

Board of Directors – Public

Date:

e: 26 May 2021

Item Ref:

14

TITLE OF PAPER	Refresh of 'Our Values'
TO BE PRESENTED BY	Caroline Parry, Director of People
ACTION REQUIRED	To decide preferred Our Values option

OUTCOME	To ensure Board members are informed of the process that has been followed to develop possible options for a refreshed Values statement together with an outline implementation plan. For Board members to receive and comment on the report and decide on preferred option.	
TIMETABLE FOR DECISION	N/A	
LINKS TO OTHER KEY REPORTS / DECISIONS	 People Strategy and Delivery Plan 2021-2023 OD Enabling Strategy The observations in the April 2020 CQC report with regard to consistency of high quality care, caring, compassion and effective governance practices. A Trust Board who bring different perspectives with regard to Values from those considered appropriate in 2014. External reviews such as the Assessment of Readiness for Improvement Report (April 2021) and the Organisational Diagnostic report (June 2020) point towards giving careful consideration to how appropriate behaviours are supported across the organisation The recent NHS Staff Survey findings also signpost the need to give added emphasis to Values and behaviours. 	
STRATEGIC AIM STRATEGIC OBJECTIVE BAF RISK NUMBER & DESCRIPTION	Back to Good BAF002: There is a risk the Trust does not deliver on its Well-Led Development Plan. This would result in a failure to meet the regulatory framework, get back to good and a failure to remove additional conditions placed on the Trust's Provider Licence. BAF Risk Number: BAF.0005 There is a risk that we fail to identify key cultural and work pressure	
	issues impacting on staff health and wellbeing, leading to ineffective interventions Resulting in low scores on the staff survey (low morale), high sickness levels and negative indicators for quality of care.	



LINKS TO NHS CONSTITUTION /OTHER RELEVANT FRAMEWORKS, RISK, OUTCOMES ETC	https://www.gov.uk/government/publications/the-nhs-constitution-for- england
IMPLICATIONS FOR SERVICE DELIVERY & FINANCIAL IMPACT	Equality Act 2010, succession planning and widening participation
CONSIDERATION OF LEGAL ISSUES	

Author of Report	Rita Evans
Designation	Director of Organisational Development
Date of Report	19 May 2021



Refresh of 'Our Values'

1. Purpose

For	For	For collective decision	To seek	To report	For	Other
approval	assurance		input	progress	information	(Please state)
		ress made in tl ck and decision		Values' refrest	n project, and t	to consider the

2. Summary

1. Introduction

Since the publication of the NHS Constitution and NHS Values in 2009 all NHS Organisations have been required to develop and publish a set of values that reflect how they aspire to individually and collectively behave in pursuit of their aims. SHSC current 'Our Values' statement, which draws upon elements of the NHS Values statement was first published in 2014 (Appendix 1). The development process involved service users and a wide range of staff and other stakeholders. Given the changes in the Trust and the wider health and care system since that time, now is an appropriate point at which to review and refresh our SHSC Values and associated behaviour statements. The rationale to undertake this work is further supported by:

- The observations in the April 2020 CQC report with regard to consistency of high quality care, caring, compassion and effective governance practices.
- A Trust Board who bring different perspectives to those considered appropriate in 2014.
- External reviews such as the Assessment of Readiness for Improvement Report (April 2021) and the Organisational Diagnostic report (June 2020) point towards giving careful consideration to how appropriate behaviours are supported across the organisation
- The recent NHS Staff Survey findings also signpost the need to give added emphasis to Values and behaviours.

2. What are organisational values?

The organisational Values statement is an expression of the core beliefs and principles that make explicit how SHSC intends to act in order to achieve its strategic aims. Ideally, Values are developed, as they have been at SHSC in collaboration with staff, service users and the leadership team. In this way they both reflect and resonate with what often happens within the Trust and also offer some aspiration for the future. Changes in the external environment and/or strategic direction may also prompt Values development

Shared and enduring values are at the heart of successful organisations. They provide purpose to all within the organisation and communicate expectations and service commitments to those who come into contact with the organisation. For the Trust a strong set of values will provide the basis around which to coalesce the various strands of a sustainable engagement strategy driven by clinical leadership, openness and support for innovation and improvement.

3. Why invest in Our Values?

The literature on organisational values indicates that if well expressed, publicised and consistently role-modelled, SHSC Values will:

- Support staff in finding meaning in their work and so improve job satisfaction
- Build staff and stakeholder commitment the aims of the organisation
- Contribute to sustaining a highly motivated workforce
- Give a clear reference point upon which to offer feedback in relation to behaviours
- Enhance organisational performance, service improvement and innovation
- Attract new staff whose own values align
- Shape organisational culture
- Enable better decision-making by offering a 'moral compass' when making difficult choices
- Give a focus for training and leadership development where behaviour support is critical.

4. SHSC Values Refresh Process

Given this is a Values 'refresh' rather than the full scale development of a new set of Values the project team has focussed on triangulating information from a range of sources to give the Board four options with two of them likely to be viable. Guided by the Board the OD team has specifically reviewed the merits of the existing set and those contained in the NHS Constitution. To do this it has:

- Surveyed staff in relation to the merits of both. As at 3rd May 2021, 209 responses were
 received to the values questionnaire shared via Connect, in team briefings and open sessions
- Approximately 300 staff received the values briefing sessions as part of team meetings and supported by the Organisational Development (OD) team
- 9 members of staff attended the open briefing sessions facilitated by OD
- Reviewed the responses both with regard to the 'votes' for each and written contibutions
- Mapped the existing SHSC Values related behaviours onto the NHS Values
- Revised the existing Values in response to feedback from the survey
- Met with a small number of groups of staff to explore issues relating to the Values
- Surveyed Value statements used by a number of NHS Trusts
- Reviewed documents that have a bearing on Values and associated behaviours including those mentioned in the introduction to this report.

An overview of staff feedback and recommendations following the data analysis can be found in Appendix 2. A summary of responses to questions 7 & 8 in the values questionnaire can be found in Appendix 3.

5. Our Values Refreshed Options

Option 1: NHS Constitution (slightly amended text) incorporating SHSC Behaviours (Appendix 4) **Option 2:** Hybrid NHS Constitution + SHSC Preferred Values and incorporating SHSC Behaviours (Identified through the staff poll and comments) (Appendix 5)

Option 3: Retain existing SHSC Our Values and Behaviour Statement (Appendix 1)

Option 4: Create a new set of SHSC Values and Behaviour Statements.

6. Options Appraisal

An appraisal of each option has been completed and can be found in Appendix 6, to support the conclusion and suggested next steps outlined below.

7. Conclusion

Feedback from staff is broadly supportive of a 'Refresh'. The preferred option based on the poll and staff meetings is Option 2 - a Hybrid version containing both NHS Constitution wording and elements of the existing 'Our Values', specifically the current behavioural statements. In this option the number of Values reduces from 6 to 4 (overall staff feedback favoured a reduced number of values). This option provides an opportunity to take one key word from each Value and create a SHSC mnemonic for increased impact and communications, which our staff seem to favour. See Appendix 5 for more details.

The preferred values are:

Working together for service users Respect, empathy and kindness Commitment to Quality of Care and Improving Lives Everyone counts.

3 Next Steps

- 1. Refine and test out final wording of preferred option following Board decision
- 2. Share with the Council of Governors for comment and engagement
- **3.** Further develop the behavioural framework, including existing SHSC behavioural statements and work through working with the High Professional Standards Group
- 4. Develop an implementation plan with timescales to ensure:
 - Re-launch of Our Values activity/event
 - Inclusion of Our Values in Trust published materials/website/briefings etc.
 - Inclusion in Induction and Training Activities
 - Inclusion in our Values-Based Recruitment approach
- 5. Develop and agree an Evaluation /Review process.

4 Required Actions

Receive the report and decide preferred option.

5 Monitoring Arrangements

Through a Board update

6 Contact Details

Rita Evans, Director of Organisational Development <u>Rita.Evans@shsc.nhs.uk</u> Mobile: 07975 234833



Sheffield Health and Social Care NHS

NHS Foundation Trust

Values

Respect

We listen to others. valuing their views and contributions

This means that:

- I treat others as I would like to be treated myself, with dignity and consideration, and challenge others when they do not
- I am polite, courteous and non-judgemental
- I am aware that how I behave can affect others
- I appreciate and recognise others' gualities and contributions

Compassion

We show empathy and kindness to others so they feel supported, understood and safe

This means that:

- I engage with others in a warm, approachable manner
- I give the time and attention to others that they need
- I am sensitive to the needs of others.
- I listen so as to understand others' point of view

Partnership

We engage with others on

the basis of equality and

This means that:

- I work to build trust
- I work flexibly with others to identify and achieve the best outcomes
- I value and acknowledge the contributions made by others
- I share my knowledge and skills and offer practical support to others

Accountability

We are open and transparent, acting with honesty and integrity, accepting responsibility for outcomes

collaboration

- I accept and respond to

Fairness

We ensure equal access to opportunity, support and services

- I consult with and include

Ambition

We are committed to making a difference and helping to fulfil aspirations and hopes of our service users and staff

This means that:

- I look for ways to continuously improve services
- I work collaboratively with others to achieve excellence
- I support service users and colleagues to achieve their
- I share and celebrate achievements and successes

Refresh of Our Values

Staff Feedback & Recommendations

Rita Evans, Jane Barton,

Gaby Dale

Process of consultation

Briefing pack developed and shared with Executive Leads, for them to cascade to their senior leaders for discussion within their Teams.

Open, facilitated open sessions to discuss refresh of Trust values for any member of staff within the organization to participate in.

Online survey developed, seeking views on preferences for a refreshed set of Trust values. Shared at briefing sessions and via Connect to whole Trust.

Response & Data

Marriel Constant Statement

Unsure how many Teams delivered the briefing session through the executive cascade process. Teams were asked to report back to executive lead.

9 Leaders & groups asked for OD support in holding these conversations with Teams. This proved an extremely successful engagement process, and ensured a degree of completion of the survey.

3 Teams submitted qualitative comments to OD, in addition to completing the survey which are fed into the data below.

In total approximately 300 staff that OD are aware of received the briefing sessions.

9 members of staff attended the open briefing sessions.

In total 209 members of staff completed the survey questionnaire, shared via Connect, in team briefings and open sessions.

Overview of Survey & Consultation Feedback

69% felt that the current values don't reflect how things are done around here, and need to be changed

A general feeling of preference for NHS constitution values rather than SHSC Comments reflect a preference for having a description of a value, rather than a single word in simple language

Significant points of feedback

Staff want a thorough & robust process – not tokenistic

The disconnect between the espoused values and how behaviours are experienced is of most importance

Values are something to be held accountable to

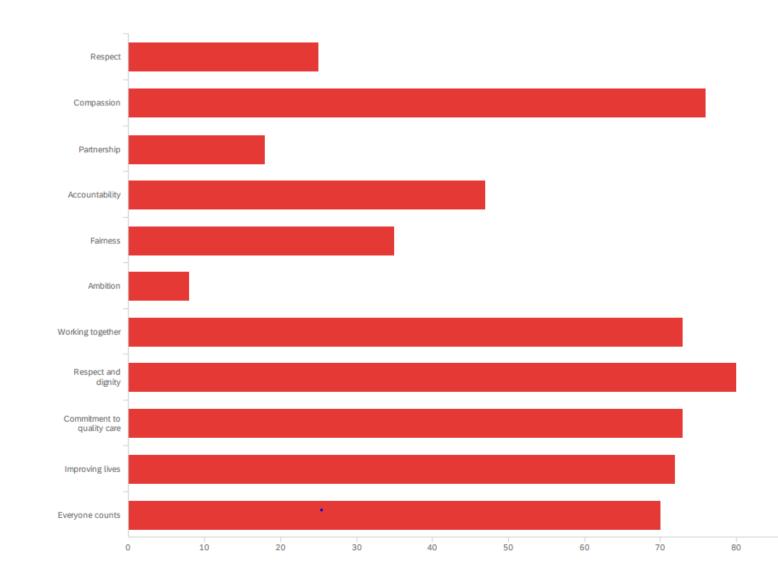
Something we live by not something to aspire to be

Strong sense of wanting a value based around Equality and Diversity Values need more meaningful / more wording around them Something people can relate to, simple wording, e.g. 'caring' not 'compassionate'; language first person.

Something our service users can identify in us and our staff



Response data from survey



Appendix 3 Refresh of Our Values

Summary of questionnaire responses to questions 7 and 8 (grouped by theme)

Question 7 - What matters to you most? What are your personal values?

Question 8 - Are we missing something? If you have any other further ideas please add them below

Respect (self, others, Sus other professions)	47
Dignity	10
Compassion	32
Kindness	13
Working together (including team working, partnership working)	17
Quality of care	20
Patient / person centred care	8
Co-production / working in partnership	2
Safety	4
Improving lives	8
Feeling valued (including drawing on strengths)	7
Everyone counts	13
Equality (of access to services, and how staff are treated, inclusion)	27
Openness / transparency	5
Honesty / integrity	18
Fairness	14
Accountability / taking responsibility	15
living the values	14
Encouraging / developing others / opportunity	7
Forgiveness	2
Learning culture	5
Supporting staff wellbeing	4
Humility	4
Friendship	1

Commitment	1
Innovation	1
Loyalty	1
Dependability / reliability	1
Creativity	1
Ambition / forward thinking / aspiration	5
Trust	1
Hard working	1
Staff & patient engagement	1
NHS values have more meaning than just one word as in SHSC values	1

Some of the more qualitative statements in relation to underlying principles and the process moving forward include:

- Can we have agreed behaviours that everyone understands, can live by and are held accountable to
- We need to use simple, straightforward language that's relatable to all staff and service users e.g. Is accessible to people with learning difficulties
- Please can the values/behaviours be written in the first person i.e. We are
- Give thought to how values and behaviours are communicated to others and service users e.g. We will treat you with respect, we ask that you also treat us with respect
- Without commitment, leadership and passion, words mean nothing
- Values don't need changing, it's how we support people to live by them

Appendix 4

Option 1: NHS Constitution (slightly amended text highlighted in yellow) incorporating SHSC Behaviours. Behavioural framework will be built on through work by High Professional Standards Workstream.

Value	Behaviour	Reference SHSC Existing Values
Working together for service users (instead of	1. I do what I say I am going to do	Accountability
for patients)	2. I work to build trust	Partnership
Service users come first in everything we do. We	3. I work flexibly with others to identify and	Partnership
fully involve service users, staff, families, carers,	achieve the best outcomes	
communities, and professionals inside and	4. I value and acknowledge the contributions	Partnership
outside the NHS. We put the needs of service	made by others	
users and communities before organisational	5. I share my knowledge and skills and offer	Partnership
boundaries. We speak up when things go wrong.	practical support to others	
	6. I speak up if something is not right	Accountability
Respect and dignity	1. I treat others as I would like to be treated	Respect
We value every person – whether patient, their	myself, with dignity and consideration, and	
families or carers, or staff – as an individual,	challenge others when they do not.	
respect their aspirations and commitments in	2. I am polite, courteous and non-judgemental	Respect
life, and seek to understand their priorities,	3. I am aware that how I behave can affect others	Respect
needs, abilities and limits. We take what others	4. I appreciate and recognises other qualities and	Respect
have to say seriously. We are honest and open	contributions	
about our point of view and what we can and		
cannot do.		
Commitment to quality of care	1. I look for ways to continuously improve	Ambition
We earn the trust placed in us by insisting on	services	
quality and striving to get the basics of quality of	2. I work collaboratively with others to achieve	Ambition
care – safety, effectiveness and patient	excellence	
experience – right every time. We encourage and welcome feedback from patients, families,	3. I speak up if I think something is not right	Accountability

carers, staff and the public. We use this to	4. I accept and respond to constructive feedback	Accountability
improve the care we provide and build on our successes.	and challenge from others 5. I admit if I make a mistake	Accountability
Successes.		Accountability
Compassion	1. I engage with others in a warm, approachable	Compassion
We ensure that compassion is central to the care	manner	Commenting
we provide and respond with humanity and kindness to each person's pain, distress, anxiety	I give the time and attention to others that they need	Compassion
or need. We search for the things we can do,	3. I am sensitive to the needs of others	Compassion
however small, to give comfort and relieve	4. I listen so as to understand others point of	Compassion
suffering. We find time for patients, their families	view	·
and carers, as well as those we work alongside.		
We do not wait to be asked, because we care.		
Improving lives	1. I work flexibly with others to identify and	Partnership
We strive to improve health and wellbeing and	achieve the best outcomes	
people's experiences of the NHS. We cherish	2. I share my knowledge and skills and offer	Partnership
excellence and professionalism wherever we find	practical support to others	
it – in the everyday things that make people's	3. I value and acknowledge the contributions	Partnership
lives better as much as in clinical practice, service	made by others	
improvements and innovation. We recognise	4. I support service users and colleagues to	Ambition
that all have a part to play in making ourselves,	achieve their potential	
patients and our communities healthier.		
Everyone counts We maximise our resources for the benefit of the	1. I work to ensure our services are accessible for	Fairness
whole community, and make sure nobody is	everyone	Fairliess
excluded, discriminated against or left behind.	2. I appreciate people's differences and pay	Fairness
We accept that some people need more help,	attention to meeting different needs	
that difficult decisions have to be taken – and	3. I actively try to help others to get what they	Fairness
that when we waste resources we waste	need	
opportunities for others.	 I consult with and include others in decisions that affect them 	Fairness

Appendix 5

Option 2: Hybrid NHS Constitution + SHSC Preferred Values and incorporating SHSC behaviours (Identified through the poll and comments)

This table takes the values staff most aligned themselves in the NHS Constitution through the poll with SHSC Behaviours from the nearest equivalent SHSC Value/s. This approach reduces the number of values to 4.

High-level wording changes highlighted in yellow, including reference to Partnership following the introduction of a fourth strategic aim in 21/22.

Behavioural framework will further developed by working with the High Professional Standards Group.

This option provides an opportunity to take one key word from each Value and create a SHSC mnemonic for increased impact and communications, which our staff seem to favour.

Value	Behaviour	Reference SHSC Existing Values
Working together for service users (instead of	1. I do what I say I am going to do	Accountability
for patients)	2. I work to build trust	Partnership
Service users come first in everything we do. We	3. I work flexibly with others, inside and outside	Partnership
fully involve service users, staff, families, carers,	SHSC, to identify and achieve the best outcomes	
communities, and professionals inside and	4. I value and acknowledge the contributions	Partnership
outside the NHS. We put the needs of service	made by others	
users and communities before organisational	5. I share my knowledge and skills and offer	Partnership
boundaries, <mark>through working in partnership</mark> . We	practical support to others	
speak up when things go wrong.	6. I speak up if something is not right	Accountability
SHSC Nearest Equivalent:		
Partnership		
•		
We engage with others on the basis of equality		
and collaboration		

Respect, empathy and kindness (changed from Respect and Dignity and based on our SHSC staff personal values)	1. I treat others as I would like to be treated myself, with dignity and consideration, and challenge others when they do not.	Respect
We value every person – whether patient, their	2. I am polite, courteous and non-judgemental	Respect
families or carers, or staff – as an individual,	3. I am aware that how I behave can affect others	Respect
respect their aspirations and commitments in	4. I appreciate and recognises other qualities and	Respect
life, and seek to understand their priorities,	contributions	
needs, abilities and limits. We take what others	 I work to build relationships based on high 	
have to say seriously. We <mark>can be trusted to be</mark>	<mark>trust</mark>	
honest and open about our point of view and		
what we can and cannot do.		
We ensure that compassion is central to the care we provide and respond with humanity and	1. I engage with others in a warm, approachable manner	Compassion
kindness to each person's pain, distress, anxiety	2. I give the time and attention to others that	Compassion
or need. We search for the things we can do,	they need	
however small, to give comfort and relieve	3. I am sensitive to the needs of others	Compassion
suffering. We find time for patients, their families	4. I listen so as to understand others point of	Compassion
and carers, as well as those we work alongside.	view	
We do not wait to be asked, because we care.		
SHSC Nearest Equivalent		
Respect		
We listen to others, valuing their views and		
contributions.		
Compassion We show empathy and kindness to others so		
they feel supported, understood and safe		

Commitment to Quality of Care and Improving Lives (combined two x NHS Constitution Values) We earn the trust placed in us by insisting on	1. I look for ways to continuously improve services	Ambition
quality and striving to get the basics of quality of care – safety, effectiveness and patient experience – right every time. We encourage and welcome feedback from patients, families, carers, staff and the public. We use this to improve the care we provide and build on our successes.	 2. I work collaboratively with others to achieve excellence 3. I speak up if I think something is not right 4. I accept and respond to constructive feedback and challenge from others 5. I admit if I make a mistake 	Ambition Accountability Accountability Accountability
We strive to improve health and wellbeing and people's experiences of the NHS. We cherish excellence and professionalism wherever we find it – in the everyday things that make people's lives better as much as in clinical practice, service improvements and innovation. We recognise that all have a part to play in making ourselves, patients and our communities healthier	 I work flexibly with others to identify and achieve the best outcomes I share my knowledge and skills and offer practical support to others I value and acknowledge the contributions made by others I support service users and colleagues to achieve their potential 	Partnership Partnership Partnership Ambition
SHSC Nearest Equivalents: Ambition We are committed to making a difference and helping fulfil aspirations and hopes of our service users. Accountability We are open and transparent, acting with honesty and integrity, accepting responsibility for outcomes.		

Everyone counts		
We maximise our resources for the benefit of the whole community, and make sure nobody is	1. I work to ensure our services are accessible for everyone	Fairness
excluded, discriminated against or left behind.	2. I appreciate people's differences and pay	Fairness
We accept that some people need more help, that difficult decisions have to be taken – and	attention to meeting different needs 3. I actively try to help others to get what they	
that when we waste resources we waste	need	Fairness
opportunities for others.	4. I consult with and include others in decisions	
	that affect them	Fairness
SHSC Nearest Equivalent:		
Fairness		
We ensure equal access to opportunity, support		
and services		

Appendix 6				
Our Values Refresh – Options Appraisal				

Option	Positive	Negative
1. NHS Constitution (slightly amended text) incorporating SHSC Behaviours	 Strongly identifies SHSC as part of the wider NHS Demonstrates public commitment to the NHS Constitution Recognisable to those from other NHS organisation who use the NHS Constitution Gives legitimacy to the Values Using the SHSC behaviours retains a degree of local ownership and design of the Values Builds, to an extent on the work done previously in the Trust around important behaviours 	 Arguably does not differentiate SHSC as a brand in relation to the wider NHS Do people really recognise the NHS Constitution and what is contained in it? Quite lengthy so may not be easily remembered or used in inductions/training/publicity etc. Given the values are not those people in SHSC have been involved in developing the level of ownership/recognition may be weak The behaviours and values themselves do not entirely 'fit' at all points so may need some refining.
2. Hybrid NHS Constitution+ SHSC Preferred Values, incorporated SHSC behaviours (identified through the poll and comments)	 Strongly identifies SHSC as a unique organisation with a unique set of values Has some clear resonance with the NHS Constitution which will be important to some stakeholders Values determined following staff input during the refresh process so likely to be much more owned and valued by the staff. Behaviours recognisable to staff Format familiar Smaller number of Values make them much more usable, printable and likely to be remembered. Values pithy and clear Language designed to be accessible Bespoke and co-created behavioural framework 	 Offers less identification with the wider NHS May have less resonance with the NHS Constitution values set that some stakeholders might like. Whilst 160+ staff contributed to the refresh process it may be that other staff do not necessarily agree with the final set. Even those who contributed may feel there is something significant missing Behaviours not necessarily an absolute fit with the Values. No snappy acronym that will make them memorable.

3. No change to current set of values	 Familiar to staff No additional time or cost involved Staff who were around in 2014 will be familiar with them 	 Very little connection/identification with NHS Constitution Staff who joined our Trust since SHSC unlikely to fully subscribe to them Remit of a refresh to reflect changes not fulfilled Staff over-familiar with them No opportunity to publicise a fresh start Staff feedback not acted upon so increased frustration/disconnection No change does not project fulfil brief
4. New set of SHSC Values and Behaviours	 Potential for staff for be involved and own them Offers potential corporate 'fresh start' Values tightly aligned to strategic priorities Evidences listening to staff Strengthens the SHSC brand as a unique organisation Makes the behavioural links with quality improvement more explicit 	 Will take time and resources Staff may view it as a PR exercise so need to justify it publicly The outcome may not end up being that different from the existing options especially option 2 May need to contract externally for the process for it to be perceived as staff owned