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Cardiff and Vale
University Health Board

VALUES-BASED RECRUITMENT

Recruiting a workforce with the right skills, in the right numbers with the right values

This document has been developed for recruiting managers. It provides guidance and information on preparing for the interview, the interview structure and questions to be used during the values based interview. This document contains the following key appendices, which need to be used in conjunction with this guidance;

Appendix 1 - Candidate Interview record; please select your chosen questions from the drop down lists contained within this document – you will need to print enough copies for each candidate for each panel member.

Appendix 2 – STARR Model

Appendix 3 - VBR Situational Judgement Test questions



What is Values Based Recruitment (VBR)?

Values Based Recruitment (VBR) is an approach which attracts and selects students, trainees or employees on the basis that their individual values and behaviours align with the values of Cardiff & Vale UHB.

It is about enhancing existing processes to ensure that we recruit the right workforce not only with the right skills and in the right numbers, but with the right values to support effective team working and excellent patient care and experience.

The key outcome from the process is to attract a candidate who is technically skilled, has appropriate experience, who shares our values and has a desire to do the job.



What is Values Based Interviewing?

The values based interview incorporates the values throughout the entire interview. It focuses on how and why the candidate has made certain choices in their work, evaluating using the UHBs values and behaviours. The process includes a series of questions as follows;

- Opening question - to put the candidate at ease
- 'Behavioural Event Interview'* (BEI) questions to find out how people have behaved and what motives or values they demonstrated in the past (this is often a good predictor of future behaviour, values and performance)
- 'Situational Judgement Test'* (SJT) questions use a scenario to test how a candidate would behave in a given situation. There are 7 probing questions used here which will help to understand a candidates values
- Role specific questions – for the recruiting manager to choose as appropriate
- Closing questions – to draw the interview to a close and allow the candidate to include anything they may have missed.

**The BEI and SJT questions were developed by staff across different disciplines, grades and departments within Cardiff & Vale UHB*

Values Based Interview - Interview Preparation Checklist

Information for panel members;

1. Before the interviews - do you have?

- 'Success profile' for the role (as a minimum the 'who am I' values / behaviours)
- Job Description/ Person Specification
- Applicants' CVs and applications
- STARR reminder chart
- Values and behaviours framework

2. Final Preparation Check:

- Have I got all the tools in the interview tools checklist (above)?
- Have I considered whether I have time to complete a full interview (approx. 45/50 mins) or a condensed interview (approx. 25/30 mins)?
- Have I agreed the questions and assigned questions to each of the panel members?
- Have we all reviewed the applicant's CVs/applications?
- Are all mobile phones turned to silent?
- Remind yourself and talk with the other panel members about any biases "in the room".

3. During the interview please ensure you:

- Record the candidates responses to the questions and their comments
- Score the candidates responses to the question using the rating scale provided for each question
- Record comments or questions raised by the candidate

Interview Preparation

It is important to give each candidate applying for the same role fair opportunities. We can do this through using a consistent structure and consistent set of questions to our interviews:

1. Interview preparation – identify the behaviours you're looking for in the candidate
2. Welcome – put the interviewee at ease, set out how you will hold the interview
3. Opening questions – give the candidate an opportunity to talk / compose themselves – 1 question
4. Behavioural Event Interview (BEI) questions – find out how candidates have behaved in the past – ask 2 questions for full interview or 1 for condensed
5. Situational Judgment Tests (SJT) – find out how candidates might behave in the future– ask 2 questions for full interview or 1 for condensed
6. Role-based questions or other mandatory questions – ask 4 questions for full interview or 2 for condensed
7. Closing questions – a chance for final observations
8. General information and checks
9. Evidence review and final score – review whether the candidate is a good or bad 'fit' to our values

You will need to decide whether you will conduct a full interview, which last approximately 45/50 mins or a condensed interview, which lasts approximately 25/30 mins.

Interview preparation: to help establish who/what you are 'looking for'.

The first task is to identify the most important behaviours you are looking for in your candidate – beyond technical skills, experience and knowledge. The four quadrants of our job 'success profiles' ensure that we look at all aspects of the candidate. This values-based recruitment guide focuses on the 'Who am I' quadrant.

This 'Who I am' success profile, developed by our hiring managers can be used as stimulus to identify key behaviours, alongside our Values and Behaviours Framework. Think about the behaviours that are most important for this role; that you want to see evidence of and motivation to do in the future.

Core purpose of the role.....	
Values and Behaviours Who am I?	Experience What I have done?
Competencies What am I capable of?	Knowledge What do I know?

Select the behaviours that you want for this role

Pick just the few behaviours (see framework below) that are the most important for this role, that will differentiate the most exceptional candidates. Write these into the 'who am I' box in the 'success profile' in the candidate interview record (appendix 1).

OUR VALUES	OUR BEHAVIOURS How we are with patients, families, carers and colleagues	
	What we want to see from individuals and teams...	What we don't want to see from individuals and teams...
Kind and caring		
Welcoming	We will smile, be friendly, welcoming, polite and approachable	We will not be abrupt, rude, show aggressive behaviour, shout or bully
Put people at ease	We will put others at ease, be patient, calm and reassuring	We will not ignore people or fail to offer support and we won't leave people scared and anxious
Values other people's time	We will make time for people, consider their needs and make people feel comfortable	We will not be 'too busy', in a rush or say we can't make time for others
Compassionate	We will be kind, compassionate and look out for others	We will not make people feel stupid, belittled or treat people as an inconvenience
Respectful		
Understanding	We will put ourselves 'in other people's shoes' and show empathy and understanding	There will be no hierarchy, no egos, no lack of understanding for other's needs
Attentive and helpful	We will be helpful and attentive to the needs of others, protect people's dignity and respect people's time	There will be no poor planning and inefficiency, we will not waste people's time or keep people waiting
Respectful	We will value everyone as an individual and treat people equally and fairly	We will not put people under pressure or show favouritism, not be unfair or leave people feeling disempowered
Appreciative	We will recognise people's strengths, say thank you and celebrate success, empower and bring out the best in others	We will not blame and criticise or make judgments or assumptions. We will not take people for granted or forget to say 'thank you'
Trust and integrity		
Listens	We will take time to listen to and consider other people's views	We will not ignore other people's views or ideas or be dismissive of other's opinions
Clear communication	We will communicate honestly and openly, offer clear explanations, keep people informed and updated	We will not have unclear communication, a lack of transparency or give misleading or contradicting information
Teamwork	We will involve others, work as a team, share information and follow up	We will not make decisions in isolation and fail to communicate with other teams / services
Speaks up	We will seek and give feedback, encourage and support people who speak up	We will not make people feel afraid to speak up and constructively challenge or reject feedback
Personal responsibility		
Positive	We will be enthusiastic, positive, pro-active and have a 'can do' approach	We will not be negative, moan, complain, and we will not 'sit back'
Professional	We will be professional, consistent, a role model and lead by example	We will not be unprofessional, inconsistent or lack pride in our work
Excel	We will take ownership and responsibility for providing a safe and excellent service	We will not pass the buck, say 'it's not my problem' and fail to deliver on our promises
Keeps improving	We will be committed to learning and improving and developing ourselves and others	We will not put up barriers to new ways of learning and doing things

The Interview Structure

During the interview, follow the WASP structure below;

Welcome

Build rapport – offer refreshments / introductions
Explain structure / duration / process
Mention need for note taking

Ask

Agreed number / sequencing / format of questions
Consistency in interview questions & format
Test out and probe agreed focus areas
Active listening & observation / good supportive note taking

Supply

Information about the job, dept, org, reporting lines
Core working arrangements / expectations
Main terms and conditions
Answer any candidate questions

Part

Establish if they are still interested
Explain when / how they will hear from you
Explain any further process
Thank them for coming

Welcome

2. Setting the scene and introductions

Build rapport - offer refreshments

Greeting - led by chair of panel: appreciate their interest in the position and thank them for making the time available to be interviewed.

Introductions - each panel member introduces themselves and their role briefly.

Short introduction on the role being interviewed

Interview Process - Chair will explain that the panel will be asking about specific past experiences which relate to the requirements of the job; possibly asking hypothetical questions, taking notes (and they can too if they wish).

Give the order of the interview

Explain the structure/process of the interview and what the candidate can expect from the next 25-50 minutes (or length of interview) and that we will:

- ask questions for about 25/30 minutes (condensed interview) or 45/50 minutes (full interview)
- make time at the end for questions of the panel

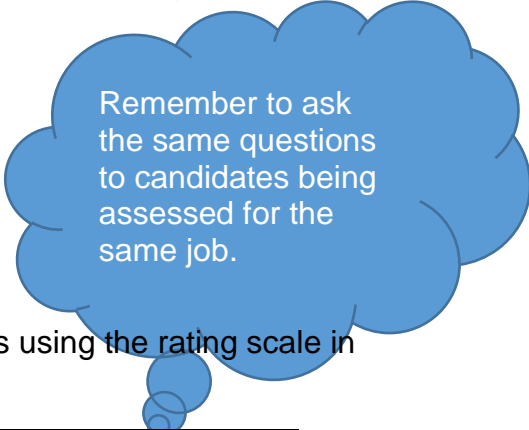
Check candidate has no questions? Proceed.

Ask

3. Opening question:

Choose ONE of the following questions - ask the candidate their question, evaluate and score candidates using the rating scale in the candidate interview record (appendix 1).

1. Why are you interested in this role?	2. What energises / motivates or demotivates you at work?
3. Why do you think you are a good match to this role?	4. Describe your most satisfying work experience?
5. What gives you the greatest / least satisfaction at work?	6. What does success mean to you?
7. What makes a good / successful / rewarding day for you?	8. What is important to you when looking at a new role?
9. In what kind of team do you work at your best?	10. What have you done that you are most proud of?



Remember to ask the same questions to candidates being assessed for the same job.

4. Behavioural event interview (BEI) questions:

Choose ONE (condensed interview) or TWO (full interview) of the following questions (depending on length of interview), which you believe will best help you to evaluate the behaviours you have identified as being important for the role – select the chosen questions in the relevant section in the candidate interview record (appendix 1). Use the STARR model, overleaf, to probe and remember to ask all of the STARR questions for all candidates.

To help the candidates during the interview, you can print a copy of the STARR model (appendix 2) to put in front of them and inform them that you will prompt them with the question and they can structure their answers around this model.

“Please tell me about a time at work when...”	
KIND AND CARING	RESPECTFUL
<ol style="list-style-type: none"> 1. You demonstrated kindness towards a colleague 2. You were compassionate in a difficult situation 3. You helped someone who felt anxious or scared 4. You had competing priorities when someone needed help 5. You did something that made a colleague smile 6. You put someone at ease 7. You noticed a colleague who was struggling at work 8. You made time for one of your colleagues / a patient 9. You protected someone's dignity 10. You found it hard to be kind 	<ol style="list-style-type: none"> 1. You showed respect to someone of another culture 2. You witnessed someone being treated disrespectfully 3. You put yourself in someone else's shoes 4. You put someone else's needs above your own 5. You remained positive and respectful under pressure 6. You showed appreciation to someone in your team 7. You showed empathy 8. You helped someone even when you were under time pressure yourself 9. You found it difficult to be positive at work 10. You motivated someone who was feeling demotivated
TRUST and INTEGRITY	PERSONAL RESPONSIBILITY
<ol style="list-style-type: none"> 1. You felt you didn't have the support you needed at work 2. You worked well as part of an effective team 3. You spoke up for somebody 4. You pulled together as a team to deliver a piece of work 5. You had to communicate a difficult message 6. You felt valued / appreciated 7. You noticed someone behaving unprofessionally 8. You were actively listening 9. You have given sensitive feedback to someone 10. You had difficulty communicating with someone 	<ol style="list-style-type: none"> 1. You were influenced by some-one who was a role model 2. You showed professionalism 3. You had to give someone feedback about their behaviour 4. You witnessed something you didn't agree with 5. You spotted something that compromised safety 6. You shared your learning 7. You had an improvement idea 8. You inspired someone 9. You have used feedback to improve your performance 10. You didn't keep a promise

STARR Probing Model

Probe the candidate's response using the STARR model. Use the same probing questions for all candidates. Score candidates using the criteria in the Candidate Interview Record (appendix 1). Remember to ask all of these questions, even if the candidate touches on them in their initial answer, to secure 'more detail'.



5. Situational judgment test (SJT)

Choose ONE or TWO of the following questions (depending on length of interview); select an appropriate scenario or two, see appendix 3, and ask the following 7 questions around the chosen scenario. Select the chosen scenario, evaluate and score using the candidate interview record (appendix 1). Please note you can use existing scenarios or develop your own if more relevant and appropriate.

1. What are your immediate thoughts and feelings as you read through this scenario?
2. How do you think this sort of situation could arise?
3. What do you believe is the most challenging aspect of this situation?
4. What would you do if you faced this situation? What actions would you take, if any?
5. What do you think the consequences may be for taking these actions?
6. What would be the right thing to do to live up to our values?
7. Describe a similar situation you have faced.....

6. Role Specific Questions

Here is your opportunity to ask your role specific questions. If you are conducting a full interview, the recommendation is to ask 4 questions here or for a condensed interview ask 2, this will ensure an equal weighting across the whole interview. Here, you could also ask a question on Equality (example below). Write in your question, evaluate and score using the candidate interview record (appendix 1).

Equality question examples;

- Can you give an insight into your experience and behaviours that illustrate awareness and appreciation of Equality, Diversity and Inclusion?
- Please tell us about an occasion when you have had to modify a message to take account of the specific needs of the recipient?
- Follow up questions could include "How did you decide what modifications were necessary", How successful were you? What was the outcome?
- What are your experiences of dealing with People who have challenged the idea of equality in terms of who a person is/a person's gender identity or gender expression?

7. Closing questions:

Choose ONE of these questions, asking the same question of all candidates. Select, evaluate and score on the candidate interview record (appendix 1).

1. What would success look like for you in this job?
2. What tends to get done (or not get done) on your 'to do' list?
3. Why do you think you are likely to do well in this role?
4. What qualities do you believe you would bring to our team?
5. What are the biggest adjustments / challenges you believe you would face if you were successful in getting this role?
6. Sum up why you believe you are a good candidate for this role?

Optional additional questions (which are not scored)

1. What would prevent you from accepting an offer if one was made?
2. Are there any final points you would like to make that we have not covered to support your application?
3. Finally. What questions do you have for us?

8. General Information:

Supply

This is your opportunity to supply the candidate with further information about the position, such as;

- Provide information about the job / department / reporting lines etc.
- Explaining particular requirements (ie. Shift / roster) check no issues
- Organisation values etc.
- Answer candidate questions
- All other checks: Computer literacy testing, Driver's Licence

Part

Ensure you confirm the following with the candidate, check they are still interested in the position and thank them for attending;

- Next steps/firming (availability re: start dates etc.)
- Explain pre-employment checks (qualification questions, Health Screening questions)
- Check documents
- Confirm referee details

9. Overall Score

Use the matrix in the back of the candidate interview record (appendix 1) to score the interview, add any additional summary notes, make a recommendation and sign.

Candidate Interview Record

Appendix 1

Role or Position			
Date of Interview			
Candidate Name			
Panel Member			
Core purpose of the role.....			
Values and Behaviours Who am I?		Experience What I have done?	
Competencies What am I capable of?		Knowledge What do I know?	

3. Opening question:

Opening question	Choose an item.
Evidence	
Score (0-3)	

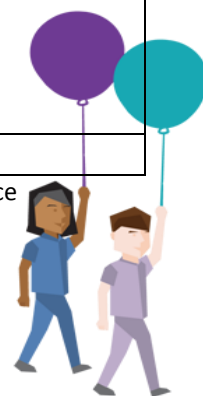
Rating Scale: 1 = No evidence, 2 = Some evidence, 3 = Adequate evidence, 4 = Good evidence, 5 = Strong evidence

Kind and caring
Caredig a gofalgar

Respectful
Dangos parch

Trust and integrity
Ymddiriedaeth ac uniondeb

Personal responsibility
Cyfrifoldeb personol



4a. Behavioural event interview (BEI) question:

BEI question	Tell me about a time when Choose an item.	
Evidence	Choose an item.	Choose an item.
Score (0-5)		

Rating Scale: 1 = No evidence, 2 = Some evidence, 3 = Adequate evidence, 4 = Good evidence, 5 = Strong evidence

4b. Behavioural event interview (BEI) question:

BEI question	Tell me about a time when Choose an item.	
Evidence	Choose an item.	Choose an item.
Score (0-5)		

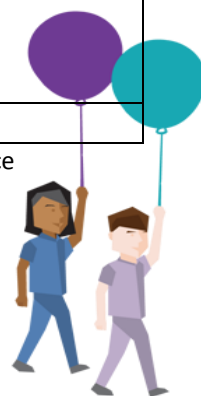
Rating Scale: 1 = No evidence, 2 = Some evidence, 3 = Adequate evidence, 4 = Good evidence, 5 = Strong evidence

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5a Situational judgment test (SJT) question:

SJT question	Choose an item.	
1. What are your immediate thoughts and feelings as you read through this scenario?		
Evidence	Choose an item.	Choose an item.
2. How do you think this sort of situation could arise?		
Evidence	Choose an item.	Choose an item.
3. What do you believe is the most challenging aspect of this situation?		
Evidence	Choose an item.	Choose an item.
4. What would you do if you faced this situation? What actions would you take, if any?		
Evidence	Choose an item.	Choose an item.
5. What do you think the consequence may be for taking these actions?		
Evidence	Choose an item.	Choose an item.
6. What would be the right thing to do to live up to our values?		
Evidence	Choose an item.	Choose an item.
7. Describe a similar situation you have faced.		
Evidence	Choose an item.	Choose an item.
Score (0-5)		

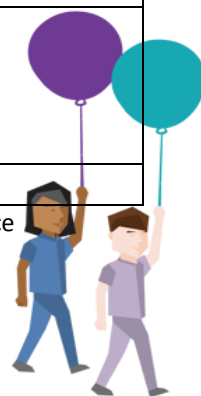
Rating Scale: 1 = No evidence, 2 = Some evidence, 3 = Adequate evidence, 4 = Good evidence, 5 = Strong evidence

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5b Situational judgment test (SJT) question:

SJT question	Choose an item.	
1. What are your immediate thoughts and feelings as you read through this scenario?		
Evidence	Choose an item.	Choose an item.
2. How do you think this sort of situation could arise?		
Evidence	Choose an item.	Choose an item.
3. What do you believe is the most challenging aspect of this situation?		
Evidence	Choose an item.	Choose an item.
4. What would you do if you faced this situation? What actions would you take, if any?		
Evidence	Choose an item.	Choose an item.
5. What do you think the consequence may be for taking these actions?		
Evidence	Choose an item.	Choose an item.
6. What would be the right thing to do to live up to our values?		
Evidence	Choose an item.	Choose an item.
7. Describe a similar situation you have faced.		
Evidence	Choose an item.	Choose an item.
Score (0-5)		

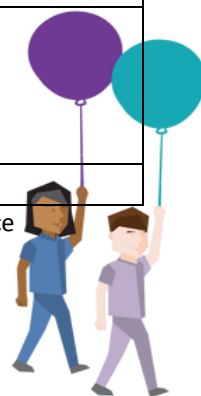
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6. Role specific questions:

Role specific question	
Evidence	
Score (0-5)	

Role specific question	
Evidence	
Score (0-5)	

Role specific question	
Evidence	
Score (0-5)	

Role specific question	
Evidence	
Score (0-5)	

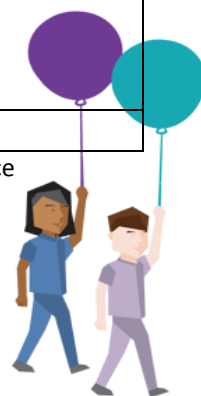
Rating Scale: 1 = No evidence, 2 = Some evidence, 3 = Adequate evidence, 4 = Good evidence, 5 = Strong evidence

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7. Closing questions:

Closing question:	Choose an item.
Evidence	
Score (0-5)	

*Closing question:	Choose an item.
Evidence	
*Not Scored	

Rating Scale: 1 = No evidence, 2 = Some evidence, 3 = Adequate evidence, 4 = Good evidence, 5 = Strong evidence

8. General information:

Part – next step/ firming

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9. Overall Score

Please complete the scoring using the correct column;

Full interview – completed the interview fully asking all questions listed

Condensed interview – asked less questions, but covered all areas

	Full Interview	Condensed Interview
Opening question		
BEI 1		
BEI 2		
SJT 1		
SJT 2		
Role question 1		
Role question 2		
Role question 3		
Role question 4		
Closing question		
Total Score		
Notes		

Recommendation:

Name:

Signature:

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Appendix 2

The STARR Model



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Appendix 3

Situational Judgement Test (SJT) Questions

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Nursing Positions

How could it happen?	Why is it challenging?	What should you do?	What should you not do?
A. You are walking through a reception area which is busy with patients, families and staff. You notice a patient and member of staff talking to each other in ways that you think are rude or even threatening.			
<ul style="list-style-type: none"> Long waiting times Stressed patient or family in a very busy clinic Stressed staff, working under time pressure and looking after a high number of patients Patient doesn't feel listened to, or has not received the response they wanted from the member of staff 	<ul style="list-style-type: none"> It is confrontational Not the staff behaviours we want to see in our hospital Might feel protective towards your colleague Difficult to confront either the patient or the member of staff Other clients / patients might be affected 	<ul style="list-style-type: none"> Assess the situation and understand the context Stay calm yourself – take the heat out of situation If you feel able to deescalate the situation, step in, or find someone else who can help Address patient's issues first Listening is a great way to calm people down 	<ul style="list-style-type: none"> Match the aggression Don't use inflammatory language e.g. 'calm down' Ignore the situation Belittle or undermine the member of staff in front of patients Put yourself at risk or take the patient away without understanding the situation
B. You are preparing a patient who has dementia to go to surgery and they are becoming distressed.			
<ul style="list-style-type: none"> Many of our patients suffer from dementia or delirium The patient may feel rushed The patient may be overwhelmed by noise / how busy the ward is The patient may be confused by unfamiliar faces and voices The patient may not understand why they are in hospital 	<ul style="list-style-type: none"> Pressure of time A distressed patient can cause feelings of distress in the nurse Might not have had full training on how to best work with patients with dementia Unclear on legal terms Concerns about dealing with the family Patient may become physically aggressive 	<ul style="list-style-type: none"> Remain calm and be reassuring Show empathy and compassion Continue to follow safe protocols and procedures Never be physically forceful Ask a colleague for help Let theatres know if the patient might be late Let the family know Document everything 	<ul style="list-style-type: none"> Be forceful Be argumentative or show agitation Soldier on on your own if you need help Fail to document Do anything where you are unsure of the legal requirements

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HCSW Positions

How could it happen?	Why is it challenging?	What should you do?	What should you not do?
A. You are coming to the end of a long shift and you answer a buzzer to a patient who has just been sick all over their bed and floor area.			
<ul style="list-style-type: none"> Patients can be sick at any time Sickness might be a symptom of what they are being treated for Sickness might be a side effect of medication or noro-virus The hospital food might not have agreed with them 	<ul style="list-style-type: none"> It's the end of your shift, you're tired You have a time constraint and need to leave work on time today It's an unpleasant task to deal with and you feel like you've finished for the day May be staff shortages and you are juggling many priorities at once Not nice for other patients It has to be cleaned up immediately for infection control / to maintain the patient's dignity 	<ul style="list-style-type: none"> Be kind and patient to the patient, reassure them they are okay and it's not a problem Ask the patient if they think they will be sick again, provide a tray Inform a qualified member of staff Draw curtains for privacy Clean up the area, wash the patient and change the bed as swiftly as possible Help the patient clean their teeth Document what happened 	<ul style="list-style-type: none"> Walk away and ignore it's happened – let someone else deal with it Not pass the information on to a nurse Show irritation and/or disgust and make them feel embarrassed Poor body language, clean up the area without talking to and reassuring the patient
B. B. During the early part of your shift a normally bubbly patient seems withdrawn. As you offer them a cup of tea they ask you to come closer and say that the ward staff on the previous shift were very rude and uncaring.			
<ul style="list-style-type: none"> It might be TRUE and needs properly investigating The patient may be confused or disorientated due to their medical condition or age They may not be aware of all of the care that's been provided The patient could have misinterpreted a staff reaction to something or there may have been an emergency situation to deal with 	<ul style="list-style-type: none"> No one likes to hear a patient is distressed or feels that they've not been cared for properly Raises concerns that colleagues have done their job properly You are not fully aware of all of the facts so you don't know if the complaint is justified Patients can feel emotional so they need a sensitive response They might now feel you've had the training to fully understand 	<ul style="list-style-type: none"> Stay calm/professional Show concern, be sensitive in what you say. Be neither dismissive or assuming Talk to the patient about raising the concern further for them It is important to involve a more senior person so that a proper investigation can be carried out before a response is provided 	<ul style="list-style-type: none"> Jump to conclusions either way Ignore or dismiss the situation Fail to report the situation Conduct the conversation in the full view of everyone.. privacy is required

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Senior Manager Positions

How could it happen?	Why is it challenging?	What should you do?	What should you not do?
A. A member of staff tells you that they have seen an inappropriate comment about a work based issue on social media by another staff member. They believe the comment might damage our reputation.			
<ul style="list-style-type: none"> Social media is commonly used outside of work Some people use social media as an opportunity to vent / debrief The comment might have been taken out of context and there is a misunderstanding Naivety – the person who wrote it might not have intended it to be in full view (not aware of privacy settings) Maliciousness – the person who wrote it might want to cause trouble by it 	<ul style="list-style-type: none"> Social media outside of work can't be controlled and there is ambiguity about what is or isn't appropriate The comment might have an impact on the person who reported it, or potentially the public Damages organisational credibility and breach of professional standards Breach of confidentiality about the issue The person who wrote it might be feeling very upset about the issue 	<ul style="list-style-type: none"> Thank the member of staff for speaking up and raising this concern Let HR know what is happening Gain the facts and supporting evidence, don't just rely on what you hear Speak to the member of staff who wrote it and listen to their views Do not be judgemental towards the person who wrote the comment as you don't know the full picture Confidentiality – do not discuss post with others 	<ul style="list-style-type: none"> Gossip about the comment to others Do nothing, ignore the concern and belittle the person for speaking up Challenge the issue directly with the person who wrote it without seeing the post yourself and finding out the facts Jump to conclusions about the issue Retaliate, make comments back on social media Not raise this issue with HR to find an appropriate way forward
B. You would like to introduce a new change as you think it will increase productivity. There is resistance in the team you are trying to engage in the change.			
<ul style="list-style-type: none"> The team were not consulted in the early stages of planning The team feel it is a downward request from senior management, rather than feeling motivated and inspired to make the change work The team are 'stuck in their ways' 	<ul style="list-style-type: none"> Some team members don't cope well with change The team might view the change as a criticism of the way they are working at the moment It might involve a change in working conditions or a change in the people in the team (people might be afraid it could mean job changes) 	<ul style="list-style-type: none"> Gather the team and explain why you think the change will increase productivity Welcome ideas / feedback into how to proceed and incorporate these into how you progress Hold one-to-ones with anyone who is especially resistant Keep dialogue open Support and coach the team manager to lead and role model the change 	<ul style="list-style-type: none"> Mandate change with no engagement with team Ignore feedback from, or discontent in the team Tell people 'you are just resistant to change' Make assumptions about what is causing the resistance Give in and not drive the change forward

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Admin and Clerical Positions

How could it happen?	Why is it challenging?	What should you do?	What should you not do?
A. You are late for a meeting and a visitor stops you and asks for directions.			
<ul style="list-style-type: none"> Hospitals are large and confusing places for patients and families Signage is not always clear They may be anxious or late They may have parked somewhere different to where they normally park so are disorientated 	<ul style="list-style-type: none"> You are on your way to a meeting and worried about being late You may not know where the place is The place could be very complicated to get to and you are worried your directions might make the patient even more confused / lost The patient / family may be anxious or even angry 	<ul style="list-style-type: none"> Stop and see if you can help Listen carefully to where they need to get to Give very clear instructions as to where to go Walk them all or part of the way if this is a greater priority If you don't know the way, find someone who can provide directions before you leave 	<ul style="list-style-type: none"> Walk past and ignore them Say 'I don't know' or 'it's not my job' Tell them to ask someone else Make them feel like an inconvenience
B. You are working on the reception area for one a busy clinic and one of the patients and their relative has been waiting for several hours due to appointments badly overrunning. The patient is clearly getting quite agitated and angry – almost aggressive.			
<ul style="list-style-type: none"> Heavier than expected workload due to staff shortages Admin error in the level of appointments Changes in medical priorities or an emergency situation may have taken precedence Patient / relative can make assumptions others are being seen before them or they have been forgotten about 	<ul style="list-style-type: none"> Long waits can cause genuine tension and frustration Patients are stressed and such situations can get magnified You're not in control but are dealing with the situation People's moods change, they can become angry / aggressive Health issues and concerns e.g. in pain, upset, elderly 	<ul style="list-style-type: none"> Stay calm / approachable Acknowledge their frustration Assess if you are able to do anything to ease the situation Check appointment progress. Assure them they will be seen. Keep them informed - find an interpreter if needed If they are in pain, liaise with triage for pain relief Be prepared to involve security if things escalate (last resort) 	<ul style="list-style-type: none"> Be preoccupied with your own pressures (not patient focused) Dismiss their frustration Raise your voice or appear defensive or frustrated Add to the tension by getting irritated in your tone, body language or expressions Make promises you can't keep Try to control a situation if it is becoming physically volatile – ask for help/escalate if needed

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AHP (OT) Positions

How could it happen?	Why is it challenging?	What should you do?	What should you not do?
A. You are working with an experienced OT tech who you feel is working outside of their job role.			
<ul style="list-style-type: none"> Rotational staff might move to new areas and might not be aware of roles Experience tech's been in practice for over 20 years (may take on more) Lack of supervision Unaware of job description Might feel pressure to do more than is expected 	<ul style="list-style-type: none"> Junior member of staff feels unsure how to approach an established team member Experienced OT might think their competencies and being challenged and be offended Might not be fully aware of what is or isn't in the experienced OTs job role 	<ul style="list-style-type: none"> Discuss in supervision and/ or seek advice from your line manager Check job role/description Meet one-to-one with the experienced OT and talk to them about your concerns, listen to their reply 	<ul style="list-style-type: none"> Tell them off Discuss in an open forum Jump to conclusions without exploring Start to work outside your own scope of practice Be confrontational Ignore it / avoid dealing with it
B. You arrive on the ward to assess a patient who is waiting to be discharged, when you hear another patient asking for help to get to the toilet.			
<ul style="list-style-type: none"> The patient's bowel movements may be affected by their illness or treatment They may have been asleep when the comfort round was done earlier They might not want to be a bother as they need help to go the toilet so might have left it until the last minute to ask 	<ul style="list-style-type: none"> Patient may be embarrassed and not want to make a scene You need to protect the patient's privacy and dignity, but it is not a patient whose care you are involved in / you do not work on the ward Judging urgency of the patient's need Need to consider the patient you are here to see There may be staff shortages on the ward 	<ul style="list-style-type: none"> Establish level of urgency and potential for loss of control Inform the patient who needs the toilet and the patient you are here to see that you're going to find someone to help Ask the member of staff you find for help if they are okay – do they need help moving the patient into privacy? Make sure the patient you are here to see does not feel left – apologise for the delay in seeing them 	<ul style="list-style-type: none"> Ignore the patient's needs as you are on the ward for a different reason Don't get help from a member of staff Assume the patient can sort the issue themselves, pass them a bed pan Embarrass the patient, dismiss or make light of the situation Allow your body language to signal annoyance Try to deal with the situation yourself, alone, rather than finding someone on shift to help

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AHP (other) Positions

How could it happen?	Why is it challenging?	What should you do?	What should you not do?
A. At the time of your assessment the patient (and family) agreed with your recommendations. On follow up you have found out that the recommendations have not been followed.			
<ul style="list-style-type: none"> Miscommunication Initially just wanted to please Not a priority to them Language / cultural issues Didn't understand what they were meant to do Changed their mind / don't feel it works Changes in condition since assessment 	<ul style="list-style-type: none"> Frustrating for everyone Confronting to a client Clinicians opinion not valued Perhaps need to change your communication Need to understand other people's values – step into their shoes Could be a serious impact on the person's condition 	<ul style="list-style-type: none"> Ask what they understood of the recommendations. Listen Ask what's important to the patient. Are there barriers? Ask the patient what they want to do / achieve Develop patient centered goals that you both agree on Who else could you refer to i.e. social worker Reflect on your role 	<ul style="list-style-type: none"> Blame patient and family Become frustrated or judgmental Stick blindly with the same recommendation Not listen Give up / not try something new
B. Following your assessment, you have developed a treatment plan you feel is in the best interests of the patient. Other members of the MDT disagree with your recommended course of action.			
<ul style="list-style-type: none"> Differing opinions on best practice are not uncommon Differing knowledge of AHP skill-levels Trust issues between AHP and medical teams Range of experience of the medical team Miscommunication or contradicting information 	<ul style="list-style-type: none"> Can be frustrating professionally Could make the AHP feel undervalued May feel anxious that you aren't providing the care you feel is right Challenging when trying to advocate for that patient 	<ul style="list-style-type: none"> Take time to understand why the team disagrees Clearly outline the rationale for your suggested plan Try to re-negotiate the treatment plan Evidence-led discussion Create a timeline to the plan so the MDT can see and evaluate progress 	<ul style="list-style-type: none"> Get frustrated / raise your voice Raise patient concerns or anxiety Put the patient in the middle Don't stop advocating for the patient even if it's difficult Not listen to the medical team's reasoning

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Medical Positions*

How could it happen?	Why is it challenging?	What should you do?	What should you not do?
A. At the time of your assessment the patient (and family) agreed with your recommendations. On follow up you have found out that the recommendations have not been followed.			
<ul style="list-style-type: none"> Miscommunication Initially just wanted to please Not a priority to them Language / cultural issues Didn't understand what they were meant to do Changed their mind / don't feel it works Changes in condition since assessment 	<ul style="list-style-type: none"> Frustrating for everyone Confronting to a client Clinicians opinion not valued Perhaps need to change your communication Need to understand other people's values – step into their shoes Could be a serious impact on the person's condition 	<ul style="list-style-type: none"> Ask what they understood of the recommendations. Listen Ask what's important to the patient. Are there barriers? Ask the patient what they want to do / achieve Develop patient centered goals you both agree on Who else could you refer to i.e. social worker Reflect on your role 	<ul style="list-style-type: none"> Blame patient and family Become frustrated or judgmental Stick blindly with the same recommendation Not listen Give up / not try something new
B. Following your assessment, you have developed a treatment plan you feel is in the best interests of the patient. Other members of the MDT disagree with your recommended course of action.			
<ul style="list-style-type: none"> The other clinician may have been short of time There may be language issues between the clinician and the patient or with the nurse They may have misheard or not been party to the full conversation Consent training 	<ul style="list-style-type: none"> You have heard from a third party, but were not present yourself The other clinician may be senior to you, or not in your team Probity issue Unsure of who is right or wrong in the situation 	<ul style="list-style-type: none"> Speak with the other clinician and explain what the issue is Ascertain as many facts as possible before speaking with the other clinician, taking into account the urgency of the procedure If you believe full consent was not taken, you must report it 	<ul style="list-style-type: none"> Make excuses or explain on behalf of the other clinician without getting all the facts Speak directly with the patient without following due process Delay dealing with this, given the urgency of the procedure Agree with the other clinician that there is an issue, resolve it together, but not report

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Support Role Positions*

How could it happen?	Why is it challenging?	What should you do?	What should you not do?
A. You notice you have made a mistake in your work that could have impacted on patient experience, care or safety; but you are reasonably sure that no one has been harmed as a result.			
<ul style="list-style-type: none"> We are all human and anyone can make a mistake Pressure of time Distracted Not following agreed processes or protocols Genuine human error 	<ul style="list-style-type: none"> It can be difficult to admit to mistakes – people may judge us as a result If no-one was harmed it can feel easier to ‘brush it under the carpet’ Some managers’ reaction to mistakes is to assign blame, rather than to use it as a chance to learn 	<ul style="list-style-type: none"> Admit the mistake Tell someone, such as your manager, as soon as you can Work together with the team to fix the issue Document what happened and share your learning - not only for patient safety issues; we need to put quality at the heart of everything we do 	<ul style="list-style-type: none"> Let pride get in the way – sort it out yourself without telling anyone – so the team won’t learn and it may happen again Only report errors when harm occurs. In a true safety culture we learn from near misses too Consider that only clinical errors are important – everything everyone does impacts on patients
B. You are on your way to lunch in the canteen overhear two colleagues talking. It seems to you that one of them is being rude and aggressive to the other. Patients can overhear them too.			
<ul style="list-style-type: none"> Some rude behaviours have become accepted practice in some healthcare organisations The person is stressed and this is ‘leaking out’ as aggressive behaviour The person is not aware that their behaviour is rude or aggressive 	<ul style="list-style-type: none"> They might be more senior You may not be 100% sure what’s happening You will need to use your personal judgement You are concerned because of their tone and body language No one likes to be seen to be criticising a colleague It may lead to tension / other consequences 	<ul style="list-style-type: none"> Gently interrupt. Ask if they’re aware people can overhear Remain impartial, calm and unemotional Ask the aggressive person to mind their tone Take them to one side – give factual feedback about their behaviour Check if either of them want support You may need to report it 	<ul style="list-style-type: none"> Jump to conclusions Walk past without doing anything – let it carry on React emotionally or raise your voice yourself Embarrass either of the people involved Gossip about it later

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