |  |  |  |
| --- | --- | --- | --- |
|  | **2017** | **2018** | **2019** |
| Showed improvement from the previous year | 22 | 15 | 7 |
| Maintained the same score as previous year | 5 | 9 | 5 |
| Showed a decrease from the previous year | 1 | 4 | 16 |

The largest improvement was seen in the following question:

|  |  |
| --- | --- |
| *I feel involved in decisions relating to my organisation* | 69 (+3) |

The question showing the largest decrease was:

|  |  |
| --- | --- |
| *I get enough helpful feedback on how well I do my work* | 81 (-3) |

**National Comparison**

The national comparisons have been given in each of the previous sections, but below are the three lowest scoring Health Scotland questions. In each, they achieved a higher score than the national average:

|  |  |  |
| --- | --- | --- |
| **Question** | **NHSScotland** | **Health Scotland** |
| *I am confident performance is managed well within my organisation* | 64 | 66 |
| *I feel involved in decisions relating to my organisation* | 57 | 69 |
| *I have confidence and trust in senior managers responsible for the wider organisation* | 65 | 70 |

These three questions have been Health Scotland’s lowest scoring questions for the last three years. Although, from 2018 to 2019, the scores have improved slightly across all three questions.

**Areas for Improvement**

**Organisational Target -** *To reduce the questions where Health Scotland is below NHSScotland average.*

In 2018 and 2019, of the 28 questions asked in the iMatter survey, NHS Health Scotland scored below the national average on one.

|  |  |  |
| --- | --- | --- |
| **Question** | **Health Scotland** | **NHSScotland** |
| *I am clear about my duties and responsibilities* | 85 | 88 |

**Directorate Target -** *For each question to be no poorer than 5 less than NHS Health Scotland average*

Responses with a greater than 5 variance are shown below:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Question** | **Directorate** | **Health Scotland** | **Variance** |
| **Strategy** | *I have confidence and trust in senior managers responsible for the wider organisation* | 62 | 70 | 8 |
| *I feel involved in decisions relating to my organisation*  | 63 | 69 | 6 |

Although the comparison provides some information, Directors will need to take this in line with their own priorities in creating their own directorate action plans.

**Final thought**

The results in general are still strong but highlight variations in those parts of the organisation that are currently experiencing most change prior to the creation of PHS in April 2019.

Annex 1 and 2:

 