



NHS INTERNATIONAL CONFERENCE

RECRUITING FOR THE VALUES OF THE NHS

FRIDAY 15TH MARCH

KEYNOTE SPEAKERS

This international conference, chaired by Michelle Beecroft from Stockport NHS Foundation Trust, was designed to inform delegates of some of the challenges healthcare providers face around embedding key values, exploring the approaches used in America, New Zealand and Australia over the last 20 years to overcome such challenges.

Furthermore, consideration was given to the tools currently in use or in development within the UK. This was a joint event supported by NHS North of England, Health Education England and the NHS Commissioning Board and the University of Chester.

As well as having a wide range of guest speakers the conference was supported by workshops in which delegates had the opportunity to see how tools are used and applied in practice.

This overview gives a brief synopsis of the event, and of the messages shared by each key speaker. A range of slides together with a video of this event will be available as an appendix to this overview on the eWIN website.



COMPASSION IN PRACTICE

Jane Cummings – Chief Nursing Office for England and the National Commissioning Board Authority

Jane spoke of how she has spent a lot of time over the last few years speaking with students and newly qualified nurses, and how she has found them hugely inspirational. She noted that everyone she has met along her own journey has gone into nursing due to a real drive to care, but Jane also recognised that there may be some people who don't share these values or who might have lost their way over time.

There have been a lot of warnings and concerns raised recently about the NHS needing deliver better care, and Jane explained how the first step towards change is awareness and the next step is accepting the need for change. "Our acceptance of the need to change encourages us to take actions to implement our vision and strategy for nursing, midwifery and care staff."

THE 6CS

The 6Cs were designed to encapsulate, in a simple way, what nursing and midwifery stands for, in a way that both patients and staff can understand. These values have been created at after wide consultation and expanded using social media. They are not designed to be used in a top-down approach and have been refined based on staff feedback and as a result, there is evidence that frontline staff are starting to really understand and get to grips with what the 6Cs really mean.

The 6Cs Live website will be launched in April, to help spread the message and really embed these values. This is necessary both at the point of recruitment but also for those people already working for the NHS, to ensure that they maintain the values which they started out with. This can happen via appraisals and there are plans to conduct an assessment of the 6Cs amongst existing nursing staff.

- CARE
- COMPASSION
- COMPETENCE
- COMMUNICATION
- COURAGE
- COMMITMENT

It is vital that people take individual responsibility in making changes happen. Jane attended the **NHS Change Day on 13th March** and said that 130,000 pledges had already been made and this number was continuing to grow. This shows the passion that people have to really help the NHS improve.

Continued Overleaf

COMPASSION IN PRACTICE (CONT)

A **Friends and Family Test** will also be rolled out from April 2013. This will help to capture their experiences, but it is not always so easy to measure patient experience. For example with people who have dementia. Therefore everyone needs to actively seek feedback on patient experience themselves. Patients and the public should feel that their feedback will be welcomed as being constructive. Added to this we need to measure levels of patient care, and work to actually help people stay independent. Leadership is another critical issue and the Caremakers programme is a really good way of creating leaders of the future. Getting staffing right is vital, and there is a need for evidence-based staffing at a regional, not national level so that it is more sensitive to local needs. Finally measuring staff experience is just as important as measuring patient experience, as there is an undisputable correlation.

In the UK we are not alone in our challenges and this conference is a great opportunity to hear from others across the world about the challenges they face and how they are working to overcome these.



THE CLINICAL COMMISSIONING NURSE'S ROLE IN EMBEDDING VALUES

Sam Sherrington – Head of Projects, National Commissioning Board

Sam is currently working as a lead nurse both within Bolton and Trafford CCG. However she is due to become the Head of Projects at the National Commissioning Board from 1st April. In this role one of her key responsibilities will be to help the Chief Nursing Officer to really embed values in order to address the issues raised within the Francis Enquiry.

Her message was clear – as NHS staff we need to make contact with our own personal values and to keep those close to our hearts throughout our personal journeys. Everything we do comes down to the dilemmas we face in day-to-day practice and the decisions we make comes down to our own values. It is important that CCG nurses understand this. Sam also raised the question, 'are our own values affected by nurture or nature, as such can we change the value-base within the NHS through nurture, or are its values already set in stone?'

Sam discussed TEBI which outlines how a trigger leads to an emotion, which leads to a behaviour which leads to an impact, and explained that it is this chain of events which causes people's values to have an impact on the kind of care that they deliver within the NHS.

You can follow Sam on Twitter @SamSherrington



THE INDEPENDENT REVIEW INTO HEALTH CARE SUPPORT WORKERS

Joe McArdle – standing in for Camilla Cavendish – Associate Editor, The Times

How we treat our staff impacts upon the care delivered to our patients. It is important therefore that we ensure that healthcare support workers also feel valued. They can deliver up to 80% of direct care. There are a lot of gaps in our knowledge around this work-

force. Even on ESR we don't have a lot of information about where support workers come from, why they entered the service, or how qualified they are. As the NHS changes, care will be delivered in different settings and there is an inconsistency between roles. The Prime Ministers quality forum surveyed patients and it was clear that there was a lot of confusion amongst patients as to who delivers care in the NHS. Also when comparing roles internationally it is difficult to understand which roles are comparable. This needs to be simplified.

The review, which began on 23 February, is due to be returned to the Department of Health by Camilla Cavendish in May 2013. With such a tight timescale it has not been possible to carry out a full review. Instead Camilla has used a

journalistic approach to gather existing evidence. This involves interviewing expert witnesses, carrying out focus groups amongst those who supervise and delegate care to support workers, visiting hospitals and shadowing CQC and other services. In order to quality assure these roles, a set of standards have been created and this review will also look at whether the implementation of these standards has made a difference.

[A call for evidence website](#) has been established as part of the review to gather examples of best practice. This will be open for one month from 15th March 2013. This will help to inform the final report and all evidence will be widely published alongside the report for complete transparency.



FREEING TIME FOR COMPASSIONATE CARE – NEW ZEALAND PERSPECTIVE

Dr. Anita Bamford-Wade, Auckland University of Technology

New Zealand faces very similar challenges to the UK, such as out-dated facilities, a lack of resources, increasing burden from long-term conditions, staff dissatisfaction due to feeling overworked, and increased patient acuity due to an ageing population. All of this leads to a fragmented nursing environment with high levels of burnout. For all of these reasons, a lot of a nurse's time is taken up with things other than direct patient care. Therefore Anita headed up a research project which examined how more of a nurse's time can be released.

The aim of research was to capture nurse's experience and the impediments to delivering 'culturally safe and appropriate' care. Anita led this research within two public hospitals in Rotorua, the cultural heart of New Zealand, where 60% of people who access health services are Maori. Previous literature tended to look at staffing levels linked to outcomes but not at systems failures and how these impact on patient care. Anita undertook this research because she believed that today we live in a knowledge economy where nurses are very knowledgeable and skilled, and that we should place these nurses at the patient's bedside more often, rather than doing other forms of work.

There were three phases to the research project; phase one was a survey completed by nurse managers, phase two was a set of focus groups with nursing staff run by an external facilitator and phase three involved giving nurses a Dictaphone and a checklist, so that they could report difficulties in real time on any given shift.

Seven key themes emerged from the thematic analysis of data:

- Patient care systems
- Accessing equipment
- Managing resources
- Communication
- Doing others work
- Ward/Unit layout
- Cultural safety

This study was beneficial in that it helped to highlight these key issues so that a new model of care could be developed, however it should be noted that it was somewhat limited in that it was not a whole systems approach, it was only carried out in one geographical area and it didn't include things that were working well. Nevertheless it was a useful piece of research and similar findings are likely seen within the UK.



NURSING VALUES PROJECT

Liz Kidd – Senior Policy Manager, Department of Health

There have been a lot of concerns raised recently around the quality of patient care. As a result the Prime Minister commissioned the Nursing and Care Quality forum in January. This, together with the NHS Future

Forum, highlighted that there was a need to recruit people based on specific values.

Over the past few months the Department of Health (DH) has been running a nursing values project, with the intention of handing this over to Health Education England (HEE) to use as a basis for establishing on-going nursing values. The purpose of this project is to examine evidence around lack of compassion, feedback from patients and nursing students, the existing arrangements for recruiting nurses to pre-registration training, and existing recruitment and selection tools.

PROJECT SCOPE

The DH project team have carried out an international literature review, conducted an expert reference group with 28 stakeholders, held two workshops in the north and south of England to provide an overview of current practices, appraised related projects across the UK and a produced a report for Nursing and Midwifery Professional Advisory Board and HEE. A final draft will be presented in the week commencing 18th March 2013 and then published.

THEMES

Five themes were identified including:

1. **Establishing core values for compassionate care**
2. **Entry criteria** – sifting for core values
3. **Selection processes** – recruiting for core values
4. **The learning pathway** – theory and practice for compassionate care
5. **Transition into employment** - a nursing career built on these values

EARLY CONCLUSIONS

- It's possible to make improvements, including streamlining and more rigour, to every stage of the recruitment and selection process and to make values central to process
- Plenty of evidence of good practice in HEIs preparing nurses for entering the profession and employment
- Those engaged in education, selection and recruitment need to share the values-based approach to nursing care (also referred to the in the Francis Report) and work in partnership



OVERVIEW



HEE COMMITMENT TO DELIVERING THE CONSTITUTION THROUGH HIGHER EDUCATION CONTRACTS

**Lisa Bayliss-Pratt –
Director of Nursing, Health Education
England (HEE)**

PURPOSE

Lisa gave an overview of HEE's own strategic priorities and how HEE intends to provide leadership for the new education and training system, HEE will ensure that the shape and skills of the future health and public health workforce evolves to sustain high quality outcomes for patients in the face of demographic and technological change. The organisation is also keen to demonstrate the good practice out there and what impact it can have upon the workforce and by turn patients. Quality of care is its organising principle and it recognises that it has a responsibility towards the whole workforce including Bands 1-4, and will achieve this via CPD, undergraduate and post-graduate education, and the NHS Careers service.

PRIORITIES

HEE's Education Outcomes Framework was designed with a wide range of stakeholder to ultimately deliver safe and effective care as well as excellent patient experience. The organisation's strategic priorities have been aligned to help achieve these outcomes:

- **Respect and dignity**
- **Commitment to quality care**
- **Compassion**
- **Improving lives**
- **Working together for patients**
- **Everyone counts**
- **Pride in working for HEE**
- **Pride in being a healthcare professional**

COMPASSION IN PRACTICE

HEE is absolutely committed to the 6Cs and wants to use it as a framework to look at clinical academic career structure. Lisa explained that she would like to see a common code of conduct introduced as well, and not a different code for each separate profession.

RECRUITING FOR VALUES

HEE advocates the use of Situational Judgement Tests (SJTs) in order to recruit based on values. These are work-relevant assessments that present challenging situations that are likely to be encountered and require candidates to make judgements about possible responses. STJs focus on integrity, empathy, resilience, and team working. The conference explores the range of SJT approaches in use.

MAKING EVERY CONTACT COUNT (MECC)

The vision of Making Every Contact Count is that "every healthcare professional will use every contact with an individual to maintain or improve their mental and physical wellbeing where possible, whatever their specialty or the purpose of contact".

For MECC to be successful all NHS staff need to be aware of the initiative and to have the core values which encourage them to undertake such an approach. To assist this HEE will ensure that the following actions are taken:

- Embedding MECC within widening participation and core training standards for healthcare support workers.
- Maximise benefits of MECC on staff health and wellbeing
- Sustainable roll out of MECC and prevention training for current and future health and social care workforces.

WORKFORCE PLANNING

Successful planning is about having the right skills, the right numbers and the right values and behaviours. All of this leads to high quality care.

HEE pledges and promises the following:

- Programme to ensure improved dementia care
- Making healthcare the career of choice
- Recruiting for values and behaviours – Situational Judgement Testing
- Promoting multi-professional working

LEARNING

To successfully achieve all of these priorities the NHS needs to promote a culture of lifelong learning and to link CPD to improving the patient journey and experience challenges, It is also recognised that every team member is pivotal, including those staff at Bands 1-4, which is why HEE is investing more in this section of the workforce that was invested previously.

You can follow HEE on Twitter @NHS_HealthEdEngland





THE AMERICAN PERSPECTIVE – USING THE HARTMAN VALUE PROFILE

Victoria King and Tanya Cook, Memorial Hermann Texas Medical Centre

Tanya Cook, System Executive HR at Memorial Hermann, spoke first about how top performing organisations in the late 1990s only hired the most talented, top performers, but that just hiring smart

people from good schools isn't enough. The Enron company was presented as an example of how this approach can fail. Enron strongly pursued this recruitment strategy; however it ended up collapsing due to all of the scandals that its staff caused. For this reason it is now recognised that you need to look at peoples' morals, ethics and common sense, not just how well educated they are.

Memorial Hermann has always been a values-based organisation but wanted to make sure it was recruiting individuals who reflected its values. The hospital started using the HVP tool in 1992, which led to a 25-33% reduction in turnover and vacancy rates, improved quality of patient care, and higher performance.

HARTMAN VALUE PROFILE (HVP)

Victoria King, Chief Nursing Officer, went on to talk about how Memorial Hermann has successfully used the Hartman Value Profile (HVP) to recruit staff based on their values. This tool measures a person's capacity to make value-based judgements and consists of two parts; one about the world and one about the self. Memorial Hermann have taken the HVP and really developed it in their own way. Plus this is only one tool within their arsenal.

Measurement using the tool is very precise, yet it allows for an almost infinite variety of responses. Results are derived from logical mathematical norms and not based on the vales of any specific population or group. It is not a test to be passed or failed; and the results have no bias with respect to age, race, creed, or any other socio-cultural classification. Honesty is the best criterion for obtaining accurate results.

The tool measures people's capacity to make good judgements in the following areas:

- **intrinsic** – people skills
- **extrinsic** – task ability
- **systemic** – big picture

BENEFITS OF THE HVP TOOL

- objective
- cannot be biased
- does not invade privacy
- has been validated in a business environment
- does not discriminate
- measures what is centrally relevant to the organisation's performance – a person's thinking and decision-making process
- unique
- reviewed and qualified by academic institutions

TAKE THE HVP

If you would like to take part in the HVP then follow this [link](#). Make sure you read the instructions before proceeding, and once completed email shauna.brannon@memorialhermann.org to let her know that you have completed the HVP and will need to receive your results. You will receive these within five business days

PLENARY SPEAKERS

Several plenary speakers were also in attendance, who ran workshops throughout the afternoon. Slides from a range of these workshops will be available as an appendix to this overview

SPEAKER	WORKSHOP
Richard Williams	Recruitment using values and behaviours within the supported living environment
Rachel Douglas-Clark	The importance of values and behaviours, care and compassion in delivering services to people with dementia
Jean Flanagan	Augmented reality to introduce patient scenarios
Ann Butler	Student Quality Ambassador Programme
Simon Draycott	Using Situational Judgement Tests to assess for NHS values
Teresa Kearney	Recruitment Screening Tools
Patrick Lockhart & Angela Murray	Implementing an online value assessment tool across NHS North West



MATER HEALTH SERVICES – AUSTRALIAN PERSPECTIVE ON HOW TO SUCCESSFULLY EMBED VALUES

Roisin Dunne – Nursing Director, Ambulatory

and Outpatient Services, Mater Health Services

Roisin works for Mater Health Services, a large not-for-profit health care service in Brisbane, Australia. Mater's Mission Statement articulates in the spirit of the Sisters of Mercy, that Mater Hospitals offer compassionate service to the sick and needy, promote an holistic approach to health care in response to changing community needs and foster high standards in health-related education and research. Following the example of Christ the Healer, the Mater commits itself to offering these services to all without discrimination. Mater staff are dedicated to providing highest quality health care services, through a sincere commitment to the Mater's core values. Using these values as a guide for our interactions with patients and their families, each other and the organisation's business partners. Mater staff promote the professionalism and care that has been a part of the Mater since its beginnings. The purpose of Roisin's talk was to showcase the tools that the Mater has used, in order to successfully embed these values today.

THE MATER HAS 5 VALUES:

- **Mercy** – spirit of responding to one another
- **Dignity** – spirit of respecting the work of one another
- **Care** – spirit of compassion
- **Commitment** – spirit of integrity
- **Quality** – spirit of professionalism

Staff cannot avoid these values. They are prominently displayed throughout the hospital and very much a part of the culture.

RECRUITMENT

At the Mater directors of nursing work very closely with the HR Business Partner in order to hire staff who hold these values and very clear expectations are outlined at interview. The hospital uses a specific interview guide template and a reference check form when recruiting new staff. It has also created a 'Mater Health Services Behavioural Standards' booklet, within which the Mater's values are defined – both what they are, and what they are not (this makes it very powerful). There is also a credo which every member of staff needs to sign before taking up post. This is not a contract or legally binding but it encourages staff to think about what is expected of them and to agree to act in that way from the outset. There is a six month probation period, and half way through the recruitment manager gives feedback to each new staff member. If they not meeting values then they are given extra training or let go if really not able to fit in with the ethos. Managers are taught how to lead and deal compassionately with staff when having these kinds of conversations.

PERFORMANCE MANAGEMENT

Managers, or indeed other colleagues, can have conversations with staff based upon how they are demonstrating a value, rather than on how they act. For example, if a nurse is not answering a call bell, then rather than having a discussion which starts 'you have not answered the call bell recently' the conversation begins 'you are not demonstrating mercy'. This affords staff the opportunity to gain insight into their own behaviour and to understand the impact of their actions. Obviously if they don't change then disciplinary action needs to take place, but this is a respectful way of helping staff recognise their behaviour in the first instance. On the same note, appraisals and performance development plans are based around these values.

Teams are asked to create a chart which contains 'above the line' and 'below the line' behaviours. This is displayed prominently within each team and empowers staff to hold each other accountable if they think someone is working outside of their values. Staff are also sent on a 'Speaking up for Safety' course which teaches them that it's ok to report safety and issues and which explains how to go about doing that. Furthermore, senior leaders are equally held to account in demonstrating these values.

STAFF ENGAGEMENT

There is also a strong reward and recognition programme in place to ensure that existing staff feel valued and engaged. Additionally there is focus on talent and a lot of time and money is invested in staff in terms of teaching and learning. A regular staff engagement survey is carried out and every manager is responsible for reviewing how engaged their staff are. To aid this survey results are displayed openly and managers try to learn from one another.

THE MATER WAY

A set of guidance called the Mater Way has been developed to help staff remember how to communicate properly with patients:

- Make (eye contact)
- Announce (who you are)
- Time Frame (explain when things will happen)
- Explanation(explain what exactly will happen that day)
- Respect (ask 'is there anything else I can do for you before I leave?')

PLEDGE TREE

At the event there was a pledge tree where people were asked to attach their pledges in order to make an individual commitment to improving patient care and in helping the NHS to change. This is now in place within the offices of Health Education North West - 3 Piccadilly Place, Manchester.

In a year's time we will come back and look at the pledges to judge how well we have achieved our aims.

