NHS
Institute for Innovation and Improvement

Living our Local Values
The value of values

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Description: This set of resources illustrates the gap between the values that appear in the NHS Constitution and the day to day experiences that many of us have. It also provides case studies which demonstrate the effects of working on or committing to core values, and how they can be utilised to improve organisational performance; staff engagement; quality and safety.	
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For Recipients's Use	

Introduction

Foreword by David Nicholson, Chief Executive, NHS

In spring 2008, staff, patients, carers, and members of the public came together across the country to develop a national statement of values for the NHS. For me, the experience was a reminder of the positive energy that talking about values can unleash. People work in the NHS because they care. What other organisation can draw on such depths of dedication in those who work for it - or pride in those who use it?

Values underpin the quality of service we deliver to patients and communities. Everyone knows that compassion, dignity and respect are at the heart of a good patient experience and that we need to do more to empower and celebrate these values in the NHS. Values can also help us to build a culture in which safety is paramount and everyone pulls together to deliver seamless care. Safety, effectiveness, patient experience: values are the bedrock of quality.

That's why, as we seek to transform the culture of the NHS, values will lie at the heart of good leadership. You'll find in this guide compelling evidence of the role of values in building staff engagement and driving change. You will also find some advice, approaches and best practice stories from other NHS organisations who have successfully managed to build values into their ways of working. We want to spread the understanding, but also provide the inspiration, to help us in our day-to-day lives.

What are values and why do they matter?

"Values are not just words; values are what we live by. They're about the causes that we champion and the people we fight for."

John Kerry

We all have personal values that guide and shape the way we live our lives. They are the unspoken rules that help us make decisions and choices about the big things in life as well as the small ones.

Organisations can have values too - the big principles that we all sign up to when we are at work. In the NHS, our priority is improving the patient experience. This means providing quick and effective care - but it also about providing high quality caring. For many staff, this is second nature. It is at the heart of the professional codes that guides our approach to healthcare.

These are the values of the NHS. In 2008, as part of the Darzi Next Stage Review, staff and patients across the country came together to discuss what mattered to them in the NHS. These discussions helped to surface the NHS-wide values, now part of the NHS Constitution.

These values are things that matter to us all, irrespective of which part of the NHS you work for or are treated by. They underpin the rights and responsibilities we have to patients and staff and provide everyone in the country with a common vision of what the NHS stands for.

NHS-wide values

Respect and dignity. We value each person as an individual, respect their aspirations and commitments in life, and seek to understand their priorities, needs, abilities and limits. We take what others have to say seriously. We are honest about our point of view and what we can and cannot do.

Commitment to quality of care. We earn the trust placed in us by insisting on quality and striving to get the basics right every time: safety, confidentiality, professional and managerial integrity, accountability, dependable service and good communication. We welcome feedback, learn from our mistakes and build on our successes.

Compassion. We respond with humanity and kindness to each person's pain, distress, anxiety or need. We search for the things we can do, however small, to give comfort and relieve suffering. We find time for those we serve and work alongside. We do not wait to be asked, because we care.

Improving lives. We strive to improve health and well-being and people's experiences of the NHS. We value 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.

Working together for patients. We put patients first in everything we do, by reaching out to staff, patients, carers, families, communities, and professionals outside the NHS. We put the needs of patients and communities before organisational boundaries.

Everyone counts. We use our resources for the benefit of the whole community, and make sure nobody is excluded or left behind. We accept that some people need more help, that difficult decisions have to be taken – and that when we waste resources we waste others' opportunities. We recognise that we all have a part to play in making ourselves and our communities healthier.

Local NHS organisations also have their own values, defined by local circumstance and need - so do the professions who provide care. These different value 'sets' are not in conflict, but are instead meant to support and complement each other.

These values matter because when they are visible in everything we do – from our behaviours to our processes to our communications – they can make a real difference to staff engagement and to the patient experience.

The NHS Institute wanted to understand how strong local values could make a difference to NHS staff and patients. We undertook desk research of best practice across the private and public sector, worked closely with three Field Test Sites in the South West to design some approaches, and then engaged with another 24 organisations through Accelerated Change Events to test and refine the approaches further.

The output is this resource – developed by the NHS, for the NHS – that can help other organisations to start to develop and embed their own local values. These are approaches that we can use to start a values conversation amongst our staff, patients and communities - and a values movement within organisations across the country.

"I was initially a bit concerned about whether our people would be cynical about engaging with surfacing our values and was pleasantly surprised by the enthusiasm and energy which people invested coming along to our workshops. This was clearly something that they were passionate about and wanted to be engaged with. The overall programme has been very well received: we are now planning a rollout across the whole organisation."

Martin Ringrose, HR Director, Torbay Care Trust

"Talking to staff about what is important to them, what helps them in their work and in their interactions with patients and colleagues, and what hinders them, can bring out a wealth of insight and information and can be highly motivating for everyone concerned. I personally have found the experience to be inspirational, especially when we can showcase brilliant work done by our staff and how people tackle problems with courage and creativity."

Barbara Peddie, Associate Director of Operations, Poole Hospital NHS Foundation Trust

"The workshops with staff, service users and carers, when encouraged to talk about their own both positive and negative experiences, helped us understand the impact of values on the organisation resulting in a renewed focus on values in practice. It is a long journey, and any cultural change takes time, but we hope the benefits of our approach are starting to change the experiences of our staff, people who use our services, carers and our partners."

Sarah Frazer, Associate Director of Organisational Development, Devon Partnership NHS Trust

Contents

This resource contains a range of ideas and inspirations for how we can develop our own organisation's values. They have been developed by the NHS, with the NHS and for the NHS.

Do you want to know more about the value of values?
If you want to know more about the benefits that values can bring to your organisation, your staff and to your patients, go to the next section in this little book **The Value of Values**.

Do you want to get going now?
If you are persuaded of the benefits of values, but want to know where your organisation might best focus its efforts, go to **Getting Started** for a simple diagnostic exercise to help you work out your next steps.

Do you want to find some specific ways you might get values into your organisation?
To find approaches, best practice and hints and tips for work on values, go to the relevant publication.

1 **Defining or refreshing our values**

2 **How we communicate**

3 **Our organisational processes**

4 **Our decision making**

5 **Our leadership**

6 **How we behave with each other**

7 **How we behave with our patients**

8 **How we behave with our partners**

9 **How to assess impact**

Do you want to know the evidence and research behind this work?
To see stories from the values team go to **Annexes C and D**. To find out more about the evidence behind 'The Value of Values', go to **Annex A**.
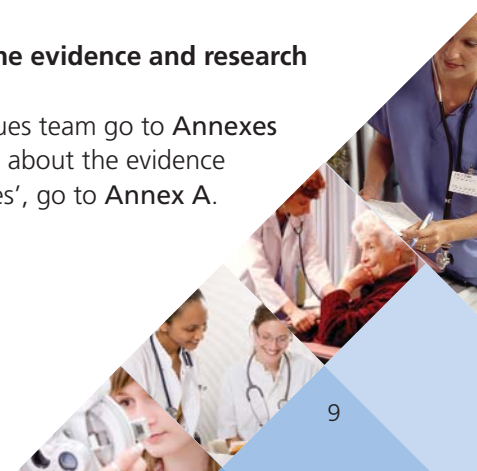
The Value of Values

"The NHS belongs to the people… It touches our lives at times of basic human need, when care and compassion are what matter most. (It) is founded on a common set of principles and values that bind together the communities and people it serves - patients and public - and the staff who work for it."

NHS Constitution

Guy's and St Thomas' NHS Foundation Trust

This Trust has been working on developing and embedding their organisation's values for over five years. The values are now a fundamental tenet of the way the Trust operates. This work has been led by their Medical Director, Dr Ted Baker.

Guy's and St Thomas' NHS Foundation Trust (Guy's) went out to groups of people across the organisation, involving them in workshops, one-to-one interviews and tapping into staff meetings. They didn't rush the exercise and were guided by the view that the act of engagement was the most important part of what they were doing. Dr Baker was keen that clinicians understood that their own professional values were not being usurped by the Trust's values, but that they were complimentary. Clinicians have tended to be turned off by what they may perceive as 'management initiatives'. The key to success was developing a set of values which clinicians and managers felt they could own. This could only be achieved through face-to-face discussions to help develop the values and by having the Medical Director act as a high-profile champion of the values as a way of improving patient outcomes.

Dr Baker points to a change in culture that's happened at Guy's whilst the values work has been going on, and he acknowledges that the work on values has both driven and supported that cultural change. This change can be observed in different places, for example, the clinical leaders' strategy for the Trust highlighting the values as being one of its key drivers and the Executive Board using values to help make some difficult decisions around resource constraints.

The next step for Guy's is to embed their values into their recruitment process. Looking to the future and the possibility of financial uncertainty over the coming years, Guy's believes the values could act as a constant beacon helping them to maintain the fundamentals of what they are trying to achieve.

Let's not take our values for granted

"People are not cases. I tell my team: it's not a sample, it's part of a person."

Biomedical Scientist

"It feels good that I am doing something important. I am not just working on a till."

Cleaner in a neonatal intensive care unit

What motivates you to give your all each day at work? What inspired you to train for long years, guides you when you face difficult professional decisions, and gives you a sense of satisfaction in a job well done?

Each of us working in the NHS has our own personal story – of vocations, discoveries, people who changed our lives and things we sincerely care about. Values are part of that story: core beliefs about what matters in life that shape our aspirations and actions.

Values are not just personal matters. Research has shown that the more we feel our own personal values fit with those of the organisation we work in, the more engaged and committed we are; this in turn impacts directly on the experiences of the patients, families and communities we serve. Put simply:

Strong organisational values increase staff engagement, which, in turn, improve the overall patient experience.

Many NHS organisations have already set out their local values. The NHS Constitution also puts shared values at the heart of the service.

The statement of values you'll find there was developed by NHS staff, patients, families, carers, volunteers, and members of the public. During 2008, they came together to define the things that make us all proud of the NHS, whether we work in it, use its services, or know it will be there when we need it.

They shared stories that brought to life shared values: compassion, respect, improving lives, commitment to quality of care, and working together for patients in an organisation in which everyone counts.

But they also talked about the things that go wrong when those values are not honoured. Because we can't take our values for granted.
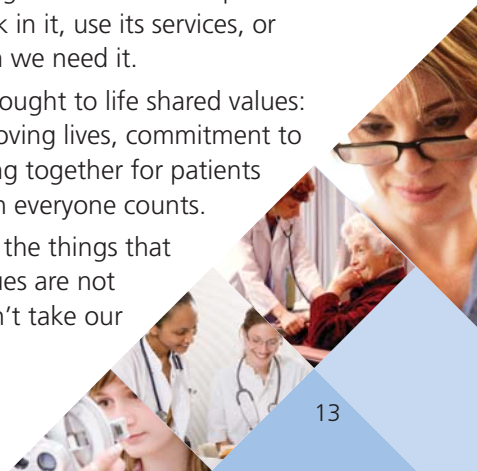
Why bother about values?

The picture is variable of course, but we need to acknowledge – without questioning changes that had to happen – that a decade of continuous transformation has left some staff and patients wondering whether the NHS still shares the same values

"Some staff tell me that they haven't been listened to and trusted. They do not feel that their values - including wanting to improve the quality of care - have been fully recognised."

Lord Darzi, Our NHS Our Future

"A number of key nurse leaders are beginning to express concerns about how to manage the apparent conflict between delivering challenging business objectives and maintaining a professional set of values that places the needs of the patients at the heart of their work."

Burdett Trust for Nursing, 'Who Cares Wins: Leadership and the Business of Caring'

There's a gap between the aspiration of the Constitution and the day-to-day experiences some of us have working in or using the NHS.

This creates an opportunity and a challenge for NHS leaders.

- On the one hand, the evidence shows that work on values in your organisation can deliver **concrete benefits to patients, staff, and the organisation as a whole** (see box: *Values deliver the goods, opposite*). You'll find summaries of this evidence in the rest of this document
- On the other hand, the evidence also shows that realising those benefits will require your **commitment and leadership skills** - and put the spotlight on **leaders as role models.**

Values deliver the goods

Organisational performance

- a commitment to core values drives the long-term success and impact of visionary organisations
- financial performance in private sector organisations is linked to key values
- values only deliver these benefits if embedded at all levels of the organisation.

Staff engagement

- work on values can lead to staff feeling more satisfied, successful and supported – and being less likely to leave
- organisations benefit in many ways from this greater staff engagement
- values only deliver these benefits if staff feel their own personal and professional values align with those of the organisation.

Quality and patient experience

- work on values drives staff engagement, which in turn drives improved patient experiences
- values play a critical role in establishing a culture of safety
- health professionals have, for many years, defined their professionalism in terms of core values; and public trust in professionals depends upon recognition of these values.

The organisational performance case

- A commitment to core values drives the long-term success and impact of 'visionary' organisations
- Financial performance in private sector organisations is linked to key values
- Values only deliver these benefits if embedded at all levels of the organisation

Do values have an impact on the performance of an organisation?

A 2004 study of 365 companies in 30 countries provides compelling evidence that they do[1]. Leading public companies that outperformed their industry averages – defined in the study as 'financial leaders' – are much more likely than other public companies to emphasise values such as honesty and openness (85% vs. 47%) or commitment to employees (88% vs. 68%). The graph in Fig. 1 illustrates the factors that the leading public companies in the study specified both as being important to their business strategy, and as being positively affected by the active management of values. Corporate reputation, employee recruitment, customer loyalty and product quality/innovation score highly as factors important to businesses upon which values can have a positive impact.

Fig. 1 Factors that are important to business strategy and strongly affected by values.
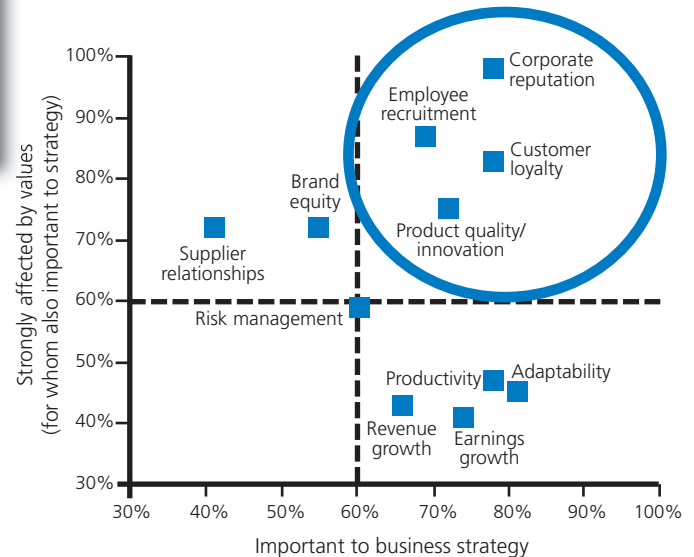
Source: Booz Allen Hamilton and The Aspen Institute

16

The real strength of the leading public companies in the study lies in the way they linked their values to corporate operations and the behaviour of their staff. For instance, 94% of the financial leaders report they have practices in place to ensure that their values aligned with the suppliers, distributors and partners they choose, compared with only 64% for other public companies. Leading companies are also significantly more likely to have management practices that promote behaviours such as teamwork, adaptability or innovation.

A similar story emerges from an earlier study which compares visionary companies – successful, enduring companies which have made an indelible impact on the world – with other companies which, while strong, had performed neither as well nor as consistently.[2]

What drives the superior long-term performance of visionary companies? It turns out that they are distinguished by an enduring set of core values, preserved and refreshed over many years and through many changes of leadership.

There is, however, no single set of values shared by all visionary companies: *"the crucial variable is not the content of the companies' ideology, but how deeply it believes its ideology and how constantly it lives, breathes and expresses it in all it does."*

Similarly, although 89% of the companies in the international survey had written value statements, it was only those that had worked hard to embed those values in behaviour that had realised the value of their values. The real strength of these leading companies lies in the way they link their values to corporate operations and the behaviour of their staff.

The staff engagement case

- Work on values can lead to staff feeling more satisfied, successful and supported - and being less likely to leave
- Organisations benefit in many ways from this greater staff engagement
- Values only deliver these benefits if staff feel their own personal and professional values align with those of the organisation
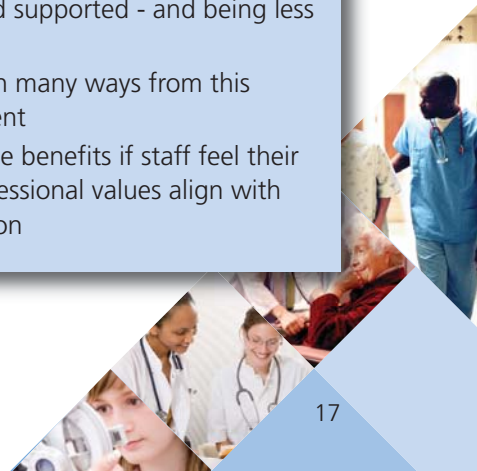
In 1999, two consultants carrying out a year-long project to produce a business strategy for HM Customs & Excise asked a question: do organisational values actually matter to staff? The results of the survey they carried out were striking (see Fig. 2). The more staff felt that the organisation's values fitted their own, the higher their level of job satisfaction. On the other side, those with a low sense of fit were less satisfied. People "want to feel that the organisation they work for is in tune with their values."[3]

Fig. 2 The relationship between individuals' job satisfaction and the extent to which they feel that their organisation's values align with their own.
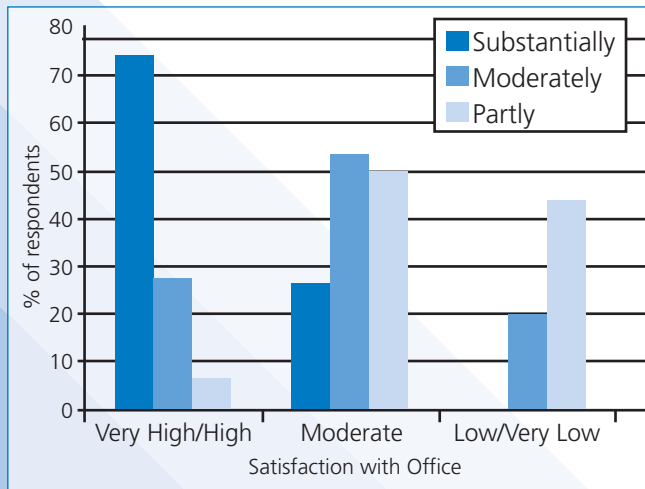
This is by no means an isolated study. A growing body of research evidence has demonstrated that, when we believe our own personal values match those of the organisation we work in, then we also:
- feel more satisfied with our jobs and workplaces[4]
- identify more strongly with the organisation[5]
- feel more personally successful, and more supported in that success by the organisation[6]
- think less about leaving.[7]

On the negative side, when we feel a mismatch between our own values and the behaviour of our colleagues and managers:
- stress levels go up[8]
- staff disengage[9]
- people start wanting to leave.[10]

For instance, many nurses leave the NHS because they feel that they *"cannot be true to their professional/vocational values."*[11]

Given all this, it's not surprising that a substantial majority of senior executives at public companies internationally see employee retention and recruitment and corporate reputation as strongly affected by values.[12]

The impact of values on staff engagement helps to explain their impact on financial performance. The Institute of Employment Studies has recently reported that an engaged workforce can boost revenues by as much as 6% – while an individual's level of engagement can improve their performance by up to 20%.[13]

And staff engagement becomes critical during times of change. For instance, the Cabinet Office and Trade Union Congress (TUC) Drive for Change project highlights staff engagement as the key factor in any successful change programme.[14] For transformational leaders, core values are essential both to paint a compelling picture of the future and also to clarify what is not changing.

The many benefits of staff engagement flow not from any particular set of values, but from the alignment between personal values and organisational values. So how is this alignment to be achieved? Recruitment policies and training may play a role. But where strong personal values already exist – as is often the case in the NHS – it may be the organisation that needs to align. This can be done by identifying organisational values that capture and engage the aspirations of its staff.

The quality, safety and patient experience case

- Work on values drives staff engagement, which in turn drives improved patient experiences
- Values play a critical role in establishing a culture of safety
- Health professionals have for many years defined their professionalism in terms of core values; and public trust in professionals depends upon recognition of these values

Values clearly make a difference to staff. But do they make a difference to patients?

As a recent report from the King's Fund has argued: *"Every detail (of a patient's experience) is shaped by the actions, attitudes and behaviours of individual members of staff, that are in turn shaped by their personal experience and values (including professional values) and attitudes, and by their colleagues."*[15]

Their argument is backed up by other research.

For instance, the International School of Human Capital Management has found a good degree of direct correlation between levels of staff engagement (which they define as *"the degree to which employees can be described as 'aligned' and 'committed' to an organisation"*) and perceived focus on patient experience.[16]

Similarly, recent work by the Health Care Commission has shown an association between poorer patient experiences and staff feeling stressed or unsupported - both possible results of values misalignment (see above).[17]

In many cases, it seems that values can be the critical ingredient that unlock the benefits of changes in processes or systems. For instance, the NHS Institute for Innovation and Improvement's 'Productive Ward' series helps nurses reduce the amount of time they spend on non-productive activities such as paperwork or searching for missing items. However, research has also shown that the nursing team is unlikely to choose to spend the time freed up with patients unless the team leader also addresses their values.[18]

The fundamental role that values play *alongside* other kinds of intervention is also apparent in the area of patient safety. As a report on the subject by the Institute of Medicine pointed out: *"Standards and expectations are not only set through regulations. The values and norms set by the health professions influence the practice, training, and education for providers."*[19]

A study by Wells *et al* confirmed what many in the NHS already know: that responsibility for quality and safety extends beyond the clinical team. The study found that HR practices were correlated strongly with patient mortality in acute hospitals. The presence of rigorous staff appraisals was particularly strongly related, but the study also found that a climate of reflexivity fostered by team leaders, clarity on objectives, communication and team/partnership working also made a difference.[20]

The role of the leader has been shown to be important in creating a climate that promotes patient safety. In such a working culture, standards are upheld on a personal as well as team basis, risks and errors are discussed openly, systems are in place for reporting and analysing adverse events, and workers are *"celebrated as heroes improving safety, rather than villains, committing errors."*[21] Other studies have also shown a correlation between these factors and the reporting of errors and learning from mistakes.[22]

The role of values in tackling risks is not limited to the health sector. In an international survey covering 365 companies, 90% of senior executives argued that a strong corporate statement of values was critical in encouraging individual employees to take action and inform their managers when something seemed wrong.[23]

Of course, values cannot entirely replace rules and procedures. But a control regime that is not rooted in shared values will often be seen as an imposition from the outside, rather than a helpful framework for behaviour.

The role of values as the foundation of the trust of patients is something that health professionals have long understood. The BMA, for instance, describes these *"ancient virtues distilled over time"* as *"doctors' greatest asset"*, and argues that *"both doctors and the public recognise that a doctor's role has at its heart a set of enduring values, which inform doctors' professionalism and underpin patients' trust."*[24]

Similarly, the Royal College of Physicians report Doctors in Society argues that values set a standard for what patients expect of a good doctor. *"Reflecting on professional values and the ongoing threats to those values (e.g. financial inducements or commercial conflicts of interest) should be at the heart of any appraisal process for doctors."*[25]

Values are not a team-building tool, PR trick or decorative device for mugs and mouse mats. They shape our behaviour, and through our behaviour the experiences of the patients, families and communities we serve. And there is nothing new about this idea: it has defined good care for hundreds of years.

Next steps for leaders

Whatever your next step locally, one thing is clear from all the evidence on values: your leadership will be critical.

As an international survey of 365 organisations found: the CEO's tone really matters.

85% of the respondents say their companies rely on explicit CEO support to reinforce values, and 77% say such support is one of the "most effective" practices for reinforcing the company's ability to act on its values.[26]

Lessons for Leaders

1. **Set the tone from the top**
   Your ability to listen, inspire, challenge, celebrate and act as a role model is critical to the success of work on local values. Engage your whole leadership team, and ask yourself: how will you challenge behaviour that does not match the values?

2. **Make values development inclusive**
   Values need to capture and engage the aspirations of all your staff – and of the patients and communities you serve. They need leadership endorsement, but they can't be written on a leadership awayday. Engage your staff and those you serve in the process of defining or refreshing values.

3. **Get staff to define what values mean in practice**
   Values need to be translated into tangible behaviours to have an impact. Getting staff involved in this process can yield significant benefits: by drawing on their expertise, by building agreement of the behaviours that define success, and by promoting understanding between different groups of staff.

4. **Close the loop**
   Plan from the beginning how values will be embedded in your organisation's culture – through HR processes, for instance, or rewards for behaviour in line with values.

Persuading others of 'the Value of Values'

It may be that we want to get other leaders within our organisations on board with the Value of Values. Many have found that senior sponsorship – and sponsorship from senior clinicians in particular – is critical to wider engagement with work on values. We can also use a conversation around the Diagnostic to build senior engagement.

To put the case for values across to other audiences within our organisations, we may want to present in different ways the evidence we have just read, to reflect the legitimately different perspectives and concerns of different groupings within our organisation. The simple approach described on the following page helps to do this.

The Value of Values - Audience Mapping

The Value of Values was created to put the case for values to a senior NHS audience – a Chief Executive, Clinical Director, Finance Director, HR Director or Board Member.

Although each of these audiences is similar in terms of their seniority, the arguments and evidence they need to be persuaded are different. To tailor the case to each individual, we can use a simple audience mapping tool.

We can ask ourselves four questions for each target audience:

- What would make this audience *reluctant* to undertake work on values?
- What kind of argument *for* work on values would catch this audience's attention?
- Will this audience respond better to statistics or stories (or a mix of the two)?
- What is the right tone for talking to this audience? For example, is it an energising tone, a factual or unemotional tone, or a patient-centric tone that this audience responds to?

To help answer these questions, it might be useful to think of a previous piece of work that each audience got enthused about – and what it was about that work that they really engaged with.

We can then use the answers to these questions to identify the most relevant evidence and best mode of presentation for each audience. It is often worth presenting the evidence in different ways for different audiences: for example, using the sections of **The Value of Values** to address the legitimately different concerns of different Directors.

To see the sources for this document, go to Annex B.

The value of values

The Evidence Report

annex a

Executive summary

There is a groundswell of interest within the NHS in the link between values and organisational effectiveness. There is a considerable body of evidence, which stretches back for just over half a century, on this link. Contemporary scholarship, focused on fields such as leadership and change management, has sought to understand the optimum conditions for values to flourish in organisations.

This document presents a review of the available evidence that helps to answer the question, *'what difference can values make to the effectiveness of organisations?'*. The document cites evidence from a range of professional fields, with an emphasis at key points within the document on studies in the healthcare arena.

Defining values

The notion of 'values' is used most often in an organisational context to refer to an organisation's 'institutional standards of behaviour' (Kelly *et al*, 2004). The scope of a value is highly variable: it may be confined to the individual holding the value, or it may extend to the individual's social group, their country, or all of human nature. The distinction between personal and collective values has important implications for our understanding of how values drive behaviour in organisational settings, because alignment between individual and organisational values is a crucial pre-condition for staff engagement.

Values will only drive individual behaviour to the extent that they are part of an individual's identity and basis for self-evaluation; values will drive co-ordinated behaviour in the interests of the organisation to the extent that values are shared.

The link between values and organisational performance

There is a growing body of evidence that values can have an impact on organisations' performance. Booz Allen Hamilton/The Aspen Institute (2004) compared 'financial leaders' (organisations that outperform their industry averages) with other public organisations. They found that financial leaders are much more likely than other public companies to include in their values statements:

- Integrity and ethical behaviour (98% of financial leaders vs. 88% of other public companies)
- Commitment to employees (88% vs. 68%)
- Honesty and openness (85% vs. 47%)
- Drive to succeed (68% vs. 29%)
- Adaptability (42% vs. 9%).

But the real strength of the financial leaders lies in the way they link their values to corporate operations and the behaviour of their staff.

The link between values and behaviour

There is no proven direct relationship between values (or beliefs or attitudes generally) and behaviour. The link between values and behaviour can be understood more appropriately using the concept of choice. Values are about making the right choices about what to do and how. Values influence the way choices are negotiated. They do this by informing the process by which an individual applies 'weight' (or 'salience') to information that he or she has available to them in a given situation when confronted with a choice.

Only values that are deeply embedded in an organisation's culture and which are central to employee self-definition and identity what will make a difference to the way in which an employee behaves.

The link between values and staff engagement

The link between values and staff engagement is of considerable interest to organisations, not least because of the assumption of an association between greater staff engagement and improved performance (and enhanced customer experience). The literature related to staff engagement focuses on the outcomes for employees and organisations that are achieved by a sense of 'fit' between an individual and the organisation to which they 'belong'. Subjective fit - or perceived fit of personal and organisational values - has been found to be fundamental to employee attitudes and behaviour, and predictive both of job satisfaction and organisational commitment.

Value congruence is an important indicator of the extent to which values will be enacted by employees. It will create collective commitment to those behaviours that are most significant, and that have been linked to success; it will furnish engagement with the organisation and its interests; drive increased job and organisational satisfaction; and minimize stress, and also turnover intentions.

The link between values (and staff engagement) and customer experience

There is currently a great deal of interest in the relationship between the presence of values within an organisation and the experience of customers or stakeholders that use or otherwise interact with that organisation. This is particular true of the healthcare arena. Delivering the right clinical treatment for a patient is, of course, absolutely fundamental to high quality healthcare. But there is a growing recognition that the way in which care is provided - in particular, the behaviour of healthcare professionals and the quality of the interactions between patients and those providing their care - is the cornerstone of a positive patient experience (Goodrich & Cornwell, 2008). Each and every behavioural interaction with a healthcare professional during a patient's treatment and care has a bearing on the patient's experience. If we assume that behaviour is values-driven, then it follows that values are pivotal to clinical and organisational effectiveness.

In a report for the King's Fund report entitled 'Seeing the person in the patient', Goodrich and Cornwell (2008) show that one of the major factors that shapes patients' experience of care is the extent to which they are treated 'as a person' with 'humanity and decency' (Department of Health 2007; NHS Federation, 2008).

Clearly the NHS-wide values of respect, dignity, compassion and working together for patients are fundamental to delivering care in this way.

There is a growing body of evidence that suggests that values have a role to play in managing patient safety, both in the prevention of harm as well as in the subsequent 'damage limitation' process (Vincent & Coulter, 2002). Thus, values are represented to patients via all the healthcare practices they encounter, including and especially in actions taken in response to patient concerns.

The link between values and enabling organisational change

Values energize for change to the extent that they represent what is important to people, and capture their aspirations as well as their current realities - to the extent that an individual employee signs up to the values espoused by an organisation. These are values that represent the organisation's desirable, future state and that employee will endorse these values in their attitudes and actions. Other studies on change generally, show that employees will sign up to change, and in so doing they will be energized by it, to the extent that they are 'attracted' to the new organisational identity.

Conditions that enable values to contribute to organisational effectiveness

The key contextual factors emerging from the literature are:

- **Leadership** - the transformational leader has a fundamental role to play in managing employee collective efficacy (or sense of 'we can do') in relation to value implementation, as well as mobilising commitment to those values. Perceptions of discrepancy between organisational values and leader behaviour can create cynicism, resentment and alienation. Leaders must not only be aware of the values, but they must be able to demonstrate them, in a skilled, respected and credible way

- **Deep embedding of values within the culture of the organisation** - It is generally agreed that it is only when values are deeply embedded in an organisation's culture that they make a tangible difference to organisational effectiveness. Eighty nine percent of the companies in the Booz Allen Hamilton/Aspen Institute (2004) survey cited above had written value statements: but it was only those that had worked hard to embed those values in behaviour that had realised the value of their values.
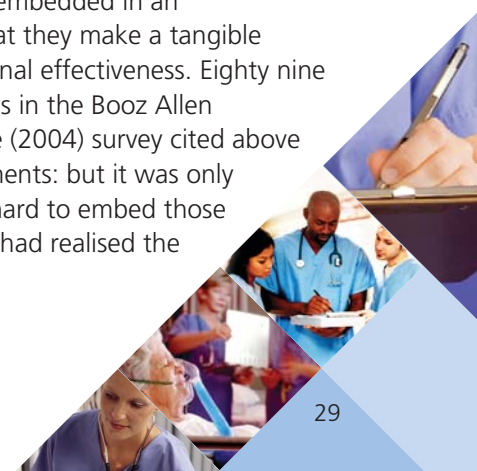
- **Strong alignment between 'espoused' and 'lived' values** - Evidence indicates that if there is inconsistency between what the organisation says about itself (its espoused values) and how it actually behaves, employees will be likely to disengage from the organisation either by leaving or through psychological withdrawal from the interests of the organisation.

- **Sympathetic organisational processes - especially Human Resources (HR) processes** - HR processes are widely agreed to be critical to whether values become deeply embedded into the culture of an organisation: values pertain to all aspects of the organisation, and all stakeholders. All 'success' stories in relation to organisations where values are deeply embedded into the every day functioning of an organisation, display an alignment between HR processes and espoused values.

Conclusions

- Only values that are deeply embedded in an organisation's culture and which are central to employee self-definition and identity will make a difference to the way in which an employee behaves

- Values that make a difference to organisational practices and outcomes, must be deeply embedded in an organisation's culture (whether evolved over time, or engineered through some kind of values development exercise based on internal and external consultation)

- Values should be manifest in norms and practices, and to this extent employees may need to be guided on what is expected of them, as well as the means by which the values are enacted. This is particularly important in organisational settings like the NHS with explicit ethical, legal and other (e.g. political) broader accountabilities

- There is an opportunity for further research in this area to strengthen our understanding of what works. Booz Allen Hamilton/The Aspen Institute (2004) found that there seemed to be a lack of recognised 'best practise' in establishing the linkage between values and both long-term strategic goals and short term results.

1. Introduction

## 1.1 The context for this report

Interest in organisational values is widespread across many sectors and areas of corporate life. This interest stems from the fact that leaders within organisations are keen to understand the contribution that values make to organisational effectiveness, and keen to create the conditions within their organisations that will allow values – and their impacts on performance – to flourish.

Worthy of note is the current groundswell of interest within the National Health Service (NHS) in values and organisational effectiveness. In the NHS's Annual Report 2006-07, NHS Chief Executive David Nicholson stated that, "My number one priority is to establish clarity of purpose about what the NHS is for – what are our values?" Following an extensive programme of engagement activity with staff, patients and the public to surface a set of values appropriate for the NHS, the NHS-wide values were published in the NHS Constitution early in 2009. The NHS is now keen to undertake further work to confirm the relationship between values, staff engagement, and customer experience. It seeks to do this by learning from the experience of other large, complex organisations, from best practice examples from adjacent fields of activity,

and from within the NHS itself where there are a number of organisations that have developed and embedded values.

There is a considerable body of evidence on the link between values and organisational effectiveness, that stretches back for just over half a century. A number of studies have been carried out that seek to understand, for instance, the nature of the relationship between values and behaviour; or the presence of values in an organisation and levels of satisfaction or engagement among its employees; or indeed how values contribute to an enhanced experience for the customer or client. These studies have demonstrated a link between the presence of values in organisations and improvements against a range of performance metrics associated with organisational effectiveness.

Contemporary scholarship has turned its attention to new fields such as leadership and change management, with a view to understanding the optimum conditions for values to flourish in organisations. There seems to be a broad consensus within this literature on the factors that make a difference in terms of embedding values within organisations, and using these as a basis to drive performance.
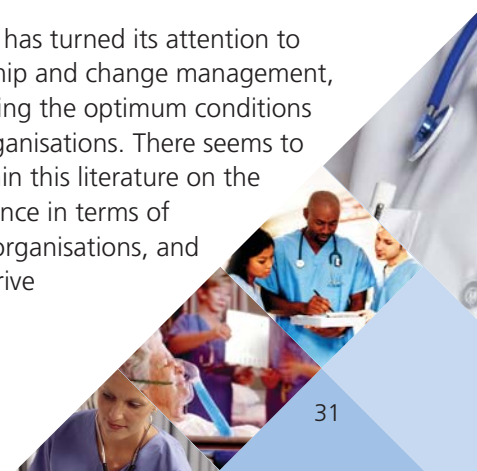
This document presents a review of the available evidence that helps us answer the question, *'what difference can values make to the effectiveness of organisations?'* It also provides evidence-based insights – derived from case study material as well as the existing management literature on tried-and-tested techniques – into how values can successfully be leveraged in organisational contexts

1.2 Structure of this document

The review of evidence is organised around three critical questions:

- **Section 1: What are values?** In this section we explore what we mean by values through pulling together some of the common definitions that are in play within research and management literature, as well as outlining different types of values and the relationship between them.
- **Section 2: Why are values important?** This section reviews the evidence for the links between values and organisational effectiveness. In particular, we focus on the links between values and four areas of performance:
  - Behaviour (both individual and collective)
  - Staff engagement
  - Customer experience
  - Change within organisations.

- **Section 3: What are the critical conditions within organisations that enable values to enhance organisational effectiveness?** In this section we present insights gleaned from the contextual factors within organisations that have been proven to drive the embedding of values.

2. What are values? Toward a definition

What constitutes a 'value'? What are the dominant types of values described in the organisational development and change literature?

The notion of 'values' is used most often in an organisational context to refer to an organisation's 'institutional standards of behaviour' (Kelly *et al*, 2004). However, terms such as 'principles', 'aspirations', 'commitments', or even 'competencies' are often used interchangeably with 'values' by organisations to mean broadly the same thing.

Rokeach (1973) defines a value as an **enduring belief that a particular outcome (what Rokeach called an 'end state') or behaviour (what he called 'mode of conduct') is preferable over another.** A value might be a belief about the right way to act or the right way to be. The scope of a value is highly variable: it may be confined to the individual holding the value, or it may

extend to the individual's social group, their country, or all of human nature. In particular, Rokeach distinguished between personal (unique) and social (collective) values. Such a distinction is important because it allows us to differentiate between a set of personal values that we might hold as an individual (for example, fairness; treating others as we would wish to be treated); a set of *professional* values that are associated with a particular profession or area of activity (for example, the profession of nursing, which is founded on "ethical values which respect the dignity, autonomy and uniqueness of human beings, the privileged nurse/patient relationship, and the acceptance of personal accountability for decisions and actions" (The Royal College of Nursing, 2003), and *organisational* or *corporate* values that underpin how organisations orientate themselves towards, and behave with, their staff, their partners and their customer (for example, mobile telecommunications provider Vodafone's "passion for customers, passion for our people, passion for results, passion for the world around us"; TUI Travel Ltd's "Customer-obsessed, Value-driven, Playing to win, Responsible leadership").

The distinction between personal and collective values has important implications for our understanding of how values drive behaviour in organisational settings,

because, as we shall see, alignment between personal, professional, and organisational values is a crucial pre-condition for staff engagement.

The definitions in the paragraphs provide some useful orientation, but they do not tell the whole story. Because the concept of 'values' can be cited in slightly different ways, deployed in different contexts to mean slightly different things, and used to serve different ends, it is important at the outset of this document to establish some clarity about what we really mean by values. The best way to do this is to understand values *in context*.

2.1 *Ethical, psychological*, and *pragmatic* values

Dee and Starr (1992) describe values as having a *psychological* and an *ethical* dimension. In this context, 'psychological' and 'ethical' correspond respectively with what Rokeach calls 'personal' and 'social' values (cited in Kidder, 2005). These *psychological* and ethical dimensions are not mutually exclusive, in fact, as we shall see below, ideally they coincide - values only begin to gain motivating power for individuals' behaviour when they become psychological.

Take the value of 'autonomy', for example. Autonomy represents a personal preference for a particular style of working (psychological), but it can also represent corporate beliefs that everyone should have autonomy (ethical). A value can be held both as a psychological value and an ethical value simultaneously. This is something that the current programme being run by Department of Health and NHS Institute for Innovation and Improvement has already surfaced as an important factor in encouraging 'values-living behaviour': within the NHS, staff often exhibit values that resonate personally, that resonate with the values of their profession (e.g. nursing, mental health practice), and that resonate with those values held by the organisation in which they work. Organisations that can align these tend to create the conditions for values-living behaviour to flourish.

2.1.1 *Understanding* ethical *values: duties and end states*

Ethical values are comprised of prescriptions for right and wrong. This links to the branch of ethics that addresses *deontology*, which refers to the duties of individuals; and *teleology*, which deals with the consequences of actions. Using the distinction between deontology and teleology, Rokeach (1973) postulated *instrumental* values (concerned with 'modes of conduct')

and *terminal* values (concerned with 'end states'). In seeking to use these values as ethical guides to behaviour, instrumental values are more compatible with deontological ethics whilst terminal values are more compatible with teleological ethics.

Collins and Porras (1996) endorse a teleological approach to values. They argue that core values should never change, whereas operating practices and cultural norms should never stop changing. For medical doctors, for instance, a core – and supposedly lasting – professional value is 'autonomy'. However, the enduring quality of the value has recently been challenged by institutional (and professional) changes that have sought to drive doctors' accountability to managers (Silversin & Kornacki, 2005). This has led to the value of autonomy being re-evaluated by the medical profession. The Royal College of Physicians (2005, cited in BMA, 2008) redefine medical professionalism as 'a set of values, behaviours and relationships that underpins the trust the public has in doctors and retains the idea of medicine as a vocation, *but abandons concepts - such as clinical autonomy - that might suggest that the doctor has the authority to act independently of the wishes of the patient and the preponderance of medical evidence'* (emphasis added).

Teleological values set a standard to which we aspire and to which we are prepared to be held accountable; deontological values set a standard by which we are committed to live. In the former, breaches are tolerated as part of being human so long as the intent and commitment are loyal to the value, and the experience can be reflected on and addressed in future action. Deontological values, however, demand compliance - breaches cannot be tolerated. Teleological values encourage commitment to high achievement (the end); deontological values mandate behaviour (the means). This distinction is relevant to how values are, or can become, embedded into everyday corporate life.

Ethically-oriented values in the form of institutional standards can provide an explicit guide for behaviour, indirectly – through socialization – as well as directly. For example, in an organisation with 'challenge' as a value, workers are more likely to adopt a 'can do' attitude focusing on how a goal can be achieved rather than what might go wrong. An employee not so strongly motivated by challenge may nonetheless come to be through the exposure to the attitudes and behaviours of their colleagues.

2.2.2 *Understanding* psychological *values*

So far, the focus has been on values in the abstract. But for a value to have an impact on behaviour it must be psychological even if it is first ethical. That is, it must intrinsically be part of an individual's identity and self-esteem (i.e. the criteria by which they acquire esteem from others and from their own internal self-regulatory mechanisms). When a value is a substantive part of the answer to an individual's quest for meaning (or "who am I in relation to x or y"), it provides the individual with their motivational impetus.

A psychological value denotes a belief, held by the individual, that something is desirable or important. In organisations, psychological values serve as a common motivational force to the extent that they are shared. When employees internalise corporate values in their quest to position themselves meaningfully in an organisation, the values become part of the individual's own organisational identity and to this extent, personal and organisational values become aligned. The aim of any value-based intervention in which an explicit effort is made to galvanise or align a workforce is to leverage the energizing power of shared values (see Section 3.5 (page 47)).

In short, **values will only drive individual behaviour to the extent that they are part of an individual's identity and basis for self-evaluation, and values will drive co-ordinated behaviour in the interests of the organisation to the extent that values are shared.** Shared corporate values become part of what, for an individual, will comprise their 'organisational identity', which will manifest itself in an alignment between corporate/organisational and personal values (see Section 3.3.2 (page 42)) for discussion of the concept of 'value congruence'). All of what follows in this report is based on these two fundamental assumptions about what difference values can make in organisational contexts.

2.2.3 *Understanding* pragmatic *values*

Kidder (2005) has recently added 'pragmatic' values to Rokeach's original value taxonomy. A pragmatic value is one that is used in practice (e.g. as the basis for decision making), that, on the surface may be 'ethical', but when closely challenged, is not authentically aligned with an organisation's ethical values. Kidder says that leaders require moral courage to practice ethical values authentically. There will be countless instances in organisational contexts where ethical values are difficult to maintain because of the 'pragmatics' of the situation, and where leaders must be willing and able to stand up for them regardless or to be able to reconcile them with immediate demands. This is an incredibly challenging task for leaders requiring moral tenacity, emotional resilience and also a deep appreciation of what the organisation's ethical values mean in practical terms. What is right or wrong in a decision making situation is more often than not, unclear and requires interpretation and choice. Ethical dilemmas pervade medicine and allied disciplines, and the choices made must be defended within a common moral (ethical) framework, and genuinely aligned with this. Pertinent examples of this are choices at the 'point of care' of whether to involve patients in their own diagnosis and in decisions about their particular treatment package (e.g., Vincent & Coulter, 2002) and how to deal with medical injury – i.e. injury incurred by medical error (e.g., Vincent, 2000).

Kidder (2005) argues that leaders must a) assess the situation, b) scan for values, c) stand for conscience, d) contemplate the dangers, e) endure the hardship, f) avoid the pitfalls, and g) develop moral courage to do the 'right' thing. But the right thing to do is rarely obvious. Section 4.1 (page 48) elaborates the critical role of the leader in delivering on values as a prerequisite for value alignment across the organisation. However, it is also clear that the first line of supervision or management is probably the most salient test of whether values are lived in practice.

In short, for values to make a difference, particularly an ethical difference, they must be inextricably a part of identity and self-esteem. However, all employees, especially leaders, must have the moral courage to deliver on values which could otherwise become perverted in the process of becoming 'pragmatic' (i.e., user-friendly, superficially ethical).

3. Why are values important?

In this section we explore the link between values and organisational effectiveness. In particular, we focus on the links between values and four areas of organisational performance:

- Individual and collective behaviour
- Staff engagement
- Customer experience
- Organisational change

3.1 The link between values and organisational performance

There is a growing body of evidence that values can have an impact on organisations' performance. Booz Allen Hamilton/The Aspen Institute (2004) conducted a survey of major executives in 365 companies in 30 countries. Their study involved examining organisations' financial statements to identify what they called 'financial leaders' - public organisations that outperform their industry averages. The comparison demonstrated that financial leaders are much more likely than other public companies to include in their values statements:

- Integrity and ethical behaviour (98% of financial leaders vs. 88% of other public companies)
- Commitment to employees (88% vs. 68%)
- Honesty and openness (85% vs. 47%)
- Drive to succeed (68% vs. 29%)
- Adaptability (42% vs. 9%).

But the real strength of the financial leaders lies in the way they link their values to corporate operations and the behaviour of their staff. For instance, 94% of the financial leaders reported they had practices in place to ensure that there values aligned with suppliers, distributors and partners,
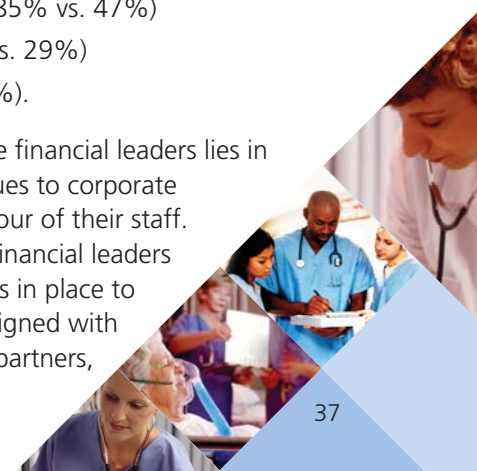
compared to only 64% for other public companies. Financial leaders were also significantly more likely to have management practices that promote behaviours that supported values such as teamwork, adaptability, or innovation.

Collins and Porras's (1994) study compared a sample of 'visionary companies' – successful, enduring companies which have made an indelible impact on the world in which we live – with other companies in similar industries, which, while strong, had performed neither as well nor as consistently. From 1926 through to 1990 the comparison companies outperformed the general stock market by two times, whereas the visionary companies outperformed the market by 15 times. The visionary companies turned out to be distinguished by an enduring set of core values, or 'ideology', preserved intact over many years and through many changes of leadership. Collins and Porras note that there was, however, no single set of values shared by all visionary companies: "the crucial variable is not the content of the companies' ideology, but how deeply it believes its ideology and how constantly it lives, breathes and expresses it in all it does."

3.2 What is the link between values and *behaviour?*

One of the main questions exercising practitioners within organisations is how values inform and enhance specific behaviours with one salient example being decision making. Received wisdom has it that the presence of values in organisations makes decision making easier because decision makers have a clearer sense of 'the right thing to do', which makes it more likely that the decisions they make will be the 'right' ones. Values do indeed inform decision making to the extent that they focus people on the 'right' thing to do in any given situation. Then, if values are deeply endorsed (i.e., *lived* demonstrably) by an individual, that individual will be willing and able to defend their decision in relation to these values. Values provide a moral boundary on the decisions that are made. However, people must also *value* that they remain true to their values for them to have the 'moral courage' required to uphold them at all costs (Kidder, 2005). On the face of it, Kidder's study presents a compelling and reasonable argument. However, at the moment there is nothing in the published literature that confirms that faster or better decision making is enabled by values. Indeed it may not be possible to prove such a thing at all.

One major barrier to establishing a clear sense of the value of values to organisational effectiveness is the assumption that values are causally linked to organisational practices and behaviours. In actual fact, there is no proven direct relationship between values (or beliefs or attitudes generally) and behaviour. The metaphor of an employee being propelled into action as the result of a deeply-held – or even moderately subscribed to – values is not only over-simplistic but epistemologically inaccurate and morally inappropriate. The link between values and behaviour can be understood more appropriately using the concept of *choice*. Verplanken and Holland (2002) suggest that values influence choice by determining the attractiveness of outcomes relevant to those values.

Values are about making the right choices about what to do and how. Values influence the way choices are negotiated. They do this by informing the process by which an individual applies 'weight' (or 'salience') to information that he or she has available to them in a given situation when confronted with a choice. In doing so, values influence which path of action is more or less attractive to an individual in relation to upholding a particular value. Verplanken and Holland contend that only values that are central to an individual's self-definition or identity impact on what information is considered, how that information is processed in relation to those values, and what an individual then does to uphold that value. Self-definition or identity in this respect is crucial to understanding the relationship between values and behaviour: values acquire motivational impetus, because 'who I am' is inextricably linked with the choices one makes about what to do, why and how.

One way to capture this dynamic is by looking at the potential for organisations to attract certain types of employees to apply to work there, and also motivate them to stay. Evidence indicates that candidates are incredibly self-selecting about which companies they will work for and those they will definitely not (Judge & Bretz, 1992; Highhouse *et al*, 2002). Many companies refer explicitly to their ethical values as part of their recruitment strategy, and evidence shows that this is far more influential in predicting job choice than information about pay or promotion prospects. However it is also noteworthy that anecdotal information about an organisations implicit values (i.e., what it is really like to work there) is the most influential information of all in predicting job choice. In other words, an organisation that has an informal reputation as a good employer that
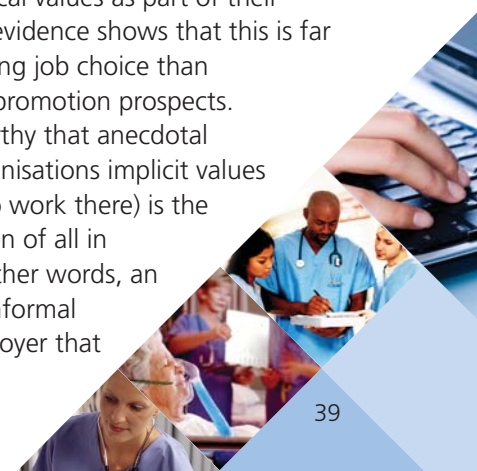
lives its espoused values will attract candidates much more than one that is simply espousing certain values. Organisations known to espouse but not live their values will not attract candidates unless they really do not have any other option (Highhouse *et al*, 2002) (see Section 4.4 (page 54)). When values are both clearly espoused and internally aligned, it is easier for employees to position themselves in the organisation and to align themselves with the interests of the organisation. Based on the above, it is not surprising that Kelly *et al* (2004) report that a substantial majority of senior executives at public companies see employee retention and recruitment and corporate reputation as 'strongly affected by values'.

Professional and vocational interests represent strong values and are well known to provide a basis for employees to judge whether they wish (or continue) to work in particular organisations. For instance, many nurses leaving the NHS report that they do so because they feel that they 'cannot be true to their professional/vocational values' (Millward, 1995; Millward & Cropley, 2003). Millward and Cropley (2003) investigated the identities and psychological contract of 223 NHS nurses from three London/South East NHS hospitals and found that leaving intentions (as in Millward's 1995 study involving 361 NHS nurse) were associated with a need for autonomy and development.

To summarise, **only values that are deeply embedded in an organisation's culture and which are central to employee self-definition and identity will make a difference to the way in which an employee behaves.** In the following sections we explore the impacts of values on behaviours linked to greater staff engagement and enhanced customer experience.

3.3 What is the link between values and *staff engagement*?

The link between values and staff engagement is of considerable interest to organisations, not least because of the assumption of an association between greater staff engagement and improved performance (and enhanced customer experience). A report by Suff and Reilly (2008) on behalf of the Institute of Employment Studies suggests that an engaged workforce can boost revenues by as much as 6%, whilst an individual's level of engagement can improve their performance by up to 20%.

The literature related to staff engagement focuses on the outcomes for employees and organisations that are achieved by a sense of 'fit' between an individual and the organisation to which they 'belong'. Compatibility between a person and an organisation has been defined theoretically in a number of ways.

For instance, *complementary fit* exists when characteristics of the employee complement or 'make whole' the organisation (Muchinsky & Monahan 1987). *Supplementary fit* refers to the closeness of the characteristics of the organisation and its employees (Kristof 1996).

'Fit' has been operationalised in different ways. Verquer, Beehr, and Wagner (2003) identified three different operational definitions or variations of fit. First, *objective fit* involves the individuals' describing self-characteristics followed by an independent person rating the organisation on those characteristics, with the fit value constructed from the two ratings. Second, perceived *value congruence* indirectly asks individuals to rate themselves and the organisation on 'like' dimensions with the fit (or more appropriately, value congruence) measure constructed from the two ratings. Last, *subjective fit* (a focal variable of this review) measures directly how well employees believe their own characteristics match those of the organisation (Cable & DeRue 2002). An individual's perception of fit is much more important than more objective and indirect measures of fit (see Kristof, 1996; Kristof-Brown, Zimmerman & Johnson 2005). If an individual believes they do or do not share similar values, this is all that is necessary to influence affective and behavioural outcomes.

3.3.1 *'Subjective fit'* and *'organisational identification'*

Subjective fit or perceived fit of personal and organisational values has been found to be fundamental to employee attitudes and behaviour (Kristof-Brown, Zimmerman & Johnson, 2005). A review of the available research by Verquer (2002) suggests that high subjective value fit predicts satisfaction with job and work environment satisfaction and also organisational commitment. Conversely, low subjective fit predicts higher turnover intentions. Cable and DeRue (2002) also found that subjective fit predicts stronger feelings of being supported by the organisation, stronger feelings of identification with the organisation, and more inclination to behave as organisation citizens (i.e., work beyond the letter of the contract in the interests of the organisation). Ostroff, Shin and Kinicki (2005) have also suggested that subjective fit might buffer an employee's experience of stress, and in so doing, facilitates employee adjustment.

Cable and Edwards (cited by Zhang and Bloemer, 2008) argue that value congruence affects attitudes and behaviour because people are more attracted to and trusting towards those who are similar to them. The similarity-attraction theory
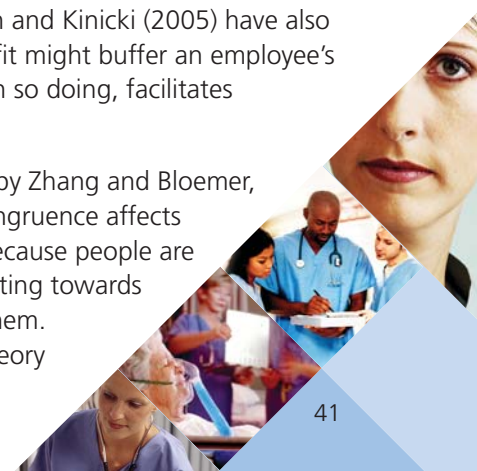
which forms the basis of value congruence research (Kristof-Brown, Zimmerman & Johnson, 2005 cited in Zhang & Bloemer, 2008) reasons that people seek to create and retain relationships with those who are similar to themselves. There is enormous support for the similarity-attraction hypothesis spanning over a half a century (Aron *et al*, 2006 cited in Zhang & Bloemer, 2008). People are attracted to, prefer, and support relationships with similar others to reinforce their self-esteem and maintain coherence of identity. This in turn, improves communication and increases predictability in social interaction. That is, similarity predicts a shared way of making sense of and interpreting the world, which reduces uncertainty and increases collective bonds.

Verquer, Beehr and Wagner (2003) present a meta-analytic review of 21 highly select studies (comprising an overall sample of 18,000 employees) of person-organisation fit in relation to job satisfaction, organisational commitment and intention to turnover. Employees represented retail, production, management, accountancy, teaching, sales, public sector workers, trucking, professionals, HR and business graduates. Four specific moderators were also investigated: type of measure, method of calculating fit, dimensions of fit and use of an established measure of fit. Subjective fit, particular on the dimension of value congruence

obtained the strongest effect sizes, and the following figures are based on these indices. Mean effect sizes were .58 for turnover intention, .61 for job satisfaction and .59 for organisational commitment. That is, the lower the value congruence, the stronger the intention to leave; the higher the value congruence the stronger the job satisfaction and also organisational commitment. These effect sizes cannot have occurred by chance; they are systematic 'effects'.

3.3.2 Value congruence

Along these same lines, Newton and Jimmieson (2008) looked at the impact of what they also called 'perceived value congruence' between employees and the cultural values of the organisation. In particular they predicted that subjective fit will be related to higher levels of employee adjustment (i.e., job attitudes and employee health) because of its stress buffering effect. They secured 119 responses (from distributing 180) to an employee survey across the Australian Local Government Council. 57% were male and 43% were female, the majority of whom (83%) were full time employed on permanent contracts. The age range was 17 to 61 years with mean of 38 years, and tenure ranged from one month to 35 years with mean of 7 years. Employees completed scales measuring role stress (conflict, role ambiguity and overload), participative

control (extent of participation in decision making), subjective fit, job satisfaction, intentions to leave, psychological and physiological health. Items pertaining to subjective fit included: 'the things I value in life are very similar to the things that (my organisation) values', and were responded to along a 5-point scale of agreement/disagreement. Psychological health was assessed using the General Health Questionnaire. Regression results showed that:

- Value congruence predicted job dissatisfaction, and leaving intentions over and above role stress, but did not predict better psychological health.
- Participative control impacted on job satisfaction only when there was low subjective fit.
- Stress buffering effects of participative control occurs only to the extent that there is high perceived subjective fit.

Thus studies consistently highlight the importance of value congruence to many performance relevant individual and organisational indicators. Importantly also, Hyde and Williamson (2000) note that there is also a link between clarity of personal and organisational values and organisational commitment: the higher the level of clarity, the higher the level of commitment. From their own data, staff (in a legal firm) who were clearest about both sets of values had the highest level of commitment to the organisation. Hyde and Williamson also found that value incongruity was associated with organisational and job dissatisfaction: *employees wanted to feel that the organisation was in tune with their own values*. Other research has likewise also pointed to value incongruity between leaders/managers and employees as a source of interpersonal conflict, which in turn undermines morale, trust and willingness to cooperate with the interests of the organisation (Williams, 2002).

Finegan (2000) conducted a study with staff (mostly male staff) at a petrochemical company. She used 121 completed surveys to explore the purported link between values (one's own values and the perceived values of the organisation) and commitment. She found that the value profile itself was also substantively relevant to predicting different types of commitment. Specifically, affective commitment (emotional bond) was predicted by the subjective fit of values comprising humanity (courtesy, cooperation, forgiveness and moral integrity) and vision (development, initiative, creativity, and openness). Other values, especially logic, economy, experimentation and diligence predicted continuance commitment (which is more transactional, pertaining to

employee commitment relative to the cost of leaving). Interestingly normative commitment (sense of obligation to the organisation) was not predicted by value congruence but by personal values especially with regard to adherence to convention.

The relevance of this work to the NHS or any service sector in fact, comes from finding that the humanity dimension had the most emotional significance in connecting employees to the interests of the organisation. More bottom line 'performance' indicators had less 'bonding' power to connect people or engage them with the organisation on a deeper level. They connected employees on a more 'here and now' basis, indicating that they will go elsewhere if an alternative fits better with them and their own interests.

To summarize, **value congruence is an important indicator of the extent to which values will be enacted by employees.** It will create collective commitment to those behaviours that are most value significant (and that have been linked to success); it will furnish engagement with the organisation and its interests; drive increased job and organisational satisfaction; and minimize stress, and also turnover intentions.

3.4 What is the link between values (and staff engagement) and *customer experience?*

Organisational effectiveness for the NHS is not just about delivering clinical care that is *right* for the patient. There is a growing recognition that the way in which care is provided - in particular, the behaviour of healthcare professionals and the quality of the interactions between patients and those providing their care - is the cornerstone of a positive patient experience (Goodrich & Cornwell, 2008).

The 'Point of Care' programme focuses attention on patients' **experience** of health care, rather than simply on patients' satisfaction. The Point of Care programme is built on the assumption that each and every behavioural interaction with a healthcare professional during a patient's treatment and care has a bearing on the patient's experience. If we assume that behaviour is values-driven, then it follows that values are pivotal to clinical and organisational effectiveness.

To illustrate the difference that values make to patient experience, Goodrich and Cornwell (2008) show that one of the major factors that shapes patients experience of quality of care is the extent to which they are treated 'as a person' with 'humanity and decency' (Department of Health, 2007; NHS Federation, 2008).

Clearly, the values of respect, dignity, compassion and working together for patients are fundamental to whether care is delivered in this way.

"(The NHS) touches our lives at times of most basic human need, when care and compassion are what matter most."

(Department of Health, 2008)

Goodrich and Cornwell (2008, p.3) link these values with "a moral and human imperative to protect people when they are weak and vulnerable; to strive towards recovery and healing; and to ensure the humanity of care". To the extent that these values are upheld, the patient experience can be qualitatively transformed as the following extract from Goodrich and Cornwell (2008, p. 7-8) illustrates:-

"Test results can be nerve racking. They turn a complex stream of life into a binary event in which your fate seems to hang in the balance... then a gift when I least expected it - the radiology staff in a scanning unit... were so lovely - down to earth, prompt, optimistic -

that the morning was transformed... I stopped being a jibbering wreck."

When these values are not upheld, patient experience also suffers (Goodrich & Cornwell, 2008, p.10):

"She was treated like a parcel. The junior doctor on one ward ordered tests but she moved before the test results arrived so they were never received. In one of her moves she was taken by a porter in a wheelchair to the door of one ward. The nurse in charge came to the door and barred the way, telling the porter 'you're not bringing her in here'. My mother felt anxious she would be lost inside the system."

The attitude of the charge nurse in the latter case was neither, humane, respectful, dignified, or compassionate in the way he/she acted. Of course, sometimes it is inaction (e.g. not responding to bed buzzers, inadequate or lack of patient observation, ignoring the patient's concerns) that speaks
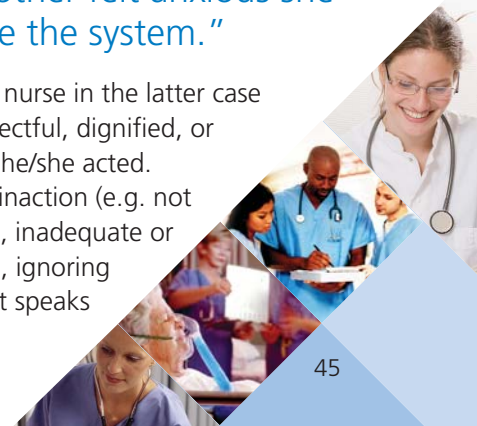
volumes about staff values. If staff do not fully engage with an organisation's values, they will not live those values in their everyday interactions with patients.

There is a growing body of evidence to suggest that the way in which patient safety is managed is 'values-driven' both in the prevention of harm as well as in the 'damage limitation' process (Vincent & Coulter, 2002). Vincent and Coulter (2002) narrate a story about a woman with a displaced uterus whose post-operative pain and increasing discomfort was repeatedly dismissed by staff, until the surgeon realised that he had accidentally perforated her bowel. This was temporarily rectified with a colostomy until more surgery, which turned out to be equally disastrous. The woman ended up crying with pain for two weeks, until she was transferred to another hospital for bowel repair. Even three years later she had not recovered from the experience: it has seriously undermined her quality of life and she still felt angry that no-one had ever apologised to her or admitted that a mistake had been made. Vincent and Coulter (2002) speak of the crucial importance of minimising 'psychological trauma' whether pre-emptively or as part of a humane effort to 'limit the damage' by listening to the patient and his or her family, acknowledging damage, providing an open and honest explanation and above all an apology. Dealing with unintended trauma in this way is clearly a highly value driven process, requiring responsiveness, and empathy as well as a willingness to be accountable. Unfortunately, too many mistakes are covered up because of a culture of blame rather than a culture of reflexivity and learning (Edmonson, 1999).

Thus, values are represented to patients via all the healthcare practices they encounter, including and especially inaction in response to patient concerns. Goodrich and Cornwell's review was not focused on values per se, but underlines nonetheless the crucial importance of 'how' staff, interact with patients – all that they do, or don't do, impacts on the quality of their experience. And how staff, interact with patients is differentiated by the values they hold.

3.5 What is the link between values and enabling organisational change?

Much of the interest around values in large, complex organisations stems from their potential to galvanise staff around large-scale change. Values energize for change to the extent that they represent what is important to people, and capture their aspirations as well as their current realities. A future organisational scenario will be attractive to an individual employee to the extent that it resonates deeply with their personal values and/or pre-existing organisational values to which they strongly ascribe (Kiriakidou, 2001). The 'potential' of the organisation will 'pull' staff towards it, because it provides continuity with what is already deeply known to them. People will not only sign up to change, but will actively champion it if it is in their own interests and the extent to which their own interests are reconciled with those of the organisations' will result in collective change.

The collective change as referred to above is the extent that an individual employee signs up to the values espoused by an organisation – values that represent the organisation's desirable, future state – and that employee will endorse these values in their attitudes and actions. Thus, arguably psychological leverage for change arises from the identification process, and strong identification across a collection of employees,

amounts to a strong value-based culture that is internally aligned across all its elements and in all its practices. Identified individuals will *voluntarily* champion the cause of an organisation, experience ownership of its interests and practices, and act in a self-determined, self-regulated way to endorse the values it represents (Haslam, 2005 review).

In the context of change, Gleibs, Mummendey and Noak (2008) gave a survey to 157 students of a newly merged university at 4 months, 6 months and a year after the merger. They found that post-merger identification was positively predicted by pre-merger identification, which is consistent with findings from other studies. Leeuwen, van Knippenberg and Ellemers (2009) obtained the same finding from a sample of 141 undergraduates. In particular it was the continuity of values from pre-to post-merger identification that predicted adjustment to the newly-merged university. Both studies, which align with findings reported earlier by Terry, Carey & Callan (2001) and van Knippenberg, Monden and de Lima (2002) and studies involving employees, which suggest that identification energises change, particularly when there is perceived continuity in the values embedded in the pre- to post-change organisational scenario.
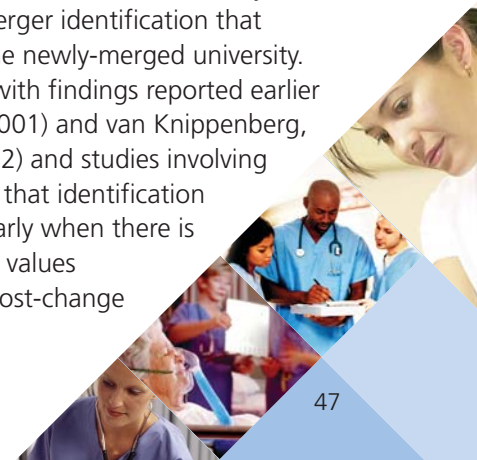
Other studies on change generally, show that employees will sign up to change, and in so doing they will be energised by it, to the extent that they are 'attracted' to the new organisational identity (Kiriakidou, 2001). In turn, the attractiveness of the new organisation was linked to the extent to which staff could identify with it. This suggests that if there is value congruence between the individual employee and the new proposed organisation, which may in part be articulated in terms of explicit value statements, there will be energy for change.

The above adopts a process perspective on change; however, values have content, and if the value content is about desirable organisational states and processes, then those who sign up to those values will also, by definition, endorse their content, which will in turn, inspire change (Haslam, 2005). Top performers consciously connect values and operations – commitment, drive to succeed and adaptability – and use values to drive their management practices (Lee *et al,* 2005).

4. What are the conditions that enable this to happen?

This section outlines the key insights from the literature into the conditions that promote values-living practices and behaviours within organisations that have the potential to drive organisational effectiveness. The key contextual factors emerging from the literature are: leadership, deep embedding of values within the culture of the organisation, strong alignment between 'espoused' and 'lived' values, and sympathetic Human Resources (HR) processes

4.1 The importance of leadership in driving values-based organisational performance.

We have already discussed in Section 3.3.1 the importance of identification with values as an influencer on behaviour change. Such identification is inextricably linked with the role of leaders within organisations. Leaders who proactively engage employees with organisational values can foster strong organisational identification (in the extent that leaders 'model' values in their behaviour they offer an organisational prototype that is more influential than anything in guiding behaviour) (Walumba, Wang, Lawler & Shi, 2004). Walumba et al's study sampled 402 employees from

banking and finance sectors in China and India, and found that transformational leadership was strongly positively related to identification, commitment, satisfaction and negatively related to job and work withdrawal.

According to Bass (1985) 'transformational' leaders motivate their followers to transcend their own self-interests for the sake of the group, which is essentially about motivating an identification process. Since then, there has been abundant evidence that has strongly confirmed these benefits of transformational leadership (e.g., see Dvir, Eden, Avolio, and Shamir, 2002 for review). Transformational leaders do this first and foremost by 'representing' the interests, values and norms of the group or organisation in a prototypical way (Haslam, 2005). Thus a transformation leader does not just espouse particular values and practices, he or she will live and breathe them on a daily basis, across all their exchanges with employees, partners, clients/customers and other stakeholders. Their action speaks louder than their words. Haslam (2005) integrates a wide range of evidence showing that leaders who *are* the organisation, in all their being, will engage employees with that organisation, such that they likewise *become an inextricable part of the organisation and its value system*. Leaders on the other hand, whose practices are discrepant from those of the organisation, create cynical, confused and disengaged employees.

Consensus among senior management/leaders on the importance of organisational values is critical to employee identification, *even in situations in which those leaders do not uniformly agree on the importance of specific organisational values* (Lankau *et al*). The same applies to both remote and local leaders (who may be managers or supervisors), although the more local the leader (e.g., team leader), the more influential they are as organisational exemplars or **role models** (Vedhoven, 2005). Veldhoven (2005) says that the extent to which the first line of management is crucial to managing employee wellbeing and motivation it is a crucial vehicle and test of whether an organisation is 'living its values'.

Consistently it has been found that CEO or leader/manager practices have the biggest influence on whether employees endorse espoused values. In this Booz Allen global survey involving 365 organisations, Kelly *et al* (2004) put it thus: "The CEO's tone really matters. 85% of the respondents say their companies rely on explicit CEO support to reinforce values, and 77% say such support is one of the 'most effective' practices for reinforcing the company's ability to act on its values."

In short, research tells us that the most important consideration of all is CEO/leader endorsement and enactment of values irrespective of country, region, size of organisation, type of industry, and so on.

Evidence consistently and robustly points to the critical importance of leadership to change, and especially value-oriented change. All change management principles and practice recommendations stipulate that leaders must first and foremost be visibly and explicitly committed to designated change. If leaders do not exhibit behaviour aligned with the values guiding change or the values which are so pivotal to change, employees will have no respect for the values. As highlighted in the Australian Public Services case study, "the most effective way of undermining the values is for senior managers to silently contradict them through their personal behaviour".

Moreover, perceptions of discrepancy between organisational values and leader behaviour can create cynicism, resentment and alienation (Kiriakidou & Millward, 2001). Most change guides mandate that leaders must demonstrate the values upheld in the rhetoric, as the fundamental first principle of change. In this way, leaders provide a framework and a guide for value-based behaviour, particularly instances where the connection between the value and what to do exactly

to act in accordance with this value, is unclear. Role modeling as such is an integral part of all sustained learning, and will provide an implicit as well as explicit 'security' blanket as well as focus and direction for employees.

Leaders must not only be aware of the values they must be *able* to demonstrate them, in a skilled, respected and credible way. Evidence thus suggests that the organisation needs to make explicit the value-relevant competences required of its leaders, at all levels of the organisation from remote to local, to ensure that values can be cascaded down the organisation (i.e., that all leaders have the ability to demonstrate the values) in addition to the question of whether they want to or not. This involves making the values explicit as a basis for judging management/leadership accountability. Some organisations like the Australian Public Services require that all leaders explicitly 'sign up' to values with a written signature. The issue of cascading down is crucial to ensuring that values are integrated into culture, rather than compartmentalized.

For example, when the BBC was re-designing its performance appraisal process, it chose to embed its corporate values first into the appraisal process for senior managers. The organisation received positive feedback that this has allowed senior managers to have

conversations about the behaviour of their staff that were previously felt to be too difficult and therefore often avoided. The feedback has been so positive that senior managers are now asking if the values can be embedded into the whole appraisal process for more junior staff. The lesson learned here was that getting senior managers to buy into the process first encourages ownership and role modelling, and that selling the idea of 'values-based' behavioural appraisal to them has meant that they are now requesting it for the BBC's more junior grades.

Meglino, Ravlin & Adkins (1989) found the strongest value congruence at the lowest level of an organisation between supervisor and subordinate, and this was in turn most strongly predictive of job satisfaction and organisational commitment. That is, value congruence at a local level in relation to one's immediate supervisor or manager is more important to commitment than value congruence at an abstract or remote leadership level (Veldhovern, 2005).

Rosenthal and Masarech (2003) maintain that leaders in high performance value-oriented cultures:

- Guide and inspire employee decisions and contribution in a flatter, fast paced, decentralised workplace void of day-to-day management decisions.
- Provide fixed points of reference and stability during periods of great change or crisis (like a lighthouse with a beacon of light),
- Create a more personal connection between employees and organisation; a type of emotional contract akin to agreements implicit ('in our parent's world of work' - acknowledging instrumental nature of most employer-employee relationships these days)
- Align employees with diverse interests around shared goals to create a sense of community and encourage teamwork
- Export what the organisation stands for so that customers and other outsiders can sense and describe what the organisation is about, and help employees develop an emotional bond that transcends mere satisfaction i.e., loyalty, commitment.

How leaders 'lead' on value-based behaviour, is crucial to value consolidation (Haslam, 2005). What they do and how they do it will send out important messages on what the value rhetoric means in practical terms, in relation to all activities (task, relationships, communications, partnerships with others).

A relevant recent additional finding from Walumba *et al* (2004) is that transformational leaders do not just motivate employees on a value basis, but provide employee's confidence in their ability to behave in the ways that are desired. That is, employees must feel able to perform in the way that is expected and which is consistent with an organisation's values, to be sufficiently motivated to do so.

To summarize, the transformational leader has a fundamental role to play in managing employee collective efficacy (or sense of 'we can do') in relation to value implementation, as well as mobilising commitment to those values.

4.2 The importance of sympathetic management and organisational processes - particularly HR processes

HR processes are widely agreed to be critical to whether values become deeply embedded into the culture of an organisation: values pertain to all aspects of the organisation, and all stakeholders (Lee *et al*, 2005). HR processes pertain to recruitment and selection, training and development, people management, performance management, contract management and performance appraisal. All 'success' stories in relation to organisations' where values are deeply embedded into the every day functioning of an organisation, display an alignment between HR processes and espoused values.

Top performing organisations are all 'holistic' exemplars of how values and practices align in all respects. Low performing organisations, and/or those who collapse, are fragile because what they espouse is discrepant from the experienced reality of employees, and from the actions of especially senior people.

Case studies which do act in accordance with their ethical and moral credos, or value statements, include Xerox which has 'living our values' as one of its five performance objectives, which are all in turn (Van Lee, Fabish & McGaw, 2005), accompanied by specific objectives and hard measures (i.e. not just rhetoric).

The role of appraisals in ensuring that values are lived in practice is illustrated clearly by West *et al* (2002). In this study, robust HR practices were shown to correlate strongly with reduced patient mortality in acute hospitals. The extent and rigour of appraisals was particularly strongly related to patient mortality, but training and team working, clarity on objectives, a climate of reflexivity fostered by team leaders, communication and partnership working also mattered. Lilford (2004) goes so far as to say that these results imply that we should focus much more on organisational process in the management of value-driven performance in hospital environments.

Finally, the story unfolding so far is one in which staff engage with values and are guided and supported in this endeavour by organisational systems and practices. However, it is also important to note that employees who are happier, less stressed, more satisfied, committed to and engaged with their jobs, contribute to better organisational performance (Hayday, Munro, & Sumpton, 2008). Therefore staff must be able (i.e., happy, relatively lacking in stress, satisfied) as well as willing (i.e., engaged) to demonstrate the values held by the organisation.

4.3 The importance of deep embedding in organisational culture

There is long-standing and wide-ranging agreement on two features of values: (1) a value suggests – whether implicitly or explicitly – a desirable state; and (2) the power of a value to motivate is derived from the extent to which it is subjectively shared (Kluckhohns, 1953). As noted in Section 2.2, it is this shared nature of values that creates leverage for change, influencing, in particular, the selection of the goals and means of action. As such, values provide a reference for action but do not necessarily prescribe what has to be done (or not) in specific situations. For example, the car manufacturer Jaguar aspired to become the finest car company in the world, and lived this through core values of growth, quality, market sensitivity, human development and professionalism. Mobile telecommunications manufacturer Nokia, on the other hand, champions a spirit of participation and innovation, underlying which there is an entrepreneurial value.

It is generally agreed that it is only when values are deeply embedded in an organisation's culture that they make a tangible difference to organisational effectiveness (Schein, 1985;
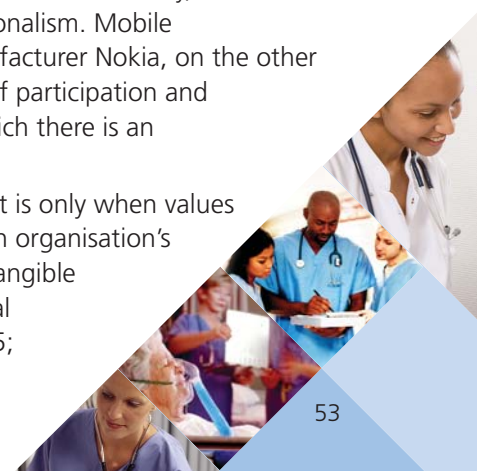
Corporate Executive Board, 2005). 89% of the companies in the Booz Allen Hamilton/Aspen Institute (2004) survey had written value statements: but it was only those that had worked hard to embed those values in behaviour that had realised the value of their values.

On the assumption that values-driven action impacts directly on the quality of patient experience, Pronovast et al (2003) argued that the test of this is the extent to which cultural standards are upheld on a personal level. Looking at the area of medical accident research and patient safety, Provonast et al found evidence of a values-driven culture to include the presence of open discussion about risk and error, and workers being explicitly 'celebrated as heroes improving safety rather than villains committing errors'. In such cultures there are systems in place for error reporting. Edmonson (1999) describes this kind of culture as psychologically safe, such that open discussion of errors does not make an individual the focus of blame. Other studies have likewise reported correlations between these factors and reporting of errors and learning from mistakes (Edmsonson, 1999; Vincent, 2001).

4.4 The importance of alignment between 'espoused' and 'lived' values

There is now substantial research showing that if there is inconsistency between what the organisation says about itself (its espoused values) and how it actually behaves – i.e. the organisation's norms and practices align with values other than those espoused – employees will be likely to disengage from the organisation either by leaving or through psychological withdrawal from the interests of the organisation (e.g., Kiriakidou & Millward, 2001).

Humble, Jackson and Thompson (1994) reported that 80% of the 500 organisations they surveyed had some form of written organisational values. Many of these organisations had programmes to promote their values, and some, especially organisations like The Body Shop, used values in their marketing campaigns. However, as Hyde and Williamson (2000) strongly emphasise, values work only to the extent that they are deeply embedded in the way an organisation operates, and in all its dealings with others. Values work in particular when organisations have thought deeply about their values-based standards, and when all employees *explicitly identify with, share, and commit to these standards*.

To ensure that values are upheld in organisations' practice rather than merely in their rhetoric, it is important to address the way in which an organisation uses the concept of values. If values are enduring beliefs about the desirability of particular behaviours or outcomes, for ethically-oriented values, desirability is judged by reference to a community; whereas for psychologically-oriented values, desirability is judged by reference to individuals. For pragmatically-oriented values, desirability is judged simply by what makes an organisation successful.

Pragmatic values are relevant because this is the category into which fall the many corporate aspirations currently masquerading as values. (Indeed it is worth noting that, for this reason, whilst pragmatic values are germane to the present discussion, they may not really be values at all). That this category is growing is mainly because of a combination of (a) a misunderstanding among organisations of what genuinely constitutes a value; and (b) the difficulty of putting into practice what an organisation stands for without relating it to corporate success in some way. Pragmatic values are useful in aligning behaviour and focusing attention on goals. However, if values are chosen based on what works at the time they are unlikely to endure when circumstances change. They are more accurately labelled 'critical success factors' or 'core competencies'.

Overall, the above indicates need for caution in the liberal use of the term 'values' without pinning down what exactly they refer to. The distinction between teleological and deontological values is useful as part of this discussion, because it requires an organisation to be clear about whether it sees certain values as prerequisite to achieving particular end states, and/or whether it wishes also to prescribe the means by which these end states are achieved. The Australian Public Services (APS) organisation, maintains that its efforts to embed explicit 'ethical' values into everyday cultural practices have, in part, been successful because they also prescribe *some of the means* of achieving particular outcomes, whilst also subscribing to a teleological stance on values as a set of guiding principles that leaders, in particular, are trusted with implementing. However, at the same time, the APS has a very clear policy of sanctions for breaches of its ethical values.

The collapse of Enron is also often cited in management textbooks as an example of a company whose leaders breached their espoused ethical standards and dissolved accordingly. Enron's marketing material espousing ethical standards and values, which cost millions, did not align with actual organisational practices.

No organisation can be sustained in the long term if its outward corporate identity is not inwardly supported and expressed. Enron collapsed in 2001 (Goldsmith, 2005). It espoused high-minded beliefs, as exemplified by their 'values video', which offered many examples of their good deeds and the professed moral and ethical integrity of Enron's executives. But despite the 'lofty words', many of Enron's executives have since been indicted or are in jail.

Kelly *et al* (2004) report that 90% of all companies surveyed by the Booz Allen Institute agreed that a strong corporate statement that espouses ethical values is essential to guiding employee behaviour and ensuring that they report instances of value violation. 80% say that they have management practices that ensure integrity and value-oriented ethical action in general. Some companies also maintain that their ethical standards in both rhetoric and action are a form of legal protection (essential to mitigating legal and regulatory risk) but only to the extent that there is value alignment across the so-called value chain.

To summarise, values that make a difference to organisational practices and outcomes, must be deeply embedded in an organisation's culture (whether evolved over time, or engineered through some kind of values development exercise, based on internal and external consultation). Values should be manifest in norms and practices, and to this extent employees may need to be guided on what is expected of them, as well as the means by which the values are enacted. This is particularly important in organisational settings like the NHS with explicit ethical, legal and other (e.g. political) broader accountabilities.

5. Closing remarks

This report has sought to explore the link between values and organisational performance, and has identified a number of conditions that enable this link to be established within organisations. It is important to note that there is a requirement for further research in this area to strengthen our understanding of what works. Booz Allen Hamilton/The Aspen Institute (2004) found that there seemed to be a lack of recognised 'best practice' in establishing the linkage between values and both long-term strategic goals and short team results. They argue that there is little agreement in what works and what does not work, both in aligning values with strategies and embedding in management processes. The research also suggests that there is a need to identify best practises that may enable companies to measure more effectively and to align their values with their strategies.

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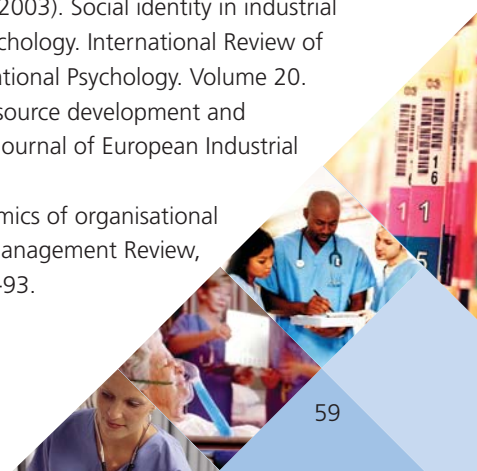
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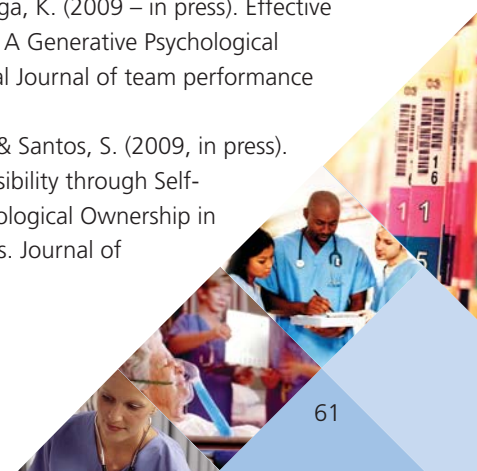
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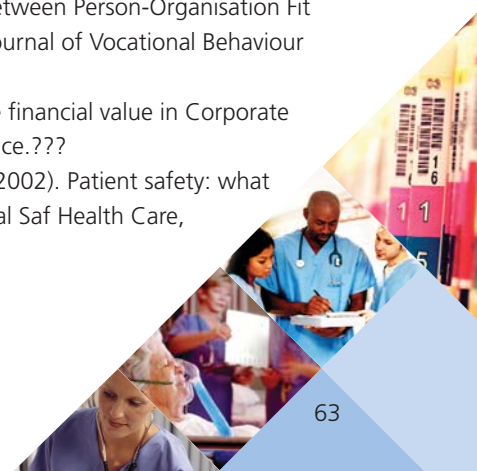
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The value of values
Sources for the value of values

annex b

Sources for the Value of Values

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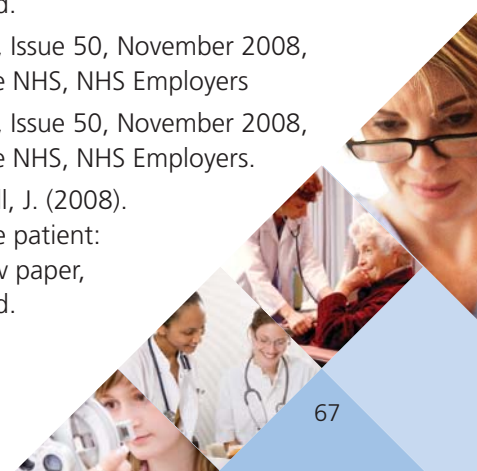
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The value of values
Living our local Values - case study

How it all started

Living our Local Values was a piece of work that had big ambitions from the start. When the NHS Constitution was published in 2007, it included a set of six national values. Those values had been surfaced through conversations with staff, patients and public to capture the 'unwritten rules' that guide the behaviour of individuals and organisations across the NHS. This wasn't a window dressing exercise: the academic and action research suggested that having a set of strong organisational values would motivate and engage staff and, in turn, improve the patient experience. Strong values could deliver better health outcomes

The Department of Health decided that the next step was to help local NHS organisations develop and embed their own, local values. They asked the NHS Institute for Innovation and Improvement to lead that work.

annexC

The challenge

At the beginning, it seemed that this project had a number of difficult challenges to overcome. There were some clearly defined national values included in the NHS Constitution – but many local organisations had their own set of values that had to be captured and locally embedded. The NHS Institute was commissioned to produce a set of resources to help any local organisation across England – but every organisation faced a unique set of circumstances that meant they needed to tailor their solutions. To create an enthusiasm for the concept of values, staff really had to engage with the vision from the bottom up – but to get the work done in the short time allocated, the team needed to have some decisive leaders on board to make it happen. Although the NHS Institute wanted to draw on the wealth of knowledge about values from a range of external experts, they also wanted the agenda to feel 'owned' by the NHS. And how, at the very heart of this project, could a piece of work have legitimacy and purchase within the NHS unless it embodied and 'lived' the values it claimed to promote?

This case study is the story of how a team of colleagues from across the NHS, public and private sector came together to solve these apparently intractable challenges and help bring values to life in the NHS.

The brief

The NHS institute set out to create a set of "Values Development Resources" that individual NHS organisations could use to help them create, embed and sustain their own set of local values. Those resources were to be useful to every local NHS organisation, allowing them to pick and mix from a range of both standardized and customizable features. Crucially, the resources were expected to be 'plug and play' – useable without external assistance regardless of where they were on their values journey.

The expectation was that the Values Development Resources would be grounded in evidence of what works. It would draw on a thorough review of the academic and primary research as well as the expertise of local NHS organisations. This evidence base would be expected to test both the content of the resources – the approaches included – as well as the context in which those tools worked. Only through this method could the NHS Institute be confident that a single set of resources would be able to be used in every NHS organisation, irrespective of their unique set of local circumstances.

This document traces the team's work from their launch in August 2008 until the completion of the draft set of Values Development Resources in May 2009.

The principles of the approach

The NHS Institute knew from the outset they wanted to use a Social Movements approach to the values work – now called **Living our Local Values**. There was already a growing interest in the way Social Movements - which harness grass roots energy and beliefs to garner support and direction combined with a traditional programmatic approach - could be used to develop healthcare and manage change. **Living our Local Values** needed that grassroots energy to be a success. Strong values lead to staff engagement, but engagement can't be directed from above. Staff have to participate voluntarily, willingly and enthusiastically for engagement to be achieved. With much of the expertise about Social Movements based within the NHS Institute, it made huge sense that the values work should be underpinned with these principles.

The 5 principles of Social Movements that the NHS Institute wanted to build in are…

- **frame to connect with hearts and minds**
- **energise and mobilise**
- **organise for impact**
- **change as a personal mission**
- **keep forward momentum**

The NHS Institute realised, however, that the Department of Health may have expected a more traditional approach. The NHS Institute invited the Department of Health officials leading on values to attend a Social Movements event, to see what the approach would mean in practice, and to see how staff engagement might really benefit. That event – an Accelerated Change Event led by Liz Carter - inspired the Department of Health to sign up to the NHS Institute 's preferred approach. The team at the Department of Health recognised that the success of **Living our Local Values** would depend upon how motivating people found it. They realised that local organisations wouldn't want to develop and embed their own values if it was a departmental edict. But they remained committed to completing a set of Values Development Resources tested with NHS organisations within a tight timescale of 6 months.

The NHS Institute therefore decided to merge two different approaches. They used a Social Movements approach for the research and development process, when engaging with the service and when writing the Development Resources. When managing the project with the consultants running the research, and meeting the deliverables within the Service Level Agreement with the Department of Health, a more traditional programme management approach was used.

The team

The NHS Institute realised they needed to create a high performing team with a blend of different skills to deliver this blend of approaches. They needed people who had personal, hands-on experience of how local health organisations operate in practice, and the way they run Service Transformation projects, to ensure that the Values Development Resource would work in 'the real world'. But they wanted to complement that service experience with external expertise and academic research skills to draw on best practice and innovation from other sectors. The approach needed a tough, deadline-focussed programme manager, but also some inspirational facilitation to create the social movement and energise staff in local organisations and during large scale events.

They decided, therefore, to create a blended team of 13, from across 6 national and local organisations, to include the right balance of knowledge and experience, spanning public and private sector, acute, mental health and community care. Crucially, that team was to include representatives from local NHS organisations – the 'Field Test Sites' – from the start, to ensure that real service expertise was built into the work at the outset.

Running a cross-disciplinary team across a wide range of organisations and locations required using new systems. A full-time project manager kept track of who needed to be where, when and with what, and also had ownership of all documents. The team utilised web-based document share points and enforced strict version control – vital when up to a dozen people were co-authoring documents.

But the challenge was not just a practical one. Different organisations had different cultures, values and ways of working. Finding a common language and working style for the blended team was just as important. When the NHS Institute interviewed external consultants to join the team, the organisations were quizzed on their own values as well as their more traditional qualities such as experience and knowledge. The final appointments were made unanimously by the team and the local Field Test Sites. Once everyone was recruited, the individuals worked hard to create 'one' team. Time was given at the beginning of the project to develop relationships which would create a strong bond between the members of the team. Together they created a set of principles to govern the team and build processes around those principles.

The NHS Institute team

The NHS Institute as an organisation brought expertise in Social Movements and had access to a range of evidence and complementary programmes that could be utilised in **Living our Local Values**. Individually the NHS Institute team combined more than 50 years' experience working in the NHS, ranging from frontline nursing to change management. All shared a recognition of the power of NHS values to empower staff at every level to make changes for the benefit of their patients. They provided the leadership to maintain momentum, keep energy levels high and ultimately keep the project on track.

The NHS Institute team members were based in different regions across the country, most worked remotely and all worked part time. One Associate split her time between **Living our Local Values** and another NHS Institute project within a different Directorate. This blended team required strong but subtle leadership, which meant being open-minded about the detail, but maintaining a strong sense of the programme management. National Programme Lead Liz Carter kept a clear picture of the outline of the programme and what needed to be delivered when, but she let the team develop the content organically.

Liz Carter, National Programme Lead

Liz has worked in the NHS for 9 years as a consultant on projects that have real-time impact on service delivery and improvement, and are grounded in workplace learning, supported by a strong evidence base.

Liz began her career as a Royal Air Force Officer serving in the UK and overseas. During a 3-year sabbatical in the USA she had a successful career as a bank manager leading and developing a team to great success and coaching and mentoring new managers.

As well as leading the values work, Liz leads the NHS Institute's work on Social Movements. She has recently published under co-authorship, The Power of One The Power of Many – Bringing Social Movement Thinking to Health and Healthcare Improvement.

"It was important to me that we worked closely with people to engage on an emotional as well as a rational level about what really matters to them as staff working within the NHS and committed to serving and working with patients to give them the best possible experience"

Catherine Holmes, Associate

Catherine has worked in the NHS for 25 years and began her career as a nurse, moving into general management with experience in service improvement, redesign and change management. She has worked across primary and secondary care and at regional and national level.

"I am passionate about making a difference to patients and staff and my learning from all of these different roles is that, if we want staff to deliver excellent care and continuously improve services for patients then we have to get the values right and get them lived across the organisation"

Helen Elmore, Associate

Helen Elmore became involved in the values work in October 2008. She started her NHS career 10 years ago at an acute Trust, and then moved to the NHS Leadership Centre, part of the Modernisation Agency. She is currently on secondment to the NHS Institute from South West Strategic Health Authority, supporting two programmes, Living our Local Values and Social Movements.

"I have worked in five NHS organisations in the last 10 years. Each part of the NHS has a different feel, a different culture, and I've come to realise that the tone of the organisation is shaped by its leadership, and the values of that leader. And this can have an impact on every member of staff in that organisation."

Sabhia Sheikh, Business Manager

Sabhia has worked in the NHS for more than a decade. Most of her time has been spent working on the frontline as a manager of a busy acute outpatient department.

But she admits it is only when she came to the NHS Institute and began working in the Leadership team in 2008 that she could stand back and see the potential for improving patient care and staff morale through initiatives such as Living Our Local Values.

The Field Test Sites

Developing a set of Values Development Resources that would work 'in real life' meant that they had to be rooted in the practice of local NHS organisations. The NHS Institute decided to work with a small number of teams; this approach was supported by evidence from theNHS Institute 's Experience Based Design programme which showed that working in depth with a small number of teams could be more useful than working at more of an in depth level with a wide number of teams. The NHS Institute decided to identify three Field Test Sites - Poole Hospital NHS Foundation Trust, Torbay Care Trust and Devon Partnership NHS Trust – to be Living our Local Values team members from the outset.

They were identified because – following the Social Movement principle of 'going where the energy is' – they were enthusiastic innovators. All were part of the South West Strategic Health Authority and had been part of the early national Listening into Action pilots run by the NHS Institute so had strong links with individuals on the team already. As Catherine Holmes, Associate from the NHS Institute said, "We deliberately picked organisations that we knew had already begun a values journey and that had a reputation for being values driven, whether they called it values or not, and a desire to really put values into the heart of their work. With these organisations, we were pushing at an open door."

The Field Test Sites (FTS) had Chief Executive support and brought a sense of reality to ideas, and learning from their own Trust-level approaches. They provided real understanding of what values meant for ordinary people who work in the service and a real sense of the challenges that people face when making sustainable change. They also brought knowledge of what might work to make values a more integral part of their everyday lives. The FTS could test ideas rapidly within their own organisation and respond to real time problems, and incorporate all of this knowledge into the final Values Development Resource for the benefit of other NHS organisations.

Poole Hospital NHS Foundation Trust had some local values in place for 12 years, but they wanted to use Living our Local Values to refresh those values to reflect their new circumstances. Devon Partnership Trust had gone through quite a lot of change and had a set of values but wanted to configure them around the concept of 'care good enough for my family'. Torbay Care Trust was at the start of their journey. Those different starting points were beneficial to the work that had to be done – as the team could test approaches in different contexts.

Torbay Care Trust

TCT is the only integrated community health and adult social care organisation in the South West. They were set up in December 2005, when social care teams from Torbay Council joined community health colleagues in the new NHS Trust. As an NHS organisation they face some very specific challenges with half of their staff originally coming from a health background and half from social care, spread over 40 different sites.

As part of the Living our Local Values programme they wanted to explore how values can stabilise and maintain their culture as it moved from a period of significant change, following the formation of the Care Trust in December 2005, into one of 'steady state' operation. When they found out that more than 50% of our patient complaints were about their professional attitude rather than practice, they were even more interested in engaging with their values.

Poole Hospital NHS Foundation Trust

PHFT is an acute general hospital with 789 beds and is the major trauma centre for East Dorset. They provide a range of district hospital care and a number of core services for a wide catchment area.

For the last 12 years they have had what they believe is a unique philosophy called "The Poole Approach" which defines the way they work together and treat their patients.

Going for Foundation Trust status in late 2007 helped to put the Poole Approach at the top of the agenda. They held a series of meetings with a wide range of staff to refresh the Poole Approach and help ensure it remained relevant and important. Becoming a FTS for Living our Local Values was a catalyst to developing and promoting their values further.

Devon Partnership NHS Trust

DPT provides mental health and learning disability services across the county, working closely with other health and social care providers and serving a large geographical area with a population of 850,000 people.

Over the last few years, they have identified key themes that underpin their efforts to improve services and have worked with people who use their services and staff to define their values. As part of their team effectiveness and coaching philosophy, DPT's Clinical Cabinet has a very non traditional approach to working, using small project groups and team work to inform the Trust agenda. Visitors are actively encouraged, and time is set aside to listen to and share experiences from service users and carers as well as involving them in key decisions and developments

The external partners

To bring in the right research, engagement and expert skills, the NHS Institute team decided to seek some external members for the team.

Together, PA Consulting and SHM brought the challenge of two different mindsets and two different backgrounds, as well as specific and complementary expertise. PA Consulting brought occupational psychology and the experience of working with a wide range of NHS and other public sector organisations. The project was a very participative, consultative approach and PA developed material and approaches to people that would provide valuable feedback. SHM had worked with the Department of Health before, most recently in developing the NHS-wide values. They had run a national engagement exercise with staff, patients and public which meant they were well placed to apply their insights to the local engagement that Living our Local Values needed.

The NHS Institute was keen to recruit external partners that had the right experience, but also the right attitude, to the work. Ever aware of the need to 'walk the talk' the NHS Institute wanted all members of their team to role model the kinds of approaches that

they would be advocating to local organisations on values. They knew that this could not be a piece of work led by 'suits' from consultancies. It had to be a much more collaborative experience. So the NHS Institute built questions about personal and organisational values into the tendering process. Rather than simply checking they had the right skills and expertise to undertake the research, the NHS Institute also asked questions at interview about the values of the consultancies, and how they would reconcile those unique value sets with those of other partners and the NHS more broadly. As Phil Allen from PA Consulting said, *"Unless we understood our own organisation's values and the need to live by them, we were not the right people to do this job."*

PA Consulting Group
Operating worldwide, PA Consulting Group is a leading management, systems and technology consulting firm. Its services include the initial generation of ideas, insights, solutions and new technology, all the way through to detailed implementation.

PA Consulting Group's health sector expertise includes advising on and implementing new health policy, improving performance against targets, providing IT solutions to enable delivery of change, managing delivery of change, supporting organisational development, and modelling and analysing data to provide healthcare management information.

SHM
Based in London but working for global, national and local organisations, SHM is a strategy and insight consultancy that puts insights into people's motivations and mindsets at the heart of organisations.

SHM identifies why people behave as they do – as leaders, as colleagues, as consumers, as citizens – and translates this into concrete directions to drive impact and results. They apply their expertise to help health organisations, nationally and locally, as well as a wide range of other public and private sector organisations.

The work

Once the initial team was formed, the project was scoped. Due to the tight timescales for delivery, the three phases of research and development happened in parallel. The core team worked across all three phases to ensure that learning was not lost between team transitions.

Phase 1: Big Picture research

This consisted of evidence gathering from academic and action research as well as best practice examples and case studies from across the NHS and other sectors.

Evidence was gathered largely through synthesizing existing research, but also with input from Department of Health officials who collaborated in ensuring that the evidence base was as thorough and as robust as possible.

The output of this work was twofold. Firstly, it informed the team of new approaches and innovations to values that they could test within an NHS setting. Secondly, it provided the core evidence base – the 'value of values' – that would provide the foundations of the Values Development Resource.

Phase 2: Field Test Site co-design

Live action research took place on site in the three FTS locations, understanding what worked at a local level to surface, embed and sustain values within each organisation. A mix of workshops, individual meetings and all-staff events were run by the team in each location to identify approaches that had worked in the past, to develop new approaches for use in the future and test existing approaches brought in from other areas.

"As a field test site, we built reality into what is actually achievable on a local level." Sarah Frazer, Devon Partnership Trust

Phase 3: Learning Partner testing

In order to test and further develop the approaches that had been designed with the Field Test Sites, the team worked with 22 "Learning Partners"– organisations from every SHA who helped them to ensure the approaches could be applied in every NHS context.

A series of three 'Accelerated Change Events' brought together up to 100 staff members from across the Learning Partners both to learn more about the value of values and to help develop the Values Development Resources further. In between each ACE – spread over 3 months – Learning Partners were engaged by the team through WebEx, individual coaching phone calls and online support to further test and refine the resources.

As well as helping the team to design and test the Resources, the Learning Partners formed a vanguard of change, becoming the values' 'champions' within the health service, advocating to colleagues across the service the difference that values can make.

The Living our local values timeline

December 2007
SHM is commissioned by the Department of Health to engage staff and patients across the country and the service to surface and express values with a view to creating a set of national NHS values

August 2008
The Department of Health approaches the NHS Institute for Innovation and Improvement to develop a suite of Resources to help NHS organisations surface and embed their values.

Liz Carter is appointed as the National Programme Lead for the work

October 2008
Interviews take place for external partners to join the team.

The NHS Institute and Field Test Sites unanimously choose PA Consulting and SHM

November 2008 – January 2009
The team begin to create 'straw man' approaches for developing values

2007 | **2008** | **2009**

March 2008
Emerging NHS-wide values are drafted and agreed by stakeholders

July 2008
Lord Darzi's review of the NHS, High Quality Care for All is published. It recommends the creation of an NHS Constitution to enshrine the principles and values of the NHS in England

September 2008
NHS Institute invites the Field Test Sites - Poole Hospital NHS Foundation Trust, Torbay Care Trust and Devon Partnership NHS Trust - to join the team

October 2008- December 2008
PA and SHM begin **Phase 1** - cataloguing values best practice nationally, internationally, in the public/private sector and within the NHS

November 2008 – February 2009
Phase 2: on-site visits to the three Field Tests Sites begin. 'Straw man' approaches are tested, and new approaches designed

The Living our local values timeline

January 2009
SHAs are approached to nominate Learning Partners

February 2009
Phase 3 kicks off with the first Accelerated Change (ACE) Event.

Learning Partners review drafts of the Values Development Resource and help to refine approaches designed in Phase 2

March 2009
The second ACE attracts more Learning Partners. The event focussed on the role of patients within values

May 2009
The Values Development Resource is submitted to the Department of Health

2009

January 2009
The NHS Constitution is published

February 2009
The catalogue of best practice and evidence base for values – the output of Phase 1 - is delivered to the Department of Health

April 2009
The field test sites meet to review the Values Development Resources

April 2009
The third and final Accelerated Change Event explores the importance of leadership in embedding values. A "marketplace" showcases the values work of 13 Learning Partners

Autumn 2009
The Value of Values Development Resource is published

The Learning Partners

SHA	Organisation
London	King's College Hospitals NHS Foundation Trust
South East Coast	The Royal Surrey County Hospital
South West	Salisbury NHS Foundation Trust
South Central	Hampshire Partnership NHS Foundation Trust
North East	Tees, Esk & Wear Valleys NHS Foundation Trust
	Northumberland, Tyne and Wear NHS Trust
	NHS County Durham
North West	Blackpool, Flyde and Wyre Hospitals NHS Foundation Trust
Yorks & Humber	Hull and East Yorkshire Hospitals NHS Trust
	Rotherham NHS Foundation Trust
	The Leeds Teaching Hospital NHS Trust
	Leeds Partnership NHS Foundation Trust
	NHS Doncaster
East Midlands	East Midlands SHA
	University Hospitals of Leicester NHS Trust
	East Midlands Ambulance Service NHS Trust
West Midlands	North Staffordshire Combined Healthcare NHS Trust
	Wolverhampton City PCT
East of England	NHS East of England
	Bedfordshire and Luton Mental Health and Social Care Partnership NHS Trust
Arms length bodies	NHS Connecting for Health
	NHS Direct

The approach in practice

Just as **Living our Local Values** was different in the way it was created and planned, it was different in the way it was executed. The principles that the NHS Institute tried to build in at the start were followed through in practice.

Applying co-design and co-development to the research
Co-design means developing solutions side-by-side with deep creative input from those very organisations that will carry those solutions forward. The NHS Institute has always involved the service in creating its products, but usually to test products already created. Co-design enables a much richer contribution from the service: in the case of **Living our Local Values**, it was a live and meaningful principle behind everything that happened.

The benefits of co-design are clear. It helps to ensure the final product meets the needs of the organisations who will be using it. But it can also save time. In classic design processes, the team research and put something together and then go out and test it. The process can be lengthy. Co-design means the process of researching, designing and the first phase of testing all happen simultaneously. But it's not without challenge. As Maurice Biriotti of SHM said, *"The co-design process offers compelling benefits. However, it does pose some practical challenges. For one thing, the problem of orchestrating meetings with large, diverse groups. And another, it can raise questions about ownership and follow-through of ideas."*

The principles of co-design were maintained through the ways the team worked. The Field Test Sites were recruited before any other external team members, and they sat alongside the NHS Institute team to interview the shortlisted consultancy partners. Significant time was invested at the beginning of the project to get to know each other, and to learn to trust. As the work got started, the principle that every voice was equal was strictly adhered to. Not everyone was expected to attend every meeting but the team worked as a group to resolve issues and answer questions. Absent team members were given the opportunity to comment on the elements that they weren't involved in. Although the team leader was clearly leading the project, it didn't mean their opinion was more important than anyone else's. The team tried to appoint different Chairs for each meeting, helping to build the sense of equality. Individual team members accepted that that their opinions would always be heard and considered but not always acted upon.

The Values Development Resource itself was also co-designed, in the planning, development and writing stages. The team ran workshops within each of the FTS where staff designed approaches for supporting values living. Sometimes, staff were presented with approaches used within other organisations and asked to develop and refine them for use within the NHS. Although the

team knew it was important to start a project with an open mind, it also recognised that starting with a completely blank piece of paper can be difficult. They therefore often used 'straw man' documents to discuss and edit together. This drafting process meant that team members had to learn not to feel protective or precious about work, but be open to changes and willing to be challenged in conversation.

During the third phase of work, where the Values Development Resources were introduced to a wider range of NHS organisations, the co-design approach was maintained. Dedicated time was given at the Accelerated Change Events for staff to look at draft documents and discuss what aspects of the documents worked and which areas need to be improved. The opportunity to feedback was given to all Learning Partners, even those who could not attend the ACE, through a WebEx where feedback was facilitated. Crucially, this was not just consultation as a 'tick box' exercise: following the feedback, the team completely reworked some of the documents. The commitment to co-design was continued right until the end of the project. The team ran a final review session with the FTS where they asked them to reflect on their values journey, collected their views on what worked well and what didn't, and identified 'pearls of wisdom' that were later shared with the Learning Partners.

Creating a Social Movement for change
Like co-design, Social Movement approaches were embedded in everything the team did.

Frame to connect with hearts and minds
'Framing' is a critical aspect of Social Movements. It means describing the movement in such as way that it resonates with ideologies, identities, cultural understandings and provides a 'hook' for the audience. 'Frames' draw attention to the cause, engage a wide audience with facts as well as emotions and provide structure and shape for ideas and arguments – for example, "Services good enough for my family".

The team knew that the framing of values needed to resonate and tap into the emotions and needs of staff at a local level. They worked with the FTS to develop a unique set of frames that reflected the specific organisations' context and culture and were successful in uniting and energising staff. For example, Devon Partnership NHS Trust's powerful frame for their values work - 'Services good enough for my family'- provided an excellent way of uniting and energising staff. However, the team also know that frames are not fixed; they need to develop and change as a project progresses. Constantly re-framing the case for values ensured that the concept of values remained relevant and vibrant as the work progressed and staff became

more values aware. Finally, the team constantly tried to find ways to frame values in such a way that connected with people's hearts as well as their heads. For example, they planned the Accelerated Change Events around very specific themes that connected best with the attendees, providing energising and inspiring discussions as well as those designed to teach and inform. The Values Development Resource was designed in a similar way, aiming to provide content that spoke both to hearts (real life examples and personal stories) and minds (hard data and evidence).

Energise and mobilise

A Social Movement relies on the energy generated from within. One of the best ways to do this is by building momentum from the start and using a pyramid and network-based effect to continuously increase the number of staff engaged and energised.

The team started off with three FTS, which initiated a wide range of local projects within their own organisations. They then involved each SHA, which nominated a Learning Partner. At the Accelerated Change Events the team mobilised these 22 Learning Partners who, in turn, started initiatives in their local organisations.

3
FTS

FTS
local
engagement

22
Learning Partners

Learning Partner
local engagement
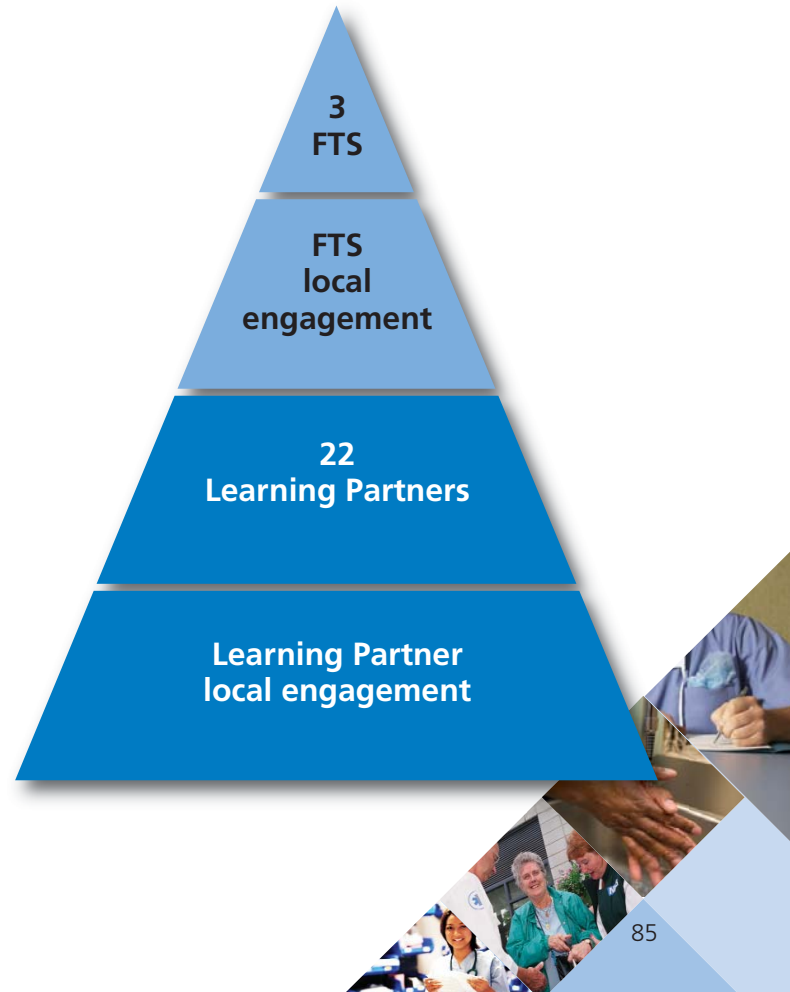
The Learning Partners were selected to create a mix of organisations to understand the different factors that can influence values. The team needed to understand, for example, whether mobilising staff in acute settings was different to mobilising staff in a mental health or PCT environment. Creating a group of Learning Partners which captured those different contexts was a good way to try and answer those questions. Within the FTS they also focussed on different areas: an Emergency Department, a Catering Department, an Occupational Therapy team, an Executive Board.

The engagement process was carefully designed to build momentum. The Accelerated Change Events were spaced over 3 months, with 6 week breaks in between them. This gave the Learning Partners the opportunity to seek commitment at a local level and apply their learning after each event and feedback on useability of the resources at the next.

As Helen Elmore, Associate at the NHS Institute said *"The values work was about engaging and mobilising; we felt very strongly that values are not given as a hand-out. This has been a very different approach."*

Organise for impact

A common misconception when applying Social Movement approaches is that they are unstructured and do not require formal organisation. Effective organisation is important and is a core requirement of any Social Movement-based improvement approach. This does not mean being reliant on traditional top-down, hierarchical methods of organisation; rather it means considering carefully how a project is run and how everyone involved can get the most out of the experience.

The NHS Institute , recognising the need to create an impact throughout the service, made it a priority to connect and engage with leaders within the Learning Partner organisations – clinicians, role models and Board members – so that the values were aligned with the organisation's high level direction and the work became embedded in core strategy. They also recognised the critical role senior leaders have in role-modelling values-living behaviours, and sought their commitment to 'walk the talk' from the outset.

This appeal to leadership was balanced with the commitment to listen to staff at all levels. This was partly achieved through using the principles of co-design. But it was also about making it easy for staff across Learning Partner organisations to get involved. The team created an online forum to share learning, download documents and ask questions. They tried to ensure events fitted within staff members' often busy schedules and offered WebEx sessions which were run to help those unable to attend.

Change as a personal mission

People are often drawn to working in the NHS by their desire to make a difference. This was leveraged when applying Social Movement thinking to **Living our Local Values**, to help people feel personally connected.

The NHS Institute team tried to reinforce this personal connection, for example by reminding Learning Partners of the positive impact values make to the well-being of staff and to a good patient experience. Proven techniques such as 'Listening into Action' were used with the FTS and Learning Partners to help surface issues and values at a personal level. At the Accelerated Change Events, Learning Partners were often asked to share their personal stories, reflect on their own experiences and anchor their insights in personal experiences. At one of the events, postcards were used to invite participants to note down what they were planning to change and why: the team then posted their completed postcard back to them a few weeks later to remind them of their commitment.

Keep forward momentum

In all change programmes it is essential to ensure that the momentum and enthusiasm generated at the outset continues to build and is sustained over time. At the heart of a social movement the cause must be compelling so that the 'collection of committed

individuals' feels they cannot go back or give up. It is critical to build on successful approaches but also to keep all the above principles at the front of peoples' minds and not slip back into old habits that hold them back.

The NHS Institute team used a range of approaches from the beginning to try and make the values project a sustainable one. They built on the expertise within the core team and coached core team members who, in turn, coached the Learning Partners. They ran small group coaching session at the ACEs, inviting Learning Partners to discuss the different elements of the values journey with members of the core team as well as other experts in their field that established a peer-coaching and shared-learning approach.

Building local capability was reinforced through the creation of the forum for Learning Partners to maintain their relationships and activities in the future. The forum enabled Learning Partner teams to be able to download materials (draft documents, cartoons and other useful approaches) that they could use in their own organisation's work on values and share with local colleagues.

The lessons learnt

The power of co-design and co-invention

"Co-design is not the same as consultation. It's all about getting the best out of different people's knowledge, skills and ingenuity", suggests Maurice Biriotti from consultancy partners SHM. *"Those with whom we collaborated on the design of the values development resource were experienced NHS professionals working within the field test sites. This meant that all of that experience and expertise went right to the heart of the design process. In the Accelerated Change Events, our audience were also our learning partners, and, ultimately, our customers. When you put all that together, you have got a really powerful way of getting to solutions quickly that are likely to be really successful."*

Extending the co-designing process to the Learning Partners helped. The engagement could not be as intensive as it had been with the Field Test Sites, but the team needed to gather meaningful feedback from the partners in a short space of time within a co-design environment.

"We knew the more people's views we gathered from across the NHS in developing our resources, the better they would be" said Phil Allen from PA Consulting.

Sarah Frazer from Devon Partnership Trust, said: *"It was a partnership. We were involved from the start and had a say in who we wanted to work with. It meant we were able to use our own values.*

"We helped co-design the early process: we have been involved in the driving process and recruitment of the two agencies. It meant we were able to use our own values in terms of that whole process and unanimously agreed PA and SHM were the ones to work with.

"We haven't felt 'talked down' to; we felt part of the whole process. There have been times that if we had been involved in a discussion a bit earlier on, it might have helped. But we have always been able to change what's possible and what's not possible from our own particular view."

The value of building equal and openly challenging relationships

Taking the time at the beginning of the project to enable everyone to get to know one another pays off. It helped to build a positive environment and a 'no-blame' culture in which partners can express opinions honestly and push themselves creatively without fear of ridicule or reprisal. Those open and honest discussions enable real innovation to grow.

The **Living our Local Values** team worked hard to try and strip away some of the professional barriers: in the first few weeks of the work, the whole team sat and talked about their individual values and how they had been shaped. They agreed a common set of values to guide the work, helping the individuals to connect emotionally, not only to the principles of the work, but with each other to create a safe environment in which to exchange honest opinion and ideas. This continued as the work developed. Each meeting started with a relaxed agenda. The role of Chair was regularly rotated to help build a sense of balance and diversity of perspective into the intellectual leadership of the project.

All the team members knew they were equal partners. Individuals accepted that their opinions would always be considered but not always acted upon. Every partner was involved in a different way across the whole project so as to maximise the benefit of different partners' capabilities, interests and energy.

"The way the NHS is often perceived does mean there's an element of people feeling they can't raise their heads but we have all been able to be very open and honest with each other and that's how I felt from day one. Sometimes I felt I was too challenging but I was encouraged to challenge," added Sarah Frazer.

Sophia Brunt is a training advisor in Torbay Care Trust and has an active role in engaging staff. She said: *"It's been a completely new way of working. We have got different ways of interacting with each other and it's been a good working process. The NHS Institute team has really encouraged people to say what they thought."*

Peter Colclough, Chief Executive of Torbay Care Trust said: *"The things we wanted to be judged by are our standards of openness, honesty and respect for individuals and, above all, the compassion with which people receive the services that we deliver."*

How to align and amplify local action for national improvement

This work taught the team that national effectiveness is driven by local success. When trying to drive improvements across the whole system, engaging local organisations is no longer just a courtesy, it is an imperative. In fact, the most successful improvement initiatives are those that combine top-down vision with bottom-up local action. The team learnt that success lies in creating the conditions for this to happen more systematically.

One of the most powerful ways to achieve this local success is by working with the emotions and energy of the NHS staff. Most NHS staff join because they are deeply committed to the NHS's vision and aims. Inspiring improvement is about releasing and galvanising the positive energy, passion and drive of the NHS's best resource – its people.

As Liz Carter said, *"We felt you can't just run a series of workshops and give a toolkit – it's much more about how we connect with people on an emotional level."*

There are certain techniques that the team used to tap into this energy – but it was as much about a way of working, a sense of mutual respect for the people you are working with, that enabled the energy to grow and continue, even once the project was over

Barbara Peddie, from Poole Hospital Foundation Trust, said: *"This has been a cathartic experience – in my 28 years in the NHS, I have never heard people talk with such passion and openness about how they felt."*

The value of values
Stories from the values team

The NHS Institute for Innovation and Improvement has been working with three Field Test Sites (FTS) to develop the resources in this book: Poole Hospital NHS Foundation Trust (PHFT), Devon Partnership NHS Trust (DPT), and Torbay Care Trust (TCT). All sit within the South West Strategic Health Authority area.

Although each organisation was advanced in its thinking about values, each one was starting from a slightly different place and had different things they wanted to achieve by embedding their local values.

annex d

Field Test Sites Case Studies

Here are the stories from our three FTS, as told in their own words:

Torbay Care Trust

TCT is the only integrated community health and adult social care organisation in the South West. We were set up in December 2005, when social care teams from Torbay Council joined community health colleagues in the new NHS Trust. As an NHS organisation we were facing some very specific challenges with half our staff from a health background and half from social care, spread over 40 different sites.

As part of the *Living our Local Values* programme, we wanted to explore how values can stabilise and maintain our culture as it moves from a period of significant change, following the formation of the Care Trust in December 2005, into one of 'steady state' operation. When we found out that more than 50% of our patient complaints were about our professional attitude rather than practice, we were even more interested in engaging with our values.

We decided to refresh our values (which sat in our 'Staff Charter') and wanted to use the NHS-wide values as a good benchmark. We planned to use the findings to inform our policy and support our HR Strategy (called Our People) that we had been working on for some time.

We were really cautious at the beginning about starting a values development process that simply generated the same kinds of things that already featured in our Staff Charter. We decided to use the NHS-wide values to help provide some new thinking – but we also wanted to involve our staff to engage with and reflect on the organisation's values and how much they aligned with their personal values.

We wanted to keep it simple and focussed our effort on running a series of 'Listening into Action' workshops. We ran sessions with different groups ranging from the Professional Executive Committee, to nurses and general hospital staff, managers at different levels, administrators and officers. Through this process managed to engage about 10% of our people from across the Trust.

The workshops tried to establish from staff the behaviour that they felt best embody the NHS-wide values, and surface examples of instances when staff felt that they were really living those values in their own practice. The workshops concluded with a discussion about how staff felt non-values-living behaviour should be tackled. This was an open discussion. It was in this discussion that staff talked about the idea of using an 'egg timer' to create a moment in which they could "leave roles and titles at the door" to hold colleagues – even more senior then them - to account for their non-values-living behaviour (an aspect of values our senior team was very interested in exploring).

We now routinely run staff engagement sessions asking staff what are we doing well, what we are not doing so well and how things can be improved. It proved to be important to celebrate success, collect compelling stories, and reinforce exemplary behaviour. We even introduced values-related awards. I would say one of the key learnings was to keep it simple. Initiatives like 'Listening into Action' work best when they are structured around 3-4 simple questions.

In running the workshops we also realised that the process of arriving at a set of values is as important as the end product. The conversation between staff, patients and the public was incredibly valuable its own right in terms of the way that the process brings the values to life for people.

Once the workshops were completed, we published the outcomes and an action plan and began to implement the changes. We completely revised our recruitment process, identified budget to back-fill staff that are going on training courses, and we are currently developing a more informal approach to tackling bad behaviours early without having to escalate issues further.

Our new HR strategy, *Our people strategy*, takes values seriously and reflects lived values throughout.

I was initially a bit concerned about whether our people would be cynical about engaging with surfacing our values and was pleasantly surprised by the enthusiasm and energy that people invested coming along to our workshops. This was clearly something that they were passionate about and wanted to be engaged with. The overall programme has been very well received; we are now planning a roll-out across the whole organisation.

Martin Ringrose

As part of the Living our Local Values TCT undertook the following activities:

Aim of the process	Approach	Who we engaged
Exploring how to build engagement around the NHS-wide values	'Listening into action'-based facilitated workshops	Professional Executive Committee (PEC)
Exploring how to build engagement around the NHS-wide values and co-develop tools/approaches for addressing non-values-living behaviours	'Listening into action'-based facilitated workshops	Admin team, HR and L&D team, Middle Managers, Hospital staff
Further exploring how we can tackle non values-living behaviour	Communication/dialogue – e-mail and letter-based	All Managers

Poole Hospital NHS Foundation Trust

PHFT is an acute general hospital with 789 beds and is the major trauma centre for East Dorset. We provide a range of district hospital care and a number of core services for a wide catchment area.

For the last 12 years we have had what we believe is a unique philosophy called 'The Poole Approach' which defines the way we work together and treat our patients.

Going for Foundation Trust status in late 2007, helped us to put the Poole Approach at the top of the agenda. We held a series of meetings with a wide range of staff to refresh the Poole Approach and help ensure it remained relevant and important. Becoming an FTS for 'Living our local values' was a catalyst to developing and promoting our values further.

We decided we wanted to reflect on and learn from concrete examples of moments when Trust staff had worked together and 'lived the values' of the Poole Approach (either implicitly or explicitly). One of those key moments was the work on infection control in 2008 when staff at all levels pulled together to ensure that we achieved and maintained high standards to help ensure

the safety and well being of patients. We had also undertaken 'Listening into Action' events (Staff Conversations) with several groups, to identify and tackle problems that were hampering the delivery of high quality care. We wanted to try and understand the 'magic' in these events, campaigns and improvements in order to recreate these conditions in other areas.

We also ran a facilitated event with our HR Directorate, structured around the use of the Diagnostic Tool, to help colleagues decide how the team's values could be better aligned with the Poole Approach. We worked with groups across the Hospital to identify and distil insights from successful moments and the changes and improvements that they were delivering. This included learning about how our Catering Department consistently delivers excellent services despite a workforce that has a relatively high level of turnover.

We discussed the work being done in our Emergency Department to understand and further improve the patient experience. We ran the Diagnostic Tool with the Executive Directors, and then with some of the Surgical Care Group's Management Team.

Talking to staff about what is important to them, what helps them in their work and in their interactions with patients and colleagues, and what hinders them, can bring out a wealth of insight and information and can be highly motivating for everyone concerned. Staff at all levels demonstrated how strongly they felt about their personal values and those of the organisation, and had tremendous ideas about what could be done to improve services, communication, decision-making, use of resources and leadership. The emphasis on living the values rather than being just aware of them, brought out fantastic examples of excellence and highlighted some previously less well-known problems.

Living our values, and using and developing tools to identify, promote and encourage them, is now an integral part of the Trust's Communications Strategy and is becoming more widespread as a way of engaging with each other and supporting changes. Values are vital, especially when times are hard. I personally have found the experience to be inspirational, especially when we can showcase brilliant work done by our staff and how people tackle problems with courage and creativity.

Barbara Peddie

As part of the Living our Local Values PHFT undertook the following activities:

Aim of the process	Approach	Who we engaged
To maintain our 'Listening into Action' process combined with social movement concepts to identify and tackle issues and problems with staff groups.	Staff conversations	Matron of surgical clinical care group
To use the diagnostic to surface areas of emphasis for more detailed exploration in the whole-HR directorate session below.	Diagnostic self- administered (then followed up via interview-based discussion)	Acting Head of HR
To surface insights into what galvanised the Trust around its Control of Infection work, and extract transferable lessons learned.	Structured questionnaire administered in a 20-minute slot within an existing meeting	Nursing and Midwifery Executive Group

Aim of the process	Approach	Who we engaged
To establish the extent to which the diagnostic identifies priority areas in living our values that could be addressed by values development tools (particular emphasis on *organisational processes and how we behave with each other*).	Diagnostic administered in a workshop setting	HR Directorate
To establish the extent to which the diagnostic is effective in identifying, celebrating and supporting values-living leadership, tools/approaches to ensure high standards in service delivery	Diagnostic administered via one-on-one interview	Head of Catering Department Care group management team
To establish the extent to which the diagnostic identifies priority areas that could be addressed by use of values development tools (particular emphasis on *leadership and decision-making*).	Diagnostic administered in a group setting as part of an existing Executive Directors meeting	Executive Directors
To explore the feasibility and potential effectiveness of specific values-living tools in a challenging environment.	Small group interview	Emergency Department

Devon Partnership NHS Trust

DPT provides mental health and learning disability services across the county, working closely with other health and social care providers and serving a large geographical area with a population of 850,000 people.

Over the last few years, we have identified key themes that underpin our efforts to improve our services and have worked with people who use our services and staff to define our values. As part of our team effectiveness and coaching philosophy, our Clinical Cabinet has a very non traditional approach to working, using small project groups and team work to inform the Trust agenda. Visitors are actively encouraged, and time is set aside to listen to and share experiences from service users and carers as well as involving them in key decisions and developments

As part of the national consultation on the NHS constitution, we mapped our own values against the NHS-wide set. Underpinned by our commitment to put recovery at the heart of what we do and the core values of the Trust, we adapted: 'the Trust aims to provide care and treatment that is good enough for my family' as our guiding principle for our 2009/12 strategy.

Our involvement in the Living our Local Values project progressed naturally from the work already taking place. Through the project we were keen to investigate further the relationship between the emerging values and existing ones, bringing values to life and demonstrating how they impact on and reflect our behaviour and underpin the delivery of high quality patient care.

For the duration of the project we have been able to focus on what service 'good enough for my family' means for our staff. We have done this through a storytelling approach which aims to surface concrete examples of moments when staff felt that they have witnessed or done something really well.

The workshop with the Clinical Cabinet enabled us to use the Diagnostic Tool looking at leadership, decision making, communication and how we behave with each other and our patients. This helped us to identify the conditions we need to create to enable values -living behaviour, and it generated passionate debate and discussion.

In workshops with staff, service users and carers, when individuals were encouraged to talk about their own both positive and negative experiences, it helped us understand the impact of values on the organisation, resulting in a renewed focus on values in practice.

The recent staff work on values complements work we are already doing that looks at the impact of behaviour and how people experience our care. These initiatives include working in partnership with people who use our services as part of the 'in my shoes' training programme. Here we use real case stories to highlight the need for staff to think about how behaviour and actions impact both positively and negatively on others. Another example, linked to our recovery principles, is the work of two of our clinicians in demonstrating the importance of language and communication through 'recovery based report-writing', which seeks to focus on hope and recovery outcomes, and on the whole person rather than the condition. This and other initiatives are already established but this project has helped us to bring them to the wider audience, develop a consistent approach and harvest the success.

We found that it is important to bring staff along with you on your values journey, and involve them from the very beginning. Across all our values work we have sought to recognise and affirm existing 'positive' behaviours rather than just diagnose and challenge 'negative' behaviours. We aim to do this through our daily interactions.

It is a long journey and any cultural change takes time, but we hope the benefits of our approach are starting to change the experiences of our staff, people who use our services, carers and our partners.

Sarah Frazer

As part of the Living our Local Values DPT undertook the following activities:

Aim of the process	Approach	Who we engaged
To use the diagnostic to surface areas of emphasis for more detailed exploration in the Clinical Cabinet session below.	Diagnostic self- administered	Assistant Director of Organisational Development
Exploring how to surface values-living tools and approaches; and how to build grass-roots engagement for the idea of 'Services good enough for my family'.	Whole team workshop using self-reflection and storytelling ('guided narrative' approach)	Occupational Therapy team
Testing the extent to which the diagnostic tool helps clinical leaders to identify the things they need to do to create the conditions to enable values-living behaviour and leadership throughout the organisation.	Diagnostic administered in a group setting as part of an existing Clinical Cabinet meeting.	Clinical Cabinet

Aim of the process	Approach	Who we engaged
Talked to service users and about the impact of values in order to understand the patient voice.	Group discussion, using aspects of the diagnostic, developed case study as a video	Devon People First
Discussed the NHS-wide values and the relationship with the local values	Experienced narrative approach	Local Action Group (Service users and carers)
To create ongoing discussion and debate on our values though Clinical Cabinet and other forums, including local conferences.	Group discussions and reflection	Clinical Cabinet Recovery conference

FTS Learning Log

Being FTS for the *Living our Local Values* project gave the three trusts the opportunity to fast-track some of the values work. At the end of the project we asked them to share the key lessons and insights they would wish to share with organisations embracing the values journey. We wanted to know what worked well, where they experienced challenges and what information they would want to give others: their 'pearls of wisdom'.

Through the project we identified four key areas within a value journey, and collected the feedback from our field test sites for each of these areas:

• Convincing people of the value of values

• Surfacing/Refreshing your values

• Using the diagnostic to work out where improvements should be made

• Embedding values/making improvements

"You have to be genuine and believe in living your local values otherwise people see right though you."
(TCT)

"Promise people that this is not just another initiative but will stay over time."
(TCT)

"Use every opportunity to bring values into conversations, meetings and forums to help embed them."
(PHFT)

"You can catch more bees with honey than with vinegar' - celebrate good practise rather than criticise bad."
(TCT)

Convincing people of the value of values

What worked well at the FTS
Getting started
- Having commitment from the top - Chief Executive and senior leadership

Making the business case
- Linking values back to complaints and other problems that have to be tackled
- Having examples of impact and consequences of non values-living behaviours (sickness, grievance, complaints) on the bottom line

Connect to existing initiatives
- Build on existing organisational values (use as springboard e.g. Poole approach)
- Having key drivers / issues that motivate people

Making values real
- Linking values back to real life stories and experience (through the use of narrative)
- Getting people to talk about their own personal values

Challenges you might come across
Business case
- Getting commitment across the organisation
- Having the capacity to run programme (dedicated person and time)
- Getting leaders to see beyond targets
- Discussion on how to measure an improvement in values-lived behaviour

Getting real commitment
- Making sure it is not seen as a tick-box routine
- Framing values for different audiences
- It is often hard to acknowledge that everyone needs to work on values and rethink all what we say and do

Pearls of wisdom
- Balance impact of behaviour on customer experience - complaints, bottom line
- Understand the impact of non values-living behaviour
- Align values work with performance / strategic goals of the organisation
- Values have to come from within
- Build on success and celebrate values-living behaviours
- Trust each other and be open and honest about how things are

Surfacing/Refreshing your values

What worked well at the FTS

Acknowledge what is already there
- Celebrating values living behaviour
- Use the NHS-wide values to start the conversation, generate discussion, debate - link to organisational values
- Link new values conversations back to existing values
- Find a organisational leaver - FT application

Understand what matters to staff
- Using the Listening into Action methodology
- Getting people to talk about their own personal values

Challenges you might come across

Bringing it all together
- Getting clarity on the different set of values- professional, organisational and personal and how to bring them together
- Harnessing enthusiasm and opening the flood gates

Being true to values from the start
- Getting values out there in the open can create the need to reconsider other plans and decisions

Pearls of wisdom
- Highjack existing meetings and get values on the agenda
- Use language that everybody understands
- Keep it simple!

"Having clarity and consistency of values is really important."
(DPT)

Using the diagnostic, working out where improvements should be made

What worked well at the FTS

Using the diagnostic as a starting point to
- Trigger further questions
- Start a conversation on values

Identifying key priorities
- Engaging people to think about different areas
- Enabling discussion and getting deep down into real issues

Flexible approach to using the tool
- Using different groups to look at different elements, but having all look at 'How we behave with each other'

Challenges you might come across

Trying to do too much
- It can be overwhelming if you think you have to do it all at once
- You need to have your values agreed before you use the tool

Making sense of all areas
- Convince people to consider some of the areas in the diagnostic
  Might seem very complex to some

Pearls of wisdom
- The diagnostic can work even if you just use one element of it
- Don't see this as a measurement tool
- Doing aspects of the diagnostic gets you into the mindset of asking questions, we often don't ask enough?

"By going through this we have been able to embed the concepts of 'true values', without the processes we might have missed some areas."
(TCT)

"The diagnostic tool is a great frame to have a conversation. "
(PHFT)

Embedding your values across the organisation

What worked well at the FTS

Reinforcing values-living behaviour
- Having champions within your organisation
- Celebrate good news day to day
- Pick one thing and then build momentum around this
- Sharing stories of value-living behaviour

Presence of senior leaders
- Visibility of senior leaders (e.g. ad-hoc drop in rather than scheduled meeting,
- Introduce shadowing and invite staff to senior meetings
- Role modelling by CEO and senior team

Introduce values in everything you do
- Raising the subject of values when talking about problems and plans
- Linking values to the organisational agenda

Giving it the right support
- Having 'buy in' from the CEO and senior leaders but also having someone to make it happen
- Using social movement principles

> "Having clarity and consistency of values is really important."
> (DPT)

Challenges you might come across

Expecting too much too fast
- Dedicating time to take work forward
- Finding the appropriate forum to be heard - timeliness

Challenging behaviour
- People don't like to be told how to behave
- Having the confidence to challenge non value-living behaviour regardless of hierarchy
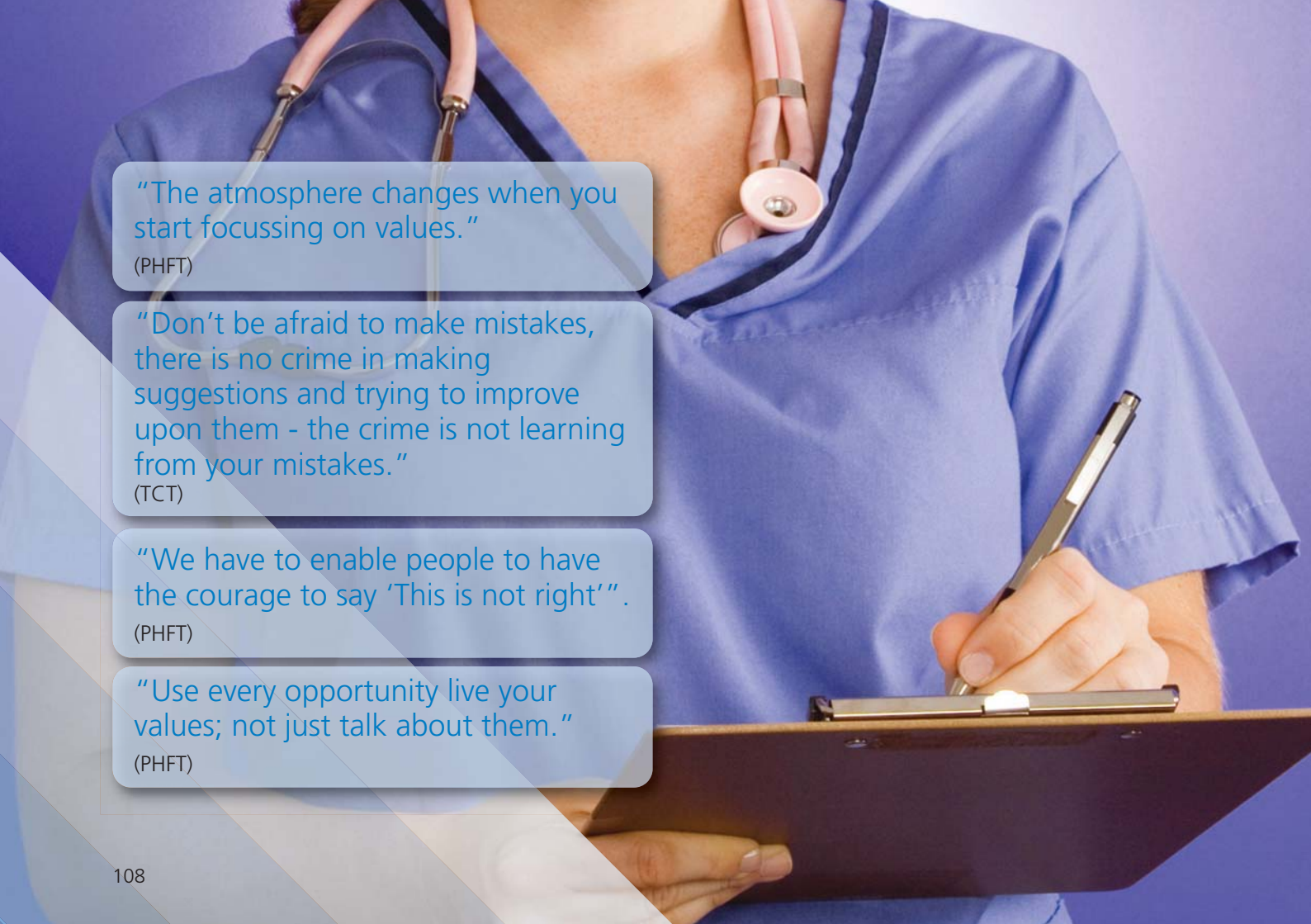
Appling values to everything
- Working with partners - having shared values with them and getting alignment

Pearls of wisdom
- Living values is a continuous process
- Build on success stories that you can celebrate and build momentum around them
- Values relate to culture and need to be passionately supported
- Values need to be owned at every level of organisation (not just by one department)
- Take the time to explore areas in the organisation that aren't living the values and find out why this is
- Have a supported process on how to challenge non values-living behaviour
- Link impact of behaviours back to values and frame the impact of behaviours to the audience

"The atmosphere changes when you start focussing on values."
(PHFT)

"Don't be afraid to make mistakes, there is no crime in making suggestions and trying to improve upon them - the crime is not learning from your mistakes."
(TCT)

"We have to enable people to have the courage to say 'This is not right'".
(PHFT)

"Use every opportunity live your values; not just talk about them."
(PHFT)

The value of values

List of Learning Partners

annex e

SHA	Organisation
London	• King's College Hospitals NHS Foundation Trust
South East Coast	• The Royal Surrey County Hospital
South West	• Salisbury NHS Foundation Trust
South Central	• Hampshire Partnership NHS Foundation Trust
North East	• Tees, Esk & Wear Valleys NHS Foundation Trust • Northumberland, Tyne and Wear NHS Trust • NHS County Durham
North West	• Blackpool, Flyde and Wyre Hospitals NHS Foundation Trust
Yorks & Humber	• Hull and East Yorkshire Hospitals NHS Trust • Rotherham NHS Foundation Trust • The Leeds Teaching Hospital NHS Trust • Leeds Partnership NHS Foundation Trust • NHS Doncaster

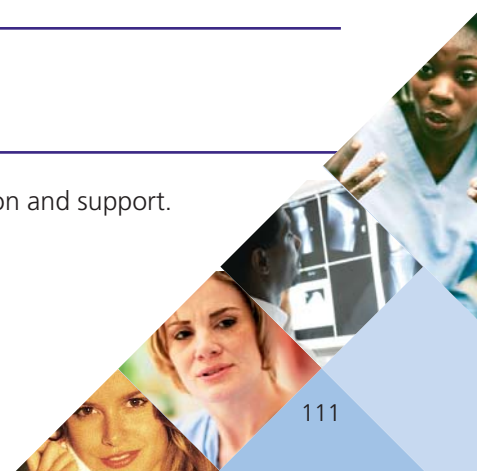| SHA	Organisation
East Midlands	• East Midlands SHA
	• University Hospitals of Leicester NHS Trust
	• East Midlands Ambulance Service NHS Trust
West Midlands	• North Staffordshire Combined Healthcare NHS Trust
	• Wolverhampton City PCT
East of England	• NHS East of England
	• Bedfordshire and Luton Mental Health and Social Care Partnership NHS Trust
Arms length bodies	• NHS Connecting for Health
	• NHS Direct

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Getting started

Defining or refreshing our values

How we communicate

Our organisational processes

Our decision making

Our leadership

How we behave with each other

How we behave with our patients

How we behave with our partners

The value of values

How to assess impact

Living our Local Values - The value of values

To find out more e-mail:
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www.institute.nhs.uk/values