



professional
psychology
BUSINESS SERVICES



Volume recruitment in the NHS: themes and recommendations

Report commissioned by NHS Employers

Author: Joanna Cook, CPsychol, Professional Psychology Ltd

Contents

4	Introduction and aim of the project
5	Executive summary
7	Method
10	Results – attraction
15	- selection
18	- assessment centres
21	- retention
24	- equality and diversity
26	Comparison of NHS practices with external organisations
26	- College of Policing
27	- Civil Service Resourcing
28	- easyJet
30	Checklist of recommendations for employers
32	Conclusion

Joanna Cook BSc MSc CPsychol MBPSs

Jo is a chartered psychologist who specialises in healthcare selection and assessment. She helps organisations meet workforce aims using psychology to create evidence-based, objective measures of performance, motivation, values and skills.

Jo has over 15 years' experience working as an occupational psychologist within the public and private sectors in the UK and internationally. She was formerly lead occupational psychologist at an NHS trust, designing, delivering, and advising on selection and assessment. Jo's research interests include compassionate recruitment in healthcare, recruitment automation, candidate experience, and values-based recruitment. She is director of occupational psychology at Professional Psychology Ltd; founder of Recruit for Health; and a committee member of the British Psychological Society Division of Occupational Psychology.

Author: Joanna Cook, CPsychol, Professional Psychology Ltd
joanna@pro-psychology.com

Project Lead: Rachel Thresh, NHS Employers
Rachel.Thresh@nhsemployers.org

Introduction and aim of the project

Following an initial meeting in August 2018, a scoping project was commissioned by NHS Employers with the objective of gathering evidence of best practice recruitment methods within the NHS, along with examples for comparison from the public and private sectors. The report focuses on volume recruitment of nurses and healthcare assistants (HCAs) as the largest staff groups at all NHS trusts.

There is growing focus on the NHS workforce currently and recognition that more support is required in this area. The Health and Safety Executive rates social workers and healthcare workers as being the most at risk from burnout¹, and the NHS Long Term Year Plan specifically states that 'a modern employment culture' is necessary and that '...as a service (we) ensure we have enough people with the right skills and experience so that staff have the time they need to care for patients well².' We need to look closely at all aspects of the employee journey, and recruitment is an important place to start. The way we attract, recruit and retain staff in the NHS has a far-reaching impact on both patients and staff. Research tells us effective recruitment can help create 'person-job fit,' which increases the likelihood that staff will be satisfied, engaged and productive.³ This can have serious implications in healthcare, where evidence suggests that staff engagement predicts patient mortality⁴. In short, we have a responsibility to support those who make selection decisions to ensure they meet the workforce need in 2019 and beyond.

This report brings together qualitative data gathered from ten NHS trusts, three external organisations and desktop research. HR directors, workforce managers, recruitment managers and administrators were interviewed about their recruitment processes and the author would like to thank all those involved for their generosity of thought, their hard work and obvious ambition in this area. Thematic analysis was conducted and key themes were identified, which fit broadly into three key areas: **attraction, selection and retention**.

NHS Employers' original objective was to better support employers to implement leading-edge recruitment practices and inform the development of the new NHS Jobs system, to ensure it is built to help employers implement these practices. This report provides recommendations relating to the modernisation of recruitment practices locally. Some recommendations have been informed by trusts, but it became increasingly clear through the project that trusts are often limited by outdated systems and practice. Therefore, focus is on how the NHS can improve these systems and processes both in the short and long term in order to reach industry standards.

¹ Work Related Stress, depression or Anxiety statistics in Great Britain (2018), <http://www.hse.gov.uk/statistics/causdis/stress.pdf>

² 'The NHS Long Term Plan 2019' (p.81) <https://www.longtermplan.nhs.uk/wp-content/uploads/2019/01/nhs-long-term-plan.pdf>

³ Kristof-Brown, A (2000). 'Perceived applicant fit: distinguishing between recruiters' perception of person-job and person-organisation fit'. *Personnel Psychology*, 53, Issue 3.

⁴ MacLeod, D (2008). 'Engaging for Success' <http://engageforsuccess.org/wp-content/uploads/2015/08/file52215.pdf> Accessed 06/02/2019.

Executive summary

There is a need for a more compassionate approach to recruitment. The prevalence of burnout in healthcare workers, particularly newly qualified nurses, should be taken very seriously and appropriate processes put in place throughout the system to prevent it. Recruitment can be the starting point for this. There is a need for interventions at a national, regional and local level in the **attraction, selection and retention** of candidates. The priority is in preventing shortages in the long term, and to ensure that the recruitment of staff in the short term is done so in a compassionate manner.

Attraction

This study suggests that some recruitment systems are no longer fit for purpose and must be replaced and modernised to avoid deterring candidates. Interviewees repeatedly told us that staff shortages mean that recruiters and hiring managers are afraid of putting off much needed candidates during the recruitment process and that staff shortages mean that the process of attracting new recruits to the organisation is a continuing effort. NHS Jobs and NHS Careers must be re-designed with candidate experience at their core. Trusts repeatedly reference the need for being proactive and this should be mirrored at a national level.

Attraction strategies, using the skills of recruiters and communications professionals, should include campaigns that capitalise on the rich history of the NHS to instil pride in the general public and potential candidates. The NHS should seek to become an employer of choice, rather than relying on the goodwill of staff and potential candidates. We must be able to compete to attract the right candidates.

Collaborative recruitment combining the skills of communications professionals, recruiters, HR staff and clinicians, means that recruitment can be attractive while still meeting organisational need. This can be seen at external organisations reviewed in this report, such as EasyJet and the civil service.

Selection

This study shows that trusts need to be proactive in recruitment so as not to lose candidates. Automation and technology provide the opportunity to transform the current system. Organisational priorities must be to attract candidates, save recruitment teams time and to maintain standards. Literacy-heavy traditional methods, including application forms and CVs, are likely to become obsolete because they are unappealing to younger generations and are an unresponsive way of interacting with candidates. The creation of interactive shared selection resources and tools on the NHS Jobs platform should be seriously considered. These may include an interactive job preview quiz, screening tools displayed in interactive and realistic forms, an automated interview tool and paperless assessment centres. The access to effective and attractive fit-for-purpose selection methods should be equal, regardless of trust income, size or location.

The introduction of an NHS behavioural framework, from which all future local and national recruitment can be based, is essential and will instantly improve recruitment practices. However, it must include behaviours linked to the prevention of burnout such as self-care. This has been used to great effect in the police and civil service.

Expertise in NHS recruitment should be valued and leveraged. A community of expert recruiters should be identified across the NHS in order to raise standards nationally. This study suggests training needs are: the design of assessment centres, interview design, equality and diversity, and neuro-diversity. Expert recruiters would ideally cascade this learning through their organisations.

Economies of scale are possible and the cost of recruitment systems and careers resources can be shared. Equality of candidate experience should be considered as a motivating factor for creation of more nationally driven systems.

Retention

Demonstrating compassion throughout the employee lifecycle, starting with recruitment, is essential to support NHS staff. Furthermore, focusing on wellbeing and ability to manage challenging situations from the start will help.

Method

Identification of sample

NHS Employers identified ten NHS organisations that were known to be engaged in innovative recruitment practices. The highest volume posts at all ten trusts were nurses and/or healthcare assistants, therefore the report is based on these groups. Three external organisations were identified as being comparable because of their focus in recruitment. For example, large-volume entry-level roles and comparable customer-facing elements.

The following NHS organisations took part in the study:

- Bradford District Care NHS Foundation Trust
- Cambridge University Hospital NHS Foundation Trust
- The Leeds Teaching Hospitals NHS Trust
- University College London NHS Foundation Trust
- Central and Northwest London NHS Foundation Trust
- Sherwood Forest Hospitals NHS Foundation Trust
- University Hospital Southampton NHS Foundation Trust
- Newcastle upon Tyne Hospitals NHS Foundation Trust
- University Hospitals of Derby and Burton NHS Foundation Trust
- Nottinghamshire Healthcare NHS Foundation Trust.

The following staff were targeted to take part in interviews: HR directors, workforce directors, recruitment leads, resourcing managers, operational recruitment managers, recruitment coordinators and other relevant roles.

The NHS is a unique organisation that requires its own brand of selection and assessment methodology. However, we can learn a great deal from high-performing external organisations. This scoping project included research into current industry standards. The criteria for selection of external organisations were:

- Organisations employing a comparable level of role: volume recruitment of customer-facing roles within commercial organisations could be considered as a useful point of comparison.
- Comparable organisation type: public sector organisations with similar objectives, such as serving the public, will allow insight into how our shared goals in selection and assessment are achieved. Suitable partners could include the Government Recruitment Service, the Armed Forces, and the police forces of England and Wales.

The following organisations took part:

- The College of Policing
- The Government Recruitment Service (civil service)
- easyJet.

Sample size

There are 208 acute non-specialist, acute, specialist, and mental health trusts in England, 35 community providers and ten ambulance trusts. This does not include other NHS organisations such as clinical commissioning groups (CCGs), GP practices, and not-for-

profit independent sector organisations that provide care to NHS patients. All parties agreed that because the scoping project has a learning objective as opposed to a statistical objective, a manageable cohort of ten NHS trusts were approached. It is important to point out that this sample size yielded qualitative examples of best practice, however, a larger sample size would be necessary to have confidence in a causal link between variables. Survey methodology and quantitative analysis would be required to gain this level of insight.⁵

Research methodology

Interviews were held with the relevant parties at each trust, either one to one or in focus groups. Discussions with each NHS organisation focused on the following key elements, though this list is not exhaustive:

- **Categorise recruitment methodology within the broad themes of attraction, selection and retention**
 - A list of pre-determined categories was supplied to categorise methods used in order to support analysis.
 - Categories included traditional methods including application forms, online situational judgment tests (SJT), telephone interviews, video interviews, face-to-face interviews, assessment centres, etc.
- **Rationale for implementation**
 - What problem or issue were they hoping to overcome with this method?
 - What evidence does the organisation have to suggest the method will give/is giving the desired results?
 - What research was conducted before choosing this method?
- **Process flow**
 - For each method identified by the host organisation a step-by-step process flow was required from the very early stages onwards.
- **Resources**
 - Who/what is required to support this method? This included staff, technology systems, equipment, physical space (rooms), associated costs, interaction with other systems e.g. NHS Jobs or Trac.
- **Additional information**
 - Who championed this approach?
 - How did they find out about it?
 - Did any external organisations help them?
- **Future opportunities**
 - How will the process change, if at all, in the next one, three, or five years?
 - What are the organisation's aspirations for future work in this area?
- **Strengths, weakness, opportunities, threats (SWOT)**
- **Commitment to equality and diversity**
 - What impact, if any, will the method have on diversity/equality?
 - Does it disadvantage anyone?
- **Review the key issues, themes, challenges and opportunities**

⁵ Statistical significance is the likelihood that a relationship between two or more variables is caused by something other than random chance.

Thematic analysis was used to identify themes in the dataset. A theme is a pattern that captures something significant or interesting about the data and/or research question. Because we began the scoping project with an entirely open mind, a gradual process of coding evolved. Key themes are described in the results section below.

Results

The following key themes were identified through thematic analysis. Themes are significant patterns to which meaning can be applied. As the nature of this report is qualitative, direct quotes have been included to evidence the findings. These have not been attributed to individuals in order to maintain anonymity.

Attraction

While this project was focused around selection methods, the current national nursing shortage highlighted a significant problem for trusts: 'How can we select candidates who aren't there?' With quoted vacancy rates between 7.5-17 per cent for nurses at the organisations sampled for this study, and one sizeable trust interviewed recruiting just 35 UK nurses between 2018-19, it is clear that trusts require help in this area. As such, results show that the traditional recruitment system has been turned on its head: high performing trusts are taking the jobs to the candidates.

The workforce attraction theme comprises how the trusts identified and promoted their value proposition to potential candidates, and how they increased the likelihood that candidates would apply.

This included multiple examples of activities:

- **Recruitment strategy:** A clear strategy that focuses effort on problem or hard-to-fill vacancies such as nursing, coupled with a timetable of annual activities enabling recruiters to move away from reactive recruitment towards proactive recruitment. This provided more time and space to plan recruitment campaigns more strategically alongside other professionals such as communications, clinicians, and managers.
 - "We have an annual timetable of (events)."
- **Events:** All the participants have tried or use recruitment events regularly. These either target specific roles or are used to showcase the whole organisation. The objective is to increase interest in roles at the trust and promote career opportunities. When these are hosted by the trust the content typically includes a welcome presentation to 'sell' the trust, either by senior stakeholders, clinicians or recruitment teams and a 'marketplace' set up where multiple divisions are represented allowing candidates to 'shop around.' Increasingly, selection methods such as interviews were embedded into these events to capitalise on the captive audience. Some trusts even offer jobs on the same day.
 - "Recruitment fairs were brought in to help fill the gaps in specific areas such as dementia."
 - "Career 'day in the life' show off innovation and the USPs that make us different... reaching out to people to find them."
 - "We have an annual programme of events to attend."
 - "The NHS is very friendly so recruitment reflects this value. We invite people in, we can't put them off at any moment."
 - "(We) are selling nursing as a profession."
- **Social media channels:** Most participants had established specific recruitment social media channels or used existing trust-wide platforms to promote their work.

Most were advertising jobs, assessment events and good news stories on Twitter using specific handles, for example [@SFH_jobs](#) (Sherwood Forest Hospitals NHS Foundation Trust), [@LTHT_People](#) (The Leeds Teaching Hospitals NHS Trust), [@CUH_Recruitment](#) (Cambridge University Hospital NHS Foundation Trust). They also used specific hashtags to increase visibility, such as #CUHProud (Cambridge University Hospital NHS Foundation Trust). LinkedIn was less effective for nurses and more appropriate for medical staff.

- “We manage the brand... working with comms.”
- “Our managers are quite active on Twitter, we would like a recruitment page to promote good news stories as well as vacancies.”
- **Online job advertising:** Participants cited Facebook as being the most effective way of targeting potential nurses. This was seen as a more cost-effective way to reach candidates than traditional methods such as physical adverts in publications like Nursing Times. Participants also often chose to automatically advertise through Trac.
 - “Advertising on Facebook boosted (the number of nurse applicants) compared to the Nursing Times advert.”
 - “(We) discuss the role with the manager- where do they want to advertise? The staff engagement coordinator helps with a recruitment project plan.”
- **Careers microsites:** There were examples of established careers sites (externally hosted microsites linked to trust websites). The primary aim was to attract and engage with potential candidates. Typical features are vacancies, opportunities to sign up for job advert alerts, information about the location/town, specific promoted roles or current recruitment stories, interactive media such as welcome videos, and the general value proposition including benefits, career progression, and what to expect from the recruitment process. There are also practical tools for the candidate to begin a self-selection process answering ‘killer questions’, which give them an idea of whether the organisation would be a good fit for them. Two examples of careers pages are Leeds Teaching Hospitals NHS Trust ⁶ and Newcastle upon Tyne Hospitals NHS Foundation Trust⁷.
 - “We create talent pools from the careers site register.”
 - “It has improved everyone’s lives, the candidate experience, and we get less hassle from candidates and managers.”
- **Job preview resources:** Trusts have invested in videos to provide realistic job previews, including staff interviews, stories about their role and what it is like to work in the NHS.
 - “The job preview questions provide insight and encourage people to think about it but doesn’t sift them out.”
- **New roles in recruitment:** The evidence suggests that the traditional recruitment team structure is adapting to focus on candidate attraction, with the creation of roles

⁶ <https://jobs.leedsth.nhs.uk/>

⁷ <https://careers.nuth.nhs.uk/vacancies>

such as branding specialist (Cambridge), staff engagement coordinator (Newcastle), and attraction manager (Southampton). These roles compliment and sometimes replace traditional process-driven recruitment administrator roles.

- “We haven’t taken anyone’s jobs away, just improved their working lives.”
- “we re-modelled (the team) and focused on the time to recruit.”
- Participants frequently referred to the need for the NHS to be an employer of choice, to promote itself both locally and nationally in order to attract candidates. There is evidently a great deal of pride in working for the NHS and staff are proactively spreading this message.
 - “How do we attract? What’s our proposition?”
 - “...they don’t know about all the opportunities there are in the NHS.”
 - “Nobody knows the NHS is an employer of choice.”
 - “Attract people early.”
 - “Make the NHS an employer of choice.”
 - “Think of the NHS as a career.”
- **Incentivising candidates:** Competition between NHS organisations, private agencies and sometimes between different areas within the same trust is rife. The shortage of nursing candidates means that each candidate is precious. Trusts have implemented attractive packages for nurses including golden handshakes (between £1-4k typically), refer a friend schemes, options to choose specialisms, and flexibility in contracts to name but a few. The success of these varies. It was noted that the golden hello didn’t have as big an effect on attraction as was anticipated.
 - “It’s a buyers’ market.”
 - “(the golden hello) wasn’t as great as we thought, now we invest that in the training instead.”
 - “There are initiatives in place to attract newly qualified (nurses), a £1k incentive, which is cheaper than the agency spends.”

Recommendations for employers – attraction

- Be mindful of all forms of job advertising beyond the traditional methods. For instance, some trusts have found most success with online job advertising for nursing on Facebook.
- Online career pages can be effective in attracting candidates, and the added benefits of including realistic job previews and specific role promotions are useful for targeting hard-to-fill vacancies. These provide opportunities for embedding automated screening tools and can be shared across geographical areas.
- Reviewing the skill mix of your recruitment team to include marketing and social media expertise is likely to be beneficial.
- Use the knowledge and skills of communications colleagues when developing a recruitment strategy, they can advise on best methods for targeting the audience appropriately.

Results

NHS Jobs – first impressions count

A positive recruitment experience leads to an overall favourable impression of an organisation and can increase the likelihood of retention⁸. NHS Jobs and/or Trac were used by all the trusts interviewed. As the entry point to all NHS recruitment and selection practices, the impact of these platforms upon candidates and employers cannot be understated.

The NHS Jobs theme comprises online job advertising, application processes and the way trusts interact with it. Trac is widely used to manage the reported limitations of NHS Jobs.

Trusts are interacting with NHS Jobs in a variety of ways and highlighted several areas of improvement.

- **Job adverts:** These are always displayed on NHS Jobs, but also increasingly through Trac. Trusts described how they have attempted to make adverts more attractive through wording, additional documents and by linking to their own career sites. However, there was frequent reference to the fact that the process is restrictive in terms of the content which can be uploaded. For example, they are unable to include hyperlinks.
- **Candidate experience:** NHS Jobs is perceived as being unwelcoming and cold, and this is seen as not fitting with the values of the NHS, which is people focused. In addition, the text-heavy nature of the process is likely to be a potential barrier to some candidates. The text-based presentation of jobs may be challenging for candidates with neuro-diverse conditions and/or English as a second language. It is also inconsistent with the preferences of younger candidates who interact with information in a compartmentalised way where text is split into small chunks, for example WhatsApp messages.
 - “NHS Jobs could be more interactive, the platform could have online tests and values-based recruitment to save time. Systems save time.”
 - “Interaction (with candidates) is key, communication is key.”
 - “NHS Jobs is restrictive.”
 - “Trac gives good service but it is clunky, (we) want something more customer centric... Trac is outdated.”
- Trac helps speed up recruitment but isn't perfect. It is used to advertise roles, communicate with candidates and managers, manage data, and promote jobs on social media. The movement of data from NHS Jobs to Trac is a daily administrative task. Participants felt this was acceptable given the benefits they enjoy, but there is a recognition the system could go further.

⁸ Patterson, F & Zibarras, L. (2018). Selection and recruitment in the healthcare professions: research, theory and practice. Switzerland: Palgrave Macmillan.

- “It’s a daily task to pull info from NHS Jobs to Trac.”
- “It’s a problem that we have two systems (Trac and NHS Jobs). NHS Jobs could do end to end.”
- **NHS Jobs and Trac application forms:** The purpose of application forms is to allow a candidate to sell themselves, as a measurable part of a selection process. Most trusts use application forms as a way of quickly deselecting unsuitable candidates based on job-related criteria, ie a sift. Candidates may spend a great deal of time completing this part of the process, however, if the large amount of content they put into application forms is not used to inform a decision, it should not be used. Some trusts have started doing centralised shortlisting to take this burden away from hiring managers. They are essentially manually sifting application forms to ensure they meet basic requirements of a role.
 - “We have to support (HCA) candidates to complete their application forms because otherwise the dropout rate is high.”
- **Text heavy:** The use of text-based application forms can be a barrier to some candidates and could be seen as discriminatory.
 - “75 per cent of people give up after 15 minutes of filling out an application form.”

Recommendations for employers – attraction

- Design the recruitment process through the eyes of the candidate. It could make the difference between a candidate embarking on the career with your organisation or not.
- Explore the flexibilities available to you to tailor the application form within NHS Jobs or other recruitment systems to the particular job role. For example, if it is to be used as a quick sift, shorten it to ensure candidates don’t waste their time completing all sections at length.
- Consider all the options available to you and incorporate screening tools to help automate the recruitment process at an early stage for high-volume recruitment. Application forms may not be appropriate for all roles.
- Look to psychometric assessments to increase the efficiency of the early stages, such as ‘try before you buy’ quizzes to aid self-selection, or interactive situational judgement tests to sift volume posts.

Results

Selection

Interviews are still number one.

Following on from the NHS Jobs/Trac application stage, all trusts reported using interviews to select candidates. There is significant value placed on the face-to-face interaction with candidates, especially those in nursing and HCA roles: “Interviews are used because it’s a people-based industry, authenticity of candidates is key.”

It was not unusual for interviews to be tailored for these groups, and are typically conducted by clinicians and HR.

This theme includes a variety of different methodologies, modes of delivery and related sub themes such as interview training and evidence behind their usage. There were several different types of interview, and technology has enabled some trusts to try to deliver interviews in new ways:

- **Values-based recruitment (VBR):** Given the focus on VBR since the publication of the Francis Report⁹, expectation was that all trusts would be using it. In fact, only 50 per cent of trusts used VBR for nurses, while 70 per cent used VBR for HCA recruitment.
 - “Invite someone in if they share values, not just if they have healthcare background.”
 - “Selection based on values is transparent and helps overcome nepotism and close personal relationships.”
- **Strengths-based interviews (SBI):** Used by one trust for both nurse and HCA recruitment, they identify a candidate’s interests and are typically used for entry-level roles where candidates have limited experience to talk about.
 - “(We) use an SBI conducted by senior nursing staff. Ask them their preferences.”
- **Scenario-based interviews:** These were popular with trusts that were yet to introduce VBR.
 - “Managers currently do nurse selection, maths and English test, clinical test, scenario-based interview questions.”
- **Group interviews:** Used in the HCA selection process at one trust in order to manage a high volume of candidates. Groups of eight candidates were interviewed as a group, two assessors asked them scenario-based questions in turn.
 - “Feedback was that it was a more refreshing way to understand.”

⁹ ‘*Report of the Mid Staffordshire NHS Foundation Trust Public Enquiry*’, by Robert Francis QC (2013). <https://www.gov.uk/government/publications/report-of-the-mid-staffordshire-nhs-foundation-trust-public-inquiry>

- **Training:** All trusts offered one-day recruitment training that included a skills section relating to interviewing. In most trusts at least one person on the panel had to be trained. The minority of trusts preferred to be less prescriptive, accepting previous training from other organisations, or for logistical reasons such as an unmanageable number of employees who required training.
 - “If you’ve had training elsewhere, don’t insist on taking ours. Recommend staff attend, recruitment partners recommend practices and what to do.”
 - “VBI chair (at least) has received recruitment training.”
 - “(Training) includes the process, best practice, equality and diversity. Get them to think about why they’re making a decision, but don’t really go into the soft skills.”
 - “Recruiting for success training... look at unconscious bias, the end-to-end process, writing job ads, complying with employment law, interview technique. They have to practise creating interview questions.”

- **Delivery of interviews:** Overwhelmingly, trusts carry out face-to-face interviews using paper-based interview guides. Two trusts use remote interviewing via phone or Skype. Phone interviews were typically used as an additional values screen in roles that have had high attrition rates, while Skype interviews were used with international nurse candidates. Video interviewing was used at one trust to recruit HCAs, however evidence suggests it led to a drop in candidate performance because there was no opportunity to probe their interview responses. It should be noted that video interviewing has reduced time to hire for some corporate roles, such as contact centre staff at the same trust.
 - “(We use) Skype interviews... tight regulation on quality of recruitment. Rigorously controlled ... get a picture of the candidate beforehand. There are three panel members.”
 - “We bring everyone through to a values screening call. An informal phone interview asking why they want the job. What do they understand about the job? Realistic job preview. Need to be convinced they know what they’re getting into.”
 - “Tried (video interviewing) with HCAs- a simple video-based interview based on values.... but it didn’t work. We had to use telephone interviews instead.”

- **Interview question generation:** Interview questions were developed by managers/panels with a small degree of guidance from recruitment training. The minority offered banks of interview questions to increase standardisation and help managers. One trust uses an interview builder, which is an online tool that generates interview guides depending on the level and role. It was noted this helped inexperienced interviewers in particular.
 - “(The interview builder) is paper based. Need an automated one so you don’t have to print it off. It can’t be used by everyone as it is currently open to all, it needs levels of access. The template has space to write in it. Good questions. Encourage people to put their stamp on it.”

- **Quick turnaround:** Participants cited the need to complete the interview process quickly so as not to lose candidates, and giving job offers almost immediately afterwards. This was especially common when recruiting nurses.
 - “(We hold an) open day, we do all checks on the day, then interview quickly.”¹⁰
 - “Provide results very quickly and start onboarding process.”
 - “Panels want quick recruitment.”
 - “Interview on the day, list of vacancies, preferences, hours of work, rank preferences. Managers across the trust coming to interview. Led by matrons.”

- **Feedback:** A minority of trusts prioritised candidate feedback, the majority described how this was left to the interviewer to provide. This is partly due to practical considerations such as storing the data, organisation of the process or not having the time.
 - “(In recruitment training we) emphasised the need to feedback to candidates, certain groups of staff were not being treated well. Feedback was not in existence.”

Recommendations for employers – selection

- Think through the benefits of recruiting based on a values assessment and the predicted links between job satisfaction and retention. Measuring values is also recommended because of the positive emphasis it places on behaviours such as compassion and respect.
- Consider the validity and consistency of your recruitment processes. Introducing interview training for recruiters, standardised interview templates and scoring criteria will all help to increase the consistency of your recruitment processes and improve the quality of feedback you can provide candidates.
- Evaluate if the use of technology such as smart phones or tablets would improve the quality, speed and candidate experience of your interview process. Managers cited the need to interview anywhere. Technology may be able to provide flexibility for managers to begin the recruitment process while at recruitment events.

¹⁰ DBS and other checks are unlikely to be completed on the same day

Results

Assessment centres (AC)

The understanding of what an assessment centre is varies. However, a useful definition is:

‘Multiple assessment process involving a number of individuals undertaking a variety of activities observed by a team of trained assessors who evaluate performance against a set of pre-determined, job-related assessment criteria. The activities shall include exercises and may also include, but not be limited to, standardised tests and structured interviews. It is likely to be used to support decision making in a selection, placement or promotion context with the participants competing against each other.’

11

This theme is pertinent because assessment centres are a very common method of recruiting nurses and HCAs: 70 per cent of trusts used assessment centres, which included a variety of exercises and candidate interactions. This section will focus on the methods used, the rationale behind them, staffing, resources, and talent pooling. Assessment centres are distinct from recruitment fairs, which are popular within the area of nurse recruitment and discussed as part of workforce attraction.

- Why assessment centres? The reasons cited for using assessment centres included the need to improve candidate experience by giving them a realistic experience, the potential to increase the numbers of candidates quickly, the efficiency of being able to plan recruitment activity in advance, to centralise the recruitment process, to support time-poor managers with decision making, increasing quality and introducing greater accountability into the process.
 - “Candidates go to the division they’ve been interviewed by. It creates greater accountability.”
 - “Nursing managers are too busy to put time into recruitment. (We) took all admin away from managers (and) centralised the recruitment process. (We) split the team (into) bulk and divisional recruitment. Bulk recruitment is booked 12 months (in advance) at a time.”
 - “By implementing bulk recruitment (we) can do 20 offers on one day.”
- **Exercise types:** These included a group welcome from the trust, group-based exercises, role plays, work sample tests and verbal and numerical tests. These tended to be largely job specific, such as interaction with a patient, but there were also examples of using non-job-specific exercises. The implicit assumption is that these exercises are primarily designed to measure behaviours such as communication and compassion. Assessment exercises include group-based

¹¹ *The Design and Delivery of assessment centres: A standard produced by the British Psychological Society’s Division of Occupational Psychology’, (2015)*
https://www1.bps.org.uk/system/files/user-files/Division%20of%20Occupational%20Psychology/public/inf234_assess_centres_final.pdf

activities such as ethical dilemmas, evacuating candidates from a ward, and survival techniques.

- “(The L&D team) conducts numeracy and literacy tests.”
- **Assessment centre staffing and training:** Typical assessment centre roles include assessor, manager, administrator, role player, group facilitator and feedback chair (previously wash-up chair). All assessment centres were staffed by trust staff, who include a mixture of recruitment personnel and clinicians. This provided the opportunity for staff to become involved in selecting their own colleagues and staff. There were examples of the provision of training for assessors, either internally or working in partnership with external organisations.
 - “(We) use real staff.”
 - “HCA assessment centres are every week on an evening ... clinical staff do interviews and roleplays... they were amazed by the quality of the candidates.”
 - “Education team and director of nursing, they do a performance test, maths and English, meds management. Manager chats through their results and they talk about how they might perform.”
- **Number of candidates:** The number of candidates involved in assessment centres tended to range from 15 to 50, suggesting the assessor ratio may be less than the 1:3 ratio recommended in the DOP (Division of Occupational Psychology) assessment centre standards. The conversion rate is high, suggesting they are minimally challenging.
 - “The success rate is 80 per cent for nurses and 90 per cent for HCAs.”
- **Scoring and decision making:** Results were collated using pre-determined scoring criteria such as scoring matrices, and decisions were made based on reaching a minimum score, or pass/fail. The success rates for nurses tended to be very high. The final decision was often in the hands of nursing managers. A motivator was that the accountability should rest with them, as a sense of greater confidence came from the managers decision regardless of their assessing skill. There was little reference to how the scoring criteria had been developed.
 - “When we have been less selective the standards have dropped and there were more instances of disciplinaries... we are not lowering the bar.”
 - “Candidates go to the division they’ve been interviewed by. Creates greater accountability.”
 - “The nurse manager has to decide.”
 - “There’s a score sheet with behavioural cues on it.”
- **Frequency of assessment centres:** Most trusts hold assessment centres regularly and they are planned in advance to make them efficient. Nursing assessment centres tended to be run regularly in order to attract more candidates, usually fortnightly or once a month. HCA assessment processes were run very frequently, as often as much as once a week, in order to meet demand.
 - “Assessment days are once a month.”
 - “We recruit HCAs every other month.”

- **Resources:** Assessment centres can be very resource intensive. Trusts reported that both staff and clinicians were involved in the running of them. The most common length of sessions was half a day, however this doesn't include the time for preparation, scoring and feedback, which increase the time for staff involved. Assessment centres by their nature must be organised in advance, and it was usual for trusts to have a rolling timetable of assessment centres booked. In order to gain commitment from staff they were invited well in advance, and a contingency of recruitment staff attended to fill in in case managers were called away. The venue tended to be on-site, however this required negotiation within the organisation and flexibility with regards to time. Assessment centres were often held outside of working hours either in the evening or at weekends to mitigate this problem. Materials such as stationery were purchased in bulk to save money. And rather than purchasing exercises, assessment centre content was usually designed by the recruitment team in conjunction with nursing staff. Additional administrative processes were often included in the assessment centres, including ID checks, in order to increase efficiency.
- **Talent pooling:** Some trusts described how candidates are managed once they are successful at assessment centres and this typically involved creating talent pools whereby excess candidates can be called upon should the need arise.
 - “Successful candidates are either appointed straight away or enter a talent pool. Successful candidates are ‘kept warm’ through phone calls. All their checks are done while in the pool. We will approach them when a new role comes up. We’ve had people say ‘yes’ up to six months later.”

Recommendations for employers - assessment centres

- Become familiar with The British Psychological Society Division of Occupational Psychology [assessment centre standards](#) and use them when designing all your assessments. Conduct a review of exercises and assessments to ensure that the content is appropriate for all groups of candidates to avoid the potential for discrimination.
- Make sure your assessor-to-candidate ratio is sufficient. More than one assessor should observe each candidate and a minimum ratio of 1:3 assessors to candidates should be observed.
- Consider how your assessment centre could impact candidates with neuro-diverse conditions such as dyslexia. Reasonable adjustments should be offered.
- Pre-planning timetables means they can be planned in advance and relevant colleagues invited.
- Consider if you could speed up the process by automating it. Technology such as smart phones and tablets can be used to make the scoring/assessment process more efficient.
- Investigate the use of automated assessment centre scoring apps. They can relieve paper-heavy processes, help to improve the quality of candidate feedback and will go some way to preventing bias and discrimination.

Results

Retention

A positive recruitment experience leads to an overall favourable impression of you and your organisation and can increase the likelihood of retention¹². Given the challenge of filling nursing vacancies, retention should be a key focus. It is useful to consider how retention could be improved in at-risk groups such as nursing. Newly qualified nurses are at highest risk of leaving the profession and stress and burnout have been found to significantly correlate with intention to leave. In a European nursing survey, 42 per cent of UK nurses reported burnout (the highest percentage of the 10 European countries surveyed), compared to the average of 28 per cent. Nurses who are psychologically engaged and currently involved in their organisation report a lower intention to leave their job¹³.

This theme introduces the idea that effective recruitment of nurse candidates can influence their opinion of the organisation. This should be considered within the big picture of nurse attrition. Retention strategies have been implemented at most trusts and are discussed below.

Being welcoming from the start: Trusts are acutely aware of the need to keep candidates engaged and satisfied through the recruitment process.

- **Making candidates feel valued and welcome:** Trusts described how nurses often have multiple job offers and the time between the job offer and starting in their post is key to making sure a trust retains the candidate. Simple strategies designed to create a relationship between the trust and candidate quickly were described as beneficial in retaining candidates before they have even started. These strategies included sending out regular communications, setting up events for the new staff, engaging with them through social media, and creating a sense of community.
 - “Retention starts from before the appointment. They try to build the relationship right from the start.”
 - “(We are) organised and consider retention from the start.”
 - “(We) keep in touch with (successful) candidates afterwards, use postcards, they get one after a week, one six weeks later, and one just before they start.”
 - “(We) retain by recruiting locally, (there’s a) sense of community.”
 - “(We hold) afternoon teas for new recruits.”
 - “We provide a staff handbook which is based around everything you need to know, even down to where to buy your lunch.”

¹² Patterson, F & Zibarras, L. (2018). Selection and recruitment in the healthcare professions: research, theory and practice. Switzerland: Palgrave Macmillan.

¹³ *Growing Nurse Numbers HEE report* (undated)
<https://www.hee.nhs.uk/sites/default/files/documents/Nurses%20leaving%20practice%20-%20Literature%20Review.pdf>

- **Staff engagement from day one:** Strategies were employed to smoothly on-board candidates, again making them feel welcome straight away. This included proactively supporting them at induction, for example personally greeting candidates, introducing them to their new colleagues, walking them around the ward and helping them find their way around the organisation. Because of the potential for burnout, many trusts had initiated wellbeing activities for new recruits, this included providing advice at induction for self-care and preventing burnout.
 - “On the last day of induction, we talk about health and wellbeing and put resources in staff rooms e.g. self-referral docs, resilience wheel.”

- **Ongoing support:** Trusts frequently described the wellbeing support that was offered to staff. This typically came in the form of events based around wellbeing topics such as stress. The events generally included stalls, gifts, massages, and other wellbeing activities. In addition, trusts recognised the need for early intervention with staff who were unhappy in their roles. Regular check-in sessions or career clinics allowed staff to move around the organisation rather than leave.
 - “Wellbeing events focus on different topics, including stress, no smoking.”
 - “Some move around the organisation...we try and give them their choice and encourage them to stay and develop.”

- **Benefits packages:** Trusts gave examples of ongoing benefits that encourage retention. A good example from Newcastle upon Tyne Hospitals NHS Foundation Trust was the creation of a sports and social club, which promotes a sense of community while providing practical benefits such as events, discounts, and salary sacrifice schemes to buy cars and white goods etc.
 - “Benefits stop people from leaving.”

- **Recognition:** Thanking and rewarding staff for their hard work is something most trusts were actively engaged with. Staff awards were the most common way of doing this.
 - “PRIDE awards recognise people who are going the extra mile.”

- **Exit interviews:** Some trusts took this seriously, using it as a method of learning about what the push factors were and ensuring there is an open door should nurses wish to return.
 - “We mourn the loss of employees.”
 - “The chief nurse does the exit interview.”

Recommendations for employers – retention

- Design your recruitment process through the eyes of the candidate. In a competitive recruitment market, the candidate's experience of your recruitment process can influence their decision to start a career with your organisation.
- A positive recruitment experience leads to an overall favourable impression of you and your organisation and can increase the likelihood of retention¹.
- Consider ways to build a relationship between your organisation and the candidate before they even start in post. For example, regular communication and engagement events.
- Once in the role, consider the factors that influence retention such as relationships, a sense of community and support.
- Explore the possibilities for technology to help automate the on-boarding process of your candidates.

Results

Equality and diversity

Diversity promotes innovation, improves decision making and attracts more candidates. The key to attracting and recruiting a diverse workforce is fairness, objectivity and removal of bias. Fair assessment is at the core of this agenda. Recruitment systems must be linked to strategic goals around equality and diversity and the ability to monitor this effectively. In terms of selection methods, organisations are increasingly aware of the impact that methods may have upon minority groups, and evidence suggests that certain recruitment practices and assessments do tend to discriminate against black, Asian and minority ethnic groups, most notably aptitude tests¹⁴. There are many factors at play and this requires consideration in the context of the NHS.

Most trusts were aware of the need to provide inclusive processes for candidates and could cite multiple strategies to both attract BAME candidates and to ensure their processes are fair. However, few trusts were actively monitoring the impact of their recruitment processes. This theme encompasses methods of attracting diverse candidates, and how recruitment practice prevents direct or indirect discrimination.

- **Are we indirectly discriminating? Data reporting:** Some trusts were actively monitoring statistics regarding diversity including age, gender, disability and ethnicity. Data regarding BAME candidates was most readily available at these trusts, but they were in the minority. There was pride in the fact that recruitment processes are fair and there is confidence that the recruitment teams embrace diversity. However, discrimination can be indirect as well as direct and this is an area of concern because we do not know enough about what the impact of selection methods is currently.
 - “Conversion rate is lower for BAME candidates... there is a drop off rate.”
 - “NHS Jobs is very poor at being a reporting system. For E&D data we have to go into individual adverts or wait for annual reports... [with] high volumes of adverts ...the review of individual posts is not practical. We are aware of the drop off from the annual reports. We need better and quicker data to support this work.”
- **Attracting diversity:** Some trusts described steps they take to promote NHS careers across all communities. There was concern that even with these strategies in place there is still evidence to suggest a drop-off in BAME candidates during selection processes, which requires further exploration.
 - “(BAME candidates) don’t know about all the opportunities there are in the NHS. ‘Community links’ is an opportunity to sell the NHS. We give candidates a tour, show them the different roles. There is an application and interview. We do education sessions too, interview prep, they need to know how to apply to get a job.... We provide advice on how and make them feel welcome.”

¹⁴ McGuire, N (2017). ‘An Investigation into the Validity of Situational Judgement Tests for Recruitment in the U.K: An Investigation into the Validity of Situational Judgement Tests for Recruitment in the U.K’. Dissertation

- “Candidates are always treated fairly.”
- “Assessment centres are in accessible buildings.”
- “(if a candidate has) dyslexia or dyspraxia we calculate extra time.”
- **Training:** Recruitment training tended to reference unconscious bias, assessor bias and the legalities around the employment process. This suggests a basic amount of knowledge exists.
 - “We look at unconscious bias complying with employment law.”

Recommendations for employers - equality and diversity

- Above all else recruitment methods must be fair, free from bias and objective. Design should incorporate analysis of what the potential impact will be on candidates, such as adverse impact.
- Help to ensure direct or indirect discrimination is not taking place by having a consistent approach to monitoring equality and diversity data.
- Data reporting will also provide key information about the diversity of your candidates and will highlight any trends.
- Review the training you make available to help recruiters understand diversity and the reasonable adjustments that can be provided within selection to ensure a fair approach is taken.
- Candidate outreach can be used to attract candidates from all communities.

Comparison of NHS practices with external organisations

Three organisations were involved in the study. They were chosen because they are comparable with public sector employers, and/ or they recruit large volumes of customer-facing roles.

The College of Policing (England and Wales): Mixed model of college delivery and local force delivery.

In England and Wales, the police workforce totals 198,684. Of this number, 124,066 are police officers spread across 43 services. The College of Policing ('the college') selection and assessment team has responsibility for developing national selection processes. The college designs and quality assures the assessment centre and the delivery mechanism is via both the college and by local forces. It can be described as 'national resource as part of the professional body' for the recruitment of officers, from the rank of police constable to the most senior and specialist roles. Police constables are the most comparable rank to nurses, being entry level and the largest staff group¹⁵.

The college was established in 2012. The SEARCH® assessment centre was launched in 2002 to implement minimum national standards, with specific reference to 'respect for race and diversity.' Prior to this all forces conducted their own recruitment. The decision to move to minimum standards was taken in the context of criticism of standards within policing in the aftermath of the McPherson report¹⁶.

What do they do differently?

National standards have been created. A competency and values framework underpins all recruitment design across police services, but it has a greater impact:

It sets out nationally recognised behaviours and values, which will provide a consistent foundation for a range of local and national processes. This framework will ensure that there are clear expectations of everyone working in policing which in turn will lead to standards being raised for the benefit and safety of the public.¹⁷

The college works in partnership with police forces in England and Wales to raise the standard of recruitment.

The national police officer assessment centre (SEARCH®): Based around the competency and values framework, the assessment centre exercises are delivered in traditional assessment centre format. The existing process includes multiple, short competency-based role plays, verbal and numerical reasoning test, competency-based interview, and a written

¹⁵https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/630471/hosb1017-police-workforce.pdf

¹⁶ <https://www.gov.uk/government/publications/the-stephen-lawrence-inquiry>

¹⁷ <https://www.college.policing.uk/What-we-do/Development/competency-and-values-framework/Pages/Competency-and-Values-framework.aspx>

exercise. The college runs assessment centres on behalf of some forces, whilst other forces run theirs in house.

The college uses a computerised system to collect candidate information, allocation and scores, however the legacy system is being replaced in 2019-20 with an online system that will automate some elements of assessment centre marking and results.

This service is delivered by a team of occupational psychologists, project managers and administrators based in Harrogate. The college has also worked with external partners to develop the new police officer assessment centre.

The college is evaluating a new assessment centre that has been designed to represent more closely the tasks of a constable. The new process will be called 'Day One' and will be an immersive event whereby candidates are placed in the role of a constable. It will use exercises that incorporate virtual reality and will be more engaging for candidates. It has been piloted on several thousand applicants nationally, to ensure it is fair, objective and valid and could potentially be rolled out nationally to over 20,000 candidates across forces in England and Wales.

The college monitors assessment centre results to identify any differentials in performance of groups according to biographical characteristics, so that the reasons can be understood and addressed where possible.

Forces are responsible for local selection pre- and post-SEARCH®, sifting candidates prior to the assessment centre, using telephone interviews, face-to-face interviews, online situational judgement tests and positive action days.

Civil service: centralised service managed by internal account managers

The civil service is made up of 25 ministerial departments, 20 non-ministerial departments and 405 agencies and other public bodies. It employs 430,075 staff, 36 per cent of whom are in entry-level and admin roles [1].

The Government Recruitment Service (GRS) brings together volume recruitment, executive recruitment and highly specialised recruitment. The service started in 2011 and was initially a start up where the team was given the space to plan future offerings through the Next Generation HR project which covered recruitment, learning and employee policy. There were also various push factors such as economies of scale and managing contracts with external contractors centrally. HR directors agreed to give a proportion of their budgets to the central fund for shared tools. Not all departments use GRS for recruitment services.

Prior to this, each department managed its own recruitment, with some variable practice. The team won over various departments by using management information relating to recruitment which showed where failings were in the process, or if they had heard a process had not gone very well, they would offer an alternative for next time.

What do they do differently?

National standards have been created: initially through the creation of the original civil service competency framework, and in 2018 with creation of 'success profiles'. These look beyond competencies to experience, technical ability, behaviours and strengths and are used as the foundation for all recruitment processes.

'Success profiles will enable a fairer and more inclusive method of recruitment by enabling us to assess the range of experiences, abilities, strengths, behaviours and technical/professional skills required for different roles. This flexible approach to recruitment focuses more on finding the right candidate for the specific role' [\[2\]](#).

Account managers manage an end-to-end service for managers. This includes adverts, agency interaction, shortlisting, interactive media to attract candidates, sifting tools, assessment methodology, to the point where a candidate accepts a job. They can also engage with key suppliers when there is surge requirement. The service is delivered, and cross charged afterwards. The pricing models start low for the most basic service (placing an advert), up to thousands of pounds for more significant high-tech processes.

Jobs are advertised on Civil Service Jobs which is very similar to NHS Jobs. It uses an ATS (applicant tracking system) with configuration to meet the bespoke requirements of civil service departmental customers. The senior account manager is a senior recruiter who has a team of staff. They triage requests and connect teams with the right staff and tools, such as a team of occupational psychologists, and selection tools such as sifting tests, adverts, and interview content.

easyJet: Online automated systems compliment international Assessment Centres

Volume recruitment for easyJet includes 60,000 cabin crew applications and 5,000 pilot applications per year across Europe which is managed by a team in Luton. Due of the high volume of candidates, easyJet has embraced an automated system which supports with managing candidates from initial application through to an assessment centre. They have worked with external occupational psychologists to develop several assessment packages to meet this need.

What do they do differently?

Multi-stage online screening process: Being a member of cabin crew is a challenging role and evidence suggested that candidates may have lacked realistic knowledge about what to expect, which resulted in high attrition. To support candidates, easyJet developed a 'try before you fly' realistic job preview questionnaire (RJP), which is designed to encourage candidates to think about whether they would enjoy the role, and to discourage unsuitable candidates from applying. It consists of ten items based on real-life situations and supports that candidate to assess if the role of cabin crew is a good fit for them. Successful candidates are encouraged to proceed to complete an application.

As part of the application process, the candidates complete online assessments based on a pre-determined competency framework. These assessments are based on behaviours and situational judgement tasks that are designed to select candidates with relevant skills and to ensure they are committed to the process. Between 40 and 50 per cent of applicants drop out or fail.

If successful, candidates are invited to book themselves into a face-to-face assessment centre. easyJet runs over 600 assessment centres every year, with 70-80 candidates attending each one. The assessment centre format consists of presentations by the recruitment team, ice-breaker and group exercises. This process cuts a third of candidates, while the successful two thirds proceed to interview on the same day. The recruitment team interviews candidates on a one-to-one basis, looking at the core competencies for the role and motivation for becoming easyJet crew.

easyJet has innovated and introduced paperless assessment centres. The assessment centre and interview content along with all candidate details are loaded onto an online platform with the ability to make notes and score candidates on each section of the assessment guided by positive and negative indicators. With the paperless assessment centre, assessors and candidates are able to receive the information they need exactly when they need it, enabling a sleek and efficient performance. The assessment day process is fully digital with passport copies, candidate administration, all assessor notes taken and stored.

easyJet is constantly looking out for a more innovative, personalised and immersive candidate journey opportunities. This includes an integrated video RJP to support the selection of candidates at the first stage of their application, along with video interviewing supported by artificial intelligence to cut down the time spent at assessment centre. There is recognition that the millennial and Gen Z population are unlikely to want to engage with application forms and CVs, so easyJet is considering reducing the amount of data they seek from candidates until they are committed to the process.

Checklist of recommendations for employers

Attraction

- Be mindful of all forms of job advertising beyond the traditional methods. For instance, some trusts have found most success with online job advertising for nursing on Facebook.
- Online career pages can be effective in attracting candidates, and the added benefits of including realistic job previews and specific role promotions are useful for targeting hard-to-fill vacancies. These provide opportunities for embedding automated screening tools and can be shared across geographical areas.
- Reviewing the skill mix of your recruitment team to include marketing and social media expertise is likely to be beneficial.
- Use the knowledge and skills of communications colleagues when developing a recruitment strategy, they can advise on best methods for targeting the audience appropriately.

Recommendations for employers – selection

- Think through the benefits of recruiting based on a values assessment and the predicted links between job satisfaction and retention. Measuring values is also recommended because of the positive emphasis it places on behaviours such as compassion and respect.
- Consider the validity and consistency of your recruitment processes. Introducing interview training for recruiters, standardised interview templates and scoring criteria will all help to increase consistency and improve the quality of feedback you can provide candidates.
- Evaluate if the use of technology such as smartphones or tablets would improve the quality, speed and candidate experience of your recruitment process. Managers cited the need to interview anywhere. Technology may be able to provide flexibility for managers to begin the recruitment process while at recruitment events.

Assessment centres

- Become familiar with The British Psychological Society Division of Occupational Psychology [assessment centre standards](#) and use them when designing all your assessments. Conduct a review of exercises and assessments to ensure that the content is appropriate for all groups of candidates to avoid the potential for discrimination.
- Make sure your assessor-to-candidate ratio is sufficient. More than one assessor should observe each candidate and a minimum ratio of 1:3 assessors to candidates should be observed.
- Consider how your assessment centre could impact candidates with neuro-diverse conditions such as dyslexia. Reasonable adjustments should be offered.
- Pre-planning timetables means they can be planned in advance and relevant colleagues invited.
- Consider if you could speed up the process by automating it. Technology such as smart phones and tablets can be used to make the scoring/assessment process more efficient.
- Investigate the use of automated assessment centre scoring apps. They can relieve paper-heavy processes, help to improve the quality of candidate feedback and will go some way to preventing bias and discrimination.

Conclusion

There is a need for a more compassionate approach to recruitment. The prevalence of burnout in healthcare workers, especially newly qualified nurses, should be taken very seriously and appropriate processes put in place throughout the system to prevent it. Recruitment can be the starting point for this. There is evidently a need for interventions at both the national and regional levels in the attraction, selection and retention of candidates. The priority is in preventing shortages in the long term, and to ensure the recruitment of staff in the short term is carried out in a compassionate manner.

Attraction

This study suggests that there are processes that are no longer fit for purpose and must be replaced to avoid deterring candidates. Interviewees repeatedly said that staff shortages mean that recruiters and hiring managers are afraid of putting off much needed candidates during the recruitment process and that staff shortages mean that the process of attracting new recruits to the organisation is a continuing effort. NHS Jobs and the recruitment process must be re-designed with candidate experience at its core. Trusts repeatedly reference the need for pro-activity and this should be mirrored at a national level.

An attraction strategy including a timetable of annual events, to which trusts can bolt-on their own campaigns, will be very powerful - perhaps capitalising on the rich history of the NHS and tapping into the sense of community that the NHS appeals to. The NHS should seek to become an employer of choice rather than relying on the goodwill of staff and potential candidates. It must be able to compete to attract the right candidates.

Collaborative recruitment has been implemented successfully at trusts. Combining the skills of communications professionals, recruiters, HR staff and clinicians means that recruitment can be attractive while still meeting organisational need. Collaborative recruitment can be seen at external organisations too, such as easyJet and the civil service.

Selection

This study shows us that trusts need selection to be quick, efficient and attractive. Shared selection resources and tools on the NHS Jobs platform would save trusts time and money, increasing the speed with which candidates can be processed while maintaining a national standard. The access to effective and attractive fit-for-purpose selection methods should be equal regardless of trust size and location. These tools must be more than just an application form. As discussed within this report, candidate experience and needs must be considered in the development of these resources. Any tools/exercises should be immersive and content specific, behaviour changes depending on the situation and candidate can be introduced to the NHS through realistic job preview media, a 'try before you buy' questionnaire and interactive test content. In recent years, other large-scale public sector recruiters such as police services and the civil service have recognised the economies of scale that can be achieved through collaboration. Nationally managed recruitment systems provide more equality between geographical areas and departments and can be very useful to multiple organisations.

The introduction of an NHS behavioural framework from which all future local and national recruitment can be based is essential. This will instantly improve recruitment practices. This has been used to great effect across the police and the civil service. It must include behaviours linked to the prevention of burnout, such as self-care.

Expert recruiter training should be offered to trusts. This will develop skills locally, while maximising the use of any nationally developed tools. This study suggests training needs are equality and diversity, assessment centre design, interview design and reasonable adjustments. Expert recruiters would cascade learning through their organisations.

Technology and automation cannot be avoided and should be embraced as an enabler of candidate attraction and candidate and recruiter experience. An end-to-end candidate selection process can be achieved and ultimately will happen. It would be ideal for this change to be delivered at a national level, rather than trusts investing large sums of money independently for tools that may or may not be fit for purpose. Equality of candidate experience should be considered as a motivating factor for creation of more nationally driven systems.

Retention

Demonstrating compassion throughout the employee lifecycle, starting with recruitment, is essential to support NHS staff. Focusing on wellbeing and the ability to manage challenging situations from the start will help.