

**Subject: NAHSCP Staff Engagement results 2019**

**Purpose:** To report key findings from the staff engagement tools iMatter and Our Voice, which shows comparatively high levels of engagement across the Partnership

**Recommendation:** IJB to note the findings of the staff engagement iMatter and Our Voice and to note that ongoing work to continuously support engagement improvement is being taken forward using team improvement action plans.

<b>Glossary of Terms</b>	
HSCP	Health and Social Care Partnership
iMatter	A team-based engagement process used in H&SC Partnerships and the NHS - sponsored and monitored by the Scottish Government
Our Voice	North Ayrshire Council Staff Survey
NAC	North Ayrshire Council
NHS AA	NHS Ayrshire and Arran

<b>1.</b>	<b>EXECUTIVE SUMMARY</b>
1.1	<p>In 2019 NAHSCP staff engagement scored comparatively highly, as measured by the Scottish Government's iMatter team process (79%) and Our Voice – the North Ayrshire Council's Staff Survey (72.5%). A copy of the full analysis is noted at <b>Appendix 1</b>.</p> <p>Results indicate specific areas of strengths:</p> <ul style="list-style-type: none"> <li>• Generally high levels of engagement: NAHSCP attained comparatively higher engagement scores in the iMatter survey and in three of the four components measured by the NAC survey.</li> <li>• NAHSCP attained a 67% engagement improvement action plan upload (compared with an average of 53% for NHS Ayrshire and Arran). Ongoing work to continuously support engagement improvement with staff is being taken forward using this team improvement action plan approach.</li> <li>• Both surveys recognise that the partnership is a positive place to work with 79% rate for iMatter (compared to 76% NHSAA) and 76.5% for Our Voice NAC staff wishing to remain working for the organisation (compared to 75.41% other NAC staff).</li> </ul>

1.2	<p>Possible areas identified for improvement are:</p> <ul style="list-style-type: none"> <li>• Encouraging more teams to take part in the iMatter process - not all teams reached their target response rates and consequently received no team-specific reports (“no reports”) or uploaded a team improvement action plan.</li> <li>• Encouraging continuous improvement in all aspects of engagement and team-specific improvements in engagement.</li> <li>• Continuing to improve workload management, demands and opportunities to influence transformational change.</li> </ul>
2.	<b>BACKGROUND</b>
2.1	<p>This year, NHS and NAC staff (1474 staff in 204 teams) responded to the iMatter questionnaire and 548 NAHSCP Council staff responded to the NAC Our Voice survey. NAHSCP contributes to the aggregate iMatter results for NHSA&amp;A (reported nationally).</p>
2.2	<p>The iMatter questionnaire is aimed at all Partnership staff and is a tool to help improve staff engagement. The iMatter questionnaire does not collect written comments.</p>
2.3	<p>Our Voice is a NAC staff survey which this year covered engagement, health and wellbeing plus Health and Safety. There is an ability for staff to leave written comments.</p>
2.4	<p>This IJB paper comments only the engagement results of the NAC survey alongside the iMatter results.</p>
3.	<b>PROPOSALS</b>
3.1	<p>IJB is asked to note the proposed areas of strength and proposed areas for improvement stated as stated in section 1.2.</p>
3.2	<b><u>Anticipated Outcomes</u></b>
	<p>IJB has evidence that individuals and teams in the Partnership continue to be engaged and the managers in the Partnership promote engagement. The evidence includes:</p> <ul style="list-style-type: none"> <li>• The comparatively high levels of engagement in the Partnership and how these compare with the rest of NHS A&amp;A and the Council.</li> <li>• Our contribution to NHS A&amp;A KPIs (we have comparatively higher response rates, engagement levels and action plan uploads)</li> <li>• Our contribution to NAC engagement levels (we have a comparatively higher overall engagement level)</li> </ul>
3.3	<b><u>Measuring Impact</u></b>
	<p>Staff engagement is seen as an enabler to individual and team performance and so Partnership performance. Through monitoring measurements and activities to enhance staff engagement NAHSCP can get the best for its staff and in as a result of this work, for its service users and patients.</p>

<b>4.</b>	<b>IMPLICATIONS</b>
<b>Financial:</b>	N/A
<b>Human Resources:</b>	Higher engagement can lead to greater job satisfaction and better performance. Teams have identified how to continuously enhance engagement using service improvement action plans.
<b>Legal:</b>	N/A
<b>Equality:</b>	N/A
<b>Children and Young People</b>	N/A
<b>Environmental &amp; Sustainability:</b>	N/A
<b>Key Priorities:</b>	These staff engagement interventions support the strategic priorities and strategic plan 2018 – 2021, the Participation and Engagement Strategy and the Workforce Plan.
<b>Risk Implications:</b>	N/A
<b>Community Benefits:</b>	N/A

<b>Direction Required to Council, Health Board or Both</b> <i>(where Directions are required please complete Directions Template)</i>	Direction to :-	
	1. No Direction Required	x
	2. North Ayrshire Council	
	3. NHS Ayrshire & Arran	
	4. North Ayrshire Council and NHS Ayrshire & Arran	

<b>5.</b>	<b>CONSULTATION</b>
5.1	<p>Sheena Stewart (L&amp;OD Advisor) provided Our Voice data and Craig Robertson (Planning and Performance Assistant, NAHSCP), who is a member of the Our Voice Working Group, provided support with interpretation of the results for the Partnership.</p> <p>iMatter and Our Voice staff engagement results will be presented to the Strategic Planning Group, which has previously noted the engagement work with our communities through 'What Matters to You' analysis and our developing 2020 engagement vision.</p>
<b>6.</b>	<b>CONCLUSION</b>
6.1	IJB is asked to note the contents of the report. Ensuring on-going and positive staff engagement enhances the effectiveness of the Partnership as an organisation and strengthens the message that our staff tell our communities about health and social care.

**For more information please contact [Michelle Sutherland or Calum Webster] on [Tel. No. [01294 31 7751 OR 01294 31 7815.] or [MSutherland@north-ayrshire.gov.uk or calumwebster@north-ayrshire.gov.uk]**

# Appendix 1: Staff Engagement results NAHSCP 2019



## Summary

In 2019 NAHSCP staff engagement scored comparatively high, as measured by The Scottish Government's iMatter process and NAC's Staff Survey:

- NAHSCP scored higher in terms of employee engagement (79%) when compared with NHS Ayrshire and Arran combined scores (76%).
- NAHSCP scored higher in terms of employee engagement (72.5%) when compared with the combined scores for services in NAC (70.67%).

### *Possible areas of strength suggested by the results:*

- There are generally high levels of engagement: NAHSCP attained generally high engagement scores in iMatter and in three of the four components measured by the NAC survey.
- Follow through: NAHSCP attained 67% action plan upload (an indicator of follow through) compared with an average of 53% for NHS Ayrshire and Arran.

### *Possible areas of improvement suggested by the results:*

- Encouraging more teams to take part in the iMatter process (not all teams reached their target response rates and consequently received no team-specific reports ("no reports") or uploaded an action plan).
- Encouraging continuous improvement in all aspects of engagement and team-specific improvements in engagement.
- Continuing to improve workload management, demands and influencing change.

## Engagement in NAHSCP

Two mechanisms we use to measure and develop engagement in the Partnership are iMatter and the NAC Our Voice staff survey. This year, NHS and NAC staff (1474 staff in 204 teams) responded to the iMatter questionnaire and 548 NAHSCP Council staff responded to the NAC Our Voice survey.



### **The iMatter process**

iMatter is a team-based process to developing engagement where team members individually complete a questionnaire, collectively develop an action plan and fulfil the actions they agreed. This process is repeated on an approximately

annual cycle. The iMatter questionnaire is not a staff survey but a measuring tool to stimulate focus on what each team in the Partnership does well and what could be better in terms of engagement.

Each team member completes the 29-item questionnaire that looks at the individual's engagement in their role, the team (including line manager) and the person's engagement

with the Partnership. If a team's response rate threshold is reached, a team-specific report provides an anonymised and collective view of team members to inform their action plan. Assuming the Partnership receives the necessary response rate, the collective scores of teams are compiled into a team report for the Partnership which also provides a "staff survey" profile. iMatter uses only a numerical rating scale and, because it is not a staff survey, collects no written comments.

The Scottish Government commissioned Webropol Ltd to undertake the work to report staff experience in Health and Social Care. The iMatter questionnaire, portal and reporting are administered by Webropol. The Scottish Government monitors four iMatter KPIs of questionnaire response rate, employee engagement index (EEI - described later), action plan uploads and number of "no reports". NAHSCP contributes to the results (and KPIs) of NHS North Ayrshire and Arran.



### **Our Voice - The NAC Staff Survey**

The NAC staff survey has numerical ratings of questions and collects written comments. Managed by NAC's Learning & Organisation Development, the survey is issued to all services in the Council including the HSCP. In addition to staff engagement, the survey covered other areas such as health and wellbeing plus health and safety. Engagement is examined in a different way to iMatter. The NAC survey uses eight questions to

consider four variables:

- Identification (Relating to the Council aims)
- Advocacy (Speaking positively about NAC)
- Retention (Desire to remain working with the Council)
- Commitment (Going above and beyond the role)

By combining the scores for the questions on these four aspects, it is possible to get an indication of engagement across the Council and across the Partnership.



### **What does iMatter tell us about engagement in the Partnership?**

Engagement scores are comparatively high.

This is evidenced by the response rate to the questionnaire, the resultant scores and the number of action plans

uploaded into the iMatter portal.

The iMatter report presents results for all 29 items (questions) and gives three "high level" results that are useful indicators of engagement:

- Response rate – ie the overall response rate to complete the questionnaire (for teams greater than four members, 60% response rate is needed to generate a team-specific report)
- EEI (Employee engagement index – a number compiled from 28 of the 29 questions)
- An "Overall" question, q29, known as "The Thermometer score" ("On a scale from 0 to 10, Overall working in my organisation is a . . .")

Additionally, the number of action plans agreed and uploaded is an important indicator of engagement (and engagement with the iMatter process). Completing the questionnaire takes fewer than five minutes – it is the discussion on how to improve engagement that demands the time of the manager and the team.

The results for this year's iMatter are:

2019	NHS Ayrshire and Arran	NAHSCP*
Response rate	60%	61%**
EI	76%	79%**
Thermometer score	6.94	7.12**
Action plans uploaded	53%	67%

\* NAHSCP results contribute to the NHS Ayrshire and Arran results

\*\* NAHSCP scored higher (better) on every questionnaire item compared with the composite results for NHS Ayrshire and Arran.



**From the iMatter perspective, where might we get better?**

This report recommends two areas for improvement.

### 1. Encouraging team-specific improvements

Partnership-wide, our lowest scoring items are around visibility of senior leaders and involvement in decisions about the Partnership. However, our scores here compare favourably with scores for these questions in comparison groups. It is not a recommendation of this report that we necessarily take action on these scores but it may be a consideration.

Our scores are very consistent year on year (eg EEI is up 1% since 2017). In terms of engagement as measured by iMatter, while there is definitely room for improvement in every item, our engagement is generally high and there is no obvious area of specific weakness across the Partnership.

Key areas of improvement are generally team-specific so improvement is best done through encouraging teams to take part in activities that improve engagement and to take a continuous improvement approach.

### 2. Encouraging participation in the iMatter process

- Although our number of action plans uploaded is relatively high, it is not 100%. The iMatter process is not a “measuring process” - its primary focus is taking action to improve engagement.
- Not all teams got the required response rate – 33% of the teams in the Partnership did not reach the required response level this year (NHS A&A was 34%) and consequently received no team-specific report. We do not know what engagement is like in these teams so it is important that we encourage participation in the process from all teams.



## What does the NAC staff survey tell us about engagement in the Partnership?

Our engagement scores are generally comparatively high.

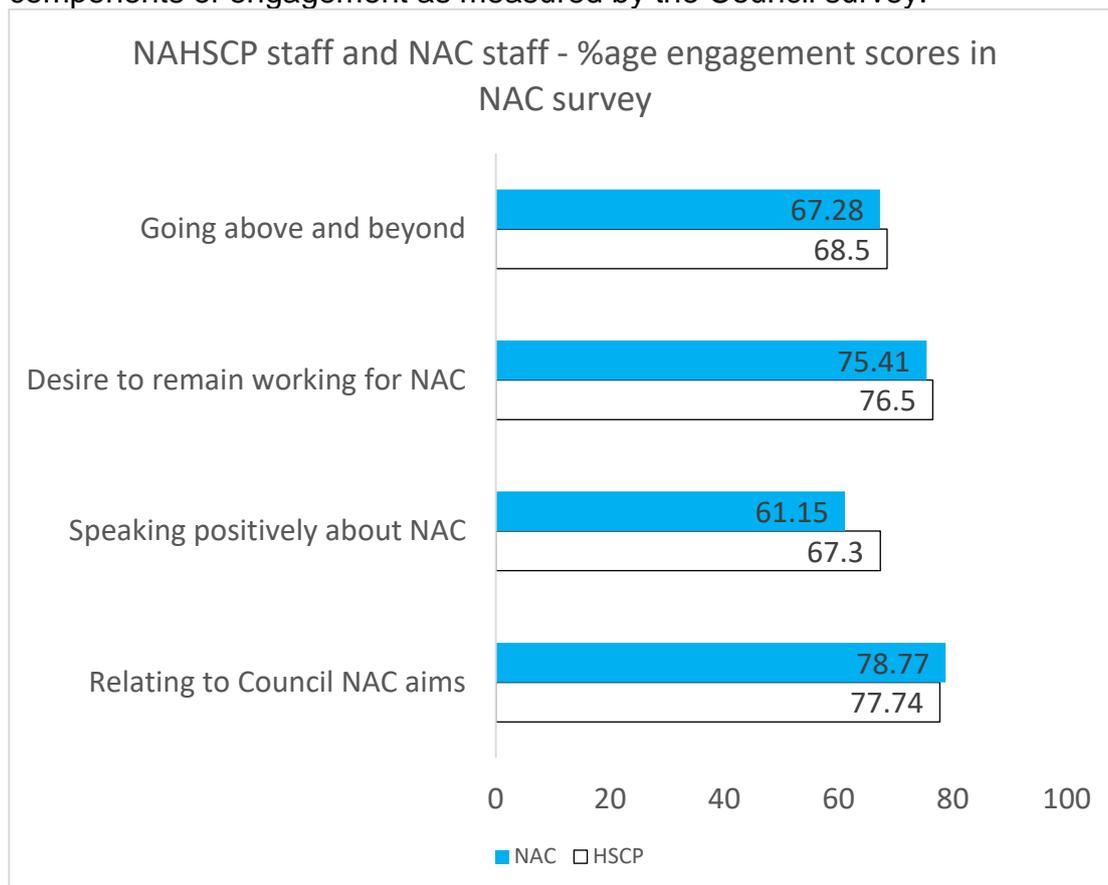
In terms of the overall engagement score, NAHSCP scores higher than the Council as a whole although our average response rate was lower than the Council overall average.

2019	NAC	NAHSCP*
Overall engagement	70.67%	72.5%
Response rates	46.2%	44.8%**

\*NAHSCP scores contribute to the overall NAC engagement score and response rates.

\*\* The NAC survey followed iMatter which had a 61% response rate.

Furthermore, the Partnership scores higher or slightly higher on three of the four components of engagement as measured by the Council survey:



Note: The NHSCP scores contribute to the total scores for NAC.



**From the NAC Our Voice perspective, where might we get better?**

- Work pressures and transformational change

The NAC survey suggests that around 20% of staff who responded are not engaged (NAC average is a little over 21%) and around 7% of respondents are actively disengaged (NAC average is 8%). This might be due to variables highlighted in our lower scoring items around having too much to do at work and that there were too many demands on staff by different people. Additionally, it may be around having insufficient opportunities to influence change or not being clear on how changes will work in practice.