

# Internal Audit



## Staff Satisfaction

October 2019

### Internal Audit Assurance assessment:

Objective One	Objective Two	Objective Three	Objective Four
Significant Assurance	Moderate Assurance	Moderate Assurance	Moderate Assurance

### Timetable

Date closing meeting held: 2<sup>nd</sup> October 2019

Date draft report issued: 14<sup>th</sup> October 2019

Date management comments received: 11<sup>th</sup> November 2019

Date Final report issued: 12<sup>th</sup> November 2019

Date presented to Audit and Risk Committee: 25<sup>th</sup> November 2019

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## **1. Introduction**

- 1.1 One of the methods by which the organisation measures staff engagement is through the annual iMatter survey, which is designed to determine how motivated employees are and how supported they feel, as a snapshot at a point in time. Once survey results have been compiled, action plans are created by each team which seek to address any issues noted and therefore, improve employee engagement, motivation, and productivity.
- 1.2 A recent review of iMatter was undertaken by Strathclyde University, commissioned by the Scottish Government Directorate for Health Workforce, Leadership and Service Reform. This review found that iMatter is effective and that investment and support for the iMatter process should be maintained and strengthened.
- 1.3 NHS Lothian's Staff Governance Committee (SGC) receives reporting on the iMatter process at each meeting, and also receives a summary of the results annually. The reporting, which is provided to each meeting, as opposed to the annual results reporting, are updates on the overall iMatter process itself, e.g. whether the annual timetable is being adhered to, but not progress being made by individual departments and directorates in implementing improvement actions.
- 1.4 The Scottish Government has set a timetable for the process, and annually collates and publishes the results for all boards in Scotland. These results show, by individual board, the response rate, the level of employee engagement, the number of teams who did not achieve the minimum response rate required for a Team Report to be produced, and the number of teams who created an action plan within 12 weeks of Team Reports being published. A comparison of the iMatter results across Boards for 2018 can be seen at Appendix 2.

### **Scope**

- 1.5 The objective of the audit was to assess if there are effective controls in place over the management of staff engagement, including the capture and evaluation of information, and committee oversight of improvement work performed. In particular, we considered areas of risk identified through comparing directorate response rates and action plan completion rates across NHS Lothian and focused our testing there.

### **Acknowledgements**

- 1.6 We would like to thank all staff consulted during this review, for their assistance and cooperation.

## 2. Executive Summary

### Summary of Findings

2.1 The table below summarises our assessment of the risks and the adequacy and effectiveness of the controls in place to meet each of the risk areas agreed for this audit. Definitions of the ratings applied to each action are set out in Appendix 3.

No.	Control Objectives	Assurance Level	Number of findings			
			Critical	High	Medium	Low
1	Staff engagement information for individual staff members is kept confidential.	Significant Assurance	-	-	-	-
2	Information gathered on staff engagement is comprehensive and performed with sufficient frequency.	Moderate Assurance	-	-	1	-
3	Staff engagement information is provided to relevant line managers and to committee, and is complete, accurate, and timely.	Moderate Assurance	-	-	1	1
4	Action plans are created to deal with any issues, and to support NHS Lothian to further develop cultural and organisational change.	Moderate Assurance	-	-	1	1
<b>TOTAL</b>			-	-	<b>3</b>	<b>2</b>

### Conclusion

2.2 The area under review comprised 4 control objectives, of which 1 received Significant Assurance, and 3 received Moderate Assurance.

- 2.3 The electronic iMatter system is used to co-ordinate the work within the organisation, and provides effective management of confidential survey data, reporting, and management of action plans.
- 2.4 There were many areas of good practice identified during the review, and it should be recognised that the organisation as a whole, as well as individual directorates are learning from previous experience of iMatter cycles, and continuing to improve on past achievements (i.e. looking to achieve greater than previous response rates).
- 2.5 Areas for improvement were identified including taking into account personal communication preferences of staff, such as use of personal email addresses for issuing the survey; supplementing the iMatter survey with more focused staff engagement during the year; educating Directors on who should be included in the team structure; providing further training and guidance to line managers responsible for preparing action plans and correcting some misinformation communicated by staff in relation to iMatter.

## **Methodology and Approach**

- 2.6 As part of the audit we considered the controls in place to ensure the iMatter process is followed by individual directorates, including the reporting and governance of this to the SGC. A sample of action plans were reviewed as part of this.
- 2.7 In addition, phone interviews were held with various Directors, responsible for staff engagement within their directorates. This was to identify good practice as well as barriers to the iMatter process. Directors spoken to include those who achieved a high response rate and lower response rate (less than 60%) to compare and contrast approaches to inform our findings.
- 2.8 A complete listing of staff involved, and documents reviewed can be seen at Appendix 1.

## **Main Findings**

- 2.9 The electronic iMatter system is gradually becoming embedded within NHS Lothian, and there is a positive commitment across the organisation to its use, with its value clear to Directors. The system allows for maintenance of a list of all line managers and staff and has functionality to allow for automatic reminder emails to be sent to managers and to staff, the collection of anonymised survey answers, comprehensive reporting, and the input of team action plans.
- 2.10 Currently, there is regular reporting on iMatter issues to the SGC together with the annual provision of the iMatter survey results for NHS Lothian and for NHS Scotland as a whole. Additionally, iMatter results are considered by management committees within NHS Lothian through regular reporting to the corporate management team (CMT) and the Staff Experience and Engagement Programme Board.
- 2.11 The following areas of good practice during the review:

- 2.12 A positive tone of staff engagement has been set across the organisation, and this has been adopted at a directorate level, evidenced by good knowledge of iMatter and the benefits it provides. There is a commitment to demonstrate the difference staff engagement is making, both at a site level with sessions on celebrating success being held, as well as at a corporate level with staff stories being included on the national iMatter website. Staff teams have recently been invited to the SGC meetings in order to bring iMatter to life and supplement reported figures. Additionally, the Staff Experience and Engagement Programme Board has an established development plan in place with an associated action plan. This development plan considers feedback from the iMatter process to ensure required improvements are considered from a corporate level. This is reported bi-annually to the SGC.
- 2.13 Directors and senior managers are taking actions to improve staff engagement. This was demonstrated through each Directorate taking positive actions to encourage staff to complete iMatter surveys and action plans. Actions included the introduction of iMatter task forces/ champions within individual directorates, which is being formalised at a corporate level, with the introduction of an 'iMatter faculty' where best practices can be shared going forwards.
- 2.14 Communication strategies have been introduced to encourage responses to the iMatter process, including the cascading of emails with details of non-respondent and directors holding line managers to account for ensuring high response rates. This is evidenced at a local level through the introduction of tea-breaks or paid overtime for staff who are hard to reach to complete paper survey responses.
- 2.15 Additionally, there was evidence of the sharing of best practice amongst the directorates, with the Royal Infirmary Edinburgh being engaged by different sites to learn from their successes in achieving high response rates to iMatter.
- 2.16 We identified the following areas for improvement during the review:
- 2.17 There is an opportunity for Directorates to supplement the iMatter process with more targeted/in-depth surveys where there are poor levels of staff engagement. This would allow for tailoring of questions and more regular engagement with staff throughout the year. It should be noted that these are currently in development within NHS Lothian but have not yet been circulated for general use.
- 2.18 Effort should be made to maximise access to IT for staff who are 'hard to reach,' through, for example, the use of personal emails. This would improve response rates to the iMatter survey, reduce the likelihood of spoiled paper surveys and increase the number of team reports produced.
- 2.19 Additional and/or more targeted training should be provided to team managers on the preparation of actions plans, including providing them with best practice, templates and other resources. Where appropriate, staff who have identified a need for personal development in leadership, should be supported to complete action plan meetings.

- 2.20 General misinformation in relation to iMatter should be corrected. This includes communicating to staff iMatter will not cease after a 5-year period, and that funding for staff engagement is inconsistently available across the organisation.
- 2.21 Details of these findings are set out in the Management Action Plan.

### 3. Management Action Plan

**Control objective 1: Staff satisfaction information for individual staff members is kept confidential**

We identified no significant issues relating to this control objective.

System controls were reviewed, and it was determined that individual responses could not be identified by name, and that there was appropriate aggregation of responses for small teams, to ensure identity could not be inferred by responses.

**Control objective 2: Information gathered on staff engagement is comprehensive and performed with sufficient frequency.**

**Finding 2.1 – There is an opportunity for directorates to supplement iMatter surveys with more in depth surveys or pulse surveys to improve staff engagement**

**Medium**

Background

Staff engagement is not just reliant on iMatter and whilst iMatter is the main method for or measuring staff engagement, the survey questions included are set nationally and NHS Lothian does not have the option of tailoring these questions. The iMatter process takes place once annually.

Observation and Risk

The questions used in the iMatter survey allow for comparison between the NHS Boards within Scotland, however, questions may not be specific to issues presenting in certain areas of the organisation. Additionally, the completion of an annual survey may not be sufficient for engaging with staff where issues have arisen.

Through discussions with Directors it was identified that there were some directorates which supplemented the iMatter process with more focused surveys to departments where specific issues were recognised, such as high sickness or absence rate. As iMatter only allows for national questions to be asked, this allowed for a more targeted survey response and a ‘deep dive’ into staff behaviours within these areas and positive changes were made as a result of this.

It should be noted that as part of the Staff Experience and Engagement Programme Board’s work, a toolkit is in the process of being developed to allow for pulse surveys and more targeted surveys to be utilised across the organisation, however this was not yet in place at the time of the audit.

There is currently no process in place to report to the SCG on staff engagement in areas of higher risks (i.e. high sickness or absence rates) and how issues are being rectified.



There is a risk that without using other processes to engage with staff, i.e. through more targeted surveys, staff will not feel engaged with and continue not to participate in other staff engagement initiatives such as the iMatter process.

Recommendation

Directorates should have a process to engage with staff groups with poor iMatter response rates, high sickness rates/absence rates at more regular intervals than the annual iMatter survey. This could be achieved using the toolkits which are currently in development and by using the Webropol software used for the iMatter surveys where team information and contact details are already stored, as this will cut out administrative burden of doing this. Lessons learned and best practice on how to engage with staff through this manner could be shared at the 'iMatter faculty' meetings going forwards.

Management Response

It is recognised that iMatter provides an annual snap-shot of staff engagement. The system has been built to provide managers with up to 5 years worth of data, so that trends can be established, it is acknowledged that for some teams, there may be a requirement to utilise alternative methods for capturing staff experience throughout the year. Multiple, alternative data sources are available, which can be used to identify teams in difficulty. iMatter results for any team, should reflect the data being collected in other data sets.

Management Action

Directorates will be encouraged to access the tool kit which is currently being developed by the Organisational Development team within the HR & OD Directorate. The tool kit will provide additional methods for surveying staff, particularly where specific issues have been raised. This suite of validated tools will enable teams and managers to have a clearer understanding of the issues and will form the basis for work required to develop meaningful action plans which will address these issues. The toolkit will be launched by January 2020

In 2020, NHS Lothian will participate in a national program to develop an alternative to the Dignity at Work questionnaire, which will provide an additional data source. This work starts in Spring 2020. This project aims to re-evaluate how dignity at work is measured and ensure that there is engagement in development of the tool from stakeholders.

Responsibility:

Associate Director, OD and Learning OD

Target Date:

January 2020

**Control objective 3: Staff engagement information is provided to relevant line managers and to committee, and is complete, accurate, and timely.**

**Finding 3.1 - Personal preferences and maximising access to IT for hard to reach staff, should be considered to encourage engagement**

**Medium**

Background

iMatter produces team reports where a response rate of greater than 60% per team is achieved. This is increased to an 100% response rate for 'small teams' – classed as teams of 4 or less people. A directorate report is produced where 60% of a directorate has responded to the iMatter survey.

Team and Directorate reports show the collective responses from each respondent and these demonstrate how engaged staff are, areas of strength and areas for improvement.

Observation and risk

Through our review, it was identified that there are lower response rates within directorates where there is limited IT access, where staff members work varying shift patterns and where teams work across different locations within Lothian. This is demonstrated through directorates such as Estates and Facilities and the Primary Care Transformation Directorate achieving response rates of 52% and 37% respectively, when compared to the Finance Directorate achieving 88%, where IT is easily accessible. This is a consistent trend across all other directorates.

Narrative provided by directors included that where IT access is limited, a high number of paper surveys are used. Directors have taken positive actions to allow for staff to complete paper surveys including examples of providing 'break-out areas' for staff with tea and cakes to as well as agreeing overtime for staff to complete the surveys at the start/end of their shifts.

However, where paper surveys are used, there is a higher spoil rate, due to questions being unanswered or incorrect marking of papers being used. For example, within the Estates and Facilities directorate over 200 paper surveys were spoiled (representing 8% of the total directorate). Additionally, providing 'break-out areas' is harder to coordinate for staff working different shift patterns and in various locations across Lothian.

It was identified that the iMatter system allows for staff to be contacted via an email to complete surveys, but that this does not necessarily need to be their NHS Lothian email address. Staff could be contacted via personal email addresses, and some directors have explored this idea with staff, who were keen to engage through personal emails. It would need to be considered, how to communicate and assure staff that if they were contacted via personal email addresses the results remain secure and anonymised through the Webropol software (where iMatter is hosted).

Additionally, the national iMatter review undertaken by Strathclyde University recognised that there is an opportunity to maximise access to iMatter from a digital perspective. This has resulted in initiatives, including using direct SMS/text messages to staff, being piloted within

other health boards. NHS Lothian are aware of these developments and this is an area currently being considered by the iMatter faculty.

Recommendation

Effort should continue to be made to better engage with hard to reach staff through identifying personal preferences to answering iMatter surveys and maximising access to IT in line with the recommendations of the Strathclyde University review and outcomes of any national pilots.

In addition, if this was implemented, there should be communication to staff regarding how personal email addresses would only be used for these purposes, kept secure and responses continue to be anonymised, to encourage the collection of data in this way.

Management Response

It is acknowledged that response rates are lower for staff who complete the questionnaire on paper. There is also an increase risk that paper copies will be rejected once submitted, because they have been partially completed, are duplicates or contain errors. This is replicated across all Boards in Scotland, where paper copies are being submitted.

Management Action

Work is underway, following a pilot in Greater Glasgow and Clyde to send questionnaires via SMS texting service. NHS Lothian will roll out the use of SMS texting once the appropriate developments have taken place on the national iMatter system.

The iMatter Team will work closely with those Directorates with high levels of paper responses, to ensure that staff and managers use the SMS function, where appropriate. This will be aimed primarily at those staff who currently complete paper copies.

The iMatter team will develop guidance for managers and staff, and will publicise this change through local newsletters, Tool Box talks and by providing publicity material to iMatter Faculty members, to encourage uptake of SMS texting in their own Directorates.

In addition, the iMatter Team will remind managers that staff can use their own personal email addresses to receive their questionnaire.

Responsibility:

iMatter Operational Lead

Target date:

May 2020

**Control objective 3: Staff engagement information is provided to relevant line managers and to committee, and is complete, accurate, and timely.**

**Finding 3.2 – When confirming teams on iMatter, long terms sickness and absences should be taken into account. Additionally, there is scope to exclude certain members of the team, where appropriate**

**Low**

Background

As noted in Finding 3.1 above, iMatter produces team reports where a response rate of greater than 60% per team is achieved. Prior to requesting survey responses, teams are confirmed on iMatter to identify which individuals the survey will be sent to.

Observation and risk

In general, the process of confirming teams on iMatter was evidenced as being robust with directors utilising administrative staff and line managers knowledge to complete this process. However, there was evidence that some confirmed teams included staff who were on long-term sickness or absence e.g. maternity leave etc. Therefore, these staff are still included within team structures and counted as individuals who should respond, but they would not be able to respond during the course of the process, resulting in % response rates of teams and directorates being affected.

Additionally, NHS Lothian have recognised that there are some groups of staff, such as bank staff where the iMatter survey was not appropriate, as NHS Lothian is not their full-time employer. Internal audit agrees with this assessment. However, our review identified that there are groups of staff who are still included within the iMatter survey, but who do not report directly into the organisation. This includes General Practitioners (GPs) within the Primary Care Transformation Directorate working within Local Unscheduled Care Teams who work 1-2 days per month in a similar manner to bank staff.

Recommendation

Directors and line-managers should be reminded that staff on long term sickness or absence can be excluded from iMatter survey responses.

It should be considered if certain groups of staff could be excluded from the iMatter process, with a governance process for doing this set up, to ensure staff are not excluded unnecessarily. If this is decided, these groups could receive a separate survey asking them specific questions in relation to their work, to ensure they are still engaged with by the organisation.

Management Response

Agree. Managers are advised at iMatter Awareness Raising sessions that staff may be excluded from the system, when on long term sick leave or maternity leave. This decision should be taken by managers in consultation with the member of staff, where appropriate.

Management Action

iMatter team will remind managers to exclude staff members who are unavailable at the time of the questionnaire and update guidance on going publicity, matched to 2020 iMatter time table, to ensure the message is delivered 'just in time', commencing with the first cohort in January 2020

Responsibility:

iMatter Team Operational Lead

Target date:

January 2020

**Control objective 4: Action plans are created to deal with any issues, and to support NHS Lothian to further develop cultural and organisational change.**

**Finding 4.1: There is limited assurance on the completion and implementation of action plans following intended processes, in some instances directorate wide actions were used rather than team specific**

**Medium**

Background:

Once the iMatter survey results have been collected each year, each team within the organisation has 12 weeks to complete an action plan to address any issues noted. Action plans should be created by individual teams, for individual teams and produced from an outcome of a team meeting where actions are discussed and agreed.

Observation and Risk:

NHS Lothian had a 60% completion rate of action plans in 2018, as shown in Appendix 2.

A review of 16 team action plans produced for the 2018 iMatter process showed that:

- clear objectives were not stated in 2 (12%) of the 16 sampled
- staff responsible for implementation were not stated for any of the 16 plans. However, the person responsible in all instances could perhaps be inferred, i.e. that the line manager for the team would be performing the work
- timescales were not made explicit for any of the 16 plans sampled.

Through discussions, it was identified that all directors know that action plans should be created with the engagement of teams, however, there were varying practices noted to this across the organisation. For example, the RIE undertake an audit to ensure all teams have had team meetings in relation to action plans, whereas other, rely on line managers doing this without having a specific process in place to ensure this is done properly. In some directorates, where a team report had not been produced, directorate wide actions were used (created by the senior managers of the directorate) to populate the action plans. These were, therefore, not specific to each team, and did not follow the intended iMatter process.

Additionally, there is a high reliance on line managers to ensure the implementation of action plans with limited assurance around this process provided.

Through interviews with staff it was identified that some line manager felt they did not have the skills to complete action plan team meetings and ensure their implementation. This was identified from staff usually of a lower Band level who were in a line manager position, identifying they had limited 'leadership' or 'management' experience.

There is a risk that without targeted action plans for each team which are implemented throughout the year, the benefits of iMatter will not be realised, and there will not be an improvement in staff engagement.

Recommendation

Additional and/or more targeted training should be provided to team managers throughout Lothian on how to undertake action plan meetings, with best practice, templates and other resources made available to team managers. Where possible, additional support should be

provided to conduct action plan meetings where an individual team manager requires, to help develop leadership experience in this area.

NHS Lothian should continue to share success stories of iMatter action plans and their successful implementation and cascade these across the organisation, to encourage best practice.

#### Management Response

Agree that more work needs to take place to collect and publicise Team Stories.

The initial priority for the iMatter Team was to embed iMatter into the organisation, to ensure it becomes viewed by all staff as 'business as usual' Three years on the iMatter team are now able to focus on the development of Action Plans and collecting and publicising Team Stories.

#### Management Action

The iMatter Team has been expanded through the temporary re-deployment of an experienced Senior Charge Nurse. This experienced manager has been tasked to meet with teams, in order to support them in the development of their Team Story. As part of this exercise, additional guidance and training materials will be developed, based on the feedback gathered from staff at these events. This guidance will be uploaded and shared on the iMatter homepage on the Intranet.

Further face to face training will be offered to line managers and their teams in 2020, to support the development of effective Action Plans.

The iMatter Faculty will be encouraged to support local development sessions within their own Directorates, and to help less experienced managers, either by supporting development sessions, or by partnering them with a more experienced manager.

The iMatter Team will also publish Team Stories locally, through site newsletters as well as on the national iMatter website, developed by the Scottish Government Health Department. We will continue to publicise team stories at a local level and through Committees of the Board.

There is a development of the iMatter system taking place to support 'text mining'. This will provide management teams with a 'summary' of the issues being addressed by teams in their Action Plans and Team Stories. Local management teams will be able to use this data to understand common themes emerging from iMatter and then to target resources for maximum benefit of the majority of teams

#### Responsibility:

iMatter Operational Lead and Directorate Management Teams

#### Target date:

September 2020

**Control objective 4: Action plans are created to deal with any issues, and to support NHS Lothian to further develop cultural and organisational change.**

**Finding 4.2 - General misinformation relating to iMatter and staff engagement was identified through discussions with staff**

**Low**

Background

iMatter was introduced to NHS Lothian in 2017, and training was provided to directors and line managers at this time.

Observation and risk

Through discussions with directors, some misinformation relating to iMatter was identified. This included the following:

- There is a belief among staff that iMatter will only be being used by the organisation for 5 years. Therefore, although actions are in place to address issues identified and improve the iMatter process, there is a risk that full engagement in the process is not achieved as it is believed a new process is going to be brought in in the near future.
- Additionally, there is a belief that some sites have access to funding for staff engagement, and that this is not consistently available across the organisation.

Recommendation

A consistent message should be cascaded across the organisation reinforcing that iMatter is not going to cease after the 5-year period (i.e. after 2022) and that the organisation should continue to work towards building in processes which ensure high response rates.

Awareness should be raised around the funding available to teams/directorates to support staff engagement.

Management Response

[]For any major cultural change program to be a success, it is important that key messages are shared and reinforced on a regular basis.

Management Action

The iMatter Faculty have identified this as an issue and have started to develop a set of Frequently Asked Questions, to be uploaded to the iMatter website.

In addition, a 'myth-busting' article will be developed for Connections. This will be circulated to local management teams and Partnership Fora, for onward dissemination.

Local management teams will be encouraged to prioritise local budgets to support core staff engagement & wellbeing activities and to continue to access appropriate funding streams designed to non-core activity.



<u>Responsibility:</u> Director of HR & OD	<u>Target date:</u> February 2020
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## 4. Appendix 1 – Staff Involved and documents reviewed

### Staff Involved:

- Employee Director
- Head of Medical Workforce Planning and iMatter Operational Lead
- iMatter Administrator
- HR Information Systems Manager
- Business Manager, HR & OD
- WGH Site Director
- RIE Site Director
- Director of Primary Care Transformation
- Director of Operations – Facilities
- Chief Officer Edinburgh IJB

### Documents Reviewed:

- iMatter anniversary cycles for 2018 and 2019
- iMatter reports for 2017 and 2018, including:
  - response rates by directorate (comparing year-on-year changes)
  - employee engagement index (EEI) score for the organisation
  - organisational response rate
  - scores for all iMatter questions for the organisation as a whole
  - whether action plans had been created by individual teams within the 12-week deadline
- NHS Lothian's corporate objectives for 2018-19 to 2022-23
- A list of all teams in iMatter, together with whether a team action plan was in place
- The iMatter manual
- iMatter action plans - a sample of 16, from a population of 1,369.
- The iMatter electronic system
  - Administrative screens
  - Teams with low response rates
  - Training resources for line managers
  - Confidentiality of information provided by staff members
  - Reporting functionality available to line managers
  - System for sending email reminders to line managers and recording action plans
- SGC minutes for 2017, 2018, and 2019 – all minutes were reviewed
- Reporting, and related discussion, on iMatter provided to the SGC – for all meetings during 2017, 2018, and 2019
- Staff Engagement and Experience Programme Board minutes for 2017, 2018, and 2019 – all minutes were reviewed
- Lothian Partnership Forum minutes for 2018 – all minutes were reviewed
- Corporate Management Team minutes relating to iMatter during 2018
- Staff Engagement and Experience Development Plan 2018 - 2020
- Staff Engagement and Experience Development Plan 2018 - 2020 delivery framework.

## 5. Appendix 2 – Comparison of iMatter 2018 Key Performance Indicators by NHS Board

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

Shaded boards did not get 2018 iMatter EEI report

\* Teams with No Report are teams of more than 4 people who did not achieve a 60% response rate and teams of 4 or less people that did not achieve 100% response rate

### Response Rate

The response rate is calculated as the percentage of questionnaires issued that have been completed and returned within the allowable time.

Of the 23 organisational groups listed above, NHS Lothian was ranked 10<sup>th</sup> in terms of response rates. Lothian had a response rate of 63% compared to the average of 65%.

### Employee Engagement Index Score (EEI)

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

Of the 23 organisational groups listed above, NHS Lothian was ranked 8<sup>th</sup> in terms of employee engagement. Lothian had a score of 77 compared to the average of 77.

#### No Report

This shows the proportion of teams within each organisation who have not achieved the response rate threshold of 60%. Overall 9 out of 22 Boards and 38% of Teams did not receive an iMatter report.

Of the 23 organisational groups listed above, NHS Lothian was ranked 11<sup>th</sup> in terms of achieving the response rate threshold. 34% of Lothian's teams did not provide a report, compared to the average of 38%.

#### Action Plans Agreed

Each team within each organisation is invited to complete a continuous improvement action plan. These statistics show the percentage of teams who have an agreed Action Plan in place within 12 weeks of receiving iMatter results.

Of the 23 organisational groups listed above, NHS Lothian was ranked 13<sup>th</sup> in terms of agreeing actions plans within the 12-week deadline. Lothian had a completion rate of 60% compared to the average of 62%.

## 6. Appendix 3 - Definition of Ratings

### Findings and management actions ratings

Finding Ratings	Definition
<b>Critical</b>	A fundamental failure or absence in the design or operating effectiveness of controls, which requires immediate attention
<b>High</b>	A key control failure has been identified which could be either due to a failure in the design or operating effectiveness. There are no compensating controls in place, and management should aim to implement controls within a calendar month of the review.
<b>Medium</b>	A control failure has been identified which could be either due to a failure in the design or operating effectiveness. Other controls in place partially mitigate the risk to the organisation, however management should look to implement controls to fully cover the risk identified.
<b>Low</b>	Minor non-compliance has been identified with the operating effectiveness of a control, however the design of the control is effective

### Report ratings and overall assurance provided

Report Ratings	Definition	When Internal Audit will award this level
<b>No assurance</b>	The Board cannot take any assurance from the audit findings. There remains a significant amount of residual risk.	The controls are not adequately designed and / or operating effectively and immediate management action is required as there remains a significant amount of residual risk (for instance one Critical finding or a number of High findings)
<b>Limited assurance</b>	The Board can take some assurance from the systems of control in place to achieve the control objective, but there remains a significant amount of residual risk which requires action to be taken.	<p>This may be used when:</p> <ul style="list-style-type: none"> <li>• There are known material weaknesses in key control areas.</li> <li>• It is known that there will have to be changes that are relevant to the control objective (e.g. due to a change in the law) and the impact has not been assessed and planned for.</li> </ul> <p>The controls are deficient in some aspects and require management action (for instance one 'high' finding and a number of other lower rated findings)</p>
<b>Moderate assurance</b>	<p>The Board can take reasonable assurance that controls upon which the organisation relies to achieve the control objective are in the main suitably designed and effectively applied.</p> <p>There remains a moderate amount of residual risk.</p>	<p>In most respects the "purpose" is being achieved. There are some areas where further action is required, and the residual risk is greater than "insignificant".</p> <p>The controls are largely effective and in most respects achieve their purpose with a limited number of findings which require management action (for instance a mix of 'medium' findings and 'low' findings)</p>
<b>Significant assurance</b>	<p>The Board can take reasonable assurance that the system(s) of control achieves or will achieve the control objective.</p> <p>There may be an insignificant amount of residual risk or none at all.</p>	<p>There is little evidence of system failure and the system appears to be robust and sustainable.</p> <p>The controls adequately mitigate the risk, or weaknesses are only minor (for instance a low number of findings which are all rated as 'low' or no findings)</p>