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# NHSScotland Staff Experience and Continuous Improvement Model: Research Into Implementation

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# Contents

# Executive Summary

## Introduction and Aims

This research review of the implementation of iMatter was commissioned by The Scottish Government Directorate for Health Workforce, Leadership and Service Reform in conjunction with the Health and Social Care Analysis Division. The aim of the research was to provide evidence to support and inform ongoing work to ensure that there is a meaningful, effective and cost-effective approach to staff engagement in health and social care.

Staff experience and engagement have been central themes of policies developed by the Scottish Government in recent years to modernise NHSScotland and the wider public sector. Supporting engagement is a priority for NHSScotland and Health and Social Care Partnerships (H & SCPs), as a route to improving the experience of employees (for example, in relation to motivation, commitment and empowerment), contributing to organisational goals and delivering positive health and care outcomes for patients and service users.

iMatter has been developed since 2013 under the remit of the existing NHSScotland Scottish Workforce and Staff Governance (SWAG) Committee as a means of more effectively measuring the experience of staff working in health and social care. The further roll-out of iMatter to most H & SCPs in Scotland means that it is now also able to capture the experiences of local authority-employed social care and social work staff. iMatter has been designed to map onto and reflect NHS Staff Governance Standards. As we report below, iMatter is an effective means of capturing staff experience and engagement in line with these standards.



**Key operational features** of the iMatter model

iMatter is administered online or on paper

Individual | My Team | My Direct Line Manager | My Organisation

**Grouped into 4 factors mapped against NHSScotland Staff Governance Standards**

] A requirement of **60%** response rate to receive a full EEI report.
] Teams are constructed on line-management arrangements.
] A requirement of **100%** response rate for small teams (4 or less) to receive a full EEI report.
] Results are reported at team, Directorate and organisation levels.

**Teams develop and submit an Action Plan within a 12 week period**

**CONFIDENTIAL** with protective controls to restrict access to data.
**ANONYMOUS** and does not collect demographic information.
Data is **MANAGED** by an external independent Web service provider.

**4** key performance indicators are used to evaluate iMatter

| Response rate | EEI Report | The level of No Report | Action Plan Rate |

Our research also captured views of the NHSScotland Dignity at Work (D@W) Survey that was run in 2017. D@W was designed to bridge the gaps between the items in iMatter and the previous NHSScotland National Staff Survey by reporting experiences around bullying and harassment, as well as views on experiences of violence, whistleblowing and staff resourcing.

The research reported in this document sought to:

- consider validation and response rate issues associated with iMatter and D@W;
- review the presentation and utility of iMatter report data;
- gather and analyse evidence on the of acceptability of iMatter and D@W;
- gather and analyse evidence on facilitators of the implementation of iMatter and areas of best practice; and
- identify ongoing challenges and areas where more work is needed.

## Methods

We used multiple methods of data collection at national and local levels, including analysis of the current literature on staff engagement and the relevant documentation covering the development, operation and output of iMatter; semi-structured interviews with 29 representatives of national and local stakeholders, with the latter drawn from 6 Boards (Geographic and National), selected by size and their iMatter experience in 2017; gathering the views of Health Board Chief Executives and senior Scottish Government personnel; and 12 focus groups/interview sessions with managers and staff across the 6 Boards. All data were analysed thematically according to the research objectives above.

## iMatter and Dignity at Work Validation and Response Rates

iMatter has benefited from a robust validation process. The content of iMatter and the Employee Engagement Index (EEI) emerged from a process of co-production with staff rather than seeking to duplicate already validated engagement tools. The themes captured by the iMatter tool connect closely with measures and antecedents of engagement reported in the international research literature.

NHSScotland's most recent D@W Survey's nine item measures ask for binary responses (yes/no) and three Likert scale questions on issues related to bullying/harassment, experiences of abuse and violence, unfair discrimination, whistleblowing and job demands. Each of these has been conceptualised in the research literature as consisting of a number of underlying dimensions, suggesting that there is a risk that the D@W tool may not be suited to capturing the complexity of dignity at work challenges (especially given its reliance on binary responses for most survey questions). The D@W Survey was not independently validated.

A review of Annual Reports found that iMatter generated a relatively very high level of response in 2017 (63%) and in 2018 (59%). Although there was a small but significant decline in response over 2017-2018, the response still compares very favourably with most employee surveys where the response is typically between 30-40%.

While a national response rate of 59% is satisfactory, a number of Boards fell below the 60% response rate threshold and did not receive a full EEI Report. The slight increase in teams and Boards receiving 'No Report' is a matter of concern.

By comparison, D@W achieves a significantly lower response rate (36% in 2017), similar to the levels of response for the National Staff Survey in 2015 (38%) and 2014 (35%). Like iMatter, D@W response rates were significantly higher in the National Boards.

Action Plans are critical for the longer-term sustainability of iMatter as a continuous improvement model. In contrast to the response rate, there was a statistically significant improvement in teams completing Action Plans: from less than half in 2017 (43%) to nearly three-fifths in 2018 (56%). This represents a significant achievement by Boards: 77% increased their Action Plan rate with the largest shifts mainly occurring in geographical Boards.

## Acceptability of iMatter: the views of staff and managers

iMatter was viewed overwhelmingly as an acceptable model of staff engagement by our national and local interviewees. There is a comprehensive recognition of, and commitment to, the principles of the iMatter model across all national and local stakeholder groups. The overwhelming majority of the respondents spoke very positively about the merits of the iMatter approach. The strengths identified as being associated with iMatter included:

- support for the team-based approach and data on staff working relationships;
- support for iMatter as a validated and credible measure of staff experience;
- the link from iMatter to recognised NHSScotland Staff Governance Standards;
- iMatter provides localised feedback that allows an Action Plan to be developed by teams and where progress can be reviewed, leading to better staff experience;
- iMatter is action-focused, goes beyond a 'simple' staff survey and is a tool with the potential to support team ownership, empowerment and problem-solving;
- iMatter generates significantly higher levels of staff response and data more representative of staff views;
- iMatter data can be used alongside other management tools and approaches; and
- benefits associated with the transferability of iMatter to settings outwith NHSScotland (e.g. to H & SCPs and Council staff, and to other public sector workforces in Scotland).
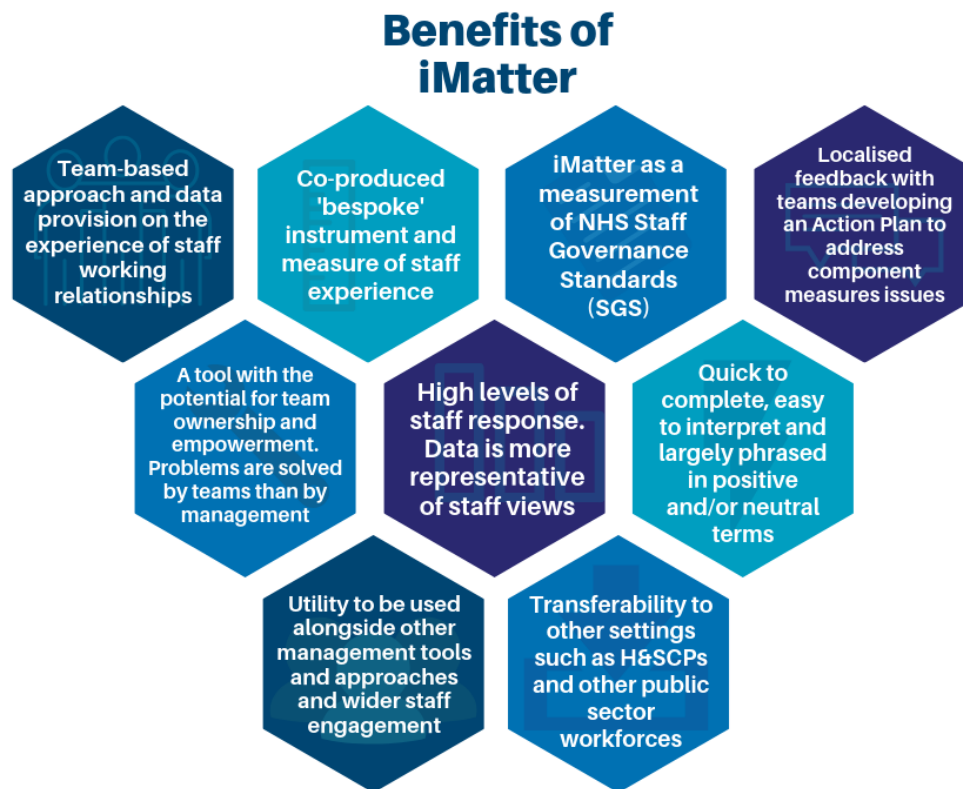
**Recommendation 1:** There was near unanimous support among staff, managers and stakeholders, including trade union and non-executive Board representatives, that iMatter is an effective model for capturing staff experience and promoting staff engagement. It is important that the iMatter approach is supported and resourced to build upon its successes to date. This should include continuing support to ensure access to information, coaching, training and learning for managers and staff involved in iMatter.

There was widespread acknowledgement of the key role played by Op Leads in "making things happen" where iMatter was performing well. Op Leads play a key role in raising awareness, keeping managers and teams informed of timescales and deadlines, delivering training, and offering encouragement, advice, coaching and support to staff and managers.

Research participants thought that the issues addressed by iMatter were valid and reflected many of the opportunities and challenges faced by NHS and H & SCP staff. Some isolated issues were raised regarding the wording of particular iMatter subject areas – e.g. a perceived degree of confusion related to an iMatter Tool statement centring on the visibility of senior managers ("I feel senior managers responsible for the wider organisation are sufficiently visible") and on decision-making ("I feel involved in decisions relating to my organisation").

**Recommendation 2:** There would be value in some re-consideration of the two statements that appear to promote relatively greater confusion among respondents. Assessing managerial visibility needs to be anchored both to clearer definition of who comprises 'senior managers' and to staff desires for visibility. There is also merit in anchoring the decision involvement question either specifically to Partnership working arrangements or to a specified level of organisational decision making.

The key benefits of iMatter are represented below.

**Benefits of iMatter**

- Team-based approach and data provision on the experience of staff working relationships
- Co-produced 'bespoke' instrument and measure of staff experience
- iMatter as a measurement of NHS Staff Governance Standards (SGS)
- Localised feedback with teams developing an Action Plan to address component measures issues
- A tool with the potential for team ownership and empowerment. Problems are solved by teams than by management
- High levels of staff response. Data is more representative of staff views
- Quick to complete, easy to interpret and largely phrased in positive and/or neutral terms
- Utility to be used alongside other management tools and approaches and wider staff engagement
- Transferability to other settings such as H&SCPs and other public sector workforces

## Use and Impact of iMatter by Teams and Leaders

Most staff thought that Action Planning had been useful and were able to recount a range of actions undertaken by their teams, including: more proactive leadership and communication around CPD; raising training and development priorities and asking that managers seek additional training resources; action to schedule more time for developmental one-to-one conversations between staff and managers; creating clearer feedback opportunities between staff and managers; creating processes to support peer-to-peer feedback; and putting plans in place to improve the quality of supervision. The broader benefit of bringing together teams with a sense of purpose to spend 'quality time' was a recurring theme.

There was an acknowledgement among both managers and Op Leads that continuous training, coaching and sharing of good practice was required to maintain positive momentum around the Action Planning process. Our research provided the first opportunity for some managers to share insights about the process and content of Action Planning, an opportunity that they valued.

Our interviews and focus groups highlighted a number of challenges associated with effective team-based Action Planning, including substantial changes to team membership as a result of staff turnover or organisational change, and time and workload constraints.

There was generally a positive view of the online material available, and especially the growing Action Plan and 'team stories' resources, which provide excellent examples of the positive impacts delivered by iMatter. There was consensus on the need to continue to invest in dynamic, interactive and accessible online resources in order to share good practice.

> **Recommendation 3:** There would be value in considering how best to build upon online resources and opportunities for face-to-face learning across teams on the Action Planning process and examples of good practice.

The need for a response rate threshold for reporting was accepted by all of our Board and most national staff-side respondents. Op Lead respondents were also particularly supportive of the need for current 60% threshold, as an effective aspiration that encourages high response rates. Nevertheless, some participants felt that the perceived imposition of this threshold from the top-down conflicted with the broader message that iMatter should be owned by teams.

> **Recommendation 4:** We recommend continuing the 60% threshold for iMatter reporting. However, we urge consistency in messaging to staff, so that their ownership of the iMatter process is reinforced. A shift in language among iMatter stakeholders – away from the negative connotations of receiving "No Report" – may also be helpful. Language differentiating a standard "iMatter Report" from an "iMatter Max Report" (provided when the 60% threshold is achieved) might be more helpful.

Our interviews with managers and Op Leads suggested that there would be benefit in investing in further iMatter reporting functionality to provide a 'Dashboard' of key indicators and statistically significant inter-relationships. There was support for further efforts to build upon ongoing work to develop such Dashboard functionality.

> **Recommendation 5:** The iMatter national team should continue to work towards the development of an easy-to-read *'Dashboard'* that presents top-line key indicators. Reporting should also employ statistical significance testing to indicate change and potentially (because of 'big' sample numbers) utilise the more robust analytical power of multivariate data analysis.

## The Distinctiveness of the iMatter approach

In discussing the strengths of iMatter, comparisons were invariably made with the previous National Staff Survey and with D@W. In terms of the former, most of our Board respondents described the National Staff Survey as a resource-intensive exercise that suffered from relatively poor levels of response and produced limited feedback for staff. Similar concerns were raised in relation to the most recent D@W Survey.

More generally, there was limited support for the D@W process, *as it currently operates*. It was argued that the focus should be on *action* on dignity at work – that resources should be targeted on ensuring that staff and managers have the information and processes that they need to deal with issues, and that training and CPD should embed a culture of dignity at work. Our review of the most recent D@W Survey also noted that its design (e.g. relying mainly on a binary question format) did not reflect best practice as identified by the research literature.

> **Recommendation 6:** In its current form, D@W neither offers robust measures, nor appears to engage respondents in the process or in actions arising. It is difficult to see a strong analytical argument for, or widespread stakeholder interest in, continuing D@W in its current form. However, given the importance of the broader issue of dignity at work, there may be merit in adopting a similar co-created process as with the development of iMatter, with a view to identifying key issues, themes and robust questions; agreeing an appropriate vehicle and unit of analysis outside of iMatter for these questions (for example, through Pulse surveys); and developing action-oriented outcomes so that staff feel safe to speak up, and are confident that they will be listened to and their concerns acted upon.

## IT Acceptability: User Interface

Our expert-led review of the usability of the iMatter online tool concluded that the design was clear and concise. Respondents are immediately aware of the purpose of the measure, the expected completion time, that questions are mandatory (except for optional questions on respondents' staff groupings) and what will happen after completion. These design features are consistent with good practice in online surveys. The online tool may have limits around accessibility for people with sensory impairments or dyslexia. The tool's accessibility needs to be reviewed regularly to ensure compliance with best practice. All staff and managers participating in our research were positive about the usability and 'look and feel' of the iMatter online tool.

> **Recommendation 7:** There is a need for iMatter partners to continue to build on what is an effective online tool, for example by ensuring accessibility for all relevant groups and considering any possible upgrades based on feedback from staff.

## Implementation Facilitators and Best Practice

There are a range of key facilitators associated with the effective implementation of iMatter, including: securing the visible leadership and buy-in of senior managers; senior management's leadership of the dissemination of practical information about iMatter; support for the crucial work of Op Leads in delivering information, support and training; effective IT systems and electronic communications; and ensuring sufficient information and support was available during team confirmation and Action Planning processes.

There are also a range of best practice activities that have been important where iMatter has worked well: the importance of providing ongoing guidance on the iMatter process to line managers; the value of intensive communication and feedback during the data gathering and Action Planning periods; the use of social media to raise awareness; maximising staff access to IT to support higher response rates; and supporting staff and management choices on the formation of teams that are appropriate but maintain confidentiality in iMatter reporting.

> **Recommendation 8:** iMatter stakeholders should work together to ensure that there are opportunities to share examples of good practice and facilitators of success in the delivery of iMatter across teams, H & SCPs and Boards.

## Ongoing Challenges

Our research finally identified a range of ongoing challenges and areas for further action for iMatter. These included:

- crucially, the need to continue to encourage senior and line manager buy-in and leadership of the iMatter process – it was suggested that where iMatter has struggled to gain traction, this is often a symptom of senior leadership team members failing to take full ownership and provide visible and committed leadership;
- the need to continue to increase the number and quality of Action Plans;
- the need to address staffing pressures that limit the time and opportunity for staff to engage with iMatter, Action Planning and continuous reflection on staff experience;
- the need for continued work to support the establishment of iMatter teams that allow for effective Action Planning between line managers and staff;
- ensuring that staff and management changes are identified quickly and effectively;
- ensuring that managers have access to information, coaching and training in both the basics of the iMatter process and Action Planning.

**Recommendation 9:** It is essential that senior managers and leadership team members at all levels within participating H & SCPs and Boards take ownership of, and provide visible and committed leadership for, iMatter. Where this has not been the case, substantial challenges have arisen in embedding iMatter. It is crucial that embedding and supporting iMatter is seen as a key task and not an optional extra by senior management/leadership team members.

In terms of technology-related challenges, it was noted that where IT systems were slow or crashed, this caused additional work for managers and frustration. It was suggested that these problems are often rooted in NHSScotland legacy systems and limited server capacity.

**Recommendation 10:** There may be benefit in further investment in server hosting facilities that would improve server capacity, memory and speed. Investing in improved, Cloud-based server capacity would allow access to additional flexible capacity as and when required, as well as mitigating any risks to data storage.

There was strong support for further investment in IT integration work that would relieve some of the administrative burden associated with team confirmation and updating data. This would free up time to provide more support, training and coaching. The establishment of a 'single sign-on' linking iMatter and Turas and the integration of iMatter with eESS were identified as immediate priorities.

**Recommendation 11:** There is a need to take immediate steps to support IT integration (for example, linking iMatter with Turas and eESS systems) that has the potential to free up time for Op Leads, managers and others, so that energies can be focused on Action Planning and delivering continuous improvement.

A number of Board interviewees, staff and managers raised the potential benefit of an App-based version of iMatter. An iMatter App has the potential to deliver substantial benefits in terms of improved response rates and consistent access to information (and report data) for staff at all levels. Elsewhere, a recent test of change of an SMS version of iMatter produced generally positive results – building on this experience may also help to improve response rates and the reach of iMatter. Paper copies of iMatter have been costly to produce and have delivered significantly lower response rates. Further investment in App and SMS versions may prove to be a more cost-effective approach to improving the reach of, and response rates associated with, iMatter.

**Recommendation 12:** Progress should be made on the more extensive piloting of SMS and smartphone-friendly versions of the iMatter tool. Support should be provided for the development of an App-based version.

## Conclusions

**The key finding of this evaluation is that iMatter has proved effective and has made substantial progress in achieving the original goals of the model. It is important that investment and support for the iMatter process is maintained and strengthened so that the progress made on staff engagement is built upon and consolidated.**

**An additional key finding of this research is that staff and managers across a range of teams, H & SCPs and Boards find the current iMatter model and content to be relevant and useful in exploring staff experience, engagement and continuous improvement. There was also broad support for iMatter from trade union respondents and non-**

**executive Board members. There is a comprehensive recognition of, and commitment to, the principles of the iMatter model across all national and local stakeholder groups. For NHSScotland, it represents an effective means of capturing staff experience and engagement in line with established Staff Governance Standards.**

A number of further conclusions are clear from our research.

- iMatter benefits from being rooted in a process of co-production with staff and managers, so that its measures and processes are meaningful in context.
- While response rates vary, they compare positively with the preceding National Staff Survey and many other engagement exercises, and generally demonstrate a high level of acceptance of and engagement with the iMatter process. This was confirmed by our discussions with staff and managers at various levels and across a range of Boards and H & SCPs. There is consensus that the iMatter process is of value. This seems to be due to the locally-relevant, team-based and action-focused approach of iMatter.
- iMatter is therefore an effective model for capturing staff experience and promoting staff engagement. It is important that it continues to be supported and developed.
- The visible leadership and encouragement of senior management teams for iMatter has been an important facilitator of success and should be strongly encouraged in all H & SCPs and Boards.
- The work of Op Leads/BAs and their teams was valued by managers implementing iMatter – they play a key role in informing and supporting both the iMatter process and Action Planning in response. It is important that this work continues to be resourced and further supported.
- While the content of iMatter appears to be appropriate and of value for staff and managers in reflecting on staff experience, there should be a continuing process of co-production and reflection on the content of the tool and how outputs are reported.
- There is strong support for the iMatter Action Planning process as a means of framing team-based actions. There is also awareness of challenges associated with limited time and resources and the need to maintain momentum on agreed actions. It is important that staff have time and resources for Action Planning and reflection. In the more immediate term, The work of Op Leads – or additional or alternative forms of support as appropriate – should be resourced to continue to assist teams to engage in Action Planning and continuous improvement.
- Resources are required to enhance opportunities to share good practice in Action Planning and outcomes across teams. This may involve further investment in a growing body of useful online materials, and/or creating opportunities for staff and managers to share practice in person.
- The design of the iMatter online tool works effectively for staff and is in line with good practice. There is an urgent need to explore technology-based solutions to maximise the reach of iMatter – this should involve investment in an App and/or the further roll-out of SMS versions.
- There is strong support for further investment in IT systems that streamline and integrate iMatter with other systems such as Turas and eESS. Such IT integration offers important opportunities to reduce the administrative demands of iMatter on managers and Op Leads/BAs, freeing them to concentrate on staff engagement work. Investment in such IT integration is both justified and urgently required.
- In conclusion, there is strong support for iMatter among staff, managers and other stakeholders, including trade union respondents and non-executive board members. iMatter has successfully rolled out a highly effective tool for capturing and reporting staff experience, and (crucially) informing actions on continuous improvement. It is important that the good practice associated with iMatter is shared and celebrated, and that there is renewed investment to build on this successful model, and tackle some of the continuing challenges identified in this report.

# Part One: Introduction and Context

This research review of the implementation of iMatter was commissioned by The Scottish Government Directorate for Health Workforce, Leadership and Service Reform in conjunction with the Health and Social Care Analysis Division. Its key aim is to provide insight to maximise the current and future development and implementation of the iMatter model that measures staff experience and continuous improvement in the Health and Social Care (HSC) sector in Scotland. Although there is no consensus on the precise definition of staff engagement, it is accepted that this broadly concerns a chimera of workplace cultures, processes, policies and practices that seek to maximise the conditions for improving the experience of employees (e.g. in motivation, commitment, empowerment), the organisation (e.g. in productivity and performance) and delivering positive health and care outcomes for service users. It is within this broad framework that iMatter has emerged as the main NHSScotland standard measure for benchmarking staff experience.

Below we outline briefly the policy background to the development of iMatter in the context of NHSScotland, its links to wider debates on staff engagement, the main features of the iMatter model and a set of specific research objectives.

## Staff Experience and Engagement in NHSScotland

Staff experience and engagement have been central themes of policies developed by the Scottish Government in recent years to modernise NHSScotland and the wider public sector. NHSScotland's 2020 Workforce Vision for HSC commits to valuing and empowering everyone who works for NHSScotland and supporting them to work to the best of their ability (NHSScotland 2013). Supporting employee engagement has been a key theme in staff experience strategies for NHSScotland, reflecting an evidence base that engagement levels are linked to enhanced organisational performance (which in the context of NHSScotland connects to potential gains in health and care outcomes for service users/patients). Accordingly, a related NHSScotland Quality Outcome seeks that *"staff throughout NHSScotland… feel supported and engaged, enabling them to provide high quality care to all patients and to improve and innovate"* (NHSScotland 2013). NHSScotland's Employee Engagement Index (now integrated within iMatter) has been specifically designed to provide evidence on the drivers and experiences of engagement, and draws on the range of current core Staff Governance Standards and Health Care Quality standards, as well as the evidence base highlighted by the UK Government-commissioned *Engaging for Success* report (McLeod and Clarke 2009).[1] Employee engagement matters for organisational outcomes and is central to the success of efforts to drive change in public services (CIPD 2012). Defining and measuring staff engagement remain contested, however, and there remains a need to evaluate critically the evidence on potential drivers, outcomes and approaches to measuring employee engagement (Guest 2014).

Strong staff engagement mechanisms are also integral to the delivery of the Scottish Government's current 2016 *Health and Social Care Delivery Plan* (HSCDP), which seeks to deliver better services with improved health outcomes for patients and better value within the emerging landscape of integrated HSC models. Scottish Government and NHSScotland's shared aims in pursuing HSC integration include to produce better outcomes for people and support more responsive community services tailored to people's needs. An additional and supporting outcome prioritised by the Scottish Government's HSCDP is that *"people who work in health and social care services feel engaged with the work they do and are supported to*

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[1] These act as guidance to ensure that NHS staff are: well informed; treated fairly and consistently with dignity and respect in an environment where diversity is valued; are appropriately trained and developed; and, are involved in decisions.

*continuously improve the information, support, care and treatment they provide"*. Measures to ensure that NHS staff feel supported and engaged are key to HSC integration, and it is important that NHSScotland has a robust evidence base on the drivers and factors shaping staff engagement and continuous improvement.

Staff enagement is also central to the Scottish Government's responsibility to monitor NHS Staff Governance Standards[2] and iMatter provides a means of monitoring the governance framework, and assessing whether Boards are creating healthy organisational cultures. Improved staff experience and engagement is consistent with improved NHS patient/client care outcomes and is an integral part of Partnership working in NHSScotland. Staff engagement practices represent one important element of employee voice (a core element of Scotland's Fair Work Framework), with the potential to support innovation and change at every level from immediate teams to Health Boards and the wider NHS, by harnessing views, opinions and behaviours that contribute to continuous improvements in practice. Engagement can also enhance staff perceptions of how they are valued, with implications for employee well-being. Consequently, this research will connect with, and reflect key priorities associated with, the wider public policy context on workplace issues, for example engaging with:

- the Fair Work Framework (2016), which sets out in detail the ambitious aspirations of Scotland to be the best Fair Work nation in the world by 2025 and what fair work means in and for Scotland. The Framework points to the important role of the public sector in supporting the delivery of fair work, and there is significant potential for any lessons learned from NHSScotland in relation to fair work (and specifically employee involvement, development, engagement and dignity at work) to prove highly influential in the wider development of fair work in Scotland;
- the pursuit of inclusive growth, at the heart of Scotland's Economic Strategy since 2015, that focuses on combining increased prosperity with greater equality, opportunity and fairness. Fair work, as discussed above, lies at the heart of inclusive growth, with NHSScotland well placed to make a substantial contribution to this agenda;
- the importance of staff experience and engagement in line with Staff Governance Standards established since the National Health Service Reform (Scotland) Act, 2004; and
- Scotland's broader public service reform and the workplace innovation agenda which, following the Christie Report (2011), has focused on four main areas to drive public service improvement and reform by supporting: a decisive shift towards prevention; greater integration at local level driven by better partnership; a clear focus on performance; and (crucially for the purposes of this study) workforce development.

## The iMatter Model: Key Features

iMatter has been developed since 2013 under the remit of the existing NHSScotland Scottish Workforce and Staff Governance (SWAG) Committee as a means of more effectively measuring the experience of staff working in HSC. From 2002-2017 staff engagement was mainly measured by the National Staff Survey which generated both national and local Board level data. The National Staff Survey generated a relatively large volume of survey returns, and highlighted staff views on a range of issues, including data on sensitive areas such as whistleblowing, bullying and harassment, and the abuse of NHS staff by patients/service users. However, the National Staff Survey had a number of limitations. It was perceived by some as outdated, costly, based on a top-down approach to measuring staff experience, having typically poor response rates (between 28-35%) which raised questions about how 'representative' the data was of the wider population of NHS staff, and having a limited

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[2] Through existing NHS Scotland Partnership fora structures (i.e. SPF – the Scottish Partnership Forum and SWAG - the Scottish Workforce and Governance committee).

analytical and practical purchase in the sense that data were never provided below Directorate-level (and therefore offered no insights at team-level). Crucially, relying wholly on a single-point National Staff Survey had a very narrow utility for local and national NHS bodies between reporting cycles to act constructively on the survey outputs by delivering changed practice.

Concerns such as these have underpinned the development of iMatter and the pausing of the National Staff Survey in NHSScotland in 2016 (with the smaller-scale National Staff Survey derived D@W Survey operational alongside iMatter in 2017). Unlike these surveys, iMatter was co-produced with NHS staff (i.e. bottom-up), externally independently validated against NHS Staff Governance Standards and explicitly developed to address some of the analytical weaknesses of national surveys by being based on a team-model with a follow-up Action Plan component. Consequently, iMatter attempts to widen and deepen the measurement of staff experience by incorporating staff feedback into an Action Plan and using this as a mechanism to generate improvement/change. It is this multi-functional feature of iMatter that marks it out as a potentially significant tool for staff empowerment.

iMatter is still at a relatively early stage in its development and implementation in NHSScotland. It has been phased in operationally since 2015 across NHS Boards and more recently adopted in most of the integrated H & SCPs across Scotland.[3] Since 2019, questions that will allow analysis of responses by staff grouping have been included. The key operational features of the model represented below.



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[3] Currently, 23 of 31 H&SCPs in Scotland opted to participate in iMatter in 2018, with 12 of these also offering the tool to their Council-employed social care staff, helping to support the evolving integration agenda.

The introduction of iMatter as a new approach to continuous improvement has not been without challenges, as illustrated by the parallel streaming of the D@W Survey in 2017. D@W was designed to bridge the gaps between the items in iMatter and the previous National Staff Survey. The new online system (used to run both iMatter and D@W) also allows for further tailored 'Pulse' surveys to ask staff about other local and national issues (e.g. organisational change); it is anticipated that a suite of these will be developed and validated over the next few years. The results of the HSC Report for iMatter in 2017 showed the relative success of the model for benchmarking continuous improvement locally while still providing a national picture of staff experience across Scotland. Board level results have allowed SG and SWAG to assess levels of engagement and staff perceptions of progress in relation to the Staff Governance Standards.

## Research Aims and Objectives

If iMatter is to be the preferred model of measuring staff experience, further evidence is needed of *how* it is being used and *what* is helping or hindering it being embedded as business-as-usual. Assurance is needed that staff in different roles, grades and places accept, understand and value their own participation in iMatter; feel empowered and are confident that the team and manager act on its findings; and that leaders in the wider organisation are using it to support transformational change. Consequently, the overarching aim of the research is to provide evidence to support and inform ongoing work by SWAG and others to ensure that there is a modern and meaningful approach for effective staff engagement at the core of continuous improvement and that this maximises improvements in staff experience and the cost-effectiveness of measuring employee engagement. More specifically, the research sought to:

- consider validation and response rate issues associated iMatter and D@W;
- review the presentation and utility of iMatter report data;
- gather and analyse evidence on the of acceptability of iMatter and D@W;
- gather and analyse evidence on facilitators of the implementation of iMatter and areas of best practice; and
- identify ongoing challenges and areas where more work is needed.

There are a number of core questions connected to the evaluation. These were:

- how iMatter has been implemented across the NHSScotland and H & SCPs (has this been as intended; what factors have facilitated or challenged progress, including the model, IT infrastructure and extent of buy-in at all levels?);
- staff acceptance and views of iMatter, including whether there are differences between the health and social care sectors, and between roles, grades and locations, and the reasons for any variation;
- how teams are using the iMatter continuous improvement model to support their on-going journey and what difference it has made to working at team, Directorate and organisational levels;
- if there are any features of the current model and process that should be changed or improved;
- how best practice in using iMatter continuous improvement model is being shared;
- how leaders are using iMatter to support improved staff experience;
- how managers are using the iMatter model linked to their own continuous personal development;
- how appropriate is the current approach to measuring employee engagement within iMatter;

- whether the approach provides a sufficient measurement of the employee voice in assessing the implementation of the staff governance standard;
- the approach to measuring staff experience of dignity at work issues;
- how staff engagement encourages participation and delivers meaningful results on dignity at work issues; and
- how 'Pulse' surveys could be used in the future.

## Methods

The research used multiple methods of data collection. The range of information and sources provided system-wide and in-depth coverage of iMatter at national and local levels across stakeholders in HSC. Our sample selection was designed to reflect key variations that can illustrate how staff were engaged in different contexts by including NHS Health Boards that varied in terms of their relative employee size and whether they served populations based in urban, urban/rural and mainly rural areas (including islands). Our method ensured coverage across national NHSScotland Partnership structures by including the views of representatives of Scottish Government, employers and staff-side organisations.

**Literature and Documentation:** We collated a range of literature on the development, implementation and outputs of the iMatter model (including national and local iMatter reports in 2017 and 2018). This allowed us to map the development of iMatter, the main features of the model and analyse a range of key statistical information and outputs. We conducted desk-based, expert reviews of the development and validation of iMatter and the online tool used to capture most responses, and assessed in light of relevant contemporary research.

**Semi-structured Interviews:** These were mainly conducted by telephone (face-to-face when requested) with representatives of all the main NHSScotland partners at national and local levels, plus one H & SCP Chief Officer.[4] We collated interview data from a number of sources: key Scottish Government representatives involved in iMatter and national staff-side representatives from the main trade unions; senior employer and staff-side representatives at the local level along with those Non-Executive Directors primarily responsible for staff governance on local NHSScotland Boards and the designated Operational Leads and Board Administrators (Op Leads/BAs) responsible for facilitating iMatter at the local level.[5] We identified a purposive sample of six Boards (4 Geographic and 2 National) to provide a range of insights into iMatter practice and performance across Scotland. This included Boards of a similar size and geography that would provide points of contrast in their performance (based on their iMatter outputs) from the 2017 Annual Report. Boards 1 and 2 were based in large urban areas, and Boards 3 and 4 were based in geographically wide and dispersed rural

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[4] Including more informal interviews with the iMatter project team and Webropol.
[5] Op Leads are dedicated staff roles with responsibilities for supporting managers to take ownership of iMatter including the administration of data and utilising iMatter as a team to improve staff experience and improved care. Op Leads are the main lead for implementation and governance; providing leadership; and updating their Board's senior management team. Their tasks include building and maintaining the team structure in Boards, and the team confirmation tasks with managers. They also include education and awareness-raising about iMatter among staff and across Directorates, organising and delivering staff training events and the provision of ongoing training/guidance for managers, linking with Webropol over local IT system issues, collating and reporting on iMatter output data to managers, including reporting to Board Area/National Partnership Fora, and checking on Action Plans. In addition, they are required to link with the national iMatter SG Programme Lead and attend monthly national network meetings. Board Administrators support Op Leads in all of the above roles and functions. In Boards with H&SCPs there may also be Directorate Administrators who perform similar functions to Board Administrators.

settings. Boards 5 and 6 were operational National Boards. We use this numbering system in the text where relevant.

We also attended two meetings of the Op Leads national network group as observers. These provided an opportunity for the research team to understand better the operational issues involved in iMatter, to listen to the items that were being discussed and gain an understanding of the views of Op Leads on the common issues they faced across NHS Boards.

Individual interviews were carried out with 27 of the above NHSScotland partner representatives. In addition, we also conducted two additional interviews with representatives of Webropol, the IT provider responsible for administering iMatter. This provided an assessment of the electronic dimension of iMatter.

**Views of Chief Executives and senior Scottish Government staff:** We conducted a research exercise with *all* Health Board Chief Executives across Scotland and with senior key Scottish Government personnel. The aim was to gain a national system-wide senior view on iMatter. An e-mail was issued to 22 Board CEOs and 3 senior Scottish Government personnel asking for their views on iMatter in terms of its acceptability, implementation, impact and areas where further work was required. While the former were all asked for their response by e-mail reply/return, we offered to conduct individual interviews with two of the three SG senior personnel who were closest to the iMatter process. We received a total of 5 submissions from Board Chief Executives on these issues: 3 from Geographic and 2 from National Boards respectively. We conducted one telephone interview with a senior Scottish Government official familiar with the development of iMatter.

**Focus Groups with Staff:** In addition, in each of our six Boards (four Geographic and two National Boards), we also conducted two focus groups with staff: one group that included junior managers/team supervisors responsible for managing teams; and, one group that included staff who were part of teams that completed iMatter. These focus groups provided a diverse range of views across gender, age, management levels and staff grades based in a variety of locations and teams. Staff were recruited from one H & SCP area in each Geographic Board and the interviewees were recruited using the Op Leads to reflect iMatter experiences in a range of working HSC roles (i.e. staff working in Ancillary, Administrative, Clinical and Social Care roles). Where there were problems recruiting adequate numbers of participants, group numbers were supplemented by individual interviews with staff. Supplementary individual interviews were only required in two Boards in relation to four of the focus groups. Groups comprised between 4-10 participants. A total of 68 individuals attended focus groups and completed individual interviews.

All of the interviews and focus groups were digitally recorded (where consent was given), transcribed and analysed thematically according to our research aims. The findings are reported using this structure. All qualitative data sources were interrogated to deliver key findings. Notably, engaging with such a range of partner groups allowed for a more robust triangulation of data so that no one particular partner view dominated the analysis. The data as a whole allows us to provide a reliable and robust assessment of iMatter as a workplace approach that supports NHS Boards and H & SCPs to identify and progress their staff experience to ensure employee engagement, commitment, well-being and orientation to constructive change within NHSScotland.

A summary of our engagement with stakeholders is provided below.

| Board/ Interviewee Group | HR Director | Employee Director | Op-Lead | Non-Exec Board Member | Other experts (n) | Staff (n) | Managers (n) |
|---|---|---|---|---|---|---|---|
| 1 (Geographic) | √ | √ | √ | √ | | 4 | 4 |
| 2 (Geographic) | √ | √ | √ | √ | | 4 | 4 |
| 3 (Geographic) | √ | √ | √ | _ | | 4 | 6 |
| 4 (Geographic) | √ | √ | √ | √ | | 7 | 4 |
| 5 (National) | √ | √ | √ | _ | | 9 | 8 |
| 6 (National) | √ | √ | √ | √ | | 10 | 5 |
| National Staff-side | | | | | 4 | | |
| HSCP Chief Officer | | | | | 1 | | |
| Chief Executives | | | | | 5 | | |
| Webropol | | | | | 2 | | |

Part Two of this report outlines our findings in relation to the research objectives. Part Three offers concluding reflections on iMatter, addressing these research questions as well as offering recommendations for the future development of the iMatter model.

# Part Two: Findings

We now present the main findings of the report, starting with an assessment of the validity of, and the validation process for, iMatter; followed by a discussion of the presentation and utility of iMatter report data; then our main fieldwork findings on views of the acceptability and benefits of the iMatter process; we then identify facilitators and examples of best practice; before finally discussing ongoing challenges.

## iMatter and Dignity at Work Validation and Response Rates

This section evaluates the NHSScotland Bespoke *Staff Experience Questionnaire* and the Employee Engagement Index (EEI) (Snowden and MacArthur, 2013, 2014): developed through a rigorous piloting process of testing and assessment. The validation used data from Pilot 3[6] and demonstrated that iMatter "… *is a robust, reliable, valid and popular measure…an excellent tool to measure improvement in staff engagement"* (Snowden and MacArthur, 2013). The sample size used in the pilot means that iMatter is generalisable to all NHSScotland staff.

### Boundaries of the Validation

iMatter is a reliable and valid subjective measure of staff engagement. Snowden and MacArthur (2013) examined the psychometric properties of the iMatter components and satisfactorily demonstrated the internal reliability of the questionnaire. The combination of a Rasch and factor analysis was used to confirm that the components reflected the four factors that underlie iMatter. The validity of iMatter and the EEI is founded on the robustness of the initial conceptual model and the process of co-production. iMatter can be used to represent the engagement of different subgroups in NHSScotland. Snowden and MacArthur (2013) comment that the scale is *"theoretically grounded, developed by staff and modified through a process of consultation over a series of robust cycles"* (pp.29-30). We consider these issues in more detail below.

The pilot study did *not* provide a confirmatory factor evaluation of any potential *alternative* underlying structures and the focus is on the quality of each individual item. The exploratory factor analysis results showed the effects of item placement (rather than latent factor structure). The pilot does not show the discriminant or convergent validity of the measure against other measures of positive psychological states (e.g. job satisfaction) or engagement[7]; or any potential of the metric for the prediction of key outcomes (e.g. individual or team level task or extra-role performance). A comprehensive evaluation of the quality of this index, either as a more generalised measure of employee engagement, or as a way of identifying other factors which may enable or result from engagement, is beyond the scope of this review.

### Conceptualising Employee Engagement under iMatter

iMatter represents Staff Governance Standards in their *'simplest form to capture the essence of what staff experience means to its staff and the organisation.'* (National Staff Experience Project, 2013, p.8). The 'MacLeod Enablers' have also been analysed using more recent and extensive UK national datasets (e.g. Dromey, 2014). iMatter identifies change in staff experiences in relation to potential antecedents of engagement and the 'enabler' factors are consistent with those cited in conceptual models of engagement in the wider literature.

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[6] Based on 1,271 staff from 3 Boards: NHS Golden Jubilee, NHS Forth Valley and NHS Tayside.
[7] For example, this would involve cross-validating with independent composite measures of staff engagement or measures of different facets (e.g., evaluating the items loading on to Factor 4 representing one's team against an independent measure of team engagement).

For example, Bailey et al (2015) presented a systematic review of academic and practitioner outputs for the National Institute for Health Research (NIHR). They integrated a number of key studies aimed at identifying engagement factors useful for NHS practitioners. There was support for five factors driving high engagement: individual psychological states; experienced job-design related factors; perceived leadership and management; individual perceptions of organisational and team factors; and, organisational interventions or activities. While the iMatter questionnaire EEI is not a measure of individual psychological states, it does reflect how staff perceive the other four organisational factors which help enable engagement. Other NHS studies also confirm the importance of these same enablers; for example, leadership, trust in management, and well-functioning teams with clear objectives (Dawson et al 2011; Mauno et al 2007; West 2013; West and Dawson 2012; and West et al 2011). The EEI framework is consistent with current research on 'enablers' and important organisational and HR practices which are likely to shape individual employee engagement.

The validation is not necessarily intended to evaluate whether iMatter provides a measure of staff engagement consistent with other wider work in the field. The current literature is dominated by theory and models that treat engagement as a psychological activation, accompanied by positive affect or feeling, focused on one's work role (Bailey et al 2017). The most common model is the 'Utrecht Group's' notion of engagement as a psychological state of raised activation towards work tasks (Schaufeli et al 2002). The lack of psychological activation is not a concern for the theoretical grounding of the model nor its validity. There is still significant academic debate on the nature of employee engagement, including whether it represents another redundant concept in the same space as job satisfaction and organisational commitment (Bakker et al 2011; Christian et al 2011; Peccei, 2013). Instead, in iMatter, the explicit intention is to provide "a pragmatic tool for benchmarking engagement against other exemplar organisations" (National Staff Experience Project, 2013, p.16), and to provide value for managers and practitioners in evaluating workforce change. The intentional focus on enablers of engagement (e.g. leadership, engaging managers, employee voice) avoids debates on psychological conceptualisations and provides a tool with both practical utility (e.g. allowing disaggregation of results by teams) and staff support and buy-in.

In terms of the sufficiency of the EEI for capturing particular enablers, the index was not designed to represent a comprehensive measure of different dimensions. In the case of employee voice, for example, several items represent this component (e.g. 5 'Learning and Growth', 6 'PDP/PDR', 7 'Access to Time and Resources', 15 'Consistent Application of Employment Policies and Procedures' and 16 'Performance Management'). However, while it is not known whether these items taken together would represent an internally consistent, reliable measure of voice, the presence of these items in iMatter is critical. Evidence shows the positive effects of upward employee voice (e.g. through internal communication channels, or directly through a trade union) on employee engagement (Bryson, 2004; Holland et al, 2011). Holland et al's (2017) study of Australian nurses showed that direct voice and supervisor support were positively associated with engagement.

*Co-production of EEI*

The development of iMatter and the EEI metric are co-produced and 'bespoke'. This is significant for the validity of the model. Rather than consider its convergence by benchmarking against other well validated scales[8], the EEI was developed as a process of ensuring staff commitment to the process of conducting engagement surveys and acting on their findings. Bailey et al's (2017) conclusion in their review of employee engagement studies is very significant:

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[8] For example, the Utrecht Work Engagement Scale, or the 9-item Intellectual, Social, Affective Engagement Scale (Soane et al 2012).

"Studies that apply and contextualize the more generic frameworks around employee engagement to particular organisational settings, including more multi-method, qualitative or ethnographic research that enables deep insights to be generated into the contextual aspects of engagement would be welcome. (p.39). There is much scope for further research that seeks to develop and extend current conceptualisations and theorisations of engagement through investigations that take greater account of the organisational and political contexts within which engagement is enacted and experienced" (p.163).

In other words, there is value in the use of the iMatter index as a tool in NHSScotland and in other settings if it has staff support, is viewed as action-oriented and is used in a way that acknowledges and is shaped by the context of staff engagement.

The EEI score is intended to provide a summary measure for comparative analysis. For any one team, the total score is calculated as the average of all individuals' scores in that group.[9] Given that the construction of the index was intended to follow the conceptual model (indicated above), it is not possible to consider separate scores for different underlying dimensions (e.g. the items representing employee voice). The index has not been validated for the underlying factor structure and while the items used may not be composite measures of each dimension, the validation study gives assurance of the value for the items treated as a whole as an indicator of staff engagement. The score is a shorthand, global indicator in teams, directorates, Boards and nationally, and should be interpreted as such for comparison.

### Interpreting iMatter Response Rates

It is important to evaluate how generalisable and *representative* the achieved sample is of the target population, regardless of what tool is used[10]. A response rate does not guarantee representativeness and there is no theoretical justification per se for 60% to be used as a benchmark in reporting, though there may be conceptual arguments to be deployed in its favour. The sought response rate in itself is not critical except in so far as this provides an incentive for higher numbers and a reporting rationale for team-level improvements by capturing most team members. For example, in random sample representative designs[11] a response rate of 20% may be acceptable and provided the relevant 'representative' population dimensions are known, the data can be weighted. In contrast, 'whole-population' samples (like iMatter and D@W) require higher levels of response for generalisability. This is accentuated in NHSScotland because of workforce size, variation and expansion into an integrated HSC multi-employer landscape. The metric output is needed to detect change (large and small) over time in components and as the basis for devising Action Plans. To be more confident in the output, a strong team response is required. The higher the response the more likely it is to achieve an appropriately generalisable sample with a recognisable practical improvement output. For gauging engagement within small teams, a census (i.e. 100%) approach is essential to protect confidentiality.

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[9] Calculated as the proportion of the actual summed score on the 28 items (individually scored from 1-6) for each individual in relation the maximum possible score on the index (168): a global team engagement indicator.

[10] Analysis of non-response bias should ensure that the responses are evenly spread among the entire population being captured. All teams (or other relevant groupings) should be responding at the same rate. Up until 2019, no representative type data are collected from respondents or used in iMatter reporting.

[11] Where we would calculate the required sample size to ensure a robust level of statistical confidence and the degree of sampling error/accuracy.

Dignity at work is a holistic concept which has been used, variously, to refer to the presence of good quality or decent work, fair pay, fair treatment or respect, autonomy and control at work, the absence of bullying or harassment, and employee voice (Anker et al 2003; Bolton 2007; Sayer 2007). A number of different questionnaires have been developed to measure these concepts: for example, the *Decent Work Questionnaire,* based on the ILO's Decent Work agenda (Ferraro et al 2018); the *Decent Work Scale* (Duffy et al 2017), and the *Quality of Working Life Systemic Inventory* (Martel and Dupuis 2006). Others, such as the *Workplace Employment Relations Survey* (Van Wanrooy et al 2013) measure related concepts, such as participation and involvement, management relations, job control, and influence. Perceived fairness is embodied in the wider concept of organisational justice (Ruppet al 2017).

NHSScotland's D@W Survey – which ran alongside iMatter in 2017 – addressed issues related to bullying/harassment, experiences of abuse and violence, discrimination and job demands. Each of these has been conceptualised in the wider literature as consisting of a number of underlying dimensions. The survey is neither a robust measure of these concepts, nor of the wider concept of 'dignity'. Most of the items ask for binary responses (yes/no), although three items provide scope for variance using a Likert scale. None of the item measures have been validated in terms of any of the criteria discussed above that underpin iMatter. The 2017 D@W Survey retained some existing questions from the National Staff Survey, in an attempt to provide comparative data.

## iMatter: Report Data

As part of our evaluation, we reviewed report outputs from the iMatter process. There are two iMatter Annual Reports (HSC Staff Experience Report 2017 and 2018). The 2017 report also provides data on D@W and where possible we compare these surveys on their KPIs. The reporting covers all HSC staff and the components are clearly mapped against three related staff experience frameworks. There is variation in KPIs across Boards (and change over 2017-2018). In addition, the 2018 report included softer qualitative exemplars (i.e. stories) of how different teams have been using iMatter. These give an insight into the efficacy of the model for stimulating continuous improvement.

In terms of the statistical KPI output from iMatter and D@W there are a number of identifiable trends evident in the KPI data in 2017 and 2018, outlined below.[12]

- iMatter generated a relatively very high level of response in 2017 (63%) and in 2018 (59%). Although there was a small but significant decline in response over 2017-2018, this still compares very favourably with most employee surveys where the response is typically between 30-40%. Nevertheless, no national EEI was given for HSC in 2018.

- Responses in 2017 and 2018 are significantly higher in National Boards and reflect the relatively greater complexity of accessing staff in Geographic Boards (e.g. greater numbers of staff and multi-site spread). A similar picture is also evident in D@W in 2015 and 2017. In our interviews with local Board stakeholders there was a very strong

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[12] The figures span a period when many Boards have switched from staged or phased cohort data collection to single cohort (i.e. a full Board iMatter run). Also, Boards are not all at the same stage of development and many may still be in the process of optimising their team structures and models to ensure that iMatter teams reflect both line management arrangements and that staff identity with their team. Since iMatter is resourced by Boards, external budgetary constraints and internal processes of organisational change and its impact on structures, services and the staff composition of teams may all adversely impact on iMatter performance KPIs.

and consistent view that iMatter response rates (and completing Action Plans), were typically highest amongst staff in more senior roles (i.e. Corporate Services) and where workforces are large and 'captive' (i.e. primary care settings). They were likely to be weaker in more geographically-dispersed sections of the workforce, and those likely to be more 'disconnected' from the organisation (either in terms of their 'identification', their roles in specific operational settings, in solo or two-worker units, or in part-time roles) with less access to IT at work.

- While a national response rate of 59% is satisfactory it presents a utility issue for formal EEI reporting triggered by the 60% threshold for 40% of Boards (14% in 2017). No Board dropped below 51% (so that the majority responded, which compares favourably with many other staff surveys) and the 'No Reports' in nine Boards were mainly in mixed urban-rural and largely rural areas. Overall, only five Boards (4 non-Geographic) increased their response 2017-2018, two had no change, and while the rate declined in 68% of Boards, in only a third of these was this at 5% or more.

- By comparison, D@W achieves a significantly weaker response rate (36% in 2017), similar to the levels of response for the National Staff Survey in 2015 (38%) and 2014 (35%). Like iMatter, D@W response rates were significantly higher in the National Boards. More staff responded to iMatter irrespective of whether the distribution mechanism was electronic or paper. In general, electronic distribution was significantly higher than paper for both tools and at both time points. Board 1 and 2 respondents were also very clear that iMatter was relatively more successful in attracting a response among hard-to-reach manual NHS staff groups than either National Staff Survey or D@W (between 40-55% compared to around 15%).

- There is a range of factors behind a fall in the response rate for iMatter in 2018, although we can probably rule out timetable issues and problems incorporating H & SCPs.[13] It may be more useful to look at external (i.e. budgetary constraints) and structural factors such as the change to single cohorts in 2018, the differential efficacy of the distribution mechanisms and possibly IT issues, as explanations for the drop in response.[14]

- Consistent with the drop in the national response rate, the levels of 'No Reports' in teams increased from 33% in 2017 to 38% in 2018. Although there was no correlation between the *number* of teams in each Board and the levels of 'No Report', some of our staff respondents suggested that staff in 'small' teams, or those in which staff identify less with their team, or where managers are seen as less open to feedback, might be less likely to respond. For example, one staff member participating in our focus groups said that while they personally found team Action Planning within a small group useful, some colleagues appeared to feel that it offered little more insight than could be gleaned from one-to-one meetings with line managers. Elsewhere, however, a manager in one of our Geographic Boards noted that issues had been raised in small group Action Planning discussions that were not voiced in one-to-one meetings with staff.

- In terms of the utility and sensitivity of the iMatter model to flag up issues for improvement and change, of the 13 Boards that were issued with national reports in both 2017 and 2018, 7 have an EEI score in 2018 which is higher than in 2017; 5 had

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[13] H&SCP response rates in both 2017 and 2018 in the four Geographic Boards that we focused on as part of our fieldwork tended to be higher than those in the NHS Boards.
[14] Boards with a higher share of paper questionnaires were less likely to get a report in 2018. Only three Boards failed to reach the 60% threshold in terms of their online response. IT issues are recurring and are detailed in a later section.

no change; and one has a lower EEI score in 2018. The ability of the model to pick up variation was also evident in the iMatter component data. There was appreciable discrimination and variation in responses across factors and components at the national and Board levels, and the 'traffic light' system provides clear guidance on areas where improvement/ change is required. The overall pattern tends to show that nationally, teams are largely in the *'Strive and Celebrate'* and *'Monitor to Improve'* categories with proportionally less in the *'Improve to Monitor'* and particularly the *red 'Focus to Improve'* areas. The important point however, is that the model looks able to discriminate satisfactorily and highlight areas for change/improvement.

- The components that consistently attract the lowest levels of positive response (nationally and in Boards) are those organisational components in which staff may feel they exert the least control: *Partnership Working*[15] and *Visible and Consistent Leadership*[16]. Both were most strongly correlated with *Confidence and Trust in Senior Management*. This data sends out a critically important message for all NHS senior-level partners: visibility, trust and confidence are important for staff. Interestingly, the theme of 'visibility' either in terms of its interpretation as a component measure or as an issue for staff, was a recurring theme in the local Board interviews and focus groups with staff, and we highlight this in later sections.

- Action Plans are critical for the longer-term sustainability of iMatter as a continuous improvement model. In contrast to the response rate, there was a statistically significant improvement in teams completing Action Plans: from less than half in 2017 (43%) to nearly three-fifths in 2018 (56%). This represents a significant achievement by Boards: 77% increased their Action Plan rate with the largest shifts mainly occurring in Geographic Boards.

- The national and Board reporting could make more positive use of the Action Plan data in the sense, that it is possible to obtain even a reliable proxy measure of the potential number of changes/improvements to staff experience generated by Action Plans. To take only one example, the Scottish Ambulance Service (SAS) had 395 teams in 2018 and 67% of these completed an Action Plan. This means (assuming a baseline rate of 1 change per Action Plan) that there were (at the very least) 265 changes/improvements potentially made by SAS teams in 2018 as a direct result of staff participation in iMatter.

- The reporting data analysis also shows that 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, that teams with a higher response rate are more likely to have a higher proportion of Action Plans completed for 2018 and that completion of an Action Plan in 2017 helped to drive a higher response rate in 2018. In other words, iMatter is largely about commitment and having done so once, staff are more likely to do so again.

iMatter collates 'big' data: high numbers of responses across a defined set of components that discriminate Boards in terms of their staff experience and EEI components. Although there has been a slight but significant downward shift in response, this is accompanied by the significant upshift in Action Plan completion. The shift may reflect Board resources for iMatter and an increased focus on Action Plans. Although reporting on the iMatter model is still evolving we make only one critical observation on the presentation of the data, relating to the absence of an easy-to-read *'Dashboard'* (i.e. a front page infographic that displays top-line KPI information and any other relevant key data indicators (e.g. change in the EEI since the previous survey). We note that progress is being made to develop such a Dashboard, and

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[15] "I feel involved in decisions relating to my organisation"
[16] "I feel senior managers responsible for the wider organisation are sufficiently visible"

there is a need to continue to support this work. Reporting could also usefully employ statistical significance testing[17] to indicate change and potentially (because of 'big' sample numbers) utilise the more robust analytical power of multivariate data analysis[18]. These provide for a more robust assessment of statistical outputs and findings. iMatter is a system with considerable as yet untapped analytical potential.

## Acceptability of iMatter

A key theme for our engagement with staff, managers and stakeholders was the acceptability, adoption or and engagement with iMatter across team, H & SCPs and Boards.

While response and Action Plan rates may be general indicators of acceptability and support among staff, it is also notable that iMatter was overwhelmingly viewed as an acceptable model of staff engagement by national and local stakeholders. There is a comprehensive recognition of, and commitment to, the principles of the iMatter model across all of the national and local partner stakeholder groups. The overwhelming majority of the respondents spoke very positively about the merits of the iMatter approach and most contrasted the relative strengths of the model with the previous National Staff Survey and D@W. Compared to these single-point 'snapshot' surveys, iMatter was viewed as a more effective tool for staff engagement. The range of strengths associated with iMatter are described below:

- support for the team-based approach and the ability to provide data on the experience of staff working relationships with their colleagues and supervisors/managers;
- support for iMatter as a validated bespoke instrument and measure of staff experience issues, where the components/items were generated by NHS staff - in other words, iMatter was viewed as a credible measure of experience because it was co-produced;
- the link from iMatter to recognised NHS Staff Governance Standards - iMatter is viewed as a measurement of these standards across the range of staff experience;
- iMatter comprises a localised feedback component that allow an Action Plan to be developed by teams to address issues raised by the component measures and where progress can be reviewed, leading to better staff experience;
- iMatter is action-focused and provides the basis for the continuous improvement of teams. It goes beyond a 'simple' staff survey and is a 'tool' with the potential for team ownership and empowerment, where problems can be resolved by teams rather than by management;
- iMatter has been able to generate significantly high levels of staff response and the data can be considered as more representative of staff views;
- iMatter is relatively quick to complete, the individual components are largely phrased in positive and/or neutral terms, and the components are largely easy to interpret;
- the utility of iMatter data to be used alongside other management tools and approaches (e.g. Quality Management, Leadership Development, Personal Development Plans and Annual Appraisals), and wider staff engagement or 'cultural' exercises or changes in Boards; and
- the transferability of iMatter to settings outwith NHSScotland (e.g. to H & SCPs and Council staff, and to other public sector workforces in Scotland).

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[17] To show whether any difference is meaningful and not simply due to chance. Significance testing is used to determine the importance of differences in statistical outputs between sample groups/populations.
[18] For example, a stepwise regression method could be employed to determine the relative contribution of each of the four enabler factors that underpin iMatter to the overall EEI. This would allow the identification of stronger and weaker contributing factors and provide a robust basis for developing actions arising from the data to improve the EEI.

More specifically, there was near unanimous consensus among iMatter stakeholders, managers and staff participating in our research that there were important benefits associated with the iMatter focus on teams' experiences and actions at local level. The iMatter approach was seen as "creating a real sense of ownership among teams", which has contributed directly to the high response rates recorded for successive waves. Conversely, there was a recognition among stakeholders and Op Leads of areas of weaker response (and ownership) among staff in Boards: where organisational leaders and individual managers simply needed to take more responsibility for iMatter and deliver on staff experience for teams. Stakeholders and staff consistently described iMatter as "personalised", "localised", "team-focused", and "action-focused". Refocusing activity on engagement at the team level was also seen as generating a more positive sense of voice for staff. Stakeholders and Op Leads emphasised the need to continually promote the benefits of using iMatter as a measure of staff experience.

Line managers suggested that the bottom-up and co-produced nature of iMatter – "It was created by staff for staff from the bottom-up, not from the top-down." – has been key to its success. The sense that iMatter is action-focused and owned by the teams that participate in the process was echoed by Scottish Government representatives and members of the iMatter national team.

There was widespread acknowledgement of the key role played by Op Leads in "making things happen" where iMatter was performing well. Op Leads play an important role in raising awareness, keeping managers and teams informed of timescales and deadlines, delivering training, and offering encouragement, advice and support to staff and managers. One manager welcomed regular email communications on iMatter but called for a "more personalised approach" that could be facilitated by further resourcing the time that Op Leads had to engage with managers on the ground.

Nevertheless, managers participating in our research spoke of the value of Op Leads' coaching, advice and training, for example, on the Action Plan process. There was consensus on the need to continue to resource and further support the work of Op Leads.

Most of the staff and managers participating in the research were generally positive about the online and in-person information provided on iMatter, and many felt that they had a good understanding of the process. However, a number of managers suggested that there may be value in reinvesting and updating formal iMatter training that had been undertaken some time ago, and as a means of ensuring that new entrants to manager roles understood the system. Some stakeholders and Op Leads also pointed to the need to address an ambiguity among some teams about the content of Action Plans and a need to create access for teams to share practice on common issues.

There were few concerns among staff and managers, or other stakeholders, about the content of the iMatter tool. Interviewees and focus group participants thought that the issues addressed by iMatter were valid and reflected many of the opportunities and challenges faced by NHSScotland and H & SCP staff. As noted above, one or two issues were raised regarding the wording, clarity or usefulness of particular iMatter subject areas. One issue centred on a degree of confusion related to an iMatter component about the visibility of senior managers. While guidance as to the focus of this question is provided on the iMatter interface, many of our interviewees and focus group participants remained unclear as to how to action either positive or negative results. Similarly, some managers and other stakeholders felt that further guidance might be required on how to interpret and action concerns raised under the iMatter statement: *"I feel involved in decisions relating to my organisation"*. Given that Action Plans (and the broader iMatter approach) focus on actionable activity at team level, there was some

discussion as to how best to respond to concerns about organisation-level communication and participation.

## *Use and Impact of iMatter by Teams and Leaders*

There is still uncertainty at this stage among interviewees about how the iMatter Continuous Improvement model is being used by staff teams. However, we can highlight a number of areas that suggest that the utility of the model is emerging among staff in Boards. The majority of the Board interviewees were able to highlight:

- the emergence of 'huddles' in Acute (involving Clinical, Domestic and SAS staff) and in Corporate settings, where teams regularly review events, priorities and progress; and
- the use of visual presentations of storyboarding (especially in Acute settings) as a means of sharing information, values or behaviours.

Most Board interviewees recognised that iMatter is one further tool within a wider framework of policies and initiatives on staff engagement and on health and well-being in the workplace. In this respect, many of these respondents felt that iMatter was starting to make a positive contribution and helping generally to facilitate better conversations between managers and staff and between team members. Interviewees were also able to highlight a number of compatible links between iMatter and other existing management and staff programs such as: Quality Management/Improvement; managerial leadership development/training initiatives; and can be used as part of individual Personal Development Plans (PDPs) and annual employee appraisals. Links were made between iMatter and work-life balance and well-being initiatives, while managers also expressed an interest in exploring how iMatter experience data can be linked to service and health outcomes for patients.

The latter point is critical: iMatter is not seen as a hermetically-sealed stand-alone 'measure of engagement' and an improvement tool but is being developed and linked to other methods of engagement, and a wider interest in Boards about the importance and value of staff experience. In this respect, many interviewees noted that iMatter has to be viewed in the context of a broader 'culture-shift' towards a much greater emphasis in Boards on 'listening to staff' and managerial cultures based on 'collaboration and engagement'. There was a very strong and clear recognition by one of the staff-side respondents that managers who largely operated 'command and control' staff approaches run a higher risk of being 'exposed' by iMatter. In all of these respects, however, respondents pointed to a number of ways forward to develop iMatter in Boards so that it has a better chance of becoming 'business-as-usual' practice and not a 'tick-box initiative' being done to staff by managers, or as an HR- driven requirement of managers. Specifically, it was suggested that this required organisational leaders setting a strong tone about the importance of staff experience for Boards and individual managers taking greater responsibility for response and Action Plans (and their delivery). There was strong support among managers for resourcing for Op Leads (and/or other colleagues) to provide additional advice and support to ensure that the implementation of Action Plans and related actions was a year-round activity and to encourage further reflection and problem-solving activity among iMatter teams.

As we outlined earlier, there is clear evidence from the Board interviewees that the output KPI and component results of iMatter are being used to identify and address areas of low response and Action Plan rates. Scottish Government monitoring holds Boards accountable for their performance. There was also a recognition that at this stage of development, that assessments of iMatter still largely look at the model in terms of 'input' and KPIs: and a recognition that more work may be required among managers and staff on the quality of the 'output' from Action Plans and whether these are being delivered and delivering substantive

improvements for staff. Despite this view, all of the Board respondents provided anecdotal evidence that the feedback from managers and staff about the measure and about process was mainly positive and satisfactory. This was also the view of most of the national staff-side respondents and Non-Executive Directors. There was broad consensus that the content of Action Plans was satisfactory though more work may be required with managers/staff in some areas to improve their content and quality and a broader assessment on whether teams are delivering on Action Plans, what issues are being raised and what actions are being taken. Although all levels of management have access to this data (by consent), time and resource constraints seem to prevent comprehensive checks. On the basis of what checks are completed, it was thought that the actions outlined in plans are being addressed by teams to improve staff experience.

Scrutiny of Action Plans raises the wider question of Staff Governance of iMatter. The overwhelming majority of respondents raised no substantive governance issues: the development, implementation and the reporting output of iMatter is regularly discussed and scrutinised at Board-level and in local Partnership fora (i.e. Area and National Partnership structures). Where issues arose for a third of HRD stakeholders, these concerned access to those 'red' *'Focus to Improve'* areas for teams and a feeling that repeated 'red flags' team reports and Action Plans need to be open to inspection irrespective of the confidentiality protections that teams have on accessing their data. It is important to note that these discussions appeared to reflect a genuine interest in gaining a better understanding of the issues behind red flags.

### Practical Experiences of the iMatter Action Plan Process

Most of staff and managers participating in our research thought that Action Planning had been useful and were able to recount a range of actions undertaken by their teams, including: a desire for more visible and proactive leadership and communication around CPD opportunities; raising training and development priorities, and asking that managers seek additional training resources; action to schedule more time for developmental one-to-one conversations between staff and managers; creating clearer feedback opportunities between staff and managers; creating time and processes to support peer-to-peer feedback; and putting plans in place to improve the quality of clinical supervision.

Managers agreed with Op Leads that there were practical benefits associated with discussing specific challenges facing team members.

> *"iMatter just gives you the opportunity to have a conversation, a more structured conversation, around those key aspects of people's roles."*

Op Leads and managers made a clear connection between the practical value provided by team Action Plans and positive attitudes towards iMatter among many staff.

> *"People are having a conversation… when it's team level actions, they can see the benefit. they can see day-to-day how that's changing."*

One staff member in our focus groups spoke of the benefits of Action Planning with their team that informed the arrangement of team-building training sessions.

> *"As a team, we chose, well, the three areas, main areas to work on, and then we discussed all things that we could do. The team building, we were so glad that we got the opportunity to say that we wanted to do that, and we had a good time doing that. Yes, I was really glad to be part of it. My manager didn't just sit down and be like, "Right. These are the three areas. This is what we are going to do." We all had a say. We all spoke about it.*

*We spent a good afternoon making an Action Plan... It was really good,*
*really positive."*

The broader benefit of bringing teams together with a sense of focus and purpose to spend 'quality time' together was a recurring theme in our interviews and focus groups with both Op Leads and staff and managers.

*"Actually, there is something about getting quality time in a room with*
*people that do similar jobs, if not the same job, and actually just having the*
*chance to sit and talk, to think of ideas."*

*"I think, you know, sometimes again the team tend to forget about each*
*other quite easily, and are very focused on the clients. Every now and*
*again it is nice to just be like, "Let's bring the team in." Our manager tends*
*to see that, that we do need the time to come together and have more*
*planning days, more training days where it's just for staff, so that's been*
*good."*

It is worth reiterating that – while we acknowledge that our sample of staff research participants may not be typical – the views of staff across a range of job roles, H & SCPs and Boards were mostly very positive about iMatter. Indeed, we were struck by how views on iMatter generally, and Action Planning in particular, were broadly positive among the vast majority of staff. There were some mixed views in some groups and more 'sceptical' managers/staff who thought: iMatter added to workload pressures and focus on patient care; and was treated with scepticism by some staff because of the lack of delivery on Action Plans, especially in areas in which they had less control (e.g. the 'visibility' of senior leaders). There was an appreciation of managers who responded positively to feedback.

There was an acknowledgement among both managers and Op Leads that continuous training, coaching and sharing of good practice was required to maintain positive momentum around the Action Plan process. It is important that Action Planning and other aspects of iMatter do not come to be seen as aspects of procedural performance management rather than action-focused work around continuous improvement. Some of the managers participating in our research commended the support available from iMatter web-based resources and Op Leads/BAs, but argued for more one-to-one support and training around the Action Planning process. Op Leads/BAs and line managers agreed that additional support for training and coaching (both in refreshing knowledge of the basic processes of iMatter; and especially around Action Planning) would be helpful.

A challenge consistently identified by line managers and Op Leads related to arranging for Action Planning at times when colleagues working different shift patterns could interact.

There was also consensus that more time was needed offline for line managers and staff to support full engagement with the Action Planning process.

*"We get enough information but not enough time. You need to create time*
*offline and there is just not enough."*

Our interviews and focus groups highlighted a number of challenges associated with effective team-based Action Planning, including sometimes substantial changes to team membership as a result of turnover, organisational change, and time and workload constraints. Indeed, some managers worried that the "fluid and dynamic" nature of team-level change and the demands of operational roles in the NHS and H & SCPs meant that team Action Planning sessions sometimes responded to challenges "raised by other people" and events. Other

managers, however, took the view that the issues raised in iMatter results were worthy of discussion whether or not all respondents remained members of the relevant teams.

Many of those participating in our interviews and focus groups said that they would welcome the opportunity to share good practice and lessons (a) from the Action Planning process; (b) from Action Plans. This was a particular theme in managers' focus groups and our interviews with Op Leads – our research provided the first opportunity for some managers to share practice and insights about the process and content of Action Planning, an opportunity that they valued. Sharing practice on coaching and training in team building were seen as immediate priorities.

To this end, senior managers and Op Leads pointed to the growing online resource that is available on the iMatter website. There was generally a positive view of the material available, and especially the growing Action Plan and 'team stories' resources, which provide excellent examples of the positive impacts delivered by iMatter. There was consensus on the need to continue to invest in dynamic, interactive and accessible online resources in order to support the sharing of good practice and examples of effective Action Planning to drive change. The idea of increasing opportunities to share practice in the development and delivery of Action Plans was also strongly supported by managers.

In summary, the above discussion identifies a number of key benefits that have emerged from iMatter and that are represented in the figure below.



**Benefits of iMatter**

- Team-based approach and data provision on the experience of staff working relationships
- Co-produced 'bespoke' instrument and measure of staff experience
- iMatter as a measurement of NHS Staff Governance Standards (SGS)
- Localised feedback with teams developing an Action Plan to address component measures issues
- A tool with the potential for team ownership and empowerment. Problems are solved by teams than by management
- High levels of staff response. Data is more representative of staff views
- Quick to complete, easy to interpret and largely phrased in positive and/or neutral terms
- Utility to be used alongside other management tools and approaches and wider staff engagement
- Transferability to other settings such as H&SCPs and other public sector workforces

*Reconsidering the 60% Response Threshold and 3-month Action Planning period*

There are conceptual arguments that can be deployed to support and critique the 60% response reporting threshold, though it is unclear if these formed part of the original justification for setting the threshold. We also know that iMatter needs as high a response as possible for generalisability. In its favour, goal setting theory (Locke and Latham, 1990) strongly suggests that having clear and specific goals are a source of motivation that improves performance. Studies of communication, feedback and engagement (e.g. Bakker and Demerouti, 2008) also suggest that feedback is crucial to engagement, and that an insufficient 'return' from responding may undermine future employee response (Bakker, Demerouti and Euwema 2005).

The need for a response rate threshold was accepted all of the Board and most of national staff-side respondents. Op Leads were broadly supportive of the need for the current 60% threshold: as an effective and ambitious objective that encourages high response rates. Nevertheless, a number of potentially counter-productive issues appear to be associated with the current threshold. First, for some Board and national staff-side respondents the 60% threshold was thought to have a potentially detrimental impact on engagement among hard-to-reach groups such as Estates and Facilities staff, where response rates have typically more than doubled compared to the National Staff Survey (and D@W) but who still fall short of 60% and fail to get a full report. Second, when asked why they had participated in iMatter, a number of staff and managers referred to "strong encouragement" from management to help to achieve what was seen as an important objective. These concerns were amplified by some managers and staff who felt that the emphasis on driving participation to achieve the 60% response rate seemed to conflict with the broader message that iMatter should be owned by teams and that individual participation was discretionary. One line manager in a Geographic Board suggested that the focus on a percentage threshold risked encouraging managers and staff to focus on the "the process of 'just get it filled in' rather than the substance" of engaging with results and Action Planning. Some staff also expressed concern that if they or colleagues did not participate – and 60% was not reached – they would feel that they had "let colleagues down". We noted that, among managers and some stakeholders, that the language of "No Report" was associated with a sense of failure in achieving an important objective.

Accordingly, there are reasons both to support an aspirational 'stretch' threshold objective of 60% and to have concerns about it. Those Boards receiving "No Report" in 2017 also received "No Report" in 2018, potentially suggesting a disincentive effect of previously having No Report. However, overall participation rates are relatively strong and show that the threshold can be achieved in Geographic and National Boards. During 2018 they rose in those Geographic Boards who received No Report in 2017, potentially pointing towards more positive outcomes of setting an ambitious (but not unrealistic) objective.

*The Distinctiveness of the iMatter Approach*

In discussing the strengths of iMatter comparisons were invariably made with the previous National Staff Survey and with D@W. In terms of the former, most of the local Board respondents described this as a resource-intensive exercise that suffered from relatively poor levels of response and produced limited feedback for staff because of a very narrow window between reporting feedback and the start of the next annual survey cycle.

The overwhelming number of stakeholders, line managers and staff who we engaged with considered iMatter to be a substantial step forward from the previous National Staff Survey that preceded it. Interviewees and focus group participants pointed to the substantially higher response rates recorded by iMatter when compared with the National Staff Survey. As noted above, the process of co-production that resulted in the emergence of the iMatter tool

statements was seen as producing a tool that better reflected staff views on engagement and workplace issues. Those involved in the development of iMatter also pointed to the manner in which the tool better connects to NHSScotland Staff Governance Standards.

Interviewees and focus group participants consistently pointed to the benefits of iMatter in providing team-relevant information and feedback that could inform actions – these features were not seen as relevant to the National Staff Survey. A number of interviewees and focus group participants across different Boards recalled the National Staff Survey as a "box ticking exercise" in comparison with an iMatter process that was much more clearly about informing action at the local level. As one NHS service manager noted:

> *"Compared to national survey, this is much more focused on the team. The feedback is more pertinent. It's about a local focus, a team focus, not a big national picture that doesn't tell us anything."*

Staff members participating in focus groups similarly saw a change from previous survey exercises that did not seem to focus on identifying actions to drive change.

> *"The national survey you just filled in your questionnaire and it went away. You didn't have anything to action or anything. That was just easy. You didn't have to do anything."*

An H & SCP staff focus group participant similarly compared iMatter favourably with previous local authority employee engagement surveys.

> *"Before, the engagement survey in the council, I remember, I am just thinking, it used to be on a Directorate wide, so it would have been for the whole of social care and wellbeing. So there were probably a lot more people in the scope, so it would probably be quite difficult to drill down to actually see what some of the challenges are. I guess in that respect, iMatter is good in that it goes to a smaller cohort of people, rather than being that top level… you can then start to see where there is potential challenges or support needed within teams."*

Similar concerns were raised by most Board respondents in relation to the current D@W Survey with the added proviso that this survey was also characterised by:

- measures that have not been validated with staff;
- use of defined terms (e.g. 'discrimination' and 'whistleblowing') that required further explanation and/or could otherwise be confusing;
- analytical/confidentiality limitations on the data which meant that results were only reported at the 'Directorate' level in Boards;
- raised issues (e.g. bullying and harassment) that were more sensitively covered by existing iMatter components (i.e. treated with dignity and respect): and
- concerns about the confidentiality of responses (i.e. the collection of demographic data in D@W) that could be used to link their D@W responses to their iMatter data (i.e. through the same QR codes on paper copies).

Accordingly, among our interviewees and focus group participants there was relatively limited enthusiasm for the D@W process, *as it currently operates*. D@W was seen by many as "a tick box exercise", which fell victim to low response rates as a result of survey fatigue and because it was seen as a national data-gathering exercise rather than an action-focused exercise owned by teams (in sharp contrast to iMatter). During interviews and focus groups, some staff needed considerable prompting from the research team before eventually recalling that they had engaged with D@W, while a staff member noted that they were "not clear about the purpose" of D@W.

This is not to say that any of our research participants questioned the importance of the D@W agenda – they did not. But many thought that the current survey methods were not helpful, and that the emphasis should instead be on action. As one line manager summarised:

> *"Any avenue to report dignity at work issues is a good thing, but I would hope that people wouldn't have to wait for a survey. It should be about actions. People should feel confident to raise an issue and that it will be actioned."*

Many other staff, managers and Board stakeholders also pointed to the importance of action on dignity at work issues – e.g. that resources should be targeted at ensuring that staff and managers have the information and processes that they need to deal with issues, and that training and CPD should embed a culture of dignity at work. Some managers pointed to the existing (and developing) processes and practices in place to support dignity at work (e.g. Whistleblowing) within NHS Boards and H & SCPs, and suggested that investment in these actions and services (and raising awareness of their availability) should be the key priority.

While managers participating in our research were wary of the idea of adopting a team-based 'iMatter-type' approach to D@W, which was seen as raising problems in terms of confidentiality, there was support for supporting a more action-focused approach to these issues.

Some of the national staff-side respondents (compared to their local Board counterparts who were on the whole more strongly in favour of iMatter) also mentioned the strengths of the National Staff Survey and D@W relative to iMatter. These concerned:

- the generation of longitudinal national and Board-level data and the ability to identify common national themes that need to be addressed (e.g. whistleblowing);
- response rates to National Staff Survey and D@W were appreciably high in some National Boards and reasonably representative of most staff in these settings; and
- the D@W data allowed Boards and NHSScotland to be held accountable for (albeit statistically low) levels of bullying and harassment, and for the physical abuse of staff at their place of work - these are all important issues for NHSScotland staff and loss of D@W may mean a lack of oversight on these issues.

In its current form, D@W neither offers robust measures, nor appears to engage respondents in the process or in actions arising. It is difficult to see a strong analytical argument for, or widespread stakeholder interest in, continuing D@W in its current form. There are, however, a number of possible avenues for the development of a new D@W approach. First, any new approach should take a broader conceptual view of dignity at work that captures and incorporates the key features of the existing current literature: utilising components that are presented in a fashion that is consistent with best practice in questionnaire design (i.e. the avoidance of binary response options and the use of Likert scales, and the use of neutral language in the design of individual measures) to produce a reliable and valid set of measures[19]. Second, unless an existing generalised measure is adopted, we would put a strong emphasis on the co-creation of D@W items with staff. This would give the questionnaire validity. Finally, a credible alternative to asking direct questions on the sensitive issues raised in the current D@W measure would be to develop action-oriented outcome measures (e.g. to

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[19] A number of reviews of good practice have highlighted a consensus around the benefits of 4, 5 or 7 point Likert scales in survey tools designed to capture the frequency (and in some cases impacts) of a range of aspects of bullying and harassment – see, for example, Cowie et al (2002); Einarsen et al (2011). Recent research by the Cabinet Office (2018) uses three point scales to capture the perceived frequency of bullying and harassment, and five point scales to assess staff views of organisational responses.

ask about staff awareness/use of individual Board policies/procedure in areas of bullying/harassment and discrimination). In our Recommendations that are presented in the Conclusions below, we suggest that these issues, along with the nature and frequency of any data gathering on dignity at work issues, should provide a central focus for the co-creation of a new approach to dignity at work.

*IT Acceptability: User Interface*

Our research involved a desk-based, expert-led review of the usability of the iMatter online tool, which was also discussed during our fieldwork research with staff and managers. Exploration and observation of the iMatter spec and online tool highlighted a number of strengths but also areas for development. The landing page is clear and concise. Respondents are immediately aware of the purpose of the measure, the expected completion time, that questions are mandatory (except for optional questions on respondents' staff groupings) and what will happen after completion. These design features are consistent with good practice in the development of online surveys, resulting in higher response rates (Burns 2008). It does lacks personalisation, which has been demonstrated to enhance completion and response quality of responses (McPeak et al 2013) and may be a useful feature in future iterations.

The online tool incorporates a scrolling design (not screen by screen). This feature provides a richer context as most of the information is on one screen (Fan 2013). Questions are short and concise and less than the maximum recommended 20 words (Burns 2008). Completion time is minimal - 10 minutes. The majority of questions use a single statement format with agree/disagree answers selected by clicking a radio button which highlights the response. All are mandatory and forced. These types of question and modes of response are consistent with best practice: people are familiar with them and forced response eliminates the analytical problem of missing data. However, it may result in increased dropout rates and reduced data quality as people have plausible reasons for not wanting to answer a question (Decieux et al 2015). There were around 8,000 'abandoned' completions of iMatter in 2018. There is no definitive answer to this conundrum in terms of best practice – the existing evidence suggests that there are benefits of forced response in terms of completeness, especially when used in relatively short online tools, but also warns against the potential for increased dropout (Steiger et al 2007). Given the relative brevity of the iMatter questionnaire, the current forced response format is the most appropriate design.

Of further note is that all iMatter statements are closed and there are no open-ended questions inviting textual comment. Our interviews and focus groups with staff and managers also occasionally highlighted the potential benefit of including text boxes so that respondents could expand and explain their views. Previous research on the use of online surveys has suggested that text options can be welcomed by respondents, but also throw up challenges in terms of the coding and analysis of data (Phillips 2015). Further feedback from iMatter respondents should be sought before making any changes that lead to the gathering of text-based data.

The navigation keys are coloured red, are positioned at the bottom of the screen, are easily identifiable and make it relatively simple for the user to navigate forward and back between pages. Overall there is very little ancillary functionality to confuse the user.

The final question consists of a visual analogue scale with a score from 0-10: a common question format with high levels of completion and response rates. Final submission entails the individual clicking a button with the text *'submit my response'*. The final page thanks the individual for participating and provides information on a web link to provide additional information. Both features are optimal for online survey design (Bataard 2012). Functionality could be improved by simply telling respondents that their response has been submitted – reducing ambiguity on behalf of the respondent.

The online tool may have limits around accessibility for people with sensory impairments or dyslexia. For example, the web pages, whilst having some bold text and highlighting features, overall lack colour, contrast and audio features. This may hinder people from completing the questionnaire or mean that some abandon the tool midway. This limitation should be addressed using accredited frameworks such as the Web Content Accessibility Guidelines (2018) to prevent response bias and enhance the quality of data being collected. All of the staff and managers participating in this research were positive about the usability and 'look and feel' of the iMatter online tool.

## Implementation Facilitators and Best Practice

The early emphasis in Boards was on achieving buy-in (among senior managers and wider staff groups), getting structural supports in place and testing out the model. Embedding the model is still typically described in interviews as a 'journey': a recognition that implementing and embedding the model was an emerging and evolving process towards iMatter becoming business-as-usual. The Boards we spoke to typically have an implementation steering group (e.g. involving representatives from HR, senior management in Directorates and staff-side). All Boards also have designated Op Leads for iMatter. The early implementation process in most Boards was typically phased or staged. This involved 'learning how to implement'. Early implementation typically began by using small-scale phased approaches (i.e. using discrete workforce groupings within a Board, or in specific cohorts and Directorates) and then applying any lessons learned from these approaches to the next cohort until all staff Directorates had been covered in a Board.[20] Most Boards only switched over to whole-Board cohorts (i.e. covering all staff in the Board on a single iMatter run) in 2018 and the largest Boards still use phased or single-Directorate approaches as a means efficiently managing the process.

The table below summarises what the Board respondents identified as the key facilitators of implementing iMatter.

**Range of Key Facilitators Associated with iMatter Implementation**

| Facilitators | Aim |
|---|---|
| Board-level iMatter return/buy-in (including Staff-side) | Securing buy-in and understanding of the process and output. Setting a leadership tone for the organisation by employer and staff-side partners |
| Senior Executives/Management Team | As above for Board with the aim of cascading support, awareness and buy-in further down management structures to team leaders/ supervisors |
| Operational Lead/Board Administrators/ Directorate Administrators (or 'Champions')[21] | Local support and delivery, and access to shared best practice at the national level |
| Implementation Steering Group | Local support and delivery |
| Team building and construction | Mapping line management structures and supporting appropriate team construction. |
| Electronic communications with staff | Building reliable points of contact with staff |
| Awareness-raising among staff | Securing buy-in and optimising response |
| Ongoing training/guidance systems for managers | Team confirmation, response and Action Plans, using the web interface and guidance for staff using iMatter |

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[20] For example, using the user-interface and web service, accessing staff electronically and those in hard-to-reach staff groups, communications with managers and staff, and the timetabling of fieldwork.
[21] This includes Scottish Government support for local Boards delivered by the iMatter team.

Facilitators were a mixture of actions and internal structural supports for iMatter which were also linked to similar aspects and to a range of operational best practices (see figure below). Discussions about facilitators and best practice were also used by interview respondents as part of the main reasons behind their levels of response and Action Plan rates (either compared to other Boards, or in internal comparisons between successive years of iMatter).

Our research also highlighted a range of best practice activities that have been important where iMatter has worked well. Managers and Op Leads pointed to, for example, the importance of providing ongoing guidance on the iMatter process to line managers, the value of intensive communication and feedback during the data gathering and Action Planning periods, the use of social media to raise awareness, maximising staff access to IT to support higher response rates, and supporting managers and staff to make appropriate choices around team formation.
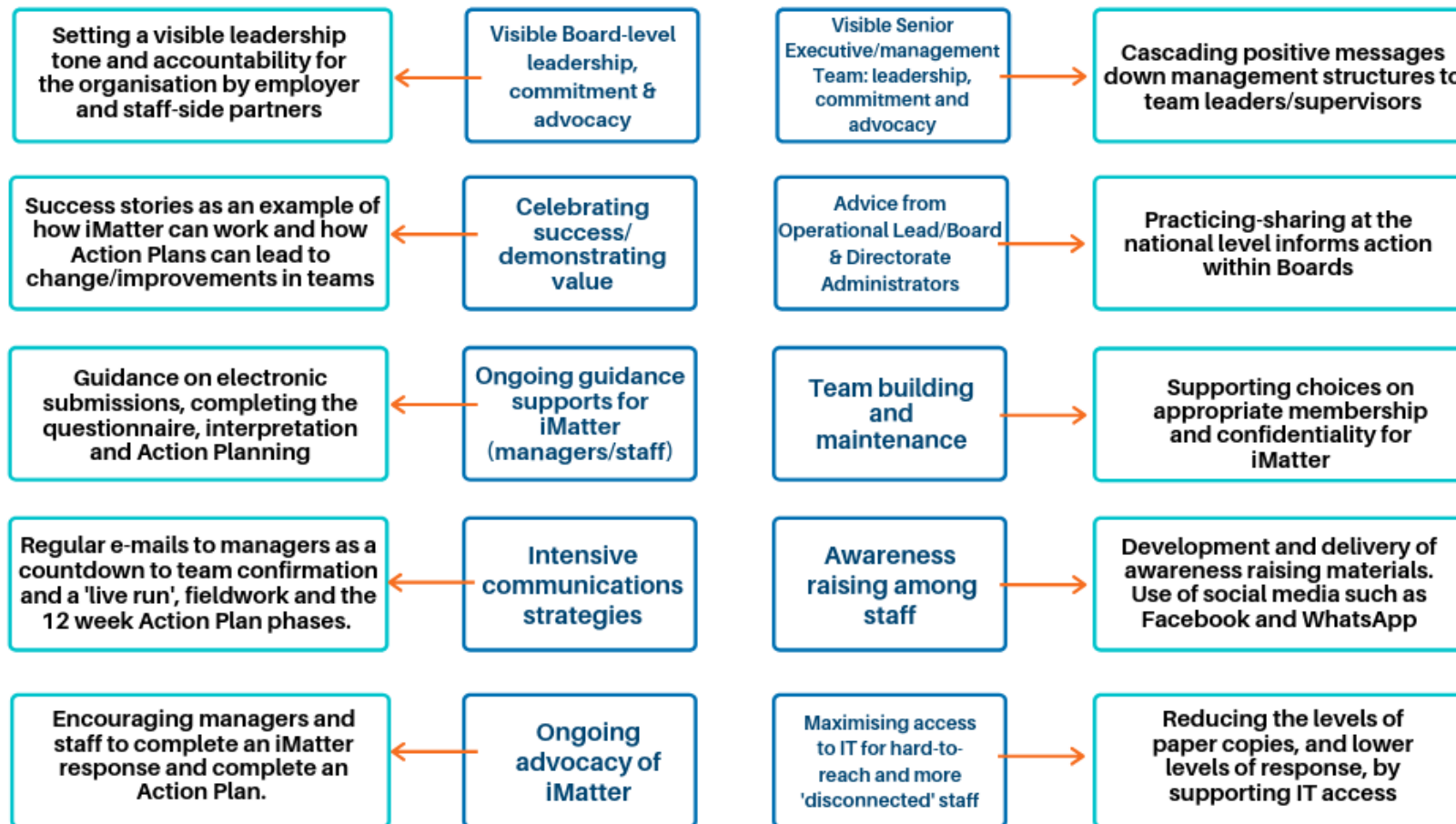
Board and senior leadership behaviours were described as a strong facilitator of best practice by many respondents. Senior leadership is important in setting the culture and tone for behaviours in Boards by NHS managers and staff including the embedding of iMatter. In this respect, in Boards where response and Action Plan rates were weaker, this was partly linked to a lack of commitment, accountability and 'ownership' by managers to the iMatter process and model. We return to this issue in discussing the current ongoing challenges for Boards.

The support of Op Leads in the national network and their presence in Boards was a key facilitator of iMatter. As a national network they appear to operate as the primary source of shared best practice for iMatter and one of the main supports (and drivers) of embedding in local Boards. For the research team they provided an invaluable insight into the operational mechanics of implementation. We attended two network meetings as observers which gave us a valuable insight into 'system-wide' iMatter issues and practices. It was also clear that Boards placed a range of demands on Op Leads and that there seemed to be differences in the way that they were expected to support managers and staff. A common issue was that while Boards used Op Leads to 'drive' iMatter, this could also mean that senior managers and staff groups were failing to take on their own 'ownership', responsibility and 'accountability' for performance. Interestingly, the strongest individual Op Lead approach we encountered concerned being clear to senior managers in Board Directorates that they were primarily responsible for the performance of iMatter, and having the support and authority of senior HRD staff to be able to have 'difficult conversations' on performance with senior personnel. This point resonates with our earlier one about having the 'right' senior-level individuals driving iMatter in local Boards and that iMatter as a business-as-usual model will have to shift from being driven by HR to being driven by management/ staff teams.

Team building, construction and its ongoing maintenance was and still is a key task for Op Leads, not surprisingly for a model based on teams. Interviews with Op Leads stressed the repetitive and resource-intensive aspects of these tasks. It was clear from these interviews that team construction and maintenance remained an ongoing challenge in some of the Boards (e.g. because of organisational change, budgetary constraints, managerial and staff turnover, the timely response of managers to requests for information), where tasks like team confirmation were neither straightforward nor unproblematic for Op Leads and Boards. This is one area that potentially could be addressed through improved software supports to ease the administrative burden on OP Leads, allowing them to devote more time to supporting managers to use Action Plans and iMatter output as a management tool in Boards.

As a final point in this section we highlight 'celebrating success' as a key aspect of best practice. This should not be underestimated. The 'softer qualitative' parts of the national annual reports exemplify the practice of publicly demonstrating the output and value of iMatter in teams to the wider workforce. This was cited by many of the interview respondents as a way of building and embedding the credibility of local iMatter in Boards.

# iMatter Best Practices

| | | | |
|---|---|---|---|
| Setting a visible leadership tone and accountability for the organisation by employer and staff-side partners | ← Visible Board-level leadership, commitment & advocacy | Visible Senior Executive/management Team: leadership, commitment and advocacy → | Cascading positive messages down management structures to team leaders/supervisors |
| Success stories as an example of how iMatter can work and how Action Plans can lead to change/improvements in teams | ← Celebrating success/ demonstrating value | Advice from Operational Lead/Board & Directorate Administrators → | Practicing-sharing at the national level informs action within Boards |
| Guidance on electronic submissions, completing the questionnaire, interpretation and Action Planning | ← Ongoing guidance supports for iMatter (managers/staff) | Team building and maintenance → | Supporting choices on appropriate membership and confidentiality for iMatter |
| Regular e-mails to managers as a countdown to team confirmation and a 'live run', fieldwork and the 12 week Action Plan phases. | ← Intensive communications strategies | Awareness raising among staff → | Development and delivery of awareness raising materials. Use of social media such as Facebook and WhatsApp |
| Encouraging managers and staff to complete an iMatter response and complete an Action Plan. | ← Ongoing advocacy of iMatter | Maximising access to IT for hard-to-reach and more 'disconnected' staff → | Reducing the levels of paper copies, and lower levels of response, by supporting IT access |

35

## Ongoing Challenges

Respondents reported a number of initial and very early challenges around iMatter. These included:

- involving hard-to-reach staff groups and how those with restricted or no access to IT in workplace settings would complete iMatter.
- how staff would find the time to complete an iMatter return;
- how staff likely to be more structurally 'disconnected' from the organisation (e.g. in solo or dual work units, or in part-time roles), or other staff (e.g. split shift patterns) could be linked to team structures;
- convincing staff who were described as being largely sceptical about staff engagement initiatives, or who didn't see this issue as relevant to them, about the merits of a new staff experience measure;
- the potential of lower response among staff in 'small' teams where there are concerns about them being identified providing negative feedback to managers; and
- how iMatter would be implemented and whether the 'right' people (i.e. those with a measure of power and authority) would lead the implementation in Boards, and whether managers would 'buy-in' to a model being driven by HR staff.

As we shall see below, these initial challenges resonate in the views of some respondents on current implementation/embedding facilitators, best practices and challenges. It should be appreciated that we were not always able to get a clear linear timeline about the early, current and emerging challenges faced by Boards. Factors such as staff turnover and the proximity to the process by different individuals at different points in time prevent this. In addition, there is an axiomatic tension between facilitators and challenges in the sense that they are often one and the same issue: what facilitates iMatter are those aspects that help prevent a challenging issue arising. As a consequence, we discuss challenges in terms of ongoing issues faced by iMatter despite having facilitators in place and adopting shared best practice.

### *Engagement and Delivering iMatter*

Broadly, those Boards with the lowest level of response, the highest number of 'No Reports' and lowest levels of Action Plans in 2017, tended to be those who reported greater numbers of challenging issues. Completing Action Plans, however, was a relatively common challenge across all of these Boards: they were generally all trying to increase their completion rates. A combination of team identification issues, external factors (i.e. budget pressures and incorporating new H & SCP staff), IT issues[22], an uncertainty about whether the Board could reliably identify managers, the lack of training/induction supports and concerns about whether iMatter information was being shared by senior managers (in a 'cascade' downwards), were exclusively highlighted by respondents in those Boards performing poorly in 2017.

There was also a recognition across all Boards of areas of stronger and weaker responsibility, accountability and ownership among managers and staff, the difficulties of reaching staff (see previous Acceptability section) and ongoing workplace pressures on managers and staff. Crucially, there was a strong acknowledgement of the need to continue to encourage senior and line manager buy-in and leadership of the iMatter process – it was suggested that where iMatter has struggled to gain traction, this is often a symptom of senior leadership team members failing to take full ownership and provide visible and committed leadership.

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[22] For example: slow log-in and access, speed, 'buffering'.

There was a general recognition that Boards should be doing more to tackle response and Action Plan levels and a range of actions offered by Board stakeholders to boost these rates. Actions to tackle the former mainly included more awareness-raising among staff, demonstrating the value of iMatter to build and embed credibility, and more visible/committed senior and managerial leadership. Actions to tackle the latter mainly were about ensuring greater managerial responsibility and accountability.

*Technology-related Challenges*

We have provided a positive evaluation above – based on our own analysis and staff views – of the usability and 'look and feel' of the iMatter online tool.

In terms of technology-related challenges, Op Leads and other stakeholders participating in interviews and focus groups were broadly positive about the technology of iMatter, although it was noted that where IT systems were slow or crashed, this caused additional work for managers and risked reputational damage to iMatter. There was acknowledgement – and a shared frustration – by Webropol that iMatter systems could sometimes appear slow to users. It was suggested that these problems are often rooted in NHSScotland legacy systems (with old operating systems affecting the usability of iMatter) or gateways/firewalls slowing data uploads, as well as limited server capacity.

More generally, there was an acknowledgment that the initial resourcing of iMatter systems was based on a 'minimum viable product' approach, and that further investment in IT should now play a crucial role in growing the reach and impact of iMatter.

There was strong support for further investment in IT integration work that would relieve some of the administrative burden associated with team confirmation and updating data:

> *"Whilst the system is very user friendly, there are things that take me a long time to do. If we can continue to develop the system and invest in the system, and that will require a resource for it to continue to be an effective system to support the process… If we do that it frees up Op Lead time, it frees up administrative time within Boards, it frees up manager time, and it improves the overall perception of iMatter because people don't separate the system from the process."*

Webropol described a positive and collaborative relationship with NHSScotland but also suggested that additional contact with, and support for, e-health Leads within Boards would be helpful to improve iMatter services. A clearer specification of commonly-required reports would help Webropol to build a more user-friendly dashboard allowing Op Leads/BAs and others more ready access to frequently-requested analysis (reducing delay and duplication in reporting).

There was also strong support among managers, Op Leads and iMatter stakeholders for further investment in, and the integration of, IT that will ensure that iMatter is able to 'speak to' HR interfaces. The establishment of a 'single sign-on' linking iMatter and Turas records was seen as an immediate priority. The integration of iMatter with eESS systems is another priority that has the potential to reduce significantly administrative demands on managers and Op Leads, and free up time and resources to engage in staff engagement work.

Webropol expressed an interest in dialogue on the closer integration of iMatter and NHSScotland/H & SCP systems, but also noted some of the challenges that IT integration can

throw up – it is important that the iMatter national team and partners work towards a clear specifications for systems integration and automation projects.

A number of Board interviewees, staff and managers raised the potential benefit of an App-based version of iMatter, which Webropol would be happy to support the development of, but which may raise issues in terms of staff access to smartphones and the need to update an App for one-off, annual use. An iMatter App has the potential to deliver substantial benefits in terms of improved response rates and consistent access to information (and report data) for appropriate staff at all levels.

Stakeholders involved in a recent test of change of an SMS version of iMatter were generally positive about its potential to improve usability and response rates, while acknowledging the need for the gradual, continuous testing and rollout of new technologies. There remains a wider question about whether staff should be asked to use their personal mobile phones and/or to share their numbers (though data is stored securely). However, there was again consensus that investment in both SMS and App-based approaches would add value in terms of improved reach and response rates (especially when compared with the resources currently spent on paper copy versions of iMatter that return a very low response rate). Other potential approaches to improving response rates might include the deployment of tablets with a pre-loaded iMatter tool - a popular idea among some of the Op Leads and managers in our research, and seen as a relatively easy-to-implement solution by relevant stakeholders.

There was also some support for the use of Pulse surveys as a means of testing progress on iMatter actions. Webropol explained that such tools could be developed relatively easily and deployed via email or SMS, and shared the view that this might help to create a more dynamic, continuous improvement focus for iMatter. However, both our engagement with stakeholders involved in iMatter implementation and evidence from examples of best practice suggest that it is important to guard against survey fatigue and to keep Pulse follow-ups short and focused.

Finally, there may be a need for further training for iMatter Op Leads on the use of IT systems. While sharing practice and 'train the trainer' approaches have been cost-effective in ensuring that relevant stakeholders understand the basics of iMatter systems, there was an acknowledged risk that out-of-date or inaccurate messages could be passed on.

*Priorities for Future Work on iMatter*

There remain areas for future work and development on iMatter and D@W.

iMatter Measures: As noted above, respondents to our research were largely satisfied with iMatter components with the exception of a recurring concerns about the interpretation of the statements about visibility of senior management and staff involvement in decision making. As we have suggested, there would be value in a co-produced review of the wording and content of all iMatter statements, and action taken to clarify unclear language to ensure a consistent repsonse.

Generalisability of the iMatter Model: There was a general view that it was right to use iMatter in HSC: the efficacy of a team-based model in multidisciplinary, integrated settings could not be limited solely to NHSScotland staff. Further consideration is required to explore the opportunities for, and any challenges around, the generalisability of iMatter to other public service workplace contexts.

Continued development of iMatter coaching and support: We have noted above that the coaching, training and support work (mainly led by Op Leads) associated with iMatter has been effective and important to its success. There is therefore work to be done to continue to support and resource the work of Op Leads, further develop online learning resources, and

create opportunities to share practice and insights on the iMatter process, Action Planning and the impact of actions.

IT Development: We have noted that there was broad support among respondents for the development of an App to allow staff to complete iMatter more easily at work/home on smartphones, and for continued testing and (if appropriate) roll-out of SMS versions of iMatter. There is work to be done to arrive at a conclusion as to the best way to use smartphones to expand the reach of the iMatter tool.

We have suggested that, while the 'look and feel' and design of the current online interface is in line with good practice, there would be value in reviewing the design and accessibility of the iMatter tool.

# Part Three: Conclusions and Recommendations

Staff experience and staff engagement have been central themes of strategies to deliver continuous improvement in health and social care. This is appropriate given that there is a strong evidence base that engaged employees are healthier and more productive, and that in the specific context of health and social care, there is a link between engagement and continuous improvement in services (and potentially positive health and care outcomes). Furthermore, NHSScotland's 2020 Workforce Vision for health and social care commits to valuing and empowering everyone who works for NHSScotland and supporting them to work to the best of their ability.

iMatter has been developed as a means of more effectively measuring the experience of staff working in health and social care, and (crucially) as a means of supporting staff engagement and promoting continuous improvement.

**The key finding of this evaluation is that iMatter has proved effective and has made substantial progress in achieving the original goals of the model. It is important that investment and support for the iMatter process is maintained and strengthened so that the progress made on staff engagement is built upon and consolidated.**

Our review of the conceptual background to the iMatter tool noted that its measures have been validated, and that it connects with key themes in the international research literature on employee engagement and with NHSScotland Staff Governance Standards. Perhaps even more importantly, iMatter was co-produced with NHSScotland staff, and so reflects the understandings and priorities of health and social care employees (although, as noted in this report, there is a need for continuous reflection and co-production to ensure that all measures are meaningful).

**An additional key finding of this research is that staff and managers across a range of teams, H & SCPs and Boards find the current iMatter model and content to be relevant and useful in exploring staff experience, engagement and continuous improvement. There was also broad support for iMatter from trade union respondents and non-executive Board members. There is a comprehensive recognition of, and commitment to, the principles of the iMatter model across all national and local stakeholder groups. For NHSScotland, it represents an effective means of capturing staff experience and engagement in line with established Staff Governance Standards.**

As noted in this report, the evidence suggests that iMatter benefits from a number of strengths including:

- support for the team-based approach and the ability to provide data on the experience of staff working relationships with their colleagues and supervisors/managers;
- support for iMatter as a validated 'bespoke' instrument and measure of staff experience issues, where the components/items were generated by NHSScotland staff - in other words, iMatter was viewed as a credible measure of experience because it was co-produced;
- the link from iMatter to recognised NHSScotland Staff Governance Standards - iMatter is viewed as a measurement of these standards across the range of staff experience;
- iMatter comprises a localised feedback component that allow an Action Plan to be developed by teams to address issues raised by the component measures and where progress can be reviewed, leading to better staff experience;
- iMatter is action-focused and provides the basis for the continuous improvement of teams. It goes beyond a 'simple' staff survey and is a 'tool' with the potential for team

ownership and empowerment, where problems are potentially solved by teams rather than by management;

- iMatter has been able to generate significantly high levels of staff response and the data can be considered to be more representative of staff views;
- iMatter is relatively quick to complete, the individual components are largely phrased in positive and/ or neutral terms, and the components are largely easy to interpret;
- the utility of iMatter data to be used alongside other management tools and approaches (e.g. Quality Management, Leadership Development, Personal Development Plans and Annual Appraisals), and wider staff engagement or 'cultural' exercises or changes in Boards; and
- the transferability of iMatter to settings outwith NHSScotland (e.g. to H & SCPs and Council staff, and to other public sector workforces in Scotland).

**An additional finding is that the adequate resourcing of key support roles – in this case played by Op Leads – is essential to supporting the implementation of initiatives such as iMatter.** We found that Op Leads play a key role in raising awareness, keeping managers and teams informed of timescales and deadlines, delivering training, and offering encouragement, advice, coaching and support to staff and managers. It is important that there is continued support and investment for this work.

As noted in this report: **"Most of the employees and managers participating in our research thought that Action Planning had been useful…"** while others also noted the broader benefit of bringing teams together to spend 'quality time' together and discuss shared issues and challenges. We again noted that continued investment in training, coaching and sharing of good practice was required to maintain positive momentum around the Action Planning process. It is important that resources to provide support, training and coaching in implementing iMatter and Action Planning at team level are maintained and are sufficient.

An important area of future development might involve the strengthening of opportunities for managers and Op Leads to share good practice and lessons from the Action Planning process; and the content of Action Plans. iMatter online learning and guidance materials are useful and will benefit from further development. Nevertheless, there is a need consider how best to build upon online resources and opportunities for face-to-face learning across teams on the Action Planning process and examples of good practice.

In comparison with iMatter, response rates and buy-in for the D@W Survey are clearly more disappointing. While all of our respondents strongly supported action on dignity at work issues, there was limited enthusiasm (including among staff and managers) for the current annual survey exercise. There was agreement that the D@W agenda needs to be made more action-focused. We recommend that NHSScotland and partners institute a process of co-production – much like the exercises that informed the development of the successful iMatter process – to arrive at a consensus as to what staff and managers want from the D@W process, and how best to take forward the D@W agenda.

**Our expert-led review of the usability of the iMatter online tool concluded that the design was consistent with good practice in online surveys. All of the staff and managers participating in our research were positive about the usability and 'look and feel' of iMatter.**

Our research fieldwork identified a range of key facilitators associated with the effective implementation of iMatter, including:

- securing the visible leadership and buy-in of senior managers; senior management's leadership of the dissemination of practical information about iMatter;

- support for the crucial work of Op Leads in delivering information, support and training;
- effective IT systems and electronic communications; and
- ensuring sufficient information and support was available during team confirmation and Action Planning processes.

Our research finally identified a range of ongoing challenges and areas for further action for iMatter. These included:

- crucially, the need to continue to encourage senior and line manager buy-in and leadership of the iMatter process – it was suggested that where iMatter has struggled to gain traction, this is often a symptom of senior leadership team members failing to take full ownership and provide visible and committed leadership;
- the need to continue to increase the number and quality of Action Plans;
- the need to address staffing pressures that limit the time and opportunity for staff to engage with iMatter, Action Planning and continuous reflection on improving care
- the need for continued work to support the establishment of iMatter teams that allow for effective Action Planning between line managers and staff;
- ensuring that staff and management changes are identified quickly and effectively by iMatter systems;
- ensuring that managers have access to information, coaching and training in both the basics of the iMatter process and Action Planning; and
- the need to continue to support increasing participation in iMatter and Action Planning, and to ensure that Action Planning informs continuous improvement within teams.

In terms of technology-related challenges, while Op Leads and other stakeholders were broadly positive about the technology of iMatter, we conclude that further investment in server hosting facilities that would improve server capacity could help to resolve ongoing problems with data upload and storage.

There was strong support for further investment in the closer integration of iMatter with HR systems such as Turas and eESS, which might free up time for Op Leads, managers and others, so that energies can be focused on Action Planning and delivering continuous improvement.

We also identified the potential benefit of App-based and SMS versions of iMatter in order to improve the reach of the tool to colleagues without ready access to IT.

A number of conclusions are clear from our research.

- iMatter benefits from being rooted in a process of co-production with staff and managers, so that its measures and processes are meaningful in context.
- While response rates vary, they compare positively with the preceding National Staff Survey and many other engagement exercises, and generally demonstrate a high level of acceptance of and engagement with the iMatter process. This was confirmed by our discussions with staff and managers at various levels and across a range of Boards and H & SCPs. There is consensus that the iMatter process is of value. This seems to be due to the locally-relevant, team-based and action-focused approach of iMatter.
- IMatter is therefore an effective model for capturing staff experience and promoting staff engagement. It is important that it continues to be supported and developed.
- The visible leadership and encouragement of senior management teams for iMatter has been an important facilitator of success and should be strongly encouraged in all H & SCPs and Boards.
- The work of Op Leads and their teams was valued by managers implementing iMatter – they play a key role in informing and supporting both the iMatter process and Action

Planning in response. It is important that this work continues to be resourced and further supported.

- While the content of iMatter appears to be appropriate and of value for staff and managers in reflecting on staff experience, there should be a continuing process of co-production and reflection on the content of the tool and how outputs are reported.
- There is strong support for the iMatter Action Planning process as a means of framing team-based actions. There is also awareness of challenges associated with limited time and resources and the need to maintain momentum on agreed actions. It is important that staff have time and resources for Action Planning and reflection. In the more immediate term, The work of Op Leads – or additional or alternative forms of support as appropriate – should be resourced to continue to assist teams to engage in Action Planning and continuous improvement.
- Resources are required to enhance opportunities to share good practice in Action Planning and outcomes across teams. This may involve further investment in a growing body of useful online materials, and/or creating opportunities for staff and managers to share practice in person.
- The design of the iMatter online tool works effectively for staff and is in line with good practice. There is an urgent need to explore technology-based solutions to maximise the reach of iMatter – this should involve investment in an App and/or the further roll-out of SMS versions.
- There is strong support for further investment in IT systems that streamline and integrate iMatter with other systems such as Turas and eESS. Such IT integration offers important opportunities to reduce the administrative demands of iMatter on managers and Op Leads, freeing them to concentrate on staff engagement work. Investment in such IT integration is both justified and urgently required.
- In conclusion, there is strong support for iMatter among staff, managers and other stakeholders, including trade union respondents and non-executive board members. iMatter has successfully rolled out a highly effective tool for capturing and reporting staff experience, and (crucially) informing actions on continuous improvement. It is important that the good practice associated with iMatter is shared and celebrated, and that there is renewed investment to build on this successful model, and tackle some of the continuing challenges identified in this report.

The evidence leads us to make the following **Recommendations**:

- **Recommendation 1:** There was near unanimous support among staff, managers and stakeholders, including trade union and non-executive Board representatives, that iMatter is an effective model for capturing staff experience and promoting staff engagement. It is important that the iMatter approach is supported and resourced to build upon its successes to date. This should include continuing support to ensure access to information, coaching, training and learning for managers and staff involved in iMatter.
- **Recommendation 2:** There would be value in some re-consideration of the two statements that appear to promote relatively greater confusion among respondents. Assessing managerial visibility needs to be anchored both to clearer definition of who comprises 'senior managers' and to staff desires for visibility. There is also merit in anchoring the decision involvement question either specifically to Partnership working arrangements or to a specified level of organisational decision making.
- **Recommendation 3:** There would be value in considering how best to build upon online resources and opportunities for face-to-face learning across teams on the Action Planning process and examples of good practice.
- **Recommendation 4:** We recommend continuing the 60% threshold for iMatter reporting. However, we urge consistency in messaging to staff, so that their ownership of the iMatter process is reinforced. A shift in language among iMatter stakeholders –

away from the negative connotations of receiving "No Report" – may also be helpful. Language differentiating a standard "iMatter Report" from an "iMatter Max Report" (provided when the 60% threshold is achieved) might be more helpful.

- **Recommendation 5:** The iMatter national team should continue to work towards the development of an easy-to-read 'Dashboard' that presents top-line key indicators. Reporting should also employ statistical significance testing to indicate change and potentially (because of 'big' sample numbers) utilise the more robust analytical power of multivariate data analysis.

- **Recommendation 6:** In its current form, D@W neither offers robust measures, nor appears to engage respondents in the process or in actions arising. It is difficult to see a strong analytical argument for, or widespread stakeholder interest in, continuing D@W in its current form. However, given the importance of the broader issue of dignity at work, there may be merit in adopting a similar co-created process as with the development of iMatter, with a view to identifying key issues, themes and robust questions; agreeing an appropriate vehicle and unit of analysis outside of iMatter for these questions (for example, through Pulse surveys); and developing action-oriented outcomes so that staff feel safe to speak up, and are confident that they will be listened to and their concerns acted upon.

- **Recommendation 7:** There is a need for iMatter partners to continue to build on what is an effective online tool, for example by ensuring accessibility for all relevant groups and considering any possible upgrades based on feedback from staff.

- **Recommendation 8:** iMatter stakeholders should work together to ensure that there are opportunities to share examples of good practice and facilitators of success in the delivery of iMatter across teams, H & SCPs and Boards.

- **Recommendation 9:** It is essential that senior managers and leadership team members at all levels within participating H & SCPs and Boards take ownership of, and provide visible and committed leadership for, iMatter. Where this has not been the case, substantial challenges have arisen in embedding iMatter. It is crucial that embedding and supporting iMatter is seen as a key task and not an optional extra by senior management/leadership team members.

- **Recommendation 10:** There may be benefit in further investment in server hosting facilities that would improve server capacity, memory and speed. Investing in improved, Cloud-based server capacity would allow access to additional flexible capacity as and when required, as well as mitigating any risks to data storage.

- **Recommendation 11:** There is a need to take immediate steps to support IT integration (for example, linking iMatter with Turas and eESS systems) that has the potential to free up time for Op Leads, managers and others, so that energies can be focused on Action Planning and delivering continuous improvement.

- **Recommendation 12:** Progress should be made on the more extensive piloting of SMS and smartphone-friendly versions of the iMatter tool. Support should be provided for the development of an App-based version.

# Acknowledgements

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