VALUE BASED INTERVIEWING PROJECT EVALUATION REPORT

MARCH 2015
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Foreword

Demonstrating our core values through our behaviours...

The purpose of the evaluation report is to provide a quantitative and qualitative evaluation of the impact Value Based Interviewing (VBI) has had in Oxford University Hospitals NHS Trust since it was introduced in 2012. This report builds on the July 2013 initial impact report which demonstrated the qualitative evidence of the positive impact VBI was having in the Trust as well as highlighting a number of areas for further development.

This report is based on an evaluation of the experiences of conducting over 200 VB interviews since 2012 and captures the organisation’s experience of VBI. This report focuses particularly on the quantitative evidence for the effectiveness of VBI in the Trust obtained by using a Welcome Questionnaire issued to all new starters during the period of the VBI project. The report also provides evidence of the Predictive Validity of VBI when used with 99 nursing members of staff at OUH recruited using VBI who have subsequently been in post for at least three months. In-depth feedback from VB Interviewers, Line Managers, Senior Managers and new starters provides rich qualitative evidence of the effectiveness of VBI in recruiting people who align with the Trust values and who are making a difference at OUH.

This report brings together all the evidence for the effectiveness of VBI at OUH and also makes recommendations for the future sustainability and continued success of VBI in the Trust.
The report starts with an overview of the project objectives and considers how well the VBI project has met those objectives. This is followed by an overview of the evaluation methodology used to underpin the evidence in this report. Each successive section details the findings from the quantitative validation and evaluation of VBI and the research conducted with different stakeholders. It concludes with a set of recommendations to inform the future of VBI in the Trust.

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1: Project Aims and Objectives
Aim of the VBI Project

The aim of the VBI project at OUH was to recruit people who share the OUH values and are therefore dedicated to Delivering Compassionate Excellence, the type of care you would like to receive yourself or that you would like a member of your family to receive. Further aims included the core values being absorbed across the whole organisation to be able to evidence values in practice in a common organisational culture.

The project aimed to prove that VBI:

- Enables recruitment decision making aligned with OUH values
- Provides robust rather than impressionistic evidence
- Helps obtain more information about candidates suitability
- Contributes to safer recruitment and selection practice internally and externally

People who are recruited through a VB interview will adopt a person-centred approach to providing safe and compassionate care and will be able to demonstrate the core values through their behaviours. They will advocate excellence, compassion and respect through kindness, empathy and courtesy.

The project involved support services and clinical teams working together to affect the quality of teams providing frontline care. VBI has been part of the Values into Action programme to change attitudes and behaviours of staff across the Trust, enhancing their engagement and continually improving healthcare for patients.

A number of the aims of the project have been fully met in the pilot phase of the project. This report provides qualitative and quantitative evidence of the success of VBI so far in recruiting people who share the Trust values and are making a difference to the teams they join and the patients they care for. Some of the aims have only been partly met in the project to date and explanations for this are given in the report, along with recommendations for future work and research.

VBI alone cannot change the culture of an organisation, but as part of the Values into Action work programme, where the values are being integrated into induction, training, appraisals, one to ones and day to day conversations staff have with each other and with their managers, VBI is making a vital contribution to an impressive culture change at the Trust.
VBI is hugely important.

This is an essential part of the work that supports our move towards a value based organisation. I think the advantages are enormous with greater reliability of getting the right people into the organisation in the first place. If you don’t get that right, then you have problems from the beginning.

Dr Tony Berendt, OUH Medical Director
2: Background and Context
Background and Context

On Wednesday 6 February 2013, Robert Francis, QC, published his final report of the investigations into the failures at Mid-Staffordshire NHS Foundation Trust. There are nearly 300 individual recommendations within the Francis Report which runs to three volumes. While the Francis Report focuses on the events and failures at one NHS Foundation Trust, the report identified that the failures at Mid-Staffordshire were not limited to the organisation specifically:

“Unfortunately, echoes of the cultural issues found in Stafford can be found throughout the NHS system. It is not possible to say that such deficiencies permeate to all organisations all of the time, but aspects of this negative culture has emerged throughout the system.”

Francis Report 2013

The Francis Report identified common features of a negative culture which were in short:

- Lack of openness to criticism; defensiveness
- Lack of consideration for patients
- Looking inwards not outwards
- Secrecy
- Misplaced assumptions about the judgements and actions of others
- Acceptance of poor standards
- Failure to put the patient first in everything that is done
Recommendation 185: Focus on culture of caring, specifically focusses on the need for the selection of recruits to the profession who evidence the:

- Possession of the appropriate values, attitudes and behaviours;
- Ability and motivation to enable them to put the welfare of others above their own interests;
- Drive to maintain, develop and improve their own standards and abilities;
- Intellectual achievements to enable them to acquire through training the necessary technical skills;
- Training and experience in delivery of compassionate care;
- Leadership which constantly reinforces values and standards of compassionate care;
- Involvement in, and responsibility for, the planning and delivery of compassionate care;
- Constant support and incentivisation which values nurses and the work they do through:
  - Recognition of achievement; Regular, comprehensive feedback on performance and concerns; Encouraging them to report concerns and to give priority to patient wellbeing.

“Patients must be the first priority in all of what the NHS does by ensuring that, within available resources, they receive effective care from caring, compassionate and committed staff, working within a common culture and protected from avoidable harm and deprivation of their human rights”

Francis 2013

At a time in OUH when there is an increased demand for services and Commissioning income is significantly above plan, we are committed to ensuring that we recruit and develop employees who are committed to Delivering Compassionate Excellence and put the patient at the heart at everything that is done.

The aim of the VBI approach is to recruit people into the OUH who share our values and are therefore dedicated to Delivering Compassionate Excellence. Further aims include the absorption of our core values across the whole organisation and the ability to evidence values in practice in a common organisational culture.

The project aims to prove that VBI:

- Enables recruitment decision-making aligned with the OUH values
- Provides robust evidence to minimise gut feel about candidates
- Helps obtain more information about candidates’ suitability
- Contributes to Safer Recruitment and Selection practice internally and externally

Through adopting a values based approach to recruitment we believe we will have more staff who adopt a person-centred approach to providing safe and compassionate care. Those staff recruited through this process will be able to demonstrate our core values through their behaviours, in particular; excellence, compassion and respect through kindness, empathy and courtesy.

We expect the impact to be demonstrable in terms of improved patient safety, care and experience, demonstrated by kindness, empathy, listening to and respecting patient’s views, emphasising dignity in practice plus our overall staff engagement and staff satisfaction. We expect to see fewer safeguarding alerts (regarding care in hospital), fewer complaints, a better patient experience and greater staff satisfaction.
There is clear evidence that people whose values are more clearly aligned with that of their employer and whose roles allow them to live out these values have higher levels of engagement, job satisfaction and performance. (Ref MacLeod report 2009). The Department of Health ‘Engagement Toolkit’ of 2010 shows that where engagement scores are high, scores are significantly higher for patient satisfaction and lower for standardised hospital mortality rates.

VBI stands alongside other Value’s into Action initiatives and under the Delivering Compassionate Excellence through staff engagement strategy which are outlined in Model 1.
Children’s Services, Care of the Elderly and the Clinical Support workers’ academy were chosen as the pilot areas for VBI. OUH has approximately 900,000 patient episodes per year and the pilot areas chosen accounted for 20% of this activity. The pilot commenced in November 2012 and potential risks and barriers were identified as:

- Staff/Patient Disengagement; which will be mitigated/managed by: Investment in, and focus on engagement with clear measurement of outcomes in context of ongoing cultural transformational change
- Performance Failure of the Project; which will be mitigated/managed by: Focus on governance, partnership and delivery and a formal methodology and reporting mechanism with accountability to a formal group
- Competing operational priorities; which will be mitigated/managed by: Development of understanding of contribution of project to delivery of other priorities with base leadership on values visible in practice

The pilot was essential in allowing the organisation to understand the ‘product’ and tailoring it to the needs of the organisation. The pilot enabled OUH to:

- Understand the importance of the technique to the organisation
- Help to structure all communications prior to commencing any further roll out

Where we anticipated staff and patient disengagement as the project moved forward, the pilot only worked to consolidate the commitment of many key members of the team. Performance failure of the project was an unfounded concern which was in fact mitigated by the motivation and excitement of interviewers using the technique rather than any formal methodology. Competing operational priorities were mitigated by the interviewers themselves who began to change the way they worked in order to accommodate the additional interview time required.

The most important learning from the pilot came with the understanding that VBI could not be set as a mandatory corporate intervention. The most important learning from the pilot came with the understanding that VBI could not be set as a mandatory corporate intervention. Self-selection onto the VBI training course was introduced and managers who were interested and committed to the new intervention were asked to come forward. For the project to be a success, colleagues within the Trust needed to take their new skill and make it work for them.
In 2012, the learning objectives of the VBI Course were for participants to be able to:

- Explain how VBI helps to safeguard children/vulnerable adults through recruitment training.
- Explore how organisational values and behaviours can be used effectively in interviewing candidates and explore a candidate’s suitability to work with children/vulnerable adults.
- Make an informed decision on a candidate’s suitability to work with children.
- Use active listening and a range of questioning and probing techniques to explore a candidate’s answers in depth.
- Analyse evidence of a candidate’s values and behaviours against a value-based criteria.
- Give feedback to a candidate after a VB interview.

Following the pilot and through the development of the course, the learning objectives changed to:

- Understand the context and safeguarding perspectives of VBI and your role within it.
- Explore OUH values and behaviours in more detail and how they can be used in recruitment.
- Add to the current good recruitment practices within OUH.
- Be able to use a range of questioning techniques to probe for further information.
- Be able to give feedback on VBI.
- Have had the chance to practice and develop skill to become a competent interviewer and role model.
Changes to the course, based on feedback, resulted in increased confidence scores of attendees and unanticipated learning outcomes which benefited the organisation:

- Attendees were able to understand the values and behaviours in more detail and understand how they could be used in conversations with staff and patients.
- Attendees became aware that their current interviewing techniques when assessing knowledge and skills needed to be more robust.
- Questioning techniques used in VBI transferred into technical interviews.
- Attendees had a greater understanding of the wider engagement strategy, Delivering Compassionate Excellence and started to integrate them into their practice e.g. running Listening into Action events.
- The attendees believed the training was valuable and the protected learning time was seen as a reward.
- Valuable networking took place off site at the training which led to more cohesive working relationships on site.
- Attendees were brought together with a common goal and motivation and inspired each other.
- The VBI Training became a valuable promotional tool for all work around Delivering Compassionate Excellence.

While there was an initial challenge from the organisation regarding the release of staff for a two day training course, the benefits of the learning have been outweighed by the operational pressure with attendees using study leave days to attend and arranging cover.

The VBI Training Course is currently oversubscribed with training dates now being scheduled for 2016. Training was increased from bi-monthly to monthly due to increased demand for training spaces.
The Value Based Interview

A VBI provides additional insight into candidates’ behaviours, attitudes and motivations. It eliminates much subjectivity and ‘gut feel’ from the selection process. While traditionally interview techniques rely on hypothetical questioning ‘what would you do if…?’ the questioning techniques used in VBI rely on ‘tell us about a specific time when you did something’. This questioning technique has sometimes been used at OUH but before the introduction of VBI there was no approved framework for assessing the responses received consistently and fairly. By working with the NSPCC and our staff and patients we are able to understand what our Values look like in practice and therefore, look for responses to situations which align to our values and identifying responses that do not.

There must be two Values Based (VB) Interviewers on a VB Interview Panel at all times. There are three models of use for VBI at OUH which are outlined in Table 1.

### TABLE 1: VBI Delivery Models by description and suggested uses

<table>
<thead>
<tr>
<th>VBI Delivery Model</th>
<th>Description</th>
<th>Suggested uses</th>
</tr>
</thead>
</table>
| Traditional Model   | One hour of interviewing in total testing four values. This model is completely separate from the technical interview                                                                                                                                                                                                                                                                                                                                                                                                                                                      | ✓ Management posts  
|                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | ✓ Senior nursing roles  
|                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | ✓ Consultant recruitment  
|                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | ✓ Internal appointments  
| Part-model          | Up to 45 minutes of interviewing, this includes 30 minutes looking at values. The interview will also include some technical questions at the beginning or end of the interviews                                                                                                                                                                                                                                                                                                                                                                                                     | ✓ Band 5 nursing roles  
|                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | ✓ Administration posts  
|                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | ✓ Lower grade (Band 4 and below)  
| Whole Values Model  | Used for large recruitment campaigns where values are the focus of the recruitment. Candidates will attend an Open Session to discuss values and these will be drawn into their application form. If they do not consider the values in their application they are not short listed for interview. Candidates are then invited to a 30 minutes VBI. If they are successful they are invited for follow up technical interviews as appropriate                                                                                                                                                                                                                                                                                                                                                           | ✓ Clinical Support Worker Academy  
|                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | ✓ Band 2 and below posts  
|                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | ✓ Large recruitment campaigns or student intakes (e.g. nursing students)  

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Intervention Activity and Timeline

The intervention is summarised in model 2 below. The emphasis is on collaborative working between patients, staff, corporate support services and clinical teams, with all stakeholders being seen as partners and innovators for improving patient experience.

**MODEL 2: VBI Activity and Timelines 2012-2015**

**STAGE 1**
Set up
Develop and determine values, behaviours and indicators
*June – Oct 2012*
Key activities
- Review practice
- Strategic & operational consultation and feedback
- Engagement staff, patients/service users

**STAGE 2**
Implementation of pilot
Development and delivery of VBI Pilot
*Nov 2012 – May 2013*
Key activities
- Planning and delivery of training
- Assessment and development of delegates
- Quality assurance and evaluation of sample interviews

**STAGE 3**
Interim evaluation and impact assessment
Evaluation of initial impact.
*May 2013 – July 2013*
Key activities
- Refine and agree Train the Trainer programme

**STAGE 4**
Embedding
Development and delivery of sustainable training programme and quality assurance practice
*May 2013 – Sept 2013*
Key activities
- Train the Trainer programme
- As Stage 2

**STAGE 5**
Spreading
Roll out to organisation
*October 2013 – March 2015*
Key activities
- Delivery of training
- As Stage 2

**STAGE 6**
Formal Evaluation and impact assessment
Final Evaluation and Programme Benefits Realisation
*From March 2015*
Key activities
- Production of final Evaluation Report
3: Evaluation Methodology
The evaluation process for the VBI project was split into two stages.

**Stage 1 – Initial Impact Evaluation (July 2013)**

(See Appendix 1)

The initial impact evaluation focused on a qualitative evaluation of the impact VBI was felt to be having at OUH in the first stages of implementation. This provided evidence of the Face Validity of the VB interview approach which measured whether people believed VBI was the right thing to do, whether it was important to do and whether it focused on the right things. The report also considered the Content Validity of the VBI approach – whether the VB interview questions and criteria are working in practice and whether they are relevant to the culture of the organisation and to specific roles.

The initial impact evaluation also focused on the impact and success of the VBI training course in ensuring that OUH staff had the skills and confidence to competently carry out VB interviews within the Trust.

**Stage 2 – Final Project Evaluation (December 2014)**

The final project evaluation report focuses on three different sources of evaluation and validation:

- Predictive Validity
- Welcome Questionnaire feedback
- Stakeholder feedback final evaluation methodology
Final Evaluation Methodology

The key stakeholders for the final evaluation and the data collection methods are detailed in Table 2 below. Further detail about each data collection methodology is included in the following sections of the report.

**TABLE 2: Initial Impact Evaluation**

<table>
<thead>
<tr>
<th>Stakeholder group</th>
<th>Focus of evaluation</th>
<th>Data collection method</th>
</tr>
</thead>
<tbody>
<tr>
<td>VB Interviewers</td>
<td>• Effectiveness of VBI training post course and when conducting VBIs</td>
<td>• Training evaluation forms</td>
</tr>
<tr>
<td></td>
<td>• Successes and barriers to putting VBI into practice</td>
<td>• VB Interviewer questionnaires (September 2014)</td>
</tr>
<tr>
<td></td>
<td>• Implementation and importance of VBI in the Trust</td>
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<td></td>
<td>• Reaction to having a VB interview and the interview experience</td>
<td>• First day of employment questionnaire</td>
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<td></td>
<td>• Engagement with and commitment to OUH and its values on joining the organisation</td>
<td>• Welcome questionnaire</td>
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<tr>
<td>New starters</td>
<td>• Impact and importance of VBI at OUH</td>
<td>• Senior Management interviews</td>
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<tr>
<td></td>
<td>• Barriers to the VBI project</td>
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<tr>
<td>Senior Managers</td>
<td>• Impact and importance of VBI at OUH</td>
<td>• Managers’ Questionnaire</td>
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<tr>
<td></td>
<td>• Case studies of impact of VBI in teams and departments</td>
<td>• Critical incident interviews</td>
</tr>
<tr>
<td>Line Managers</td>
<td>• Performance of new staff recruited via a VBI</td>
<td>• Predictive Validity analysis</td>
</tr>
</tbody>
</table>
Predictive Validity

Predictive validity of any interview is of crucial importance in resource selection. It is the ability of a selection measure to identify people who will perform well in the role. Well researched and well-designed interviews that correlate to the future outcome of an individual’s future performance are invaluable in getting the best people for the role. Most organisations do not assess the effectiveness of their selection processes, but take it on faith that they work.

In a formal study of predictive validity for an interview, the interview is conducted by trained staff and interview results are collected. Successful candidates are monitored over a period of time and their interview scores are then related to their job performance ratings. The results of this comparative analysis are expressed through the correlation coefficient.

A correlation coefficient is a number that takes the range from -1 to +1 and expresses the strength and directions of the relationship between the different pairs of variables in any given situation. The closer the correlation coefficient is to 1, the stronger the relationship between the two variables. With interviews, a positive correlation of 0.2 or greater would normally represent a useful relationship between an interview and performance.

High correlation values are very unusual in selection for a number of reasons:

- The interview is only one part of the selection process and is designed to predict some but not all the relevant performance (in this case behavioural and value based factors).
- Measurement of performance is never absolutely accurate: an individual's performance is not just down to his competence: it is impacted by organisational changes, quality of management, appropriate and timely training or team culture.
- Variation in assessment is always present. With VBI different questions are used in different recruitment processes for different roles and projects.
- Only those who do well at selection are appointed and therefore there is little variation in the selection scores of those appointed. The people who might be expected to perform less well in the role are not appointed. This makes it harder to see the relationship between selection scores and performance ratings because lower scores are absent from the data to be analysed. As a result the observed correlation is lower than it should be given the underlying relationship between selection scores and performance. This is called ‘restriction of range’. There are statistical formulae which can be applied to correlations to estimate the size of correlation without restriction of range.

The roles considered for the predictive validation study were Nurses and Care Support Workers. VB trained interviewers who carried out interviews across the Trust for the above roles returned copies of VBI notes to a central file every time a VBI was completed. Each question had an individual score and these results were saved so they could be correlated with future performance ratings.
Indicators of actual performance were gathered from line managers via a questionnaire when the individual who had undertaken a VBI had been in post for at least three months. Managers were asked to rate an individual’s performance against each of the Trust values. Ratings were provided on a scale of 1 to 5, where 1 is poor and 5 is outstanding.

Names of individuals whose interview notes were sent through for validation were coded and entered into a log with the individual VBI scores. The individual’s recruitment result was also recorded (i.e. appointed or not). The summary of the original scores and management performance ratings was then sent to an independent consultant for analysis.

The size of the sample is important in this type of study. With small samples, real validity can be masked by random fluctuations in the data. Only very large correlations can be differentiated from random ‘noise’ and therefore moderate but useful relationships can be missed. Correlations which are large enough, given the sample size to be unlikely to be random effects are said to reach ‘statistical significance’. When correlating performance ratings against results for a test or an interview method it is advisable to have at least 70 job incumbents doing the same job, ideally with a cross-section of different levels of performance from poor to excellent. For the OUH validation study 99 nurses and care support workers were included in the study to make it statistically significant.

**WORD CLOUD:** Staff feedback about their work, 2012
Content Validity

Content validity is the extent to which the themes and subject matter covered in interview questions are relevant to the job roles and requirements. Does the interview measure appropriate behaviours and values for the role in question? Content validity of the VBI was ensured through the rigorous process used in developing the structured interview questions. The development of the Trust values and behaviours has already been described in the initial impact report.

The values and behaviours framework was used to develop relevant interview questions and, most importantly, clear indicators that reflected the organisation’s behaviours and values.

Indicators are used to ensure that all interviewers consistently interpret the behaviours and values and eliminate ambiguity in understanding whether a candidate’s response meets the required standard. There are three question banks for different roles in the organisation that ensure the questions are at the appropriate level for the job.

Interviews were extensively piloted and adjusted before and after the initial impact evaluation where necessary to ensure that questions elicited appropriate responses relevant to the assessment and that the indicators were appropriate aids to scoring questions. The training for interviewers ensured that they used the interview structure as intended and provided feedback from the VB interviewers about how relevant the questions were to roles.

Fairness of Selection Methods

Ensuring that the interview is fair and free from bias from an equal opportunities point of view and discriminates solely on ability and suitability to do the job and not on race, gender, age and so on is also of paramount concern. Equal Opportunity information was gathered on each candidate interviewed with the VBI when applying for one of the roles. The data was recorded against each applicant’s VBI score and the final recruitment decision. The scores of different candidate groups were monitored. All things being equal applicants from different backgrounds should be equally successful, statistically speaking.

Differences in scores between groups can be indicators of bias or unfairness in a procedure, but they can also reflect real differences in potential for the role. For instance, if candidates trained outside the UK perform less well at interview this could be as a result of a bias in favour of local applicants on the part of interviewers. However it could also reflect a difference in skills with those trained abroad lacking in some areas of knowledge, skills or approach – perhaps because these areas were not covered in their training. Such gaps in skills would have a real impact on performance in the role and could be justifiable reasons not to appoint.
For this reason, whenever differences in performance are found, the source should be investigated. In particular if one group appears to be consistently performing less well on a selection procedure it is important to try and identify whether this could be caused by unfair biases or if it is a result of true differences in suitability for the role. Unfairness needs to be addressed, and even where differences are real, consideration should be given as to whether it is feasible to adapt the role or make training available so that a deficit in one area does not become a barrier to appointment.

Interviews by their nature are always dependent to some degree on the subjective judgement of interviewers. Unlike tests and questionnaires, for instance, the person carrying out the assessment can affect the results in many ways – in the quality of relationship developed with the candidate, how questions are asked, and the use of positive, negative or neutral feedback during candidates’ responses as well as in the way that responses are evaluated. Differing cultural assumptions between people of different backgrounds, age, training etc. can affect the way an interview is conducted and therefore its outcome.

Facets of VBI which make it more objective and therefore likely to be fairer to candidates are:

- Standardised structure and questions for all candidates for the same position
- Questions based on job and organisational requirements
- Well defined indicators for use in scoring questions
- Tailored training for interviewers
- Use of panel interviews where different members can monitor the behaviour of others to ensure it is fair
- Interviewers receive equality training as part of the VBI training course
- Scores based on the combined judgement of the interview panel
Welcome Questionnaire Methodology

The Picker Institute undertook a survey on behalf of the Trust of all new starters between June 2013 and January 2014, including those who had undertaken a VBI and those who had not. The purpose of the questionnaire was to identify any differences in the level of commitment and engagement of new starters between those who had been through a VB interview and those who had not.

Five surveys were carried out in total with a response rate of 37.8%. At the start of the questionnaire people were asked whether or not they had had a VBI.

163 staff stated they had undertaken a VBI, 175 stated they did not have a VBI and 181 responded that they were unsure. For the purposes of this report, as for the July 2013 impact analysis report, those who were unsure were excluded from the analysis. This report is therefore based on the feedback from 163 VBI recruited staff, and 175 non VBI recruited staff, which provides a very helpful control group.

Stakeholder Feedback

VB Interviewers

All VB interviewers were asked to complete a short online questionnaire in September 2014 to provide an insight into their levels of activity and confidence as VB interviewers and also obtain feedback about the effectiveness of VB interviews across the Trust. Of the 176 interviewers trained to September 2014, 64 completed the survey equalling a 36% response rate.
The questionnaire had a 92% response rate after many follow up emails and calls from Picker and the Project Manager to ensure we received the critical number of evaluations needed for the Predictive Validity study which was 99 questionnaires.

Critical incident interviews were also carried out with two Clinical Ward Managers and five members of staff in two Divisions who had fully embedded the VBI into their selection process and had a very positive experience in terms of the quality, values and attitudes of the staff who had been recruited as a result.

**Senior Managers**

Face-to-face interviews were carried out with the Medical Director, the Director of Organisational Development and Workforce and the Chief Nurse to understand the impact they believed VBI was having on the organisation and to gauge their support for VBI in the future.
4: Quantitative Evaluation and Validation
**Predictive Validity**

**Overall Findings**

Data was collected from 255 VB interviews with candidates with a subset of 99 who were appointed rated by their managers for alignment with the Trust values after a minimum of 3 months in post. This was analysed for the predictive validity study by Helen Baron, an external expert in validation. The groups were predominantly applying for Clinical roles. The largest group was Nurses or Midwives followed by Clinical Support Workers (see Table 3).

The VBI consisted of 3 to 4 questions which were linked to the values of the Trust (Compassion, Learning, Improvement, Respect, Delivery, and Excellence) and also included a set of safeguarding questions. Compassion was the most frequently used value, whereas Excellence and Safeguarding questions were rarely used. Candidate responses are rated on a 5 point scale with 5 being a high score. The average rating for interviewees was 3.6 which is a reasonably middle value with a range of scores above and below.

The selected group had a higher average score, suggesting that VBI results were related to decisions although some individuals with poor or below satisfactory ratings on VBI were appointed. There was variation in VBI ratings (the overall standard deviation was over 1) which is necessary for the VBI to be helpful in differentiating better candidates from weaker ones.

In order to assess the effectiveness of the VBI a number of employees selected via the VBI were rated by their managers after a minimum of three months’ employment when they had had time to settle down in their new role. Managers rated their performance using indicators derived from the VBI. Managers’ ratings tended to be high with an average of over 4 on a 5 point scale, but there were some individuals who received ratings at the low end of the scale.

The extent to which the VBI scores could predict the managers’ ratings of performance was evaluated for the whole sample and separately for the two largest role groups, Clinical Support Workers and Nurses and Midwives.

### TABLE 3: Staff Group

<table>
<thead>
<tr>
<th>Staff Group</th>
<th>Manager rating completed</th>
<th>Total with interview data</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical Support Workers</td>
<td>33</td>
<td>88</td>
</tr>
<tr>
<td>Administrative &amp; Clerical</td>
<td>9</td>
<td>29</td>
</tr>
<tr>
<td>Medical</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Nursing and Midwifery</td>
<td>56</td>
<td>133</td>
</tr>
<tr>
<td>Other</td>
<td>1</td>
<td>4</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>99</strong></td>
<td><strong>255</strong></td>
</tr>
</tbody>
</table>
The separate group analysis provided more consistent results with the overall results being complicated by the different roles of the individuals rated. For the largest group — Nurses and Midwives — there was a significant correlation between the overall interview rating and the overall managers’ rating providing good support for the use of the VBI with this group. In particular the correlation between the mean interview score and mean rating of performance was statistically significant at 0.31. The correlation between interview and managers ratings of compassion also reached statistical significance and is over 0.3, as is the correlation between interview ratings of respect and the managers’ ratings that were combined into the safeguarding competence. These correlations are shown in Table 4.

Correlations of 0.3 between a selection assessment and ratings of performance indicate that the assessment is effective and can provide a significant improvement in the performance of staff selected using the assessment. This is a raw correlation for the sample rated for performance and tends to underestimate the overall validity of the interview because it does not reflect the potential poor levels of performance for those not selected. This effect is known as restriction of range and a statistical correction can be applied when the extent of the restriction is known. Assuming that the restriction in this sample is due to selection based on VBI scores the statistical correction for restriction of range suggests the true correlation between VBI scores and performance is 0.38. Validity values in this range suggest that selection techniques are working very effectively.

TABLE 4: Correlation between interview scores and managers’ ratings of values Nursing and Midwifery

<table>
<thead>
<tr>
<th>Correlation</th>
<th>Compassion</th>
<th>Respect</th>
<th>Improvement</th>
<th>Delivery</th>
<th>Interview Mean</th>
</tr>
</thead>
<tbody>
<tr>
<td>Compassion</td>
<td>0.33*</td>
<td>0.10</td>
<td>0.21</td>
<td>0.13</td>
<td>0.24*</td>
</tr>
<tr>
<td></td>
<td>48</td>
<td>19</td>
<td>42</td>
<td>47</td>
<td>54</td>
</tr>
<tr>
<td>Learning</td>
<td>0.23</td>
<td>0.09</td>
<td>0.15</td>
<td>0.04</td>
<td>0.14</td>
</tr>
<tr>
<td></td>
<td>48</td>
<td>19</td>
<td>42</td>
<td>47</td>
<td>54</td>
</tr>
<tr>
<td>Respect</td>
<td>0.23</td>
<td>0.26</td>
<td>0.15</td>
<td>0.03</td>
<td>0.12</td>
</tr>
<tr>
<td></td>
<td>48</td>
<td>19</td>
<td>42</td>
<td>42</td>
<td>54</td>
</tr>
<tr>
<td>Improvement</td>
<td>0.28*</td>
<td>0.31</td>
<td>0.27*</td>
<td>-0.01</td>
<td>0.20</td>
</tr>
<tr>
<td></td>
<td>47</td>
<td>20</td>
<td>43</td>
<td>47</td>
<td>54</td>
</tr>
<tr>
<td>Delivery</td>
<td>0.29*</td>
<td>0.13</td>
<td>0.27*</td>
<td>0.11</td>
<td>0.22</td>
</tr>
<tr>
<td></td>
<td>47</td>
<td>19</td>
<td>41</td>
<td>46</td>
<td>53</td>
</tr>
<tr>
<td>Excellence</td>
<td>0.24</td>
<td>0.13</td>
<td>0.10</td>
<td>-0.04</td>
<td>0.11</td>
</tr>
<tr>
<td></td>
<td>46</td>
<td>19</td>
<td>40</td>
<td>45</td>
<td>52</td>
</tr>
<tr>
<td>Safeguarding</td>
<td>0.02</td>
<td>0.45*</td>
<td>0.14</td>
<td>0.03</td>
<td>0.07</td>
</tr>
<tr>
<td></td>
<td>45</td>
<td>19</td>
<td>40</td>
<td>44</td>
<td>51</td>
</tr>
<tr>
<td>Rating Mean</td>
<td>0.37*</td>
<td>0.39*</td>
<td>0.32*</td>
<td>0.12</td>
<td>0.31*</td>
</tr>
<tr>
<td></td>
<td>49</td>
<td>19</td>
<td>44</td>
<td>49</td>
<td>54</td>
</tr>
</tbody>
</table>

* Correlation statistically significant p<0.05 one tail
There were no significant correlations in the smaller group of Clinical Support Workers, but this does not necessarily mean that VBI is not effective with this group. Other explanations include that the managers providing the ratings were less familiar with the work of the group and that the managers themselves were less aware of the values. This was supported by interviews and questionnaires used with managers of Clinical Support Workers, many of whom felt they were not familiar enough with the work the Clinical Support Worker did on a day to day basis to rate them in detail on each value. More work needs to be done to understand the impact VBI is having on the recruitment of care support workers and to make any changes to the process if needed.

**RECOMMENDATIONS:**

- To undertake a review of the use of VBI for Clinical Support Workers to ensure it is being used effectively and is recruiting the right staff.

*Overall the study provided support for the use of the VBI in the selection of Nurses and Midwives. The predictive validity was 0.38 and reached statistical significance.*

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**Adverse Impact**

VBI results broken down by background variables were analysed where data was available. For most comparisons there were no substantial differences in performance between groups. However, there were some score differences between different ethnic groups, with people from White backgrounds tending to score higher than those from Asian and Black backgrounds. There was adverse impact in the final selection decisions, with White candidates about twice as likely to be appointed as candidates from other groups. However it was not possible to estimate the contribution of the VBI scores to the overall impact from the current data. Information about the whole selection procedure would be required in order to do this accurately and because the numbers of people in some groups were quite low the analysis was not sufficiently robust to draw firm conclusions.

Further evaluation will be required to understand the cause of the disparity. Differences can reflect real differences in suitability among applicants from different groups in terms of factors such as experience and training. It is also possible that cultural differences between groups are affecting responses to the VBI. A common factor underlying such differences is language. Candidates from BME groups can be much more likely to be non-primary language English speakers and some of those with English as a secondary language may be rejected when they do not have the communication skills required, particularly in clinical roles. Without information on such ancillary variables it is not possible to understand the causes of differences and it would be premature to assume unfairness in the process.
The BME candidates’ countries of origin were analysed to establish whether language could have been a factor in the differential performance of candidates. Of the 46 BME candidates who had a VBI about whom country of origin data was available, only five came from the UK. Others came from Africa, India, the Philippines and the Caribbean. This sample is not large enough to infer any definite explanations for the differences but may support the hypothesis that language could have been an issue in the recruitment process for BME candidates.

Adverse impact needs to be continually monitored in any selection process and in order to better understand some of the findings from the data in this report we would recommend ongoing monitoring of all groups undergoing VBI and a comparison with VBI and other selection tools used in terms of the impact on recruitment decisions.

**Values Usage and Content Validity**

The VBI consists of between one and four questions chosen from a bank of questions designed to elicit evidence of the different values in a relevant context for the role. The majority of candidates responded to three questions. Interviewers make their own choice of relevant questions to use so the interviewees in the study may have been asked about different sets of values, and even when they are asked about the same values, different questions may have been asked. *Table 5* shows the values selected for the first through to fourth questions.

**RECOMMENDATION:**

- A further review of VBI practice and training of interviewers with respect to fairness to different ethnic groups should be undertaken to understand how significant or accurate the findings are from the small sample in this report.

**TABLE 5: Distribution of Values for VBI questions by sequence**

<table>
<thead>
<tr>
<th>Value</th>
<th>Question 1</th>
<th>Question 2</th>
<th>Question 3</th>
<th>Question 4</th>
<th>Total</th>
<th>Percent of Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Compassion</td>
<td>88</td>
<td>83</td>
<td>24</td>
<td>5</td>
<td>200</td>
<td>26%</td>
</tr>
<tr>
<td>Learning</td>
<td>50</td>
<td>70</td>
<td>22</td>
<td>3</td>
<td>145</td>
<td>19%</td>
</tr>
<tr>
<td>Improvement</td>
<td>79</td>
<td>23</td>
<td>41</td>
<td></td>
<td>143</td>
<td>18%</td>
</tr>
<tr>
<td>Respect</td>
<td>17</td>
<td>32</td>
<td>78</td>
<td>6</td>
<td>133</td>
<td>17%</td>
</tr>
<tr>
<td>Delivery</td>
<td>17</td>
<td>44</td>
<td>60</td>
<td>8</td>
<td>129</td>
<td>17%</td>
</tr>
<tr>
<td>Excellence</td>
<td>3</td>
<td>2</td>
<td>17</td>
<td>4</td>
<td>26</td>
<td>3%</td>
</tr>
<tr>
<td>Safeguarding</td>
<td>3</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>3</td>
<td>&lt;1%</td>
</tr>
<tr>
<td>Total</td>
<td>257</td>
<td>254</td>
<td>242</td>
<td>26</td>
<td>779</td>
<td></td>
</tr>
</tbody>
</table>
Most individuals were asked a question relating to compassion. Few were asked questions for the values of Excellence and Safeguarding. Around half were asked questions relating to the other four values. Given that most were asked three questions it is not surprising that some values areas were rarely covered. Table 6 shows the proportion of those interviewed and those rated by managers who were asked a question relating to the different values.

These findings are comparable with the findings of the initial impact report in 2013 where few candidates were asked questions about the value of Excellence. The safeguarding questions have not been fully embedded within the VB interview process and more work needs to be done to ensure that they are embedded for key posts.

The validation research also showed a high correlation of around 0.69 between different values which suggested that interviewers may not have been differentiating well between values. It may also show that there is so much overlap between the values that differentiation is difficult.

Another potential explanation is that if a candidate has these values, they are so interlinked that if they have one they are likely to have all of the values. Further work to streamline the values has been considered and should be reviewed following the findings of this report.

### TABLE 6: Number (percent) of applicants asked a question relating to value

<table>
<thead>
<tr>
<th>Value</th>
<th>Manager rating completed</th>
<th>Total with interview data</th>
</tr>
</thead>
<tbody>
<tr>
<td>Compassion</td>
<td>82 (83%)</td>
<td>198 (77%)</td>
</tr>
<tr>
<td>Learning</td>
<td>47 (47%)</td>
<td>145 (56%)</td>
</tr>
<tr>
<td>Improvement</td>
<td>62 (63%)</td>
<td>139 (53%)</td>
</tr>
<tr>
<td>Respect</td>
<td>49 (49%)</td>
<td>133 (52%)</td>
</tr>
<tr>
<td>Delivery</td>
<td>57 (58%)</td>
<td>125 (49%)</td>
</tr>
<tr>
<td>Excellence</td>
<td>6 (6%)</td>
<td>26 (10%)</td>
</tr>
<tr>
<td>Safeguarding</td>
<td>1 (1%)</td>
<td>3 (1%)</td>
</tr>
<tr>
<td>Total</td>
<td>99</td>
<td>257</td>
</tr>
</tbody>
</table>

**RECOMMENDATION:**
- A further review of VBI practice and training of interviewers with respect to fairness to different ethnic groups should be undertaken to understand how significant or accurate the findings are from the small sample in this report.
Welcome Questionnaire

Overall Findings

The Picker report looked at the responses to the questionnaire by the VBI and Non-VBI staff and compared the two using spider charts. The spider chart below (Figure 3) shows the two groups overall responses to all questions on the questionnaire. The responses of the VBI staff are shown in light blue and the non VBI staff in purple. The coloured rings represent how positive the scores were with the centre green circle being 100% positive and the outside edge of the outer circle of red being 0% positive scores. The black line circle represents 50% positive scores.

This spider graph shows that:

▲ Staff who had a VBI responded more positively about OUH throughout the survey than staff who did not have a VBI. This was true of every person who completed the questionnaire which Picker concluded was a “stark result”.

▲ The pattern of response shown by the shape of both graphs is also very similar which suggests that it is not that the two groups of staff are having a different experience of the workplace, but that the VBI staff are just happier at work. If staff that had been hired without using a VBI had been treated differently in some way, you would not expect to see the distribution of responses to map so closely to the staff that did have a VBI (Picker 2014).

FIGURE 3: Spider Graph showing responses to all questions.
The difference in attitudes between those recruited by VBI and not recruited by VBI are important to the VBI project and are striking. The aim of VBI was to bring in staff who were more aligned with the organisation’s values and behaviours and who were motivated and committed to Delivering Compassionate Excellence at work. At the point of joining the organisation, this evidence suggests that VBI is making a significant difference by ensuring that staff are more engaged, motivated and a better fit than those not recruited using VBI.

Other key findings from the survey are:

▶ 99% of new starters who had a VBI thought the interview was fair as opposed to only 74% of those who didn’t have a VBI. The difference is mainly accounted for by the non VBI staff neither agreeing nor disagreeing with this question, but shows that those who had a VBI felt more strongly that their recruitment process was fair which is very positive.

▶ 92% of staff recruited using VBI agreed that the interview elicited accurate information about their performance and 96% felt they were asked relevant questions for the role as opposed to 66% and 74% respectively of staff who didn’t have a VBI.

▶ Staff recruited using VBI had a better alignment of their expectations of the job, the department and their manager and appear to be more satisfied than those not recruited using VBI:
  • 78% of VBI new starters felt the job met their expectations to a large extent or completely compared with 71% of those who didn’t have a VBI.
  • 77% of VBI new starters said the department met their expectations compared with 70% of those not recruited on VBI.
  • 78% of VBI new starters felt the support their manager gave them met their expectations to a large extent or completely compared with 62% of those not recruited on VBI.

▶ Staff who are recruited against the Trust values using VBI are clearer about their role and how it contributes to Delivering Compassionate Excellence (DCE)
  • 94% of VBI recruited staff agree or strongly agree that they understand their role and 98% understand how their role contributes to DCE. This compares to 89% and 78% respectively for staff not recruited on VBI.
Figure 4 shows how the VBI and non-VBI staff responded to the questions around expectations and feeling valued. The biggest difference between staff who had a VBI and those who did not are around Trust Values and how they were treated by their manager. This suggests that interviewing candidates based on their values can help find candidates who fit the OUH values.

- VBI recruited staff are more likely to recommend the organisation to others than those not recruited using VBI.
  - 93% of staff recruited using VBI agree or strongly agree that OUH is a good place to work, as opposed to 72% of non-VBI recruited staff.
  - 93% of staff recruited using VBI agree or strongly agree that they would recommend OUH as a safe place to receive treatment as opposed to 82% of non-VBI recruited staff.
Figure 5 shows that staff recruited using VBI plan to stay with the organisation for longer than those not recruited using VBI:

- 17% of non VBI recruited staff plan to leave OUH in less than a year as opposed to 7% of VBI recruited staff.
- 28% of VBI recruited staff plan to stay at OUH for more than 10 years as opposed to 13% of non VBI recruited staff.
- The average expected length of stay of VBI recruited staff is 6 years 7 months as opposed to 4 years for non VBI recruited staff.
Welcome Questionnaire Conclusions

The 2014 Welcome Questionnaire findings from Picker support and validate all the evidence from the July 2013 initial impact report where the sample size was too small to draw firm conclusions. This report provides evidence that staff that have a VBI are more positive about working for OUH and have a more positive experience of working at OUH in every area than those not recruited using a VBI. The fact that the pattern of responses is the same demonstrates that staff are having the same experiences of work; it is their values and attitude towards them that is making a difference.

The biggest difference between VBI and non VBI recruited staff is in their understanding of and engagement with the OUH values of Delivering Compassionate Excellence and according to Picker this “suggests that interviewing candidates on their values may help to find candidates who fit with the OUH values”.

Staff who are recruited on a VBI are also committed to staying longer with the Trust and while this may not translate into staff staying as long as they report in the welcome questionnaire, overall you would expect the trend to carry that VBI recruited staff will stay longer than non-VBI recruited staff and according to Picker “the cost saving would be hugely significant and bring benefits to patients of greater continuity of care and higher staff engagement”.

It is not unreasonable to assume that the introduction of VBI has played a part in recruiting people who at the point of joining the organisation are more committed to the organisation and its values than those not recruited on VBI. While other factors may have had some influence on the motivation and commitment of newly recruited staff such as personal profile, occupational makeup and clinical area, the evidence from the this study would suggest that the investment in VBI is delivering benefits to the organisation and is therefore worth the investment by the organisation.
New starters themselves feel very positive about the benefits of a VBI approach to themselves and to the organisation and a number of quotes from new starters during their induction support that:

The VBI felt person-centred and caring towards my personal values. I felt I was speaking with and being interviewed by people who shared my values. This assured me that we all care about the people that the Trust services. I very much want to work for an organisation that has these values. (Manager)

I think the VBI is the best way to hire someone for our job. (Midwife)

I felt I had a horrendous VBI and I thought I had done terribly. I felt like I was blabbering but in hindsight it was quite positive. You could just talk. (Nurse)

I feel comfortable with this type of interview process and being able to talk about real situations and not be able to prepare ready-made answers. (Administrator)

I was quite apprehensive beforehand but actually really enjoyed the experience. It helped me to ‘sell myself’ because my background was quite different from the role I was applying for. Technically I wasn’t a great fit but values wise I felt I was. (Advanced Nurse Practitioner)
5: Qualitative Feedback
**Qualitative Feedback**

**Key statistics**
- Up to December 2014 OUH has 242 trained VB interviewers.
- 255 VB interviews were monitored and data collected over the project period. Significantly more VB interviews have taken place that have not been monitored as part of the VBI project data collection.
- Of the 242 interviewers, around 73% are actively interviewing. This is a major improvement from July 2013 when only 33% of trained VB interviewers were actively interviewing.
- The VB interviewers have, on average, carried out 13 interviews each. This is a significant increase on the July 2013 position where interviewers had carried out an average 2 to 3 interviews each.
- The majority of interviewers carried out their first VB interview within a month of completing the VBI training course.

It is very positive that the levels of activity amongst trained VB interviewers have increased over the last twelve months. This is partly due to better selection of delegates to come on to the courses as training places are now offered to individuals who have the passion for and interest in interviewing and in the values of the Trust, but who also have the time and the capacity to undertake VB interviews in their own and in other areas of the Trust. This was a key learning from the early stages of the project when some delegates were either unable to commit the time to becoming a VB interviewer or were not the right skill match for becoming a VB interviewer.

**Support for VB Interviewing**

The interviewers were asked on a scale of 1-10 to give a rating for how much difference they felt that VB interviewing is making at the Trust and how important they felt VBI was for the Trust.

The average rating for how much difference VBI is making was 7.7 and the average rating for how important VBI was is even higher at 8.7. The difference in ratings for importance and impact is explained in the feedback from interviewers who as a total group are committed to, and supportive of, the Trust using VBI in the recruitment process, but who also see some of the barriers and restrictions to the impact of VBI. However, even with an appreciation of some of the ongoing difficulties in including VB interviews in the recruitment process, a rating of 7.7 for impact is still very positive.

Interviewers identified a number of ways in which VBI is a making a difference to the Trust:
- **Increasing interviewers’ insight into candidates’ values, behaviours and attitudes**
  
  A number of interviewers stated that the use of VBI questions gave them a much greater depth of understanding about candidates’ values, behaviours and attitudes and got beyond the rehearsed interview responses which in turn gave the interviewers greater confidence in their decision making.

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“I think the VBI is a wonderful initiative. We have always had scenario based interviews however having people think about real examples and teasing out what their responses are ensures that individuals who may intellectually know what the right answers are to questions are actually demonstrating it in practice.”

“It definitely gives us a greater insight into candidates, not just their prepared answers to likely questions you might expect at any interview.”
Improving the quality of staff recruited to the Trust

This report also looks at the ability of VBI to predict future performance in statistical terms, but it is equally important that managers and interviewers believe that the technique is improving the quality of the staff they recruit through their own experiences of recruiting and working with new staff. The experience of a wide range of interviewers and managers across the Trust supports the statistical evidence that VBI is making a real difference to recruitment in the Trust.

There are still some people within the Trust who feel that the time taken to include a VBI into the interview process is not offset by the benefits to the organisation in recruiting in this way. They remain supportive of the concept of VBI but feel that more work needs to be done to use the time available for interviewing more efficiently. There are also a small minority of interviewers who feel that managers do not always take the VBI feedback into account when making their final decision and this can undermine the interviewer’s confidence and use of the technique.

This is likely to be based on a lack of understanding of, or current commitment to, VBI by managers who are not VBI trained.

Communication about the VBI project across the Trust has been very effective and continues to be a key driver of the VBI work, with the Project Manager regularly attending briefings in different Divisions to help those who are not VBI trained to understand the difference VBI can make for them. This work needs to continue in 2015 and this report and the evidence of the impact VBI is making in the Trust will hopefully help build confidence and commitment across all areas of the organisation.

“It’s fabulous – I think it is the way forward. I have recruited great staff to the department as a result of this.”

“I think the VBI project has been set up and run really well. The training is excellent and the difference using VBI as part of recruitment is astonishing. There are people that would have been recruited under the previous way of interviewing but the difference in alignment of values can be vast. I fully support the VBI process because of the difference it has made with the staff I have recruited and the way they fit in with the team and the wider department.”

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“It’s fabulous – I think it is the way forward. I have recruited great staff to the department as a result of this.”

“I think the VBI project has been set up and run really well. The training is excellent and the difference using VBI as part of recruitment is astonishing. There are people that would have been recruited under the previous way of interviewing but the difference in alignment of values can be vast. I fully support the VBI process because of the difference it has made with the staff I have recruited and the way they fit in with the team and the wider department.”

“There are still some people within the Trust who feel that the time taken to include a VBI into the interview process is not offset by the benefits to the organisation in recruiting in this way. They remain supportive of the concept of VBI but feel that more work needs to be done to use the time available for interviewing more efficiently. There are also a small minority of interviewers who feel that managers do not always take the VBI feedback into account when making their final decision and this can undermine the interviewer’s confidence and use of the technique.

This is likely to be based on a lack of understanding of, or current commitment to, VBI by managers who are not VBI trained.
Redefining the recruitment process

The introduction of VBI to the Trust has had an added benefit of allowing managers to review their recruitment processes and reconsider the effectiveness, or lack of effectiveness, of existing selection tools and where necessary to either improve, redesign or remove interview questions or selection tools which were not adding any value. As a result the VB interview has led to improvements in the quality and effectiveness of the overall interview process in the Trust. It has also prompted a redesign of the recruitment and selection training offered to managers to enable them to also improve the technical parts of their recruitment process.

“Redefining the recruitment process has had a positive impact on the Trust. We have seen an increase in the quality of candidates we are recruiting and a decrease in the time it takes to fill vacancies.”

Creating a positive candidate experience

Recruitment is a two way process. When VBI is done well it can give candidates a realistic preview of the values and expectations of the organisation at a very early stage. It shows that the organisation is interested in them as a person and in how their values and behaviours align with the Trust. On the training the analogy is used of ‘round pegs and square holes’ for times when recruitment decisions are made where someone is recruited who is not aligned with the Trust values and does not “fit” with the culture of the organisation. This is not the best outcome for the organisation or for them as the candidate. VB interviewers and candidates have fed back that the VBI has been a positive experience for candidates and has given them a very positive impression of the Trust.

“This technique is a valuable tool which fundamentally supports the values and behaviours of the Trust. The feedback from interviewees has in many cases provided for a very positive experience.”

“I think the VBI project is really useful. It’s made me reconsider the effectiveness of traditional interviews and highlighted how these can be inadequate without the additional information that a VBI gives you. VB interviews have helped predict the future behaviour of candidates who I’ve interviewed for my team and I consider it a vital tool.”

“VBI has completely changed the way we interview on my unit. We have cut right down the technical interview as we feel we get much more value from the VBI section.”
Barriers to VBI

The VB interviewers identified a number of common barriers to the success of VBI in the Trust. All the barriers they identified were also identified in July 2013 and are often experienced by organisations introducing a values based approach on an organisational wide level. What is positive is that in spite of ongoing issues, the participation rate of VB interviewers and their level of commitment is higher than in 2013. More work needs to be done to alleviate the difficulties they continue to identify and recommendations are given below for how this could be done.

Short notice requests to carry out VB interviews and interviewer availability

A lack of planning and short notice in arranging interviews and selection days is common across organisations. It is even more critical when including a VB interview in the process as interviewers need to be sourced who may not be part of the management team undertaking the recruitment. Managers are asked to think about VBI at an early stage in their recruitment planning but the feedback from interviewers indicates that this is still an issue and a number of recruitment processes have had to go ahead without a VB interview due to a lack of available interviewers.

Some interviewers also felt that there were currently not enough VB interviewers trained which has led to issues with availability and resulted in some interviewers carrying out up to 50 VB interviews. Many interviewers felt that they themselves experienced time pressures in their work which meant they could not do as many VB interviews as they would have liked to. These issues should be eased by the addition of over 150 places on VBI training courses in 2015 to increase the VB interviewer pool to over 300. But more needs to be done to get managers to think about booking in interview dates with VB interviewers in advance.

RECOMMENDATIONS:

- The new recruitment and selection training should emphasise the need to plan vacancies in advance with specific reference to consideration of inclusion of a VB interview and the identification of VB interviewers at an early stage.
- Consideration should be given to a new system for arranging VB interviews which enabled more co-ordination of VB interviewers’ availability and requests from line managers. This could be centrally, divisionally or locally coordinated.
- Divisional management teams should be asked to reconfirm their commitment to VBI in their Divisions and should be asked to work with their VBI trained interviewers to identify ways of ensuring that trained staff have the time and the support to carry out VBI in their own and other Divisions.

“Requests for assistance with values based interviews are often quite short notice. The nature of many of our roles means that it is difficult to attend these.”

“Getting other people to have enough time to interview with you is a barrier.”

“Finding the time to participate with the interviewing despite wanting to be involved.”

“They are complex to set up in terms of having to secure VB interviewers initially.”

“Setting up the VB Interview alongside the technical interview and getting all colleagues availability is difficult.”
Opportunities to carry out VB interviews

Some interviewers who were based in sites like the Horton or in areas of the organisation who were not undertaking a lot of recruitment activity and who were unable to be released to travel to other locations where interviews were being carried out felt they were missing opportunities to practice the VBI skills they had learned. More work needs to be done to identify and target areas where either more VB interviewers need to be trained to enable VB interviewing to be implemented or to promote the use of VBI more in those areas. VB interviewers and their managers should also be encouraged to interview in other departments and areas as part of their professional development and to enable them to keep up their skills.

“Working at the Horton there are not as many opportunities to partake in VBIs. My own workload prevents me from taking time out to attend VBIs in Oxford. I did VBI a nurse and as I am an admin person, the nurse felt we did not understand her role.”

“There are no vacancies in posts I would interview for so it’s challenging to find interviews to support.”

RECOMMENDATION:

- Work should be done to identify areas of the organisation where VBI is not well embedded and to target those areas such as the Horton, to identify staff to train and to brief management teams on the benefits of including VBI in their selection processes.
Managers’ knowledge of, and commitment to, VBI

There has been an extensive and ongoing communication programme in place over the last two years to all areas of the Trust about the VBI project and the benefits it can offer to managers and teams. Jo Durkin has delivered briefings to every Division in the Trust and the new Project Manager has a programme of briefings planned for 2015. There is information on the intranet and in the staff newsletter as well as VBI trained staff spreading the message as champions throughout the Trust. However, in an organisation of 12,500 staff and only 180 trained VB interviewers, it is important to acknowledge that communication about VBI will be an ongoing journey for the Trust and the impetus to “spread and embed” must be maintained throughout the next few years until a critical mass of people is VBI trained and VBI becomes the accepted way things are done in the Trust.

“I think the only barrier is getting to talk to managers who recruit to get them to use VBI as part of their recruitment. I still find that there are managers who don’t understand despite everything that has gone out about VBI and the great job Jo has done, there are still managers who don’t understand it and don’t get it.”

RECOMMENDATIONS:

- A communications strategy should be developed for 2015 which continues to deliver VBI briefings to Divisions and Management Teams across the Trust and which also identifies new ways of reaching non-VBI trained managers to understand the benefits of VBI to their areas.
- The VBI report and the evidence for VBI should be used to increase manager and organisational commitment to VBI by using a range of different communication channels throughout 2015.
- VBI trained staff should be engaged as champions to go out into the organisation in a more structured way delivering briefings and talking to management teams about VBI and selling the benefits to the organisation.

“We need to get more people involved and get them to understand the benefits of the project.”
Line Managers are a critical stakeholder group in the VBI project as the majority of Managers in the Trust have not been VBI trained and so do not have the same knowledge or investment in VB interviewing as those who have been VB trained. But they are also the stakeholder group whom VBI has a direct impact on in terms of whether through using VB interviews, the quality of their staff has improved and whether the impact of new staff on their work and on the team is a positive one.

**Overall findings from the Managers’ Questionnaire**

- Managers were generally positive about the overall performance of their staff member with no positive scores below 50% (See Figure 6)
- None of the staff who had a VBI has a safeguarding concern or complaint reported to their manager.

On the values questions, positive scores from managers were very consistent. The highest scores were on questions around compassion (94% average positive score). The lowest were on questions around improvement (94% average positive score) See Figure 7.

- 93% of managers reported that they had not had any conduct issues with their member of staff.
- 88% of managers reported they had not had any performance issues.
- 86% of managers reported they had not had any instances of short term frequent absence from work.
- 18% of managers had received a complaint about the behaviour of the member of staff from colleagues.
- Only 6% of managers had had received a complaint from a patient or family member about the member of staff.

**FIGURE 6: Spider Graph showing Managers’ rating of VBI recruited member of staff’s overall performance**
These findings demonstrate to the organisation the benefits of using a VBI approach to recruitment. Values and behaviours are only one aspect of an individual’s overall performance, and other factors such as skills, experience, technical knowledge and other environmental factors also impact how people perform once in post. However, it is very positive that the majority of VB interviewed staff included in the study were demonstrating all of the Trust values in their role and were not having to be performance managed in any way. A cost-benefit analysis for the use of VBI would show that the cost of performance managing individuals over a period of time and ultimately replacing them if they do leave the organisation would be much higher than the cost and time investment in a VBI approach to recruiting staff.

Managers who provided comments on the Questionnaire supported this viewpoint:

“She is an older candidate with no health care experience who has immediately fitted into our team and role models the Trust values. She is an excellent member of the team and seeks to learn at every opportunity. VBI has the potential to change the culture of our organisation. I have found it so useful in both internal and external interview and it has given a depth to exploring whether the candidate will align to our Trust values.”

“The extra time is worth the time saved in managing these individuals further down the line.”

“Please continue to offer VB interviewing for Band 2 academy as all staff have been excellent. She has been an asset to the team.”
I can’t ever imagine doing recruitment without values. I can’t imagine doing it any other way. So much time is spent on discourse and it’s soul destroying. Having vacancies is better than having the wrong people. VBI clearly shows you who should get the job.
QUALITATIVE FEEDBACK

Q: What do the Six Values mean to you in your job?

▶ They mean individualised care. I gave one of my patients a bath. I put bubbles in for him. I have never seen a smile as big as his when he was in the bath. His wife didn’t come in and I wish she had, because he looked so happy. He kept telling her afterwards how amazing the bath was and me putting bubbles in was just the best thing ever…that’s individualised care.

▶ I tried my best for a patient and he was really demanding. We were so busy but I wanted to make sure he had everything. I thought he must know we are really busy and I thought we were getting along well. He said to me ‘before you storm off, do my plaster’. I had gone above and beyond for him but he thought I was stabling off. I am scared I am going to lose my compassion.

▶ It’s so important to reflect and remind yourself. I can see how you would lose your compassion over time. You have so many other things to do.

▶ As a patient, you are just waiting for things to happen to you. We need to remember that.

Staff were asked to talk about a critical incident and tell the facilitator what happened. The presence of aligned behavioural indicators in the way in which the staff had dealt with real issues on the ward was striking. What was particularly clear was the evidence of reflection and learning from each instance.

Q: Would you do anything differently?

▶ I would have checked if he was fine before I collected him. If I could do it again, I would have liked more time to reassure the relative. I didn’t feel I had enough time to reassure her and on reflection, she needed reassurance and needed more of my time.

Staff Nurse: Reflection on Improvement, Delivery and Compassion

▶ I have a patient with a brain tumour. The patient’s son was visiting and he [the patient] became really aggressive with him. I had to control the situation and also calm the son. He was only a teenager. He [the patient] didn’t know what he was doing. He [the patient] couldn’t say what he wanted to say. I felt the son was embarrassed. I felt that I didn’t want his [the patient’s] friend and family to see him like that. It wasn’t personal, he didn’t know. I reassured the patient. I am sure that if it was my father, he wouldn’t have liked me to see him like that. It felt horrible to see him aggressive and fighting and I didn’t know what had triggered it. What was important was…it was really important to teach the son…to make sure he had the knowledge. I needed to teach the son that his dad had lost his cognition. I hope the son would have seen me showing his Dad and him empathy. I wanted to treat him as an adult. I wanted him to know that he was a valued member of his family.

Staff Nurse: Reflection on Respect and Compassion

▶ I was working on the ward and we were really short staffed. You know, we were working at seven patients not four. There weren’t enough non-IV patients to go around. This was last Tuesday and I had six patients all day and two discharges and two went home.

“It was a really difficult patient and I only just managed to calm him down before coming here. I was upset I couldn’t help him more. It was distressing, he was in pain but there was nothing I could do. I went to my colleagues and got the doctors. That eased his concerns. They helped him to breathe. At the time, I felt distressed but I was happy when he was calm. I was happy with the way it was left.”
**Q: What did you do?**

- Just kept going and prioritise the patients that needed to go home because I knew more were coming in. I gave meds and made sure people were safe. That's all I could do. The discharges didn’t go smoothly. I felt rubbish. Like we weren’t… giving the right care… The patients know. I was worried about making mistakes and I felt bad for the patients because I knew they were disappointed with their care. They didn’t say they were disappointed.

**Q: What did you learn?**

- I guess…that you can cope. I definitely learnt a lot at the time. You can cope. I learnt that although I was upset, it wasn’t until a few days later that I really felt upset about that day. The whole week was really heavy really.'

_Staff Nurse: Reflection on Delivery, Excellence and Compassion_
Managers’ Feedback

It is important not to discard the comments from line managers about the small number of staff recruited using VBI where there have been some performance issues. These cases have not been looked at in detail as part of this evaluation and it would be useful to carry out a more in-depth analysis of their recruitment process and interview performance to identify any indicators of issues that may have been missed or ignored in the recruitment process and any areas where the process could have been improved.

The information we do have available is from managers’ comments on the Managers’ Questionnaires and many of the comments centre around Line Managers being given staff who they had not selected in the recruitment process. These managers felt that the recruitment process therefore missed an opportunity to identify specific behaviours and characteristics which made individuals more or less suited to their departments or areas of work.

“This individual has caused a lot of work in terms of incorrect information being passed on from interview. She does not have the Trust core values at heart but her own. I often wonder whether you interviewed someone else and she took their place in the job. I will never be taking another member of staff where I am not involved in the interview process.”

“Colleagues have made comments about her attitude and making unprofessional comments about patients and their choices. I was not involved in interviewing for this member of staff.”

“They are newly qualified and sometimes try to run before they can walk which has caused a few issues but she is beginning to settle down. I’m not sure if the interview process, whether it had been VBI or not would have had any influence on the performance of the individual.”

“She came out very well in the VBI but she struggled to fit into the ward, although her skills and nursing care are excellent. She is quite a shy person which didn’t come out in interview. Had I have known this I may not have employed her as a band 6, I would have offered her a Band 5 instead. She is leaving soon to pursue a professional development post.”
While more work can be done to look at the learning from each individual case, the examples illustrate some core principles about selection generally and VBI in particular that must be remembered:

- **Recruitment is an imperfect science** and the tool does not exist that will give managers a perfect prediction of whether an individual will perform well in post. VB interviewers receive two days of intensive training but much of their competence and confidence is developed when out practicing with real candidates and as VB interviewing is still relatively new in the Trust, less experienced interviewers may still be developing their competence.

- **VBI is and should be seen as only one component of a robust selection process.** It focuses only on the alignment of individual and organisational values and behaviours and not on how individuals will fit specific departments or ways of working. This needs to be the focus of the technical interview and other selection tools.

- **Where possible, involving line managers in a selection process is beneficial** in giving them a sense of ownership for the recruitment decision and also to enable them to give a role or department specific perspective of the suitability of the recruit to their particular role.

**RECOMMENDATION:**

- An in-depth review of the recruitment process and the VB interview in particular for any members of staff where performance issues develop should be carried out to identify any learning opportunities for the organisation and the VBI project, or for the individuals involved in the recruitment process.
Line Managers’ satisfaction and commitment to VBI

Managers were asked to rate their levels of satisfaction with the VBI process and their commitment to VBI as part of the Managers’ Questionnaire. Managers were generally positive about the VBI process. Their average ratings were over 4 (on a 5 point scale) against a number of evaluative statements regarding the interviews. Figure 8 shows their responses to a number of different questions.

**FIGURE 8: Spider Graph Showing Manager rating VBI recruit staff member**

- This individual has fitted well with the team
- This individual has fitted in well with the team
- This individual role models the values of OUH in their work
- The process to set up a VB interview was easy to follow and worked well in practice
- VB interviews have improved the way OUH interviews and select candidates
- The VB interviews gave useful, professional and evidence based feedback to me
- I believe VB interviews should continue to be used in recruitment to posts at OUH
- Please rate their overall performance on the following scale
- This individual has fitted well with the culture of the organisation and the department

General Managers pledge commitment to Values and Behaviours, August 2014
The key themes that emerged from these questions are detailed here:

- 60% of managers agreed that the process for setting up a VBI was easy to follow and working well in practice. Only 6% disagreed with this statement, the remaining 34% neither agreeing nor disagreed. The comments from managers around this were that it was time consuming and not always easy to find interviewers. This was reflected in the comments of VB interviewers themselves and has been discussed in more detail in that section of the report.

- 86% of managers agreed that the new recruit has fitted in well with the team and 85% felt they had fitted in well with the culture of the organisation and the department. The concept of “fit” is core to the VBI approach to selection and consequently such high ratings from managers is very positive.

- Managers are generally positive and supportive about the use of VBI in the future. 96% agreed that VBIs have improved the way in which OUH interviews and selects candidates and 76% felt that the Trust should continue to use VBI in recruitment to posts in OUH. The managers who appear to feel strongly that this is not the way forward for the Trust seem from the comments to be those who have not been VBI trained and who are not very aware of the VBI process. This adds weight to the recommendation in the previous section of the need to continue an organisational wide communication plan to inform and engage all line managers with the benefits of a values based approach to recruitment.

Overall, the feedback from managers is very encouraging and is supportive of the continued use of VBI at OUH.
Senior Management Commitment

Senior management commitment to VBI at OUH remains high despite both executive sponsors leaving in 2014. Mark Power; the new Director of HR and Catherine Stoddart, the new Chief Nurse were both recruited using VBI, as was the new Medical Director, Dr. Tony Berendt.

Mark Power described his interview process as: “An interesting experience. It was new to me at the time but it clearly demonstrated to me the values of it. I found it quite a searching process and it did make me dig deep and question whether my values aligned with the organisation. I think that they do.”

When asked how important VBI is to OUH today all three senior managers described it as being hugely important, and this view is supported by VBI and Values Based Conversations being included in our organisational objectives for 2015 and Workforce Strategy. Tony Berendt feels VBI is hugely important: “It is an essential part of the work that supports our move towards a values based organisation. I think the advantages are huge with greater reliability of getting the best people into the organisation in the first place.”

Mark Power describes its importance as being: “It’s an integral part of what we are trying to achieve in the organisation in terms of our culture change here. I think it’s one of the foundations of really achieving change in culture and maintaining that change.”

When asked about the impact VBI is making in the Trust, Catherine Stoddart said she could see the difference it was making to her senior nurses: “I am new but I think it has achieved for the senior nurses who are doing the values based interviewing a level of confidence about the people they are appointing. I haven’t yet been in a position that I can see the impact on patient care. What I have seen is a commitment from the matrons and sisters that they feel it adds value to the type of recruit we get.”

Tony Berendt talked about his frustration at not embedding the VBI approach into the consultant recruitment process yet: “My general sense is something is happening, it’s exciting and interesting. While it’s not being used formally in the consultant process, I am able in my role to use some limited questioning techniques in consultant interviews that give us some sense of who the person is and their understanding of our values. So it’s already enhancing our interviews.”

The SWOT analysis opposite (Table 8) was undertaken by five members of the Executive Board in May 2013 as part of their VBI briefing. They identified a number of strengths and opportunities for the VBI project which demonstrated the Executive Team’s commitment to the VBI project and their belief in its importance.

Due to the continued executive level support and commitment and the excellent Project Management of Jo Durkin, the strengths and opportunities have been built upon, particularly in embedding the values into the Values Based Conversations programme for managers, starting to make the links to the appraisal process and embedding the work into the Values into Action work stream.

Again due to the strength of leadership from the executive sponsors and the Project Manager, the threats have not materialised and the work has very robustly been embedded and evaluated at OUH before any national sharing has taken place.
While some of the identified weaknesses will always remain challenges (such as a lack of time from some interviewers to interview as much as they would like to) the evidence from this report is that interviewer participation, organisational enthusiasm and commitment to and the embedding of the values in the everyday language of the organisation is increasing and will continue to build over the coming years.

The organisational commitment to VBI and Values into Action as a journey is one of the critical success factors at OUH alongside the Executive sponsorship and commitment and excellent Project Management from Jo Durkin.

TABLE 8: Executive Briefing Session – SWOT Analysis for the VBI Project

**Strengths**
- ✓ Organisational appetite for VBI
- ✓ Because it works
- ✓ Integration with Delivering Compassionate Excellence
- ✓ Builds on the Values Work
- ✓ Executive commitment and understanding
- ✓ Helps people realise the values more readily
- ✓ Promotes shared language around values
- ✓ Credible and professional – difficult to argue with
- ✓ Inspirational stories
- ✓ Common grounds between disciplines

**Weaknesses**
- • Loss of enthusiasm after three months
- • Divisional board engagement
- • Pressure to short cut the process
- • Indicators need work; excellence
- • Current culture and values not lived
- • Need to roll out culture change
- • Gives opportunity to be negative about VBI if unhappy with the culture change
- • Perceived opportunity costs – Time
- • People are being trained to VBI but then don’t use VBI
- • Releasing people to do VBI
- • Putting VBI in the job plans and training days
- • Culture of escalation on decisions

**Opportunities**
- ✓ It’s current and could put Oxford on the map
- ✓ Clinical Director Appointments
- ✓ Coaching and Appraising Links
- ✓ Links to creating a culture

**Threats**
- • Externalise before we have embedded and succeeded internally
- • Other people do bad ‘VBI’ externally
- • Pushed into a National Sharing or Values Based approach

**RECOMMENDATIONS:**
- • To work with the Medical Director to embed VBI in the Consultant and Junior Doctor recruitment process in 2015
- • To develop measures of the impact of VBI on the patient experience and outcomes for patients
6: Training
Overview

VBI Training 2013–14

- Up to December 2014, 22 VBI training courses have been delivered at OUH.
- Over 180 OUH staff have been trained as VB interviewers.
- A VBI Train the Trainer Event was run in November 2014 for five OUH trainers and OUH are now self-sufficient in VBI Training delivery.

VBI course feedback

Delegates were asked to complete a feedback form at the end of each VBI course to share their experiences of the training. As discussed in the Initial Impact Report (July 2013), work was undertaken in April 2013 to improve the content of the VBI course and increase the delegate satisfaction ratings, and also to ensure the consistent delivery of the VBI course with Jo Durkin taking the lead trainer role supported by a smaller group of more experienced NSPCC VBI trainers. This involved changing the order of sessions delivered on day one and ensuring that delegates got more structure on each element of the VBI on day one and then solely practicing the skills all of day two. Table 9 shows the average rating for all courses to date. It breaks down the ratings for the old course, from December 2012 to March 2013 and the new course from May 2013 to July 2013 and from July 2013 to December 2014.

The feedback clearly shows that the changes to the content and delivery of the VBI course has achieved better outcomes for delegates in every area as shown by the improvements in all ratings from March to July 2013.

What is also very positive is to note that from July 2013 to December 2014 the average delegate ratings have increased further in every area and 88% of delegates leave the course feeling very satisfied. This is important whether they go on to become an active VB interviewer or not as the course also aims to create VBI champions as well as VB interviewers.
“I have been looking forward to attending this course and was not disappointed.”

“Brilliant course. Exceeded my expectations which were high. I can’t believe how much I have learnt in two days.”

“A very challenging and intensive course. The two trainers/facilitators were excellent.”

“I rarely attend a course where I feel I have learnt a practical skill like I have today. This course will assist me with much more than just recruitment.”

**TABLE 9: VBI Course Feedback from attendees**

<table>
<thead>
<tr>
<th>Question</th>
<th>All courses December 2012</th>
<th>December 2012 - March 2013</th>
<th>May - July 2013</th>
<th>July 2013 - December 2014</th>
</tr>
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<tr>
<td>Course structure</td>
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<td>4.68</td>
<td>5.17</td>
<td>5.65</td>
</tr>
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<td>5.07</td>
<td>4.8</td>
<td>5.33</td>
<td>5.59</td>
</tr>
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<td>5.73</td>
<td>5.76</td>
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<tr>
<td>Materials used</td>
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<tr>
<td>Opportunity to participate</td>
<td>5.54</td>
<td>5.26</td>
<td>5.86</td>
<td>5.80</td>
</tr>
<tr>
<td>How satisfied are you?</td>
<td>Very satisfied = 68%</td>
<td>Very satisfied = 53%</td>
<td>Very satisfied = 83%</td>
<td>Very satisfied = 88.2%</td>
</tr>
</tbody>
</table>

**Examples of comments from delegates on the course included:**
Interviewer Confidence

An evaluation of the impact of the training on delegate confidence from day one to day two was undertaken by asking delegates at the end of day one to rate their level of confidence in carrying out a VBI on a scale of 1 to 10 where 1 is no confidence at all and 10 is completely confident. Delegates were asked to rate their confidence levels again at the end of day two of the training and again on the VB interviewer questionnaire.

**The key findings were:**

- The average confidence rating at the end of day one of the VBI courses was 5.
- The average confidence rating at the end of day two of the VBI course was 7.5 which is a significant improvement from day one.
- The average confidence rating of VB interviewers who have completed at least one day of interviewing post courses is maintained at 7.5 with many reporting confidence levels of between 8 and 10. The large majority of those who scored their confidence ratings at 5 or below had carried out five interviews or fewer since being trained and this had impacted on their level of confidence in the technique. This validates what is said to candidates on the course – that they must continue to practice the skills to keep up both their competence and confidence.

These ratings are identical to those given in the July 2013 initial impact evaluation and shows that the high standard of training has been maintained and has benefited from the consistency of delivery by a small group of highly trained VBI trainers.

The delegates consistently found the practice sessions on day two the most useful part of the course but all acknowledged that the key support they needed after the course was time to practice interviewing alongside experienced VB interviewers and with real candidates. There were very few suggestions for anything that could be changed or improved on the course.

A small number of candidates commented that they would have liked more time to work on their note taking and assessing and this is a theme that continued to be an issue for VB interviewers even after the course. A small number also felt an extra day of training to have more practice would have been beneficial but they also acknowledged that this would be difficult to achieve in terms of time away from work. Both of these concerns are being addressed through the use of learning sets and post course coaching and support.
Post Course Support

The VB interviewers were asked on their questionnaire what additional support they needed after the VBI training course. Overall people were very positive about the training and felt they got a lot from the course, but a number of common areas were identified for further development.

▲ Note taking, assessing and feeding back to candidates

The main area most interviewers wanted more support in was how to note take, assess information and feedback to candidates. This is an area all delegates universally struggle with on the VBI training course as they are focused on getting the new probing and questioning techniques right and find the layering up of note taking an additional challenge. It is a skill that comes with practice and VB interviewers have to find their own style and approach that works best for them. Jo Durkin ran a number of learning sets for interviewers on note taking and assessing and these were well received although they were only attended by a small number of those who were trained.

RECOMMENDATIONS:
- Learning sets focused on note taking, assessing and feeding back to candidates should be offered to all VBI trained interviewers in 2015.
- Additional resources to support VB interviewers in note taking and assessing should be developed to help build their skills and confidence such as online VBI simulations which can be watched from their desks with exercises to take notes and assess.

▲ Learning sets and practice sessions

A number of interviewers felt they would have benefited from more practice sessions after the VBI training course before they interviewed for real or afterwards to keep developing their skills.

Learning sets were offered to all trained staff where there were opportunities to practice and discuss any issues or challenges they faced.

These were attended by only around 10% of the trained VB interviewers and often were attended by the same people. As identified in the previous section, time is an issue for people to interview and also to attend learning sets so new ways of offering learning sets and practice sessions should be considered to give trained interviewers and opportunity to practice and develop their skills.

Another area interviewers felt they would benefit from would be interviewing with an experienced VB interviewer for the first few times so they could learn from and get feedback from them. Delegates are encouraged to find someone who is more experienced to interview with after the course but diaries and time constraints on interviewers’ time does not always allow that to happen. There is no formal buddying system in place but this does exist informally in some Divisions.

RECOMMENDATIONS:
- The VBI Project Manager should survey trained VB interviewers to understand when, where and in what format they could and would attend learning sets and practice sessions and then set up a programme of development opportunities and sessions for 2015 for them to attend based on that feedback.
- A more formal buddying system could be introduced with existing VB interviewers asked to buddy up with a newly trained VBI and offer them coaching and support once they have completed the VBI course. Delegates could be given the name of their buddy on day two of the training course so they have a point of contact when they have completed the course.
7: External interest in VBI and sharing best practice
The project team has been contacted by over 80 external organisations interested in implementing VBI in their own organisations. Interest from other NHS organisations accounted for more than half of the queries with interest peaking following the publication of the Francis Report in February 2013. Other interested parties across the UK included county councils, local police authorities, and private sector employers including private health. The project team was also contacted by employers in Australia, the United States and Europe. In response to these queries, the project team offers advice and a frequently asked questions page.

The project team welcomed over 20 organisations to the VBI training course to observe part of the training. The purpose of these visits was to help organisations understand the practical implications of implementing VBI while further showcasing the good work at OUH.

The advice given to external organisations contacting OUH is summarised in ‘Nine Steps to Value Based Interviewing’ below. This was drafted following reflections from the project team – without these steps we do not believe the project would have been successful.

<table>
<thead>
<tr>
<th>Nine Steps to Value Based Interviewing</th>
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<tbody>
<tr>
<td>Step 1</td>
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<td>Step 8</td>
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<td>Step 9</td>
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</table>
8: Conclusions
The overall aim of the VBI project at OUH Trust was to recruit people who share the Trust values and are dedicated to Delivering Compassionate Excellence. Throughout this report we have presented a range of qualitative and quantitative evidence to demonstrate the positive impact VBI is making at the Trust in recruiting staff who are engaged and committed, who share the values of the Trust, model them in their work and who importantly are performing well in their jobs.

The individual project objectives were set at a very early stage of the project planning process. The VBI project subsequently evolved and matured as the organisation grew its knowledge and experience of VBI. Consequently, some of the initially vague project aims have been clarified, and others are now less achievable than we originally thought. To return to each objective individually:

▶ **VBI enables recruitment decision making aligned with OUH values**

The predictive validity study provided statistically significant quantitative evidence that VBI was able to predict how individuals who were recruited as nurses and midwives would perform in post in relation to demonstrating the Trust values. Using a rigorous predictive validity study and the expertise of an external validation expert, a predictive validity co-efficient of 0.38 was achieved. There were insufficient numbers of other categories of staff recruited using VBI during the project to be able to carry out a wider predictive validity study.

The group of care support workers was relatively small and unable to provide evidence of the predictive validity of VBI or that category of staff. More work needs to be done to understand the issues with this particular staff group and to ascertain why VBI has not provided the predictive validity and this forms part of the report recommendations. However, as the predictive validity for VBI and OUH is consistent with the predictive validity co-efficient achieved by NSPCC in their study for a different staff group, it is possible to reach a general conclusion that the VBI technique is predictive of future performance and is a useful selection tool. However, more work needs to be done to understand its application and effectiveness across different staff groups in the Trust.

▶ **Provides robust rather than impressionistic evidence**

The predictive validity study again shows that the information obtained through the VB interview is robust rather than impressionistic by being able to predict how individuals will perform against the values once in post. The data from the Welcome Questionnaire also provides support for the effectiveness of VBI in identifying people more effectively and robustly who will be more engaged, happier and better understand how their role delivers compassionate excellence than those not recruited using VBI. VB interviewers themselves also report feeling more confident in the robustness of their decision making and feel they are able to check out their “gut feel” through the interview process.

There is no perfect selection technique or process and more can always be done to improve the effectiveness of the VBI, such as reducing the overlap in values indicators as per the recommendations and also in providing ongoing support, training and coaching for trained interviewers to increase their skills in differentiating between candidates and in ensuring the objectivity of their decision making.
Helps obtain more information about candidates’ suitability

VBI trained staff during the training and when carrying out VB interviews in the Trust report that VBI is making a difference as it is identifying information not previously known about candidates and as would be expected, they are overall very committed to continuing to spread and embed VBI across the Trust.

Line Managers’ commitment to the continued use of VBI is also very promising with three quarters of those involved in the evaluation supporting the continued use of VB interviewing at the Trust. The issues they experience in terms of time commitment and resources requirements are mainly logistical so VBI is embedded across the organisation and more people are trained as interviewers in 2015, the process of including a VBI in a selection process should become easier. Commitment to using VBI in their selection processes can be seen as evidence that managers do believe it is providing more information about the suitability of candidates.

Senior Managers have also demonstrated their continued support for, and belief in, the benefits of a values based approach to selection through the inclusion of VBI and Values Based Conversations in the Strategy for 2015 and also through the inclusion of VB interviews in the selection process for all new Executive positions, including the upcoming appointment of a new Chief Executive.

Contributes to safer recruitment and selection practice internally and externally

This project aim has yet to be properly evaluated and measured in terms of the impact VBI is having of safer recruitment at OUH. The origins of VBI were in safeguarding at NSPCC and in ensuring that only those people who are suitable should work with vulnerable people. Values based interviews were recommended by the Francis Inquiry as a way of improving patient safety and delivering more compassionate care for patients. There are questions in the VBI question banks which consider safety and safeguarding is covered on every VBI course.

A safer recruitment course has also been developed at OUH to improve the quality and effectiveness of the whole recruitment process and this will be rolled out across the Trust in 2015. However, the safeguarding question bank which was designed as part of the project has yet to be fully embedded and utilised within the selection process and this is a recommendation of this report to do so.

This report has demonstrated that VBI is helping to recruit people who share the Trust values and who are dedicated to Delivering Compassionate Excellence. The challenge for the next phase of work is to spread and embed VBI Trustwide and to build the knowledge and commitment of all managers to using what is an effective way of recruiting people that really do Deliver Compassionate Excellence.
9: Recommendations
9: Recommendations

1. To undertake a review of the use of VBI for Clinical Support Workers to ensure it is being used effectively and is recruiting the right staff.

2. To undertake a further review of VBI practice and training of interviewers with respect to fairness to different ethnic groups to understand how significant or accurate the findings are from the small sample in this report.

3. To undertake a review of the existing question banks and values definitions to identify opportunities for streamlining the values and questions to reduce overlap and increase differentiation.

4. To launch the safeguarding question bank to all VB interviewers with clear recommendations about for which posts a safeguarding question should form part of the selection process.

5. The new recruitment and selection training should emphasise the need to plan vacancies in advance with specific reference to consideration of inclusion of a VB interview and the identification of VB interviewers at an early stage.

6. Consideration should be given to a new system for arranging VB interviews which enables more coordination of VB interviewers’ availability and requests from line managers. This could be centrally, divisionally or locally coordinated.

7. Divisional management teams should be ask to reconfirm their commitment to VBI in their Divisions and should be asked to work with their VBI trained interviewers to identify ways of ensuring that trained staff have the time and the support to carry out VB interviews in theirs and other Divisions.

8. Work should be done to identify areas of the organisation where VBI is not well embedded and to target those areas such as the Horton, to identify staff to train and brief management teams on the benefits of including VBI in their selection processes.
9. A communications strategy should be developed for 2015 which continues to deliver VBI briefings to Divisions and Management Teams across the Trust and which also identifies new ways of reaching non-VBI trained managers to understand the benefits of VBI to their areas.

10. The report and evidence for VBI should be used to increase manager and organisational commitment to VBI by using a range of different communication channels throughout 2015.

11. VBI trained staff should be engaged as champions to go out into the organisation in a more structured way, delivering briefings, talking to management teams about VBI and selling the benefits to the organisation.

12. An in-depth review of the recruitment process and the VB interview in particular for any members of staff where performance issues develop, should be carried out to identify any learning opportunities for the organisation and the VBI project, or for the individuals involved in the recruitment process.

13. To work with the Medical Director to embed VBI in the Consultant and Junior Doctor recruitment process in 2015.

14. To develop measures of the impact of VBI on the patient experience and outcomes for patients.

15. Learning sets focused on note taking, assessing and feeding back to candidates should be offered to all VBI trained interviewers in 2015.

16. Additional resources to support VB interviewers in note taking and assessing should be developed to help build their skills and confidence, such as online VBI simulations which can be watched from their desks with exercises to take notes and assess.
We are committed to the Trust’s values

Compassion: Putting patients at the heart of what we do and recognising different needs

Improvement: Striving to improve on what we do through change and innovation

Delivery: Delivering high standards of health care for our patients and customers

Respect: Encouraging a spirit of support, integrity, respect and teamwork

Learning: Learning from successes and setbacks

Excellence: Taking pride in the quality of care we provide for our patients and customers

Delivering Compassionate Excellence

Oxford University Hospitals NHS Trust
APPENDICES
**THE FOLLOWING TABLES** Show a more detailed breakdown of the feedback from the Welcome Questionnaire.

### Does the job meet your expectations?

<table>
<thead>
<tr>
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<th>Not at all</th>
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<th>To some extent</th>
<th>To a large extent</th>
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### Does the department meet your expectations?

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<th>To some extent</th>
<th>To a large extent</th>
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### Did the support you received from your manager meet your expectations?

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### My manager made me feel valued when I joined OUH

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<th>To some extent</th>
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### My manager talked to me about the Trust values and delivering compassionate excellence

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<th>To some extent</th>
<th>To a large extent</th>
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<tbody>
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## APPENDIX 1

### I understand what my role within the department is

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<th>To some extent</th>
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### I understand how my role contributes to DCE

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### I would recommend OUH as a good place to work

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<th>To some extent</th>
<th>To a large extent</th>
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<tr>
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<td>4%</td>
<td>22%</td>
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</table>
APPENDIX 1

I would recommend OUH to my family and friends as a safe place to receive treatment

<table>
<thead>
<tr>
<th></th>
<th>Strongly disagree</th>
<th>Disagree</th>
<th>Neither agree nor disagree</th>
<th>Agree extent</th>
<th>Strongly agree</th>
</tr>
</thead>
<tbody>
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<td>1%</td>
<td>6%</td>
<td>43%</td>
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<tr>
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How long do you think you will stay at OUH?

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<th>3-4 years</th>
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<td>VBI</td>
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<table>
<thead>
<tr>
<th></th>
<th>I am not currently thinking of leaving OUH</th>
<th>I am thinking of leaving OUH</th>
<th>I am actively seeking employment and will leave OUH soon</th>
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<tr>
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VBI PROJECT EVALUATION REPORT

MARCH 2015

A report for Oxford University Hospitals NHS Trust.