

Future Focused Finance – Fulfilling our Potential: Great Place to Work

Independent Evaluation of Team Assessment Pilots

October 2014

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1. Introduction

In September 2014, CIPFA was commissioned by the Healthcare Financial Management Association (HFMA) to provide an independent evaluation of the *Great Place to Work* (GpTW) survey process. The survey was piloted by 20 organisations throughout the NHS, chosen to reflect the geographic and organisational spread across England.

The purpose of the independent evaluation was to:

- i) Provide an evaluation of the pilot to establish whether the methodology:
 - Is of demonstrable benefit, adding significant value over and above the standard national NHS staff and finance team surveys that already occur
 - Is suitable for all organisation types and sizes
 - Adds value - and to what extent - in all types of NHS organisations
- ii) Be clear about the (actual and potential) strengths, weaknesses, opportunities and threats of the approach being tested by the pilot sites
- iii) Capture lessons learned from the pilot sites that can add value to any future rollout and/or use of this assessment process by individual organisations

The evaluation approach comprised of:

- **Desk research**, including:
 - a review of the NHS staff survey methodology and question set, as well as the HFMA and Finance Skills Development (FSD) Finance Function Survey
 - A review of guidance from the Information Commissioner's Office, as well the guidance issued by the Market Research Society, in relation to surveys of staff
 - A review of the *Great Place to Work's* "The UK Best Workplace Programme Handbook."
- **Twenty telephone interviews (depths)** across each of the pilot sites of the Financial Directors, or their equivalent. To ensure continuity and comparability, each interview was based on a standard discussion guide, which was developed based on the objectives outlined above (see Appendix one).
- **An online discussion forum** through which we tested the theories and views expressed by the Financial Directors. Those invited to join this discussion were at a lower level of seniority, and therefore had a different perspective on the purpose and outcomes of the *Great Place to Work* survey.

CIPFA would like to thank the HFMA, Great Place to Work, and especially all of those who participated in the evaluation interviews and online discussion forum.

2. Management summary

- It is clear that the pilot sites saw the *Great Place to Work* Trust Index Employee Survey as a valuable exercise, particularly with regards to the local focus. It was generally viewed as being complementary to existing NHS staff and finance team surveys that already occur. In contrast, CIPFA's desk research identified a number of overlaps between the question sets.
- Whilst the people at the pilot sites generally viewed the survey as being suitable for their organisation, some would have preferred the results to be broken down further by size and type. CIPFA's desk research would suggest that some of the pilot teams' sizes were too small for the results to be considered as statistically significant. However, when analysing the data across all the pilot sites taken together, there was enough participation for the results to be statistically significant.
- New organisations, or those that have not done significant development work, generally viewed the exercise as a useful starting point for development.
- Well established organisations, or those that have already carried out significant development work, generally felt that the survey could help reinforce issues and provide useful internal/external benchmarking.
- Several participants appreciated that the survey was specific to finance teams. However, the core *Great Place to Work* survey questions contained no references to finance, and it was in fact the additional NHS questions that provided this focus.
- The *Great Place to Work* survey guidelines were not adhered to in their entirety, such as the number of employees required to participate (see page 13 of this report for more information.)
- There were some issues about question clarity, particularly those in relation to "management", and whether some of the questions were referring to their own sites or to the NHS more generally.
- Several pilot sites suggested that the anonymity of respondents from small teams could be compromised in the comments report. However, this generally was not seen as an issue, providing the responses are used effectively and appropriately. CIPFA's desk research would suggest that though many of those taking part in the pilot may not see this as a problem, the issue of anonymity is a serious one and that, should this work be rolled out to a wider audience, anonymity would become increasingly important if participation were to be maximised.
- It should be noted that the survey process involved a self-volunteered sample of teams who were generally enthusiastic about the Future Focused Finance initiative, so a degree of caution should be taken when assessing the survey feedback. An inclusion of non-volunteers may have altered the overall feedback. It should also be noted that the survey was seen as coming at the right time for several participants.

- The pilot sites were in favour of repeating the survey, with most suggesting an annual recurrence. Some respondents felt that timescales for repeating the survey should be decided locally, in order to address local needs.
- At the time of interviews, most pilot sites were yet to finalise action plans/strategies, so it is difficult to determine how useful the outputs will be until this has occurred.

Though the scope of the CIPFA assessment did not extend to work carried out on the survey by Future Focussed Finance (FFF) we did have an opportunity to observe the work of the FFF team at the London workshop on 12th September. The unofficial feedback given by other attendees to the CIPFA member of staff who attended was that the team was very well regarded. Her own comments on the team were that "the team were incredibly enthusiastic and energised. They worked very well together and seemed to play to each other's strengths. They carried the day."

3. Adherence to research guidelines

This section considers whether the *Great Place to Work* survey addresses matters relating to the Data Protection Act, including anonymity and informed consent.

3.1 Information Commissioner's Office (ICO) - Anonymisation: managing data protection risk code of practice

The ICO code of practice is designed to give researchers a "a reasonable degree of confidence that [the] publication of anonymised data will not lead to an inappropriate disclosure of personal data – through 're-identification'." The code is also designed to help researchers "identify the issues [they] need to consider when deciding how to anonymise personal data" and help assess "any risk associated with producing – and particularly publishing – anonymised data."

When considering how to ensure anonymisation, factors to be considered include:

- The likelihood of re-identification being attempted;
- The likelihood that the re-identification would be successful;
- The anonymisation techniques which are available to use; and
- The quality of the data after anonymisation has taken place and whether this will meet the needs of the organisation using the anonymised information.

Risk of identification

The greatest risk of identification arises from the data in the Employee Comments Report, which includes all of the responses from the two open-ended questions in the survey. The two questions were:

"Is there anything unique or unusual about this company that makes it a great place to work?"

"If you could change on thing about this company to make it a better place to work, what would it be?"

It was noted in the report that "self-identifying remarks may have been edited and replaced by reference removed or removed to protect employee anonymity."

Responses to the question that might help identify the individual include:

- References to a specific pilot site
- Reference to personal situation eg family members, flexitime, etc.
- Reference to an issue that has been brought up in a previous scenario

- Changes to a team's circumstance eg relocation, restructuring, etc.

The ICO notes that the consequences of identification should be considered. In this scenario, the most damaging circumstance may be if there is disillusionment with the organisation or criticism about fellow employees that is traced to an individual.

In the Employee Comments Report, there is no inclusion of names, personal addresses or reference to an individual employee. However, there are references to individual circumstances, including:

- *"The finance team feels like my second family, and it is thanks to the team that I have been able to make [CIPFA redacted location] my home after relocating here."*
- *"As a working mother the [CIPFA redacted team name] make it very easy to achieve a work home balance."*
- *"I have a [CIPFA redacted description of relative and medical condition] , and sometimes get phone calls from his school or have to arrange meetings at fairly short notice to deal with issues and strategies around his care and wellbeing at school."*

Arguably, these particular examples bear no significant consequences from identification, as they are all positive in nature. However, they are evidence that anonymity is at risk in the reports, particularly as it was promised in the guidance. Moreover, the ICO guidance notes that "re-identification problems can arise where one individual or group of individuals already knows a great deal about another individual," such as a colleague. These problems are compounded when numbers are small:

"Small numbers in small geographical areas present increased risk – but this does not mean that small numbers should be removed automatically. For example, removing numbers relating to five or ten individuals or fewer may be a reasonable rule of thumb for minimising risk of identification in a proactive disclosure scenario."

Furthermore, the *Great Place to Work* Guidance stated that "only groups with a minimum of 5 responses will be eligible to receive a report," and that clients are not provided with raw data i.e. the individual responses employees made during the survey. Finally, they do not disclose who has and hasn't completed the survey.

The ICO guidelines also refer to the quality of the data after anonymisation has taken place and whether this will meet the needs of the organisation using the anonymised information. At the time of evaluation, the data had not been coded so it cannot be said at this stage whether it will meet the needs of the organisation.

Note: The survey does ask some questions relating to gender, age and race, but this data is only reported on an aggregated basis, therefore the characteristics cannot be traced to the response.

3.2 Market Research Society (MRS) - Guidelines for employee research

The Market Research Society (MRS) Guidelines for Employee Research interpret the MRS Code of Conduct¹ in terms of “any formalised activity developed to gather information about the opinions and behaviours of employees.” The guidelines are broken down into 5 categories:

- Communication and Informed Consent
- Sampling and Confidentiality
- Observation
- Online Research
- Reporting the Results

This section will consider whether the GPtW survey guidance includes reference to the guidelines in each category. The “Observation” category has been excluded in this analysis, because no interviews were observed or recorded by GPtW.

Communication and informed consent

- The MRS Guidelines state the importance of prior research publicity to “inform employees of the subject and purpose of the research and to help boost rates of response.” The GPtW survey handbook states that “For any survey project to be successful it is vital that all stakeholders are informed beforehand to engage them in the process.”
- The MRS Guidelines state that employees should be informed about how results for the research will be used. The GPtW handbook states that it is important to “communicate what actions will be taken after the survey,” and “commit to act on the survey results”.
- The MRS Guidelines state that research should “establish the consent of employee respondents.” The GPtW handbook describes research participation as an invitation and opportunity, rather than an obligation.

Guidance	Evidence in survey guidance
Prior publicity to inform employees of research subject and purpose	Guidance includes details on pre-survey communication (see GPtW guidance p14)
A letter sent from person of authority prior to or during research	Suggestion for managing director to assert interest in hearing employee’s views, and for the survey project team to inform all

¹ <https://www.mrs.org.uk/pdf/mrs%20code%20of%20conduct%202014.pdf>

	employees about the survey (see GPtW guidance p15)
All written or oral assurances made by any Member involved in commissioning or conducting projects must be factually correct and honoured by the Member	Guidance includes comments on transparency and honesty (See GPtW guidance p16 and p18)
Employees should be informed as to how it is intended that the results from the research will be used, with previous examples if possible	Guidance stresses the importance of making a commitment to act on the survey results and link the actions that have been taken to the survey (see GPtW guidance p16)
Research should establish the consent of employee respondents as they would in non- employment settings	Reference to the survey as invitational (See GPtW guidance p8)

Sampling and confidentiality

- The MRS Guidelines state that the “anonymity of respondents must be preserved unless they have given their informed consent for their details to be revealed or for attributable comments to be passed on.”
- The MRS Guidelines state that the sample design “needs to be carefully considered,” to avoid skewed or unrepresentative data. The GPtW Handbook recommends “sampling everyone” (a census sample) but that alternative sampling methods can be discussed with the project team. The Handbook also notes that alternative sampling may “limit the type and quality of the breakdown reports you can receive from us,” and states that they “will calculate the number of employees required in the sample to ensure we get enough responses for it to be a statistically representative sample of the organisation’s population.” This suggests that the GPtW processes do account for sample representation. However, one would have to consider the statistical validity of departments that only had an employee count of 5.
- The MRS Guidelines state that when sample sizes are small, or when respondents may be well known to the client, any outputs should be checked to ensure that respondents cannot be identified, and employees should be informed of this risk and be given the opportunity to withdraw. Alternatively, if consent is granted, respondents should be informed about what will be revealed, to whom and for what purpose. The GPtW Handbook states that it must be made clear “that employees’ individual responses will not be reported back to the organisation and that only groups of more than 5 (e.g. a particular department) will be reported on.” However, because the GPtW research analyses organisations on a department basis, results from two or more departments cannot be combined to improve anonymity.
- The MRS Guidelines state that there should be an option for additional comments to be passed back to an employer without linkage to the other data (unless agreed). There is no suggestion in the GPtW guidance that this was the case.

- The MRS Guidelines state that a respondent has the right to withdraw at any stage. There are no statements in the GPtW Handbook about the ability for employees to opt out. We would recommend that this option is included in future rollouts.

Guidance	Evidence in survey guidance
Sample design needs to be carefully considered	The teams that took part did so on a census basis. Pilot organisations took part on a voluntary basis, though they reflected the geographic and organisational spread across England. However, the self-selection of those who took part will have an impact on the reliability of any assessment of the pilot.
If there is reasonable risk of the employee being identified due to the sample size, the employee should be informed of this risk or given the opportunity to withdraw.	The “ <u>High Level Timetable</u> ” notes that employees were communicated with 3 times before the survey went live. However there was no promotion of the fact that free text responses would be reported on in full and no option was given to withdraw after the fact.
Where the universe of respondents is small, and the respondents may be well known to the client, special precautions should be taken	Only groups with a minimum of 5 responses were eligible to receive a report, teams are not provided with raw data i.e. the individual responses employees made during the survey. They were however handed the free text comments from all participating teams. They did not disclose who had and hadn’t completed the survey. (See GPtW guidance p12)
On some occasions employees may want requests or additional comments passed back to an employer. In these circumstances, the relevant comments must not be linked back to any other data unless agreed.	No reference in the <i>Great Place to Work</i> handbook.

Online research

- The MRS Guidelines state that research documentation should be piloted on the employer’s network to ensure that there are no problems caused by security barriers, software, etc. The GPtW guidance noted that pilot sites conducted a user acceptance check beforehand to ensure that the survey would run effectively. However, it was noted in an interview that some survey invitations ended up in junk mail boxes.
- The MRS Guidelines state that response tracking is undertaken by the researcher (not the employer) to ensure that participants only submit one response. The GPtW guidance noted that clients would be provided with access to an online portal where they could monitor and track response rates on a daily basis.

- The MRS Guidelines state that respondents should not be led towards a particular point of view, and responses should be interpreted in an unambiguous way. There was a concern from the interviews and online forum about interpreting questions relating to “management”, and there was a comment about the additional NHS questions being “leading.”
- The MRS Guidelines state that researchers should ensure that respondents are given the option to answer “don’t know” or “prefer not to say” where appropriate. There was no evidence from the information provided to CIPFA that there were such response options.

Guidance	Evidence
The data collection process is fit for purpose and Clients have been advised accordingly	Respondents generally found the data collection process to be fit for purpose, and that prior communication was clear. (See content analysis)
The design and content of the data collection process or instrument is appropriate for the audience being researched	As above
Respondents are able to provide information in a way that reflects the view they want to express, including don’t know/ prefer not to say where appropriate	Based on the information provided to CIPFA, there is no evidence to suggest that these options were available.
Respondents are not led towards a particular point of view	Guidance says that it should not be stated that employees should respond positively. However see content analysis re leading questions
Responses are capable of being interpreted in an unambiguous way	See content analysis re questions relating to “management” (p16)
Personal data collected are relevant and not excessive	There were no suggestions from the participants that the collection of personal data was excessive.

Reporting the results

- The MRS Guidelines state that clients “should be made aware before a project has started what employee information can be detailed in the report.”
- The MRS Guidelines recommend that outputs “should only examine the results of sub-groups where 10 or more have responded to the research.” 3 pilot teams had fewer than 10 participants.
- The MRS Guidelines state that “research documentation should be clear, relevant and logical to avoid employee fatigue”.

- The Trust Index Comments Report was not coded or further analysed, adding little demonstrable value and requiring further work on the part of the FFF team or the individual finance teams. Variance in how teams might analyse this area could cause issues with comparability.

Guidance	Evidence
The client should be made aware before a project has started what employee information can be detailed in the report. Only in instances where an employee has given permission can their identity be revealed.	The guidance does specify the need to inform employees that no individual responses will be reported back to the organisation and that only groups of more than 5 will be reported on. It also says to inform staff about what actions will be taken following the survey. No employee names were included in the reports.
Care must be taken when the range of employees to be interviewed is limited by job title such that by identifying the department or the local region, the identity of the employee is disclosed or potentially disclosed	Responses were limited to those working within finance departments. Therefore, there is some potential to identify employees in small department teams (see content analysis).
It is recommended that outputs should only examine the results of sub-groups where 10 or more have responded to the research.	Finance teams only needed a minimum of 5 members for their results to be examined. (See GPtW guidance p12)
Due to the nature of employee research there is a higher possibility that employees will be contacted on a regular basis. Therefore, research documentation should be clear, relevant and logical to avoid employee fatigue.	Respondents were generally happy with the guidance leading up to the survey and suggested no concerns regarding the clarity of the information.
Researchers should agree in advance with the client as to how employee complaints about internal company matters are to be handled.	There is no evidence in the documents provided to CIPFA that this was the case. However, this may have been discussed internally.

Satisfaction levels from the pilot sites' directors are considerably higher than the levels of other respondents (see the Overall Feedback Report). The average satisfaction level for directors is 92%, compared with 57% and 67% for staff (non-management) and supervisors / managers respectively. As directors are ultimately responsible for their own sites, it begs the question as to whether those that commissioned the survey (ie the directors of the pilot sites) should be participating in the survey. Where sites have staff numbers as low as 7, this can significantly affect their overall results.

3.3 Great Place to Work guidance

It should be noted that some of the guidelines in the *Great Place to Work* (GPTW) Survey handbook were not adhered to during the survey process:

- The handbook states that participating companies “must have at least 20 permanent, full time or equivalent employees working in the business.” While the total number of participants in the pilots was 875, 9 of the pilot teams had less than 20 employees.
- The handbook states “any organisation which has undergone a merger/acquisition must have closed on the merger/acquisition at least 12 months prior to applying to participate,” to “ensure that all new employees have had time to be integrated into the new organisation culture”. Some pilot teams had undergone significant changes prior to participating in the survey. However, some of these teams had seen this as an opportunity to provide an internal benchmark, and hoped that repeating the survey would demonstrate improvement.
- There was no inclusion of a Cultural Audit Management Questionnaire, which was intended to inform part of the improvement process.
- The handbook states that contractors, seasonal workers and interns should not be included in the survey. The Comments Report demonstrated that interims were in fact included in the survey eg “I am only an interim but given the same benefits as a permanent employee. I am given the option to work from home when needed. My opinion is always listened to.”

4. Comparisons of survey questions

When comparing the question content of the *Great Place to Work* survey with the NHS Staff Survey, a number of questions are similar in their construct and could result in the same outputs being produced. For example:

GPtW Survey (Core Questions)	NHS Staff Survey 2013
Management trusts people to do a good job without looking over their shoulders	I am trusted to do my job
I am given the resources and equipment to do my job	I have adequate materials, supplies and equipment to do my work
People look forward to coming to work here	I look forward to going to work
I would recommend working here to others	I would recommend this organisation as a place to work
I feel I make a difference here	I feel that my role makes a difference to patients / service users
Management makes its expectations clear	I have clear, planned goals and objectives for my job
Management genuinely seeks and responds to suggestions and ideas	<ul style="list-style-type: none"> • I am able to make suggestions to improve the work of my team/department • Senior managers act on staff feedback
Promotions go to those who best deserve them	Does your organisation act fairly with regard to career progression / promotion, regardless of ethnic background, gender, religion, sexual orientation, disability or age?
Management involves people in decisions that affect their jobs or work environment	I am involved in deciding on changes introduced that affect my work area / team / department

To prevent survey fatigue, we would recommend that the question sets do not overlap when using multiple surveys. Moreover, as a significant portion of the survey questions were NHS statements (19 out of 84 questions) these could be added to existing NHS surveys.

5. Pilot site motivations (website blogs)

Several pilot sites included blogs on the Future Focused Finance website², detailing motivations for participating in the pilots. Motivations included:

- *"To further cement the excellent work we have completed in the last 12 months and also to share our learning with colleagues across organisational boundaries, which will be essential in progressing NHS finance teams for the future"*
- *"To lead and champion change from the inside out. We will do this through a combination of using our results from the national NHS staff survey to enhance and shape our continuous organisational development programme, whilst simultaneously supporting and encouraging our staff to develop their potential as leaders"*
- *"We're all striving hard to deliver high quality and efficient healthcare services under great financial pressure – so I want this Future Focused Finance initiative to be an added motivation and inspiration to the team"*
- *"As an opportunity to understand how [staff] feel about working for our organisation; it's a chance to listen to them and invest back into them based upon the action plan that comes back from the survey"*
- *"We believe this opportunity fits in very well to our finance department vision helping us to foster a team culture and working environment that is not only exemplary for NHS finance but also rivals that in the commercial sector... This will support our on-going development of creating a motivated and sustainable NHS finance workforce"*
- *"We felt it would be invaluable for us to determine how our staff view the current working practices and what their experiences have been to date and to gain insight into where we can make improvements that will help us create a stronger team culture that will help us improve how we work and deliver our objectives in the future"*
- *"We feel that this initiative will provide us with an invaluable opportunity to find out more about how others work and to share best practice (which will hopefully be a two-way process!)"*
- *"We are looking forward to the process as a means of further enhancing the services we provide"*
- *"Due to our rural location we often find it challenging to attract, recruit and retain high calibre Finance staff. We are hoping the Great Place to Work Institute will help us to improve our profile both internally and externally"*
- *"Being a GPtW pilot will help us to understand any specific developmental requirements of our finance staff. This is important given that we are working in a constantly developing organisation with an increasing customer base offering a broad*

² http://www.futurefocusedfinance.nhs.uk/pg/cv_blog/0/network

range of finance support services, a number of which will become more significant in light of the finance challenge that faces the NHS”

In the content analysis, we will be exploring whether staff felt that the GPtW survey addressed their initial motivations, and whether it matched their expectations.

6. Content analysis of the interviews

CIPFA interviewed 20 Finance Directors and/or project leads from across the 20 organisations that piloted the *Great Place to Work* Team Assessments. Interviews took place from 8th to 22nd September 2014 inclusive. The analysis has been framed in accordance with the interview discussion guide (see Appendix one).

6.1 Motivations

Summary of participant feedback

There was a desire from managers who took part to establish a benchmark for their teams, and to determine team strengths and weaknesses, particularly in light of significant changes across the NHS. It was seen as an opportunity to benchmark finance functions specifically, identify the “best in class,” discover what they were doing and share learning.

It was also referred to as a “temperature check,” to gauge staff morale and identify areas for improvement. The process was felt to allow staff to formally share what they thought, as opposed to relying on informal feedback methods. Similarly, it was thought that the survey could be used as evidence that staff morale had improved in recent times, and to share with others how this was achieved. It was seen as an alternative assessment to other surveys that had taken place.

Some teams had gone through considerable change, including mergers, so it was seen as opportunity to bring teams together and identify similarities and differences in light of any reorganisation. There were also some relatively new finance teams, so it was seen as a useful exercise to inform and be a part of the new finance strategy. Some teams used it to create a reasonable expectation that staff will be supported through transitional periods. Additionally, it could identify whether managers were missing any major issues in their teams amidst this fast paced change.

There was a suggestion from some interviewees of being drawn to the opportunity because *Great Place to Work* were an established external organisation which would take discussions forward. In this respect, the survey was viewed as an opportunity to get some structure, objectivity and third party input into what potentially could otherwise have been an insular process had teams not participated in the pilot. Using a finance-specific externally analysed survey was viewed as a way of raising the profile of staff development and tied in to what was being done already.

It was seen as a motivational tool or team building exercise, as part of an organisational development process or a catalyst. It presented participants with a framework for progressing team development; that performance could be improved by promoting team feedback. It was also thought that staff would feel better-valued by their organisation if they were given the opportunity to feed back.

Finally, some participants wanted their teams to be at the forefront of the Future Focused Finance (FFF) initiative and were keen to support the FFF agenda and use it to reinvigorate work that had previously been done.

In terms of expectations, some participants anticipated that the survey would help demonstrate whether any previous actions had improved their team's morale, and check whether there were any issues that had previously been missed. Some went into the survey without any real expectations other than to allow managers to gain feedback on how their staff were feeling and how their team compared with others. Ultimately, participants were pleased to have been selected for the pilot.

"Different people. Different personalities. Different backgrounds. Understanding how people feel in their day to day job, what they like, what they don't like, whether they believe management is motivating them, challenging them. That's the information that I would use in order to help manage my team and my direct reports, and their direct reports better."

"Great Place to Work came along at just the right time because we were starting on this process anyway. Great Place to Work came along and it was a perfect opportunity to get some structure, to get some objectivity and to get some third party input into what potentially could have been quite an insular process for us had we not been part of this process."

"We've gone through enormous change and although we think we've come from a background of having a very strong finance team and very committed finance team, I think this just gave us an opportunity to re-test some of that and just check, through all the massive reforms we've been through recently, how was everybody feeling. So we were absolutely delighted to be selected to be able to go through that process and test that out really."

"I liked the fact that it was an established piece of work and therefore there would be an expertise developed over time and some validity in the benchmarking information that would come after."

6.2 Existing surveys

Summary of participant feedback

The majority of participants were aware of the NHS Staff Survey, although a few were less familiar with the questions asked in the HFMA and FSD Finance Function Survey. Some participants also said they have taken part in local surveys that addressed more specific issues. It was said that it was sometimes difficult to understand key differences between the surveys and how they correlate with each other. The finance network has specific differences to most other NHS teams, which it was felt the NHS Staff Survey didn't always identify.

The HFMA and FSD Finance Function Survey was also seen as an organisational view of the NHS, rather than an individual assessment. It was felt that it was more statistical and less qualitative in nature, which meant that the survey results lacked "richness". It was suggested that the views of finance teams may "get a little lost" in the overall picture of the NHS Staff Survey and as such it could be difficult to draw conclusions about the finance team.

Some respondents felt that the NHS Staff survey was quite generic in nature and not pertinent to some organisations and teams. Though it gives a comprehensive assessment, and a relative understanding of how staff fit within an organisation, there is not a real opportunity to drill down into local issues or undertake an in-depth analysis of finance teams. Nevertheless, it was noted that this may not be the intention of these surveys.

There were concerns raised that as the NHS Staff Survey is not a census, the outputs may be dependent on who completes the survey. This was considered a particular problem for small units or teams. Moreover, it was suggested that surveys that focus on a broader initiative may not necessarily result in high take up or genuine engagement. In addition, as it is a cross-section of staff, it was suggested that the NHS could be drawing conclusions about the whole organisation when in fact they may be referring to specific, localised issues.

As there may only be small numbers of finance staff involved in the NHS Staff Survey, finance teams may not be identified as a separate department in the feedback, so sometimes it can be difficult to gauge how finance teams feel compared to other staff groups within the same organisation. Ultimately, some felt that there were not always tangible outputs from the NHS Staff survey that could be utilised by the finance teams.

Overall, the current surveys that are taking place within the NHS were seen as useful exercises, but the general impression was that the surveys were generic across the NHS and did not always address local issues. As a consequence, the survey outputs were sometimes difficult to take action from.

"I suppose the thing with the Staff Survey is it looks at a bigger spectre across the organisation. The finance ones are specific to finance teams and in a sense the finance world"

has its own little network throughout the NHS and that can be different to the other teams in organisations."

"In my mind the HFMA does a snapshot to help us understand what the current workforce looks like and where there are gaps in the workforce. So I use it as a planning tool and again as we have got quite good history in the NHS of appreciating the importance of succession planning and growing training and learning, particularly in the finance family, I think from that point of view it's a good reflection of what's seen in terms of the training, from other academic qualifications attached to accounting."

"I'd probably describe it as the difference between watching a 2D movie and a 3D movie. The NHS Staff Survey's a little bit too two dimensional, it's a tried and tested series of questions, and the analysis is always useful, however, I felt that the Great Place to Work survey brings an extra dimension. It enables you to really understand the inter-relationship between some of the questions and the way in which staff felt about the organisation, it just gives you an extra depth which helps you understand what the underlying issues are and how you can better tackle those, in a way that the NHS Staff Survey doesn't, I'm afraid. In this regard I really valued the feedback session by GpTW where they explained by focussing on a few key areas it would help pull up the whole score across the board."

"I think it's good to give staff a voice. My concern isn't the asking of the question in any of the surveys actually. I suppose my concern is the extent to which we're then seen to do something about it because that's the key with surveys. People want to see something happening."

6.3 Great Place to Work survey

Summary of participant feedback

A suggested advantage of the *Great Place to Work* survey was that it was seen as more specific to finance than the “generic” NHS Staff Survey. Related to this was the feeling that the survey had fewer unnecessary questions and wasn’t “overloaded”. Instead, it was generally felt that there were a good range of questions that gave participants the chance to assess their own teams and contextualise feedback. At the same time, it was seen as useful to be able to make comparisons against other participating teams, as well as teams external to the NHS.

Respondents did not feel there was a great deal of duplication between the GPtW survey and the NHS surveys. Moreover, it was suggested that any duplication that did exist could help reinforce awareness of team or organisational issues and verify that no major issues were being missed. It was also suggested that though there were some similar questions they had a different emphasis, resulting in different outputs from the other surveys. The free text comments were also said to add more detail to the standard questions.

Some respondents used the survey across different sites, and saw it as a good opportunity to work with these sites as a team-building exercise. It was also seen as a useful way to gauge staff morale following team restructures, or if managers had only been in post for short periods of time. Finally, it was seen as a chance to build the finance team’s identity and achieve more prominence within their organisations.

However, there were suggestions that some questions may have been more relevant to the larger pilot teams than the smaller teams. On a similar note, it was felt that smaller teams were more likely to achieve extremes in results than larger teams. One response in a team of seven could drastically affect the overall score. A couple of teams included respondents that weren’t working in the finance department, in order to increase the response base. Furthermore, it was noted that comparing small teams against large teams may not have been appropriate, and a suggested improvement was to benchmark according to team sizes.

There was some confusion about the questions relating to “management,” particularly the level of management that the question was referring to. For example, the team may have responded in reference to the finance director, whereas the finance director may have responded in reference to other management. This confusion may have skewed the answers or resulted in different perspectives, particularly in smaller teams. There was also some confusion about whether participants should be responding in reference to their own teams, or to the NHS more generally. Low scores may not have reflected perspectives on local work settings, so it was suggested that more clarity should be given about the term “organisation.”

Some participants had teams that operated on different sites, which meant that it may not have been appropriate to combine answers about different work environments. A few respondents questioned the appropriateness of comparing teams that operated in different settings eg a hospital setting versus an office-based setting. A suggested alternative was the option to assess differences in peer groups that are divided across

regions. Another suggestion was to include a combination of generic questions, followed by questions more tailored to the team type and size.

In terms of ethical issues, although most respondents were not concerned about the ability to identify individuals from the responses, there were comments about how it could be possible for smaller teams to do so. It was generally felt that, providing the responses were used effectively and appropriately, identification would not be an issue. Nevertheless, there was a suggestion that the ability to be identified may have meant that respondents in smaller teams responded to the survey more positively. In addition, there was one comment that the additional NHS questions were slightly leading, which had the potential to create biased results.

Not all the questions were relevant to the pilot organisations, including those relating to social media - which some teams did not use - and clinical engagement, which wasn't appropriate for business authorities. It was also felt that some questions related to areas that finance teams could not influence directly. For example, there were questions about facilities and "special and unique benefits," which may not be appropriate for a public sector organisation. There was a comment that the survey seemed less NHS focused and more generic in terms of its business concept ie it was more applicable to companies.

There were very few issues relating to the format of the survey, as many felt that an online survey was the appropriate option. The survey was also seen as not too onerous to complete. However, a couple of respondents said that the question scales, where 1 and 2 are positive and 3-5 are negative, may sell teams short if respondents were undecided and went for middle ground.

It was difficult for participants to say whether expectations had been met fully, because at the time of the interviews few participants had been given the time to devise action plans. A comment was made that teams do not always take an "action plan" approach, which is what the survey outputs are devised around.

Selected quotes about the survey

The following quotes refer to various elements of the *Great Place to Work* Survey and have been grouped into the following key areas:

- Question clarity/language
- Using the results
- The preparation and guidance for the survey
- Benchmarking
- Advantages of the survey
- Comparing small and large teams
- Whether the surveys complement each other
- Survey subjectivity
- Relevance to the team
- Recommendations for improvement

Question clarity/language

Some people struggled in terms of when you're answering questions about the organisation, in your mind did you have your finance department, the area team or NHS England, I think some people are saying that they were referring to the organisation as a whole rather than the local department. And my view is, I've got a little battle on my hands to try and make sure that people think the output is relevant because of the difference in approach that people took on those questions."

"I guess my only concern was just teasing out, because we just did it within our Finance team and the feedback I've had from some of the team was that they didn't know whether some of the questions they were being asked, they answered them in relation to the rest of the organisation or their team, which is important because they're an integral part of that but it was difficult, I wasn't quite clear how some of the comments that came back and some of the feedback related specifically to the Finance team as opposed to the more general issues within the organisation."

"Some of the questions, like I said earlier, I think it was difficult to tease out whether you meant, how specific were they, so when you meant management, what was in the minds of those filling it in. So my take on management might be different from one of our invoice processing staff and it was really just, for me it wasn't clear from the survey what you meant from that phrase in terms of what is management and some of the questions, I think, were, there were a couple of questions that seemed like they were from a commercial kind of background and not that relevant to the NHS."

"Again, the strength is also the weakness which is some people felt it was quite alien in some of its language, quite off putting because it seemed much more non-NHS focused and more generic in terms of its business concept and people felt it doesn't really apply to us, this applies to companies, not to an organisation like us. It got put into some of the comments."

"There's something quite important for me here about the extent to which we can be very clear that we are talking about the finance function in our responses to questions as opposed to the wider organisation."

"Language was an interesting topic for debate. When I asked the team how were things progressing in terms of filling in the survey, there was only one question that came up which generated a whole office discussion, "what do we mean by manager?" Did it mean line manager, the senior finance management team or something else? They made a joint decision which was great, because then we had consistency in the answers, in the end they all went for 'it's my line manager'. I think it's not an easy one to actually come up with a solution for but you just need to be aware that we did have that debate."

"What we need to be clear on is when respondents say management are they talking about the director of finance or are they talking about their line managers? There definitely needs to be something around getting that resolved so that's absolutely clear."

"I think some of our staff interpreted questions in a certain way. The question regarding the use of social media to help collaborate and share good practice? Well as an organisation we don't allow people to use Twitter or Facebook, on their machines at work, unless individuals have a particular role to play. So I think people have looked at that and said well I can't get on Facebook so how can I do that whereas I think there's something around the staff thinking but if I could get on Facebook what would I do if you've got a corporate account rather than your own personal account. So again I think it's just thinking about the language and how the questions are framed. Maybe I'm being picky here."

"Some of the things around reward were quite difficult because when you think about the sector that we're in, that's always going to be a difficult one because we're so constrained, and people always think financially when they think about reward, but no, I mean on the rest of the questions they were fine."

Using the results

"I think the important thing is that staff feel that there's a response to it [...] I'm hoping that [...] staff will see that having given their contribution, we're listening to the results of it and we're taking some action to improve things."

"Well so far, I think it's met my expectations. The build-up phase was very well handled, the comms was good and clear, the questions were tailored. For me really it's now okay, we've got this valuable insight even in just twenty pilots, it's how we then take that forward, let's test how we do the learning and share it, otherwise the pilot in itself testing a survey hasn't really kind of concluded yet because we've got the actual hard work in my opinion because the Survey's just a portal of a view isn't it."

"There's a limit to how much you can do, our lot of our negative stuff was around accommodation, so there's a limit to what you can do there."

"So my concern I suppose on reflection, if I had a concern, would be that I think the score is skewed on those two issues and it's debatable about the extent to which we can

influence those two issues as an individual area team is debatable. It doesn't invalidate of course the question because I think what it shows is that there are various levels at which we'd need to feed this information back."

"What's interesting though is does that make it the wrong question to ask or do we just need to be specific that some of the feedback for this, whilst we'll get it by individual organisations, actually goes to a greater issue across the NHS, if that makes sense, for finance?"

"It's kind of highlighted to me the greater deficit between connecting accountants with the actual patient and in particular their impact."

"One of my reflections on the feedback was that there were five options for the response on the Likert scoring method and the first and second was assumed as a positive response, and three and below was considered in a negative context, and I think one of things we're going to look at is that some of the people might have answered on three level on the basis that it was neither one thing or another so to categorise things in a negative context might be selling ourselves short."

"Just in terms of some of the feedback we've got, we've got some very specific feedback around the culture in the department and we've also got some learning as a result of what seems to be the perception, but what was really clear, I've used the philosophy of trying to be transparent and open with staff, particularly in terms of any internal opportunities, etc., so I wanted to get some feedback around whether that was being accepted or not, or whether people felt there was still work to do. The feedback was very pointed and also related to some of our ambitions around the department."

"Yes, they're really excellent. Very, very good in terms of focusing on the key issues. I'm always a bit suspicious of this but one of the first questions everybody wants to know is well how did everybody else do. And that's very, very clearly set out both in terms of our other pilots and in terms of a general yardstick as well which I found illuminating in terms of saying what's good in this context which is useful to understand."

"I think staff will continue to buy into it if they see something coming out of the results. If they see me actually do something and something changes for the better that's key for me. Something's got to come out of it, something tangible. I don't know what it is because that's the work I want to do on my development day but I'm really keen that something tangible, a quick win if we can and then something longer term as well."

"It kind of feels like if you just, you could get away with doing the Survey, putting the results in a drawer and that's that, but it isn't the point really. I know we've all got a responsibility to take it further but it's nice to have a little bit of facilitation to move it on."

"I mean one of the things that we did find tricky was the nature of the scoring, so on the scale of one to five and the top two, if you like, being marked as positive and then everything else by default was not positive and that sort of bit in the middle, which was either sometimes or not sure or just didn't have an opinion, so number three if you like, on a scale of one to five, we thought well it does come through as a not positive in the scoring but we weren't sure whether people just didn't know, but I guess that's the

whole point isn't it, if it's not positive then it's not positive, and it's an area for improvement, so that's one thing we sort of picked up on, and because we weren't sure whether we had a big problem or just a little problem when we were looking at things, because you just don't know, in that sense, whether everything was a middle bit or a you need to worry about it a lot more bit, if that makes any sense at all."

"Certainly there were things in there that were reconfirming things that we'd already known or had a suggestion that there might be challenges."

"No, I don't think [there are concerns about anonymity in the results]. I think, well I hope, that we've got a fairly open team. I encourage staff to say what they think and what they feel. I don't stifle, good and bad. So I hope they always feel empowered to say what they want. I just think this gives them a formal process for doing that, rather than just through word of mouth or comments that they may make, an opportunity to write it down for it to be collated."

On the GPtW guidance/preparation

"They could have been a bit clearer, just around, because the questions were fairly straightforward but they could have been possibly a bit clearer on how the guidance applies to your specific organisation because again, even with the NHS, there are so many different types of organisation and teams, you would get a slightly different response, particularly with all the changes that have gone on over the last three or four years. So teams are at different places."

"What was really good about the Great Place to Work Survey was the helpful leading around prior to the actual survey going live so a lot of time was spent helping to explain to staff what was going to happen, why it was happening, what the results might do before even the Survey got published which I think helped staff want to actually complete it."

"I think we had some frustration because there were some emails going out to people who were on maternity leave but that was a mechanistic issue because we advised you of the addresses, but in terms of technology it stood the test. People completed it without too much frustration."

"And a lot of people thought it initially was spam. It was the way the survey was presented in the email, although they were notified that a survey was coming that, there were a handful of people which is why we did not have close to 100 per cent participation. Some people saw it, deleted it, thought it was spam and didn't participate. It wasn't until I realised it was happening that I was able to go around the people, a lot more people completed the survey because I wanted everyone to complete but there was probably about 30 per cent, you know, maybe 10, 12 people, who had deleted the email because it went into their junk box. Now I don't know whether that's because they have their junk box set up to catch everything. All I know is it caused a little bit of confusion but people were aware. Unfortunately there were some people who just didn't know that was in fact what they were supposed to be aware of."

Benchmarking

"Well, I think it's a little bit competitive, but for me it's about, with the amount of change that's gone on in the NHS over the last 12, 18, 24 months, it's useful to understand where you sit against comparable organisations, because the change has been more significant at certain levels within the NHS. So within Trusts, the change hasn't been so significant. It has in some areas but not so significant in terms of change of staff, new systems, that sort of thing. So for me benchmarking is about how do we fit, given all that background, where do we fit against comparable organisations that have been through a similar amount of change and from that, what can we take to improve. So it's a bit of both really."

"Well, the feedback's very, very useful and, as I say, I think some of it, you could almost link to some of the objectives we've got. The benchmark information's really good as well in terms of comparing us with the other peers, and I suppose the other thing that this asks us to do is look outside of the NHS because it talks about best places to work as employers rather than within the NHS or outside of the NHS so benchmarks are really, really useful."

"In terms of our comparison with other Great Place to Work results we're compared with UK's best workplaces as 'a large' as a reference group. I understand why you might think the NHS is a large organisation, but we might need to be a little bit more definitive when we're talking about size of what feels like actually quite small teams in some areas."

"I mean we went into this wanting to benchmark ourselves against other people so what we've got now is a set of results which stand alone and compare to others so we're not just going to ignore it, we want to do something with it. We want to speak to others to find out why they're better in some dimensions than we are and we're more than welcoming of people who want to talk to us where we've scored quite well in a dimension and they want to understand what we do, so it's hopefully the start now of something wider."

"It might be worthwhile to contextualise the responses according to the team's setting. For example, a hospital building may require a different type of workplace behaviour compared to an office in an industrial estate. I know the facility isn't the whole issue, but where you are based could have an impact. It doesn't mean that the workplace will be less enjoyable, but you might have to be more cognisant about what's going on around you."

Advantages of the GPtW Survey

"Well the obvious [advantage] is that I've got something back that's specific to my finance team. I've got a report that compares our feedback to the best in practice, and to the not-for-profit organisations like the NHS. I've got something real and tangible that tells me how my staff are feeling that I can use as a benchmark. The pilot site workshop allowed me to speak with other colleagues around the country who have scored better than we have or vice versa."

"I just think it helps set a context. At this moment in time with in the NHS our slightly fragmented – not slightly – very fragmented infrastructure, where it can be hard for people to know where to look for that leadership direction, I think it's really important for us as a profession to be doing FFF, and to do it in a unified way."

"It gave us two things; one it gave us a useful benchmark against other organisations. I think when you look at the output chart, it's very clear which areas you can improve it. It identifies them in red and the colour schemes. Secondly, the comments were helpful because they provided a bit more detail and colour to specific areas for improvement."

"There are two [advantages]. The first piece is it enables more in-depth analysis to pinpoint particular target areas. The second thing it also brings is a real external perspective. So whilst we know how we benchmark against the NHS, is that where we should be aspiring to be? Should we be aspiring to be benchmarked against the best customer service-driven organisations? It helps give real external context."

"Well, I think in terms of some of the advantages, the questions definitely felt more appropriate and they were much more up to date, a bit more up to speed with how the Finance Department might be feeling. They were much more personal, the questions, I felt and it was just the ease of answering. They weren't overloaded with hundreds of questions. It was a nice sample size, something that you felt that you could get a really good feel for how things were within the department, without overloading people with hundreds and hundreds of different questions so people didn't feel like they wanted to even attempt to complete the questions before they started. And we only have a small team here, as I say and so we have benefited for that. We've come out looking quite strong on a number of areas but our sample size is small, so it's quite easy to achieve extreme results."

"I think the great advantage [of the Great Place to Work survey] over the HFMA survey is that it's more about what people think about their workplace than pure numbers. That's got to be valuable. The really positive thing about it compared to the NHS Staff Survey is that it's localised, therefore our team can do something about the feedback more specifically. However, a possible disadvantage is that we have only done the survey as a pilot, thus there are only a handful of comparatives."

On comparing large and small teams

"Compared with smaller departments, we weren't getting such positive results and there was a feeling of perhaps that's because we're bigger and people felt they were asking about directors who they never see because they don't see them, that might be the learning point for us."

"Some of the results could be produced where they are split into the results for small organisations and for large organisations because I do think it's hard to benchmark all of them together when there's a very, very different make up of Finance Teams now. I mean, it's difficult to compare a Hospital Trust Finance Department with a CCG very well because they're operating in completely different environments."

On whether the surveys complement each other

"I think the surveys are doing different things. I like to look at them all and identify general themes. We know from our organisational quarterly surveys, as well as the feedback from the Great Place to Work survey, that from a finance team point of view, there's a correlation between underpaid staff and overworked staff. There's a great synergy there about what our organisation is telling us and what Great Place to Work is telling us, so that's a link that's coming through."

"I see the Great Place to Work questionnaire being very much around a snapshot on where we are with accommodating finance professionals' needs both emotionally and intellectually in terms of developing their careers, but in a different way to the HFMA. The questions are fundamentally different."

"The outcomes we've got are complimentary, if anything it gives us a bit more detail around some of the answers."

On the subjectivity of the survey

"Yeah, I mean thankfully a lot of [the results] were re-enforcing what we already sought but there were some interesting comments. So obviously you get to [say a bit yourself] and then we also get the free text comments which are interesting and so they shed a bit more light on the results themselves, and we're using that now, as I say, with a discussion with staff just to get under the skin of all of that in a bit of a more meaningful."

"Many of the comments in some areas were much more positive than the results and in other areas there were some interesting criticisms that were usefully captured. And I think that's one of things that you don't get in the Staff Survey, and I think everybody thought that was interesting."

"I think the benefit of it over the HFMA is that it does the subjective piece in a lot more detail. The benefit of it over the NHS Staff Survey is that it perhaps distils the wider issues into much more focused finance issues. That's really useful for me as a leader in finance to try and understand what my finance staff are thinking. I'm interested in what NHS Staff in general are thinking but clearly finance staff are my day to day contact, and that's fundamental frankly."

"It really touches on a lot of the softer intelligence, more than the NHS Survey does, the questions pull out results around values, ethics, job security, organisational image, and even talent management. It feels a lot more like a review of corporate social responsibility, these are really much softer markers than you see in the NHS Staff Survey."

"Well I think the Great Place to Work Survey is really focused around relationships and leadership style, it's more about leadership and management, a bit more is subjective rather than objective."

"I think this has got the best qualitative type of questions for a Finance Team. So I would be looking at the output from this survey more than others."

On relevancy

"It's highly relevant to my team, and to any team. I want to use this again, not just for the finance team but for others I manage. I think it's brilliant to do for teams that are struggling to give them a benchmark, and then do it after you've put in place an improvement plan, to give them that measure afterwards. I think it's invaluable when you first move into a post as you come into a team cold and new but you need to understand their internal motivations so that you can adapt your approach accordingly. It's a quick way to identify whether the team have that sense of camaraderie and are proud to work for the organisation, working over and above what is required as I found, or if you have a team that's so fractured and actually just want to get out of this place and have different values. It's not there to replace your own invaluable time spent with the team to understand them, but the Survey points you to areas of strength and risk, for me it validated where I thought we were and therefore I now have confidence in using it at the start of a process rather than just at the end."

"No some of [the questions] weren't [relevant] because often they were referring to things like clinical engagement. We don't directly engage with clinicians. The difficulty is that we're quite different to everybody else. But I wondered whether they might do different surveys, for example, for a provider Trust as opposed to a CCG as opposed to an area team because the area teams again don't really get that engaged with clinicians. If they were going to do it and benchmark in the future on a bigger scale I would split it up on this basis. You could have a lot of generic questions but with more sector specific questions."

"I have to say I was pleasantly surprised really because the way it was advertised, sold, was that this is something...obviously this is a survey that's used in non NHS organisations and then we're going to try and use it in NHS organisations and NHS organisations are very different. My worry was beforehand was I really want to do this but how relevant will it be and how much will we learn from it? But I'll give it a go. But I have to say I have been very, been pleasantly surprised that it has been relevant for us and there's quite a bit we can learn from it."

"I think in terms of all the surveys we've taken part in over the last years, I think this has been the best one for us in terms of the quality and the standard of questions that came through and the relevance of them."

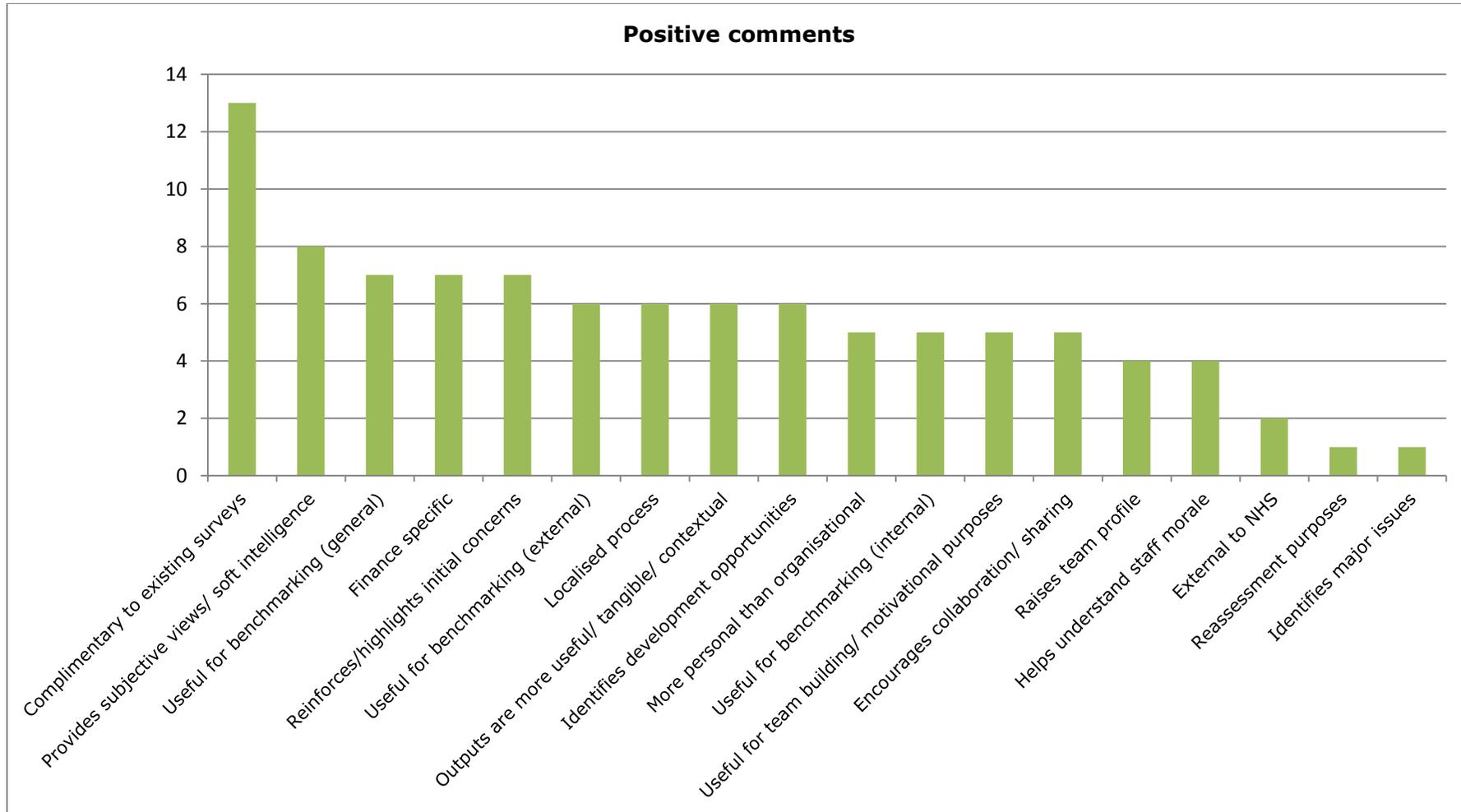
Recommendations for improvement

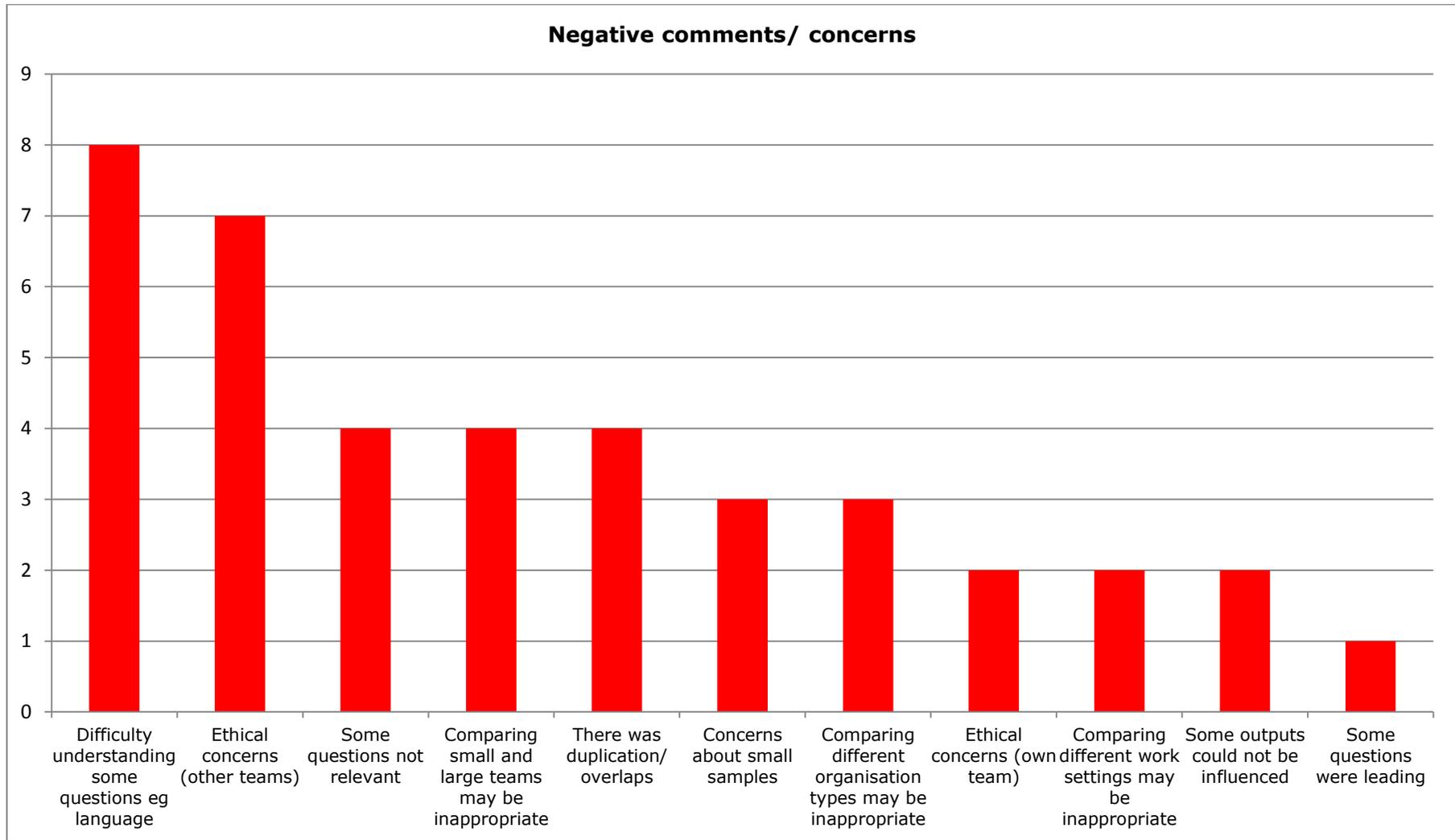
"I would think probably because of the way my team is structured I would like to have seen some questions about how they felt about the individual teams they were on and their managers. I looked at this survey as an all-encompassing finance survey, but it wasn't really pegged particularly to let's say this team of seven people run by a financial controller who works for me. How do they perceive their manager and then up for their manager to me? It seemed to be more generic, so more detailed, maybe more of a couple of questions that do a deep dive into their particular team and how they believe

their particular team is structured and managed. That gives me information on the people who work for me directly."

Coding exercise

The following tables highlight the number of positive and negative comments/ concerns about the *Great Place to Work* survey.





6.4 Repeating the survey

Pilot site	Would repeat the survey?	If so, on what basis?
Kent and Medway Area Team	Yes	Annually
Lincolnshire Partnership NHS FT	Yes	Biannually
North Derbyshire CCG	Yes	Annually
Tameside and Glossop CCG	Yes	Annually
North Somerset Community Partnership	Yes	Annually
Calderdale CCG & Greater Huddersfield CCG	Yes	Annually
North Hampshire CCG	Yes	
Bristol, North Somerset, Somerset and South Gloucestershire AT	Yes	Annually
Chesterfield Royal NHS FT	Yes	Annually
Shropshire and Staffordshire AT	Yes	Unsure
Plymouth Hospitals NHS Trust	Yes	-
NHS Business Services Authority	Yes	-
Leeds Teaching Hospitals NHS Trust	-	-
Bedfordshire CCG	Yes	Annually
Wye Valley NHS Trust	Yes	-
Essex Area Team	Yes	-
County Durham and Darlington NHS FT	Yes	Annually
Guy's & St. Thomas' NHS FT	Yes	Annually
Greater Manchester West MH NHS Trust	Yes	Annually
South London CSU	Yes	Annually

Respondents were overwhelmingly in favour of repeating the survey, with most advocating an annual reassessment. It was generally felt that the survey would be limited as a one-off exercise, and that repeating the survey would allow teams to identify whether they were making progress. Most respondents were also happy to use the survey alongside other surveys, although there were concerns about survey fatigue and ensuring that the surveys link together appropriately. To reduce the possibility of survey fatigue, it was suggested that teams could have the option to repeat the survey based on local needs ie at differing times of the year. It was also felt that teams would need suitable time to identify actions and make progress before the next survey is carried out.

Expectations have generally been met, although at the time of interview the majority of participants were yet to implement action plans or strategies resulting from the survey. Nine of the interviews took place before the pilot workshop, and some participants stated that they were going to use the workshop as an opportunity to establish action plans.

"I think I would [run the survey annually]. Again it's back to that piece that you... there's no point in having a survey unless you're seen to do something with the output. So staff will want to see something coming out of this and staff across all of the reference sites will want to see something happening as a result of this, and I think it's incumbent upon us (a) to show action but (b) then to measure - and a year's probably a sensible space of time, to then measure in a year's time whether any of that action has had an effect."

"I don't think it would be that important to [repeat the survey] together because I'd be interested in our progress from last year compared with the benchmark best practice. So I'm less interested in how we compare with the rest of the pilot population. I'm more interested in our own journey."

"I'd like to, I think I would like to see it repeated. Annually is probably sufficient, however I'd want some assurance quarterly probably that we were making progress against some of the things we'd identified as needing a response and we'd do that through our quarterly staff away days that we have. So we'd sit down, once we've got our action plan, and say is it working, what else do we need to do, so that hopefully in 12 months' time, if we were to repeat the survey, then we'd see some improvement."

"Yes, annually would be absolutely appropriate for this type of survey. If there are issues coming out that you need to address, within the cyclical nature of the NHS and the finance world, you need that time to take things forward, take it to PDR, address some of the issues, embed them again and improve areas. You can't do that over just a matter of a few months. You need some time to do that, so annually definitely seems the right type of timing for this."

"It was very good actually, and I think I'm very keen and pleased with the feedback because it gives us an opportunity to look at some of the areas. Also the benchmarks were very powerful because it also gives an ability to compare where we have got some challenges, it appears I'm not on my own, other people have similar challenges which is at least a bit reassuring."

"I don't have a clear view on [whether to repeat it annually], I think at the moment I'm being very parochial and I'm thinking it would be really valuable to follow it up, and re-do it. So if I said yes I agree to that, whether it becomes an intrinsic annual event I don't know whether really that's something that...I'd need to think about it a little bit further and have further discussion about. But certainly the ability to re-do it at a time that is strategically important to your organisation I would say is an option too – because you might be out of the annual cycle, you might want to just do a little test."

7. Content analysis of the online discussion forum responses

7.1 Introduction

Following the telephone interviews, additional participants from the pilot sites were asked to contribute to an online discussion forum. The forum was open for three weeks and hosted on Yammer, where issues relating to the survey content, relevance, outputs, concerns and suitability were raised. (See Appendix two for the questions raised on the forum.)

7.2 Content analysis

Participants felt that the survey added value to existing surveys because:

- It was focused on finance, rather than the NHS as a whole
- Results could be reviewed on an individual team basis
- Finance teams often have to "highlight bad news" eg budget overspending, which can create a negative environment. However, the feedback identified that morale is higher than initially perceived.

Some finance teams are located in separate areas of their building or in different offices. Other teams have subgroups within their finance offices. It was felt that it would be helpful if the survey indicated which area or group the results came from, so that it could be determined whether there was a specific departmental or team issue. However, it was noted that this could make the results less confidential and reduce the anonymity, which could discourage people from being open and honest in their responses. It could also make staff more reluctant to participate.

Generally, there were no concerns about the content of the reports, as they were either as expected or more positive than anticipated. However, one team has decided not to share the Comments Report with the whole department in case they are linked back to individual staff, while another team is looking to address some of the comments made. There was a suggestion that it would be interesting to see the survey scores ranked from 1 to 5, rather than by the "positive" and "negative" indicators.

The benchmarking reports have been used as an opportunity to reinforce initial thoughts about the team, highlight key areas to address and identify "quick wins." However, it was noted that benchmarking small teams against large teams may not be appropriate. A suggested alternative was to break the benchmarking down by team sizes or on the number of submissions by organisation.

The survey questions were generally seen as clear and relevant. However, as was reflected in the interviews, there was also some confusion in questions about the term

"management" and whether it referred to immediate managers or more senior managers. Dividing up the management questions could help direct any feedback to the level of management that it was intended for, and would be less reliant on personal interpretation as to whether they referred to the organisation, team or department. There was also a suggestion that some of the questions were repetitive.

It was mentioned that the survey question "people here are given a lot of responsibility," does not provide the opportunity to consider suitable levels of responsibility. Similarly, the question "management keeps me informed about important issues and changes," does not reflect the fact that it may not always be appropriate to do so.

It was suggested that it would be beneficial to repeat the survey in the future to compare if and how opinions change when new roles have been embedded into teams, particularly as some organisations are facing a restructure.

"Our Finance Department have had a meeting about the survey results and we are putting plans into action to improve some of the areas where we scored less highly, but overall the results were very positive [...] The survey should be re-run after a period of time to monitor achievement. We will be holding a Department away day very soon where we shall be incorporating Great Place to Work ideas."

"All other surveys we complete (and there are a few) seem to be for all staff in our organisation so it was definitely a nice change to have one just for Finance. This gave us an opportunity to review results just for us and not in combination with other Directorates which can skew the results in certain areas sometimes."

"We never had any concerns regarding the potential content of the reports before they were released and we still feel the same way now post release. There were some comments made in the 'free text' part of the survey which we want to address but otherwise we only see the results as a positive tool to make comparisons with the other pilot sites."

"We try and promote a culture where any issues can be openly raised, so there were no surprises within the feedback in terms of issues to be addressed, but it was definitely a reminder for us all of the good work and close team working that happens on a daily basis."

"Some of our staff commented that it would be useful to add some clarification to the questions around management. Most assumed questions regarding management were referring to finance managers within the department, such as their line managers, but some colleagues answered the questions in reference to other senior managers [...], such as Directors or non-finance managers whom they regularly come into contact with. It might be useful to split out questions regarding managers..."

8. Statistical validity

Our statistical analysis comprises of two parts. The first is the evaluation of our sample, ie those organisations that took part in the survey. The second is the evaluation of the reliability of the results for each participating organisation.

Typically, in selecting a sample one aims to have one that can be deemed representative of those in the population. In this instance our population comprises of finance teams across the health sector. One could then randomly select from this entire population a representative sample. However, the selection process to take part in the GPtW survey was not undertaken randomly but was self-selecting or convenience sample due to the fact that the one thing they had in common was a close affinity to the Future Focussed Finance project. This meant that there was significant buy-in to the project which may have resulted in benefits such as a raised level of response – as illustrated in the table below. As there was no non-volunteer control group the evaluation results of the pilot must be considered with some caution.

There are a number of ways in which one can determine the reliability of results from a survey. In cases where there is no access to the raw data then alternative approaches can be made. The table below includes our population, in this case the number of individuals within each organisation who were invited to participate in the survey. The responses show how many people took part in the survey, although it should be noted that this does not necessarily correspond with the number who answered each individual question. Generally response rates were high, overall 8 in every 10 of those invited to take part chose to do so. However there were two major exceptions namely Guy's & St. Thomas NHS FT and South London CSU. We also found that a number of organisations achieved a 100% response rate though these are exclusively in small sample teams ie there are less than 30 respondents. One other point arises: to what extent are those that did not participate different to or the same as those that did? If they are considered to be no different, in say demographic terms, to those that took part then we can consider the survey to be free of any bias. If they are in any way different, for example primarily aged under 25 or female then it could be that the results are subject to bias.

The table below also illustrates what impact the size of the population and number of respondents has on the results both per organisation and in total. We have picked a representative question that we felt most people would answer as our base for illustrating possible variances in results. Note: where the response rate is at 100% no estimate has been calculated. Figures highlighted in green represent scores that can be considered reliable, whilst those in yellow can be considered unreliable. It is worth noting that running a similar calculation on the raw data may reveal different results as our base figure only gives us the overall total and not the individual scores.

	Population	Responses	Response rate	Management is honest and ethical in its NHS business practices	Lower bound	Upper bound
Bedfordshire CCG	12	12	100%	92%	..	..
Calderdale CCG & Greater Huddersfield CC	15	14	93%	93%	85%	101%
Chesterfield Royal Hospital NHS FT	62	51	82%	86%	80%	92%
County Durham and Darlington NHS FT	58	52	90%	85%	81%	89%
Greater Manchester West Mental Health NHS	46	36	78%	86%	78%	94%
Guy's & St. Thomas' NHS FT	164	85	52%	75%	68%	82%
Leeds Teaching Hospitals NHS Trust	150	132	88%	80%	77%	83%
Lincolnshire Partnership NHS FT	19	19	100%	95%	..	..
NHS Business Services Authority	60	49	82%	76%	70%	82%
NHS England (Bristol, North Somerset, Somerset)	24	24	100%	91%	..	..
NHS England (Kent and Medway AT)	8	8	100%	100%	..	..
NHS England (Shropshire and Staffordshire)	13	11	85%	100%	86%	114%
NHS England Essex AT	14	13	93%	91%	83%	99%
NHS North Derbyshire CCG	20	20	100%	75%	..	..
North Hampshire CCG	18	17	94%	82%	76%	88%
North Somerset Community Partnership	7	7	100%	100%	..	..
Plymouth Hospitals NHS Trust	81	73	90%	81%	77%	85%
South London CSU	67	41	61%	66%	56%	76%
Tameside & Glossop CCG	7	7	100%	100%	..	..
Wye Valley NHS Trust	30	27	90%	78%	72%	84%
Total	875	698	80%	82%	80%	84%

9. Conclusions

9.1 Overview

The *Great Place to Work* survey was seen by participants to add value to the surveys already used in the NHS. The survey's main benefits were seen as:

- Addressing and focusing on issues that were specific to finance teams with questions more relevant than other NHS surveys
- Providing a local benchmark for teams that have undergone recent changes or restructures
- Providing an opportunity to benchmark against organisations outside of the NHS
- Offering a way of encouraging team engagement and sharing ideas
- Providing feedback that was more focused on the team rather than the organisation as a whole ie it was seen as something that was very useful locally
- Offering an outside perspective and process as opposed to an internal NHS review

Having carried out a formal survey comparison we have identified duplication in several questions across the surveys. Participants also felt that some of the questions were unclear; particularly the interpretation of "management."

The survey content was largely suitable to all organisation types and sizes. However, it was suggested by some participants that the benchmarking could be broken down according to team size and type to make the results more comparable. It was also felt that some questions were referring to areas that were out of the team's control, such as facilities. We would suggest that several teams were too small to offer reasonable comparisons. The size of the small teams also meant that participants could potentially be identified from the responses- several interviewees noted that this could be an issue and discourage future participation. Generally, one of the perceived benefits of using an external organisation to conduct research is the assurance of confidentiality, but this is not the necessarily the case in this exercise.

Primarily, the survey reports focused on quantitative outputs, however due to small team sizes a number of outputs could not be considered statistically significant at a local level. Moreover, the variance in team sizes and types made comparisons inappropriate. The value of the qualitative outputs ie the free text responses, are difficult to determine in their un-coded, non analysed format. It was noted by participants that the true value from the surveys will not be identified until teams have been able to complete their action plans or strategies.

Despite these areas for concern, there was general approval from the participants in terms of the survey process and outputs, and support for repeating the exercise at a

later date. Some were in favour of repeating the survey according to local needs; however participation is subject to approval from GPtW so there is no guarantee that surveys can be undertaken at preferable dates.

9.2 Recommendations

- Questions in the survey may have to be reviewed depending on the size and structure of the teams taking part. For example, some finance teams may have staff based in several different offices, while others may have sub groups which are considered as separate entities eg procurement, payroll, etc.
- Benchmarking could also be categorised by team size and type.
- There needs to be clarity about the type of management that the questions are referring to, particularly if the team manager is also going to participate in the survey. This will prevent the results from being skewed and increase confidence in the results. It should be noted that the survey also collected information on job roles eg whether participants are staff (non-management); supervisors/managers; or directors, but it is unclear how this information contextualises responses, other than a table in the feedback report that splits the results by statement and demographic group.
- To ensure anonymity, we would encourage each site to include at least 30 respondents. This would also improve the statistical validity of the results. Furthermore, the comments report should be coded or redacted more comprehensively to reduce the chance of identification.
- It should be made clear to employees that participation in the survey is optional, and that they can choose to opt out from the survey at any time.
- There was considerable value placed on those questions in the *Great Place to Work* survey which were added that related to the NHS. It is important that these questions are not seen as "leading" in any way. Consideration could be given to including these questions in existing NHS surveys, which could reduce the need to adopt a supplementary survey.
- Consideration should be given to reducing survey fatigue should the *Great Place to Work* survey be further adopted.
- Further consideration should be given to omitting the survey advocates' responses from team results, particularly when their responses can impact significantly on the results of small teams.

Appendix one: Interview discussion guide

Introduction

As you are probably aware we, CIPFA, have been appointed to carry out an independent evaluation of the outcomes of *Great Place to Work* (GPtW) survey. Essentially our conversation with you is in respect of the process, fit and resulting impact of the GPtW pilot exercise.

Over the next 2 to 3 weeks we will be talking to each of the 20 pilot organisations, for around 30 minutes, in order to answer these over-arching questions. But before we start can I check that you are aware this conversation is being recorded and that you are ok to proceed on this basis?

Motivations

- What motivated you to take part in the pilot exercise?
- What were your initial expectations?
- Were you pleased that you were selected?

Existing surveys

- We have been made aware of two existing surveys used across NHS services, which are the NHS Staff Survey and the HMFA and FSD Network NHS Finance Function survey. Can I check:
 - That you are aware of these
 - What you think their purpose is
 - How effective you consider them to be, i.e. do they achieve their purpose(s)?
 - What you think are their relative strengths and weaknesses.

GPtW survey

- In comparison with the NHS and HFMA surveys what, in your opinion, are the advantages and/or disadvantages of the GPtW survey?
- How far would you say that the GPtW and other surveys complement each other?
- What specifically would be gained by adopting this particular survey? Or, does the GPtW survey address any gaps?

- How would you assess the GPtW survey in terms of question content, including relevancy to your team, and the way in which it was delivered, eg format and IT? Do you, for example, perceive any barriers in respect of the language used and the way in which the survey is delivered? What changes, if any, would you recommend?
- Would you consider the results enlightening and what actions have taken place/ do you see taking place as a consequence of the survey?
- To what extent, if at all, does the number of staff that participated in the survey have any impact on ethical issues, eg possible identification of staff? Have you any other concerns in this respect?
- How much significance do you give to the GPtW results, ie the amount of 'weight' it carries?
- Did you find the survey relevant to your team / organisation?

In retrospect

- Overall, how far did the pilot exercise meet your expectations?

Appendix two: Online discussion forum questions

The following questions formed the basis of discussion on the online forum:

- From your perspective, how far does the *Great Place to Work* survey compliment or add value to any existing surveys that you/your team complete?
- Was the survey generally suitable to a team of your size/type?
- Do you have any concerns about the content of the reports?
- How useful have you found the outputs of the *Great Place to Work* survey eg the bench-marking reports?
- How relevant were the survey questions to you?
- Were you happy with the survey procedures? ie leading up to the survey, do you feel you were you adequately informed about what the survey would entail, how to complete it and how your answers were going to be used?

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