

Satisfaction with Food Standards Agency Science & Evidence – 2018 Internal Staff Survey

Notes

- This survey was conducted with staff in confidence and therefore the survey report has been adapted for publication to remove details of individual (open text) responses.
- The FSA Science Evidence and Research Division is developing a plan of engagement within FSA to explore the areas for improvement raised by survey respondents and identify areas for action.

Executive Summary

212 FSA staff provided responses through a bespoke online survey that helped to gauge satisfaction with the provision of FSA science and evidence, relevant to their work. The survey results support three main conclusions:-

1. Satisfaction with FSA science and evidence has been broadly stable over the last 2 years, with perhaps some small signs of improvement.
2. Satisfaction (and engagement) is typically significantly lower among Field Operations staff than among office-based staff.
3. Scope for further improvement in the provision of science and evidence seems to be most apparent in the following respects: timeliness; communication; collaboration, engagement and access.

More than 100 open comments were received. These provide precious feedback on specific things that have been done well, or less well, together with suggestions as to where and how improvements might be made. Results will be used to develop a draft action plan, working in partnership with key FSA stakeholders, likely to include Field Operations and Internal Communications.

About the Survey

The survey was conducted between January and February 2018 and asked FSA staff about the provision of FSA science and evidence, contributing to their work and the work of their teams, during 2017.

An E-mail invitation to participate was sent to all staff, Science Evidence and Research Division (SERD) staff excluded. It is important to note that the mailout for the baseline survey in 2016, had also excluded staff in Field Operations (although a handful of these staff accessed the survey via Yammer). To enable meaningful comparisons:-

- All statistics have been broken down separately for office-based (103 respondents) and Field Operations (109 respondents).
- Comparisons between 2016 and 2018 results can only be conducted on the basis of office-based staff.

The main body of the survey used a 5-point scale to measure level of agreement with 5 separate statements concerning science and evidence provision. The statements addressed the following 5 dimensions: Prioritisation; Collaboration; Communication; Quality; Timeliness. As an example, the question addressing “Timeliness” was:-

Q5. The FSA science and evidence relevant to my work in 2017 was produced in a timely fashion.

For each statement the top two scale categories, “tend to agree” and “strongly agree”, were assumed to denote satisfaction.

Headline Results

Of those who responded, **85%** said that science and evidence had contributed to their work in 2017: similar for both field operations and office-based staff. However, there was a difference in access: among office-based staff 72% indicated that they had directly accessed science and evidence for themselves, while among Field Operations this figure was only 18%.

The three types of science & evidence support most cited by office-based staff were: expert scientific advice; risk assessments; research. Among Field Operations the first two items were also heavily cited, but sampling & surveillance was the most cited.

Estimated levels of customer satisfaction, broken down by the 5 dimensions of interest, are presented in Fig. 1 and Fig. 2 below.

Fig. 1 shows satisfaction in 2018 compared to the baseline survey in 2016. This comparison can only be made on the basis of office-based staff. It suggests that “Quality” remains the dimension achieving highest levels of satisfaction (**81%**), having even exceeded the 75% satisfaction achieved in 2016. Among the other four dimensions, two exhibited a small increase in satisfaction and two a small decrease, but the broad ranking remained as in 2016: “Communication” and “Timeliness” being the areas achieving lowest levels of satisfaction. This is not shown on the graph, but for “Timeliness” 18% of staff expressed frank dissatisfaction (a score of either 1 or 2 on the 5-point scale). This seems worth highlighting: for all other dimensions the majority of those who were not satisfied gave scores in the neutral category (a score of 3) rather than expressing frank dissatisfaction.

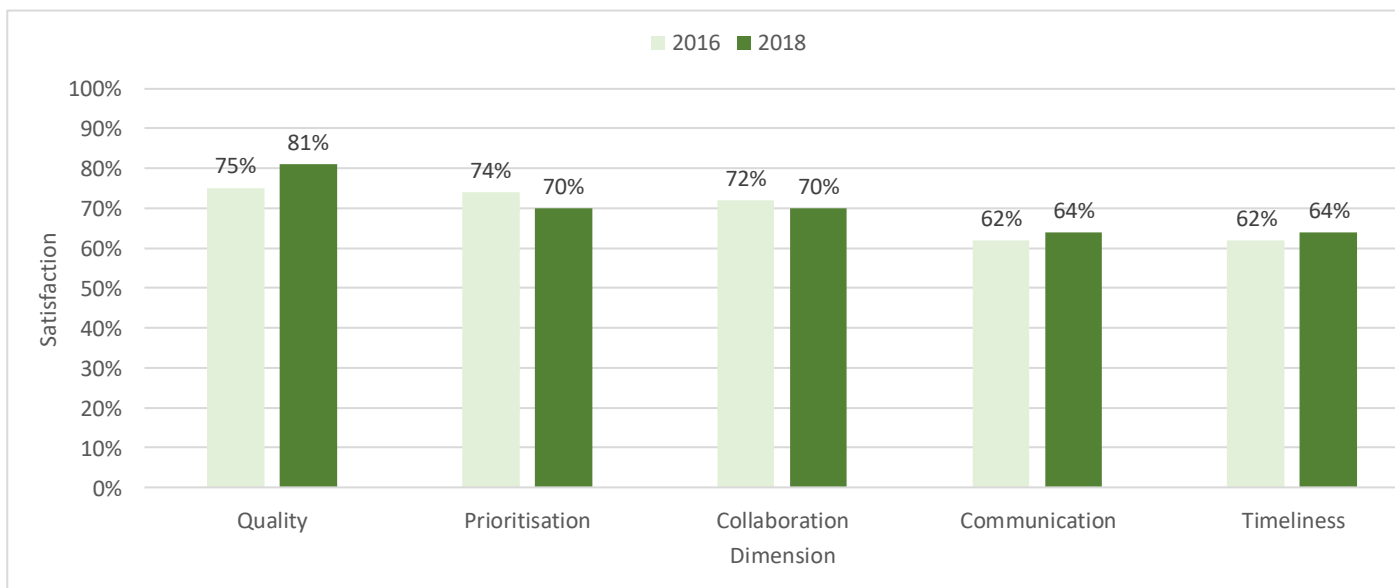


Figure 1. Satisfaction with the provision of science and evidence to FSA office-based staff (on 5 key dimensions): 2018 results compared with 2016.

Fig. 2 shows that satisfaction for Field Operations staff is considerably lower than that of office-based staff: true for all 5 dimensions of science and evidence provision, as measured in 2018.

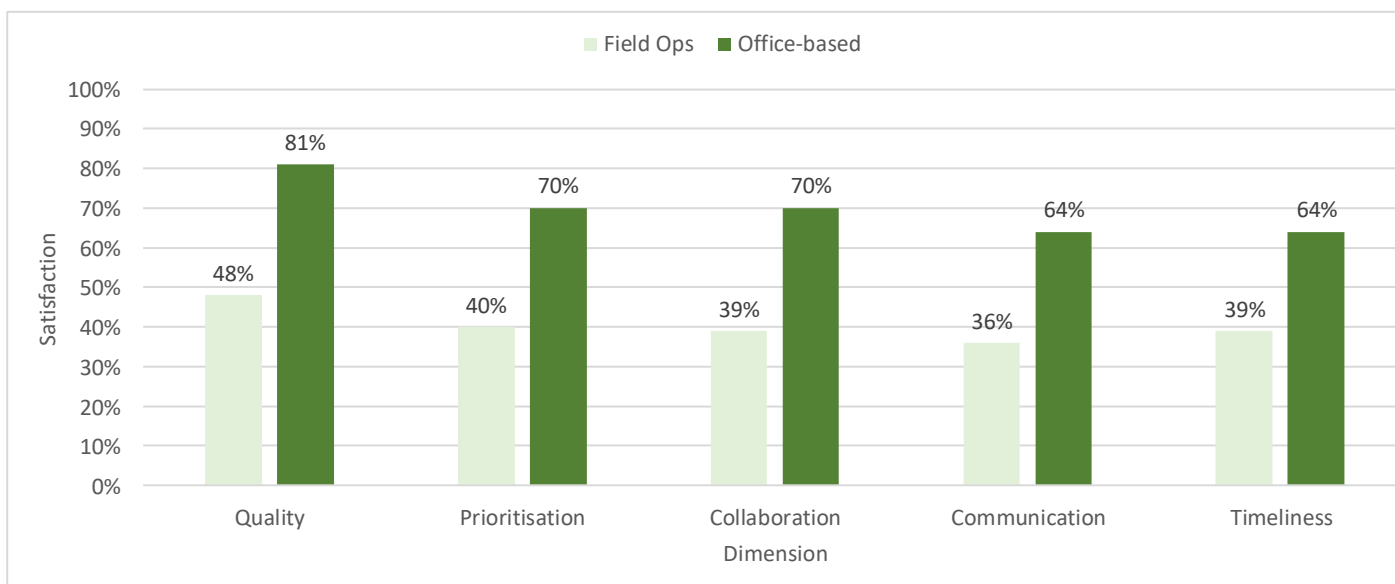


Fig 2. Satisfaction with the provision of science and evidence to FSA staff (on 5 key dimensions) in 2018: office-based staff vs Field Ops.

Detailed analysis for each of the 5 dimensions of satisfaction

The headline quantitative findings for each dimension have been presented above. In this section the quantitative findings are integrated with the qualitative data (open text responses¹) to discern what the survey is telling us about specific aspects of science and evidence provision that:-

- Have worked well, or
- Might usefully be altered in a specific direction.

The interpretation of the qualitative data comes with caveats, especially if used as a basis for reforming the delivery of science and evidence. For this reason, it is suggested that any concrete follow-up actions are tested, via cross-divisional discussion, before being implemented.

Quality

The quantitative question (1-5 rating scale) used to gauge satisfaction for this dimension was:-

Q6. In 2017 the FSA science and evidence that was relevant to my work was of high quality.

Among both office-based staff (81%) and Field Operations (48%) this was the dimension associated with highest levels of satisfaction. Satisfaction was high in 2016, but seems to be even higher in 2018.

There were 30 open comments that took the form of compliments and many of these praised the quality of input.

By contrast only a small number of comments hinted at areas where quality could be improved.

Timeliness

The quantitative question for this dimension was:-

Q5. The FSA science and evidence relevant to my work in 2017 was produced in a timely fashion.

Satisfaction among office-based staff has risen slightly to 64% (it was 62% in 2016), but this remains an area with greater scope for improvement. For Field Operations satisfaction stood at 39%.

¹ This survey was conducted with staff in confidence and therefore the survey report has been adapted for publication to remove details of individual responses (open text responses).

The survey included a further quantitative question to shed light on this issue: it explored the trade-off between “quality” and “timeliness”. **61%** of office-based, and **48%** of Field Operations, staff replied that the current balance between quality and timeliness is about right. Of those who thought the balance should be shifted, the majority thought the shift should be in the direction of greater timeliness. This was especially true for office-based staff, where 33% voted for greater timeliness and only 6% for better quality. This would seem to represent a further shift in the direction of greater demand for timeliness: in 2016 the corresponding figures were 22% and 14%.

This might suggest a certain tendency for “gold-plating” of science and evidence, in relation to the needs of some sections of the FSA customer base. This could be explored via further discussion. There are useful clues among the survey text responses, 12 of which addressed the issue of timeliness.

Prioritisation

The quantitative question for this dimension was:-

Q2. In 2017 my team had access to the science and evidence most needed to fulfil its remit.

Satisfaction has fallen slightly to 70% among office-based staff. Among Field Operations it is 40%. Some of the comments hint at areas where staff feel there is scope for additional science or evidence.

Some of the specific evidence needs quoted may be of interest in their own right, and could perhaps be considered for further attention. But more generally, an important key to identifying pent-up demand, for vital science and evidence input, may be to address the issues of collaboration, engagement and access to science. These are explored further in the next section.

Collaboration, Engagement & Access

The quantitative question for this dimension was:-

Q4. In 2017 the different parties involved in producing science and evidence relevant to my team (be they people in my own team, staff in SERD, or others across the FSA) have collaborated effectively.

Satisfaction has fallen slightly to 70% among office-based staff. Among Field Operations it is 39%.

This issue generated a large number of open comments in 2016. It was the same in 2018: 43 comments could be broadly attributed to this topic, making it the major focus for comment. This is, in part, due to the additional focus given to the subject in the 2018 survey. The importance of the issue was reflected in the action plan following the 2016 survey.

One of the important initiatives introduced since 2016 has been the creation of a set of “business partners” to improve engagement between SERD and the rest of the FSA. Analytics Unit (AU) have established a set of business partners aligned to key FSA strategic priorities (e.g. Regulating Our Future, Surveillance, EU Exit etc), while the Chief Scientific Adviser’s Team (CSAT) have a list of partners that are more aligned to different organisational groupings within the FSA: e.g. Operations Assurance, Regulatory Delivery Division etc.

The 2018 survey included a new question, asking staff what channels they use to access support for their science and evidence needs. Use of business partners was among the fixed set of response options provided. The results in Table 1 show that a range of access methods are employed. The most popular is to go to someone in science and evidence with whom there is some previous history of collaboration. This is true for both office-based staff and for Field Operations. It was exceeded among Field Operations staff only by those who did not indicate that they had any personal involvement in accessing science and evidence support (either because this was done by other members of their team, or because they were unable to answer the question). Evidence of direct access to science and evidence support was much lower in Field Operations than among office-based staff.

Support channel	% access for science & evidence support	
	Field Ops	Office-based
Contacted a Head of Branch or Head of Division with responsibility for science & evidence	3%	24%
Contacted a Business Partner in AU or CSAT	1%	13%
Contacted someone in FSA with whom worked previously on science & evidence	14%	35%
Someone else in my team accessed the science & evidence support	24%	26%
None specified	58%	2%

Table 1. How FSA staff indicated that they access support for their science & evidence needs.

The 43 comments on the topic of collaboration/engagement/access were almost evenly divided between compliments and implied areas for improvement.

Communication

The quantitative question for this dimension was:-

Q3. The communication of FSA science and evidence in 2017 has exhibited the following elements of good practice:-

- (a)** Clarity
- (b)** Rigour

Satisfaction among office-based staff has remained static at 61% for “clarity” of communication, while it has risen for “rigour” (from 62% in 2016 to 68% in 2018). This was the lowest-scoring dimension among Field Operations (36% for clarity and 35% for rigour).

Communication would appear to be an important issue for respondents, based on the number and nature of their open comments. The 21 comments on the subject seemed complementary to the aspects of communication tested in the quantitative question. Two main themes emerged:-

- *Better promotion of what resources are available within the FSA to provide science and evidence services*
- *Wider dissemination of important science & evidence findings so that greater numbers of FSA staff can benefit from them*

In both cases, Field Operations staff were prominent in giving voice to suggestions.

Conclusions & Recommendations

The primary focus of this report is to describe the results of the 2018 survey in an objective way. The results would seem to show three main things:-

1. Satisfaction with FSA science and evidence has been broadly stable over the last 2 years, with perhaps some small signs of improvement.
2. Satisfaction (and engagement) is typically significantly lower among Field Operations staff than among office-based staff.
3. There is scope for further improvement, and the survey points to the areas where this applies. It also provides some clues as to how improvement might be achieved.

This report is not intended to provide detailed recommendations for action. Any such action ought to arise from further discussion, involving a range of relevant stakeholders. However, it would seem safe to suggest that the following issues ought to form part of the discussion:-

- Communication
 - Key partners are likely to include Internal Comms and Field Operations, among others;
 - Can the new Digital Workplace form part of the solution?
- Collaboration, engagement and access
 - Field Operations are again likely to be among the key partners;
 - Work might explore the true appetite for improvement and a fit-for-purpose solution.
- Timeliness, including perhaps
 - More honest conversations about the balance between timeliness and quality on individual projects;
 - Do we have the right resource for projects that require rapid evidence-gathering?

On these, and other, issues it may be helpful for best practice to be shared within the FSA science and evidence community, based on the findings of the survey.