

<b>Summary Report – Trust Board Meeting (Part 1)</b>	<b>Date: 2 May 2013</b>
<b>Report Title: Refresh - strategic objectives, vision and values</b>	
<b>Agenda Item: 21</b>	<b>Enclosures:</b>
<b>Sponsor; Chief Executive</b>	<b>Presenter: Head of Communications</b>
<b>Report Author: Head of Communications</b>	
<b>Report discussed previously at:</b>	<i>n/a</i>

<b>Purpose of the Report and Action required</b>		
	Approval	X
	Discussion	
	Information	

<b>Executive Summary of Key Issues</b>
<p>The report summarises feedback from the consultation around the refresh of the Trust vision and values.</p> <p>It recommends the adoption of revised strategic objectives, a motto (as opposed to a vision) and values together with descriptors updated in the light of the feedback received. These are set out at paragraph 7.</p> <p>It recommends the adoption of these across Trust activity, internally and externally and the distribution of feedback to those invited to participate in the consultation.</p>

<b>Which Strategic Objective does this paper address</b>	
A sustainable value for money business	
Excellent service user access and experience	
Excellent partnership working with other organisations	
Effective engagement and improvement in staff satisfaction	

<b>Link to Fit for the Future Implementation Plan</b>	
<i>Specify objective number</i>	<i>n/a</i>

<b>Recommendations to other committees</b>
<i>n/a</i>

<b>Recommendation/Decision</b>
The Board is recommended to <b>approve</b> the report

## Refresh - strategic objectives, vision and values

### 1. Introduction

- 1.1. At its meeting on 30 January, the Board agreed draft revisions to our Trust's strategic objectives, vision and values as a basis for consultation with a range of stakeholders including FT members, staff, service user and carer groups, primary care trusts and clinical commissioning groups, local authorities and third sector groups.
- 1.2. Internally teams were encouraged to discuss the suggestions and cross Trust management groups were asked to consider the proposals at their meetings.
- 1.3. Open meetings were held in each Trust locality where the proposals were discussed, along with locality developments and the new information for quality system IQ. In Wiltshire a second meeting was added to the schedule in Salisbury, at the request of the service user and carer engagement steering group. Circa 150 people attended the meetings around the Trust.
- 1.4. The online feedback mechanism was added to Trust iPads used in wards and teams so online feedback could be provided by current service users.
- 1.5. Consultation closed on Friday 19 April. This paper reports on the feedback received face to face, in writing and on-line. It recommends the Board agrees the draft strategic objectives, a motto (instead of a vision) and values as set out in paragraph 7.

### 2. Summary feedback

- 2.1. A numerical split of the 230 on line and paper responses is set out below:

<b>Strategic objectives</b>	<b>Support</b>	<b>Oppose</b>	<b>Unsure</b>	<b>N/A</b>	<b>Comments</b>
Consolidate	172	12	31	15	62
Integrate	178	11	30	11	62
Expand	115	41	64	10	111
<b>You matter..we care</b>	171	59	-	-	163
<b>Values</b>					
Passionate	186	11	22	9	51
Respect	207	7	8	8	37
Integrity	203	8	11	8	35
Diversity	200	6	13	11	24
Excellence	196	10	15	9	73

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- 2.2. As the above numbers indicate, there was overwhelming support for the proposals and many of the respondents took the opportunity to comment in the free text boxes. Some general themes ran through these responses and are summarised below:
- 2.2.1. Positive comments revolved around the simplicity and clarity of the proposals. Many were enthusiastic in their support. Some commented on the need for measurement, on how we would know we were succeeding and the need for the proposals to be accompanied by actions which would make a difference. Cautionary comments centred on whether staff would buy into these, as they might be seen as a top down only initiative.
- 2.2.2. Negative comments centred on concerns that the language used was jargon, lacked clarity, substance and was not health related. Comments were made about past practice, current/historic service quality concerns and recent changes through redesign. Some respondents queried the relationship between these proposals and improved patient care and queried how these changes would make a difference to service users. Several commented on the apparent lack of a recovery focus in the proposals.
- 2.2.3. Those attending the open meetings were broadly supportive of the proposed changes which many saw as supporting the change in approach being taken by the Trust. Verbal feedback from staff and others has also been supportive.
- 2.3. The following sections summarise the themes of the responses in relation to the specific areas of the consultation, splitting these between supportive and negative comments. They need to be read in the context of strong support for the proposals.

### 3. Feedback re strategic objectives

#### 3.1. Consolidate:

- 3.1.1. There was support for consolidating good practice, for focusing on what we are good at and what we can be good at. Ensuring a strong foundation was considered essential and being brilliant at the basics attracted widespread support, being a prerequisite to gaining people's confidence. Others suggested that we needed to be clearer as to what we are consolidating and what we mean by the 'basics' as well as being sure we were consolidating around what worked and what was good practice.
- 3.1.2. Negative comments centred around the Trust's ability to get the basics right, to deliver the services required and the resourcing of these services.

#### 3.2. Integrate:

- 3.2.1. The importance of working across boundaries, with the voluntary and social care sectors and other providers was stressed both in terms of delivering best practice and in making sure we achieved best value. Integrated services was seen as key to ensuring service users were not lost in the system and that people could easily access the support they needed.
- 3.2.2. Some respondents expressed concern that integrate could be read as centralise and that it would diminish our role as a provider of specialist services. Others queried how integration would relate to them as an individual.

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### 3.3. Expand:

- 3.3.1. Feedback recognises the need to expand on the basis of the dangers of standing still. A range of comments recognised the importance also in terms of the NHS market and the fact that some contracts will be won and lost. Most of those who supported the objective stressed timing as being important and ensuring that consolidation and integration was completed/well advanced so that any expansion was based on high quality services. Identifying what we were good at before expanding was also stressed as important, as was the need to be clearer as to whether this referred to expansion of services and/or geographical expansion. Several comments were made about the need to expand services to those who cannot access them currently. The importance of not losing patient focus was also stressed.
- 3.3.2. Negative comments focused on the lack of financial and staffing resources to expand and the threat this might pose to existing services. Some commented that the Trust was already too large and queried whether seeking to expand at times of substantial change was wise. Others didn't like the term, saw it as commercial and aggressive.

### 4. Feedback re 'You matter..we care'

- 4.1. Respondents welcomed the simplicity, the fact that it was easy to remember, it picked up one of the Francis themes of care and was as one respondent said a "good paradigm to set our standards by". Others liked it as it could apply to anyone. Many people commented that the proof would be in the delivery and staff taking ownership.
- 4.2. Some people felt that it was too "them and us", too general and stated the obvious. Others commented that it could apply to any organisation and queried whether it should be more mental health specific. Several people queried the lack of a recovery emphasis and some queried whether it was patronising.
- 4.3. Some respondents said this didn't reflect their experience of AWP or the culture of the Trust and that they had not felt valued or supported. Others commented about the need for resource to ensure this could be delivered while others felt restructuring with people reapplying for jobs with lower grades reflected a lack of care within the organisation.
- 4.4. Various language and grammatical comments were made and listen was suggested as a more recovery focused word to care, others felt there needed to be a 'because' at the beginning of the phrase. Others felt that the phrase was not a mission statement.

### 5. Feedback re values

- 5.1. Overall feedback is supportive of the values although various queries about the brief descriptors in terms of language and words people would like to see. Some people feel that some (eg excellence) is beyond the capability of the organisation at present. Others felt that they were values which everyone should be seeking to adhere to while recognising not everyone would be able to do so, all of the time.
- 5.2. For some respondents, these values do not reflect their experience of AWP and so they were not supportive of them. They stress a change in culture and management style was required before these could have any basis in reality, and fears that a lack of funding and resources would prevent these being lived to the full.

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- 5.3. Suggestions that partnership, dignity, understanding, accountability and compassion should be expressly stated.
- 5.4. While there were many positive comments about the acronym PRIDE as a way of remembering the proposed values, there was some comment in relation to PRIDE being used by other groups/organisations.

## **6. Conclusion**

- 6.1. Feedback suggests widespread support for the draft proposals, and much of the negative comment centred on whether these relate to the Trust at present as opposed to our ambitions for the coming months.
- 6.2. Most of the relevant comment (as opposed to general comment re the Trust) focused on the explanation of each of the 'terms'. Some people liked the sentiments but had concerns about individual words. Individuals suggested alternatives to specific elements but collectively these did not indicate alternatives.

## **7. Recommendations:**

### 7.1. Strategic objectives:

- 7.1.1. Consolidate provides the building blocks on which the success of our Trust rests. 'Being Brilliant at the Basics' will be a frequently heard statement as, helped by feedback from for example 'the friends and family test', we review what we do well, identify what needs to be better and deliver more and constantly improving recovery-focused services.
- 7.1.2. Integrate requires us to work more effectively in partnership, internally and externally, connecting fully with the local health communities we serve and forging positive, dynamic relationships with our staff, commissioners, GPs, service users and carers, as well as those in the voluntary and social care sectors.
- 7.1.3. Expand will be fundamental to the viability of the Trust, developing first a portfolio of quality, specialist services which meets the needs of commissioners locally and in areas outside our traditional heartland.

### 7.2. Motto

- 7.2.1. Feedback and discussion shows that while 'You matter, we care' has broad support (albeit some people suggest alternative words such as listen instead of care), it is not considered a mission or a vision. It is therefore recommended that we refer to this as the Trust 'Motto'. A motto is defined in the Oxford dictionary as "a phrase adopted as a rule of conduct or as expressing the aim and ideals of an institution". In the context of wanting something that should govern our approach and behaviour internally and externally, this would seem to be an accurate descriptor.
- 7.2.2. The explanatory text remains unchanged: "Whether service users, staff, GPs, commissioners or third sector groups, you matter to us and we care how we listen and respond to your needs, views and ambitions".

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### 7.3. Values

- 7.3.1. The volume of comment relating to the acronym PRIDE does not warrant changing this, especially in the context of the positive feedback received.
- 7.3.2. The values are therefore as per the draft consultation with some amendments to the descriptors as set out below:
  - 7.3.3. P Passion Doing our best, all of the time
  - 7.3.4. R Respect Listening, understanding and valuing what you tell us
  - 7.3.5. I Integrity Being open, honest, straightforward and reliable
  - 7.3.6. D Diversity Relating to everyone as an individual
  - 7.3.7. E Excellence Striving to provide the highest quality support

### 8. Conclusion

- 8.1. The Board is asked to approve the recommendations in section 7 and to agree to their adoption across activity, internally and externally.
- 8.2. Given the range of comments made, feedback will be given via the website, our Trust intranet Ourspace and highlighted in the next Foundation Trust members update, in Snapshot and formally to stakeholder groups.