

**Northeast and Yorkshire
healthcare support worker
recruitment and retention
survey 2021/22: Survey
results and analysis**

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Background

The government made a manifesto pledge to recruit an additional 50,000 nurses by 2024. Aligned to this pledge was a commitment to upscale the recruitment of HCSWs, which could translate into a potential pipeline of nursing associate/registered nurse positions.

Due to the substantial increase in HCSW headcount (in the region of 2,214), the regional NHSEI team commissioned the survey project to learn about the experiences of new HCSW recruits.

Intelligence from the survey aims to support employers to ensure their recruitment practices and induction encourages HCSWs to remain in the NHS, advocate for their trust as an employer of choice in the local community, and potentially consider a nursing career.

Method

Trusts within the region were made aware of the survey project through engagement with NHSEI.

Ahead of survey launch, NHS Employers issued trusts with two briefings. The first briefing clarified the survey purpose, nature, timescales and encouraged the identification of the eligible HCSWs using the electronic staff record (ESR) system.

The second included draft email copy for trusts to use in their launch communications, and the link to the survey. The initial survey went live from the 28 February 2022 for two-weeks. Participants were given the opportunity to enter a prize draw, with 11 prizes kindly gifted from Northumbria Healthcare NHS Foundation Trust. South Tees Hospitals NHS Foundation Trust also contributed to the costs of these prizes.

NHS Employers would like to once again express thanks to colleagues at Northumbria and South Tees for their generosity, which we are confident helped to achieve the response rate.

Survey profile

The survey consisted of 42 multiple choice and open-ended questions on role attraction, recruitment, onboarding, induction, training, career aspirations and equality. This is ten more questions than in the first survey.

The survey was live from 28 February to 13 March 2022 inclusive.

The survey was completed by 576 HCSWs across 30 trusts in the region, with some trusts seeing relatively high return rates, the highest being 77 (59 per cent).

28 out of the 30 trusts that had responses confirmed the numbers of HCSWs they had sent the survey to. Using this number, we received a response rate of 19 per cent.

Two other trusts received a response rate of 30 per cent.

13 trusts had responses of ten or fewer.

15 trusts had a response rate of lower than 19 per cent.

Eight trusts had a response rate of 10 per cent or lower.

Key findings

The following key findings have been compared to those identified in the first survey. These have been sorted into those where findings have improved and those where the results are worse than those in the first survey.

- 267 HCSWs (46 per cent compared to 43 per cent in the first survey) located their positions through searching NHS Jobs.
- 50 HCSWs (9 per cent, which is similar to the first survey) were attracted into the NHS via Indeed.
- 274 HCSWs (48 per cent compared to 64 per cent who responded in the first survey) previously worked in a similar health or care role. This is a positive reduction as it means that the trusts have attracted from other sectors.
- For 69 HCSWs (12 per cent compared to 10 per cent in the first survey) it took about 16 weeks or more from shortlist to commencing in role. However, a number of HCSWs explained that this was due to COVID-19 and a number also had delays with DBS checks.
- 67 per cent of HCSWs (386 respondents) are employed full time compared to 72 per cent in the first survey. This suggests that more HCSWs are being supported and given the opportunity to work flexibly.
- 180 HCSWs (31 per cent, the same as the first survey) have completed the Care Certificate.

- 78 HCSWs completed the Care Certificate within four to six weeks.
- 96 HCSWs (17 per cent, an increase of 7 per cent from the first survey) stated they are unaware of the Care Certificate or were unsure if they had started it. This is across 24 NHS trusts. 61 of these HCSWs have been in post for four months or more.
- 396 HCSWs(69 per cent, the same as in the first survey) know and understand their trust's values.
- 153 HCSWs (27 per cent) were informed about the HCSW Learning and Development Road Map.
- 272 HCSWs (47 per cent) stated that they feel supported to take the necessary protected time to undertake training.
- 277 HCSWs (39 per cent compared to 13 per cent of those who responded in the first survey) have expressed an interest in pursuing a career in nursing, with one already training as a nurse associate and five having secured an adult nursing training place.
- 137 HCSWs (24 per cent compared to 22 per cent of those who responded in the first survey), are keen to stay in their current role within their trust.
- Out of the 576 respondents, 59 are male (10 per cent, the same percentage as those who responded in the first survey).
- 335 respondents are white, making up 58 per cent of the sample compared to 68 per cent in the first sample. 167 chose not to respond to this question and eight preferred not to say.

Survey findings

Response by trust

576 responses were received from 30 out of 31 trusts across the region. The largest trust response saw 77 completions. Not all respondents completed every question asked. We have indicated in the tables the number of HCSWs who did not respond to the question. The number does range depending on the question that was asked.

HCSW time in post

Most of the HCSWs who responded had been in post for over six months, although 24 per cent have been in post for less than three months.

Duration in post.

Previous role and organisation type

A significant number of HCSWs were previously employed in the NHS or private healthcare settings. Education, administration, and retail also featured as previous sectors.

Previous role and organisation type

HCSW banding

There has been a significant change in the distribution of bandings of the HCSWs. In the first survey the number of Band 3 HCSWs was at 16 per cent. This has doubled to 32 per cent in the second survey.

In August 2021, the national job profiles for clinical support workers were updated by JEG (Job Evaluation Group). These job profiles help to ensure that job matching outcomes remain reliable, accurate, fair and consistent. The updating of the national profiles appears to have had a marked impact on the bandings of the HCSWs who participated in this survey.

Breakdown of banding

Contracted hours

67 per cent of HCSWs are employed full time. It was 72 per cent in the first survey. This suggests that trusts are allowing more part-time working. Working 30 hours was the second most popular working pattern. There are 87 individuals who selected 'Other' who were employed on a range of different hours, which supports the assumption that trusts are contracting individuals for different hours to support flexible working. Please note that two respondents stated that they have been contracted to work more than 37.5 hours per week.

Hours of work

Areas of work

Role attraction

The numbers being attracted by the Indeed campaign has remained static at around 8 per cent, and those seeing the advert on NHS Jobs, or another recruitment site has slightly increased to 46 per cent. Only one person was recruited from supporting COVID-19 in the second survey, compared to seven in the first survey.

Job attraction

Interview

The number who had a group interview has reduced from 37 (10 per cent) to 30 (5 per cent) in the second survey.

Type of Interview

Recruitment process ratings

Overall, HCSWs rated each of the stages of the recruitment process as most effective/effective, demonstrating high levels of satisfaction versus the lower-rated options. The interview process and then the advert were rated the most effective. Induction featured lowest, followed by correspondence and then the application form. In the last survey, the induction was also rated the least effective. All areas appear to have deteriorated since the first survey but there have been more responses in the second survey.

On a scale of 1-5 (1 least effective, 5 highly effective for each) how would you rate the following

Application pack

Candidates commented that they received a range of information at the interview stage. The most common was a job description (393 respondents) and then additional information and team information. It is unclear if the other 183 respondents did not receive a job description, could not remember, or chose not to answer that question. 18 per cent were provided with a video about the role.

Information supplied to candidates

Other information that was provided included:

“I was asked if there is any questions or clarifications that I needed to ask them.”

“Telephone call with ward manager.”

“Induction day over the computer.”

“I was in contact with my ward manager, who was fantastic at giving me the opportunity to learn about most of the above.”

“Opportunities to complete mandatory e-learning and face-to-face training before starting the role.”

Information received

Prior to starting, 57 per cent of successful candidates were notified about who their nominated line manager would be and 42 per cent were provided with information about their uniform.

Information provided prior to start date

We had planned to compare satisfaction rates across some departments. However, as there are some departments where the sample was small, the results of this comparison would not have provided any beneficial information.

It may be useful for some wards and units to discuss the process that the maternity unit takes as they received no scores less than three in all areas.

The charts below show a breakdown of the rates of satisfaction with each stage, according to the unit specialty in which the HCSW role was placed.

Induction feedback

129 HCSWs stated they would not have changed anything to their induction process. Quotes included:

“My induction was clear and understood, everything went well.”

“My induction was properly conducted and was very interesting.”

“I feel it couldn't be improved I was happy with it.”

“My induction was highly informative, and all questions and concerns raised were answered well.”

“It was very well presented.”

“It was very good, no room for any improvement.”

“Everything went well, and I am receiving the support that I need up to now.”

“It was fine, considering the current situation with Covid.”

“It was a good process, and I had no problems.”

“It was a wonderful experience.”

“It went very well. The manager did a very good job.”

“James and Katie were fantastic and very helpful.”

“I was quite happy about my induction. I was shown around my place of work by a ‘buddy’ for a few shifts.”

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Shortlisting to interview timescales

Shortlisting to interview timescales

45 per cent of the sample started in role within eight weeks (about two months) of them being shortlisted for interview. This has declined from 58 per cent in the first survey, however the question responses were slightly different for this question. Five individuals commented that their start date was much quicker:

“I went on bank straight away then got a job offer for September.”

“I was offered a job the same day once I had completed my interview, then the process began.”

“One day.”

“Within a week.”

“Two weeks.”

Many participants commented that they waited a long time between being offered the job and the point when they started in post. However, waiting for DBS clearance to come through or for references from a previous employer are often cited as reasons for these delays.

“Got the job in May, started in September (DBS took a long time).”

“Four months (DBS check).”

“Nearly three months due to the length of time it took for my DBS to go through.”

“I can't pinpoint the exact number of weeks however I got the job in April/May but did not start until September due to long DBS wait and supervisor annual leave in August.”

“Got offered the job in the January and took until June to start.”

Trust values

Were the trust values explained to you as part of the recruitment/induction process?

Do you understand the trust values and know what they are?

Role definitions

Across the sample, when looking at role definition and expectations, hours of work scored the highest which was the same in the first survey. Pay progression, pension options and understanding of the local/regional bank, scored the lowest.

Further information on anything not clearly defined

Comments included:

“No access to a roster system.”

“Pension scheme.”

“Some information or how things work or recorded is explained when on the corridor and earning on the job.”

“I feel there needs to be more training and support for new starters, a booklet on key information about where/who to go for certain things would have been very useful.”

“I started my role in November and only got an exact pay in February due to HR anomalies.”

“I wasn't aware on my first day what I was to do, wear, how I was to have my hair, no rings etc. I also didn't really have an induction around the wards, or how to book annual leave etc.”

“When I applied for the role, the advert stated I would be a Band 3 HCA. When I started the position, I was informed I was going to be a Band 2 HCA while on my six-month probation. I feel that this should have been made much clearer.”

“How the pay rate for each shift applies.”

“It took me a while to get signed up for NHS mail and the ESR.”

“New staff were not shown how to operate Employee Online - therefore no one knew how to book request days, request days

were not available for quite some time, how to understand annual leave, how to swap shifts, who to ask these questions to.”

“I thought it would be straight forward coming from another trust, but it wasn't I had to start everything again. Even my training. I have been with the trust nearly 16 years and it felt like all those years of training did not matter anymore. It took me weeks of phone calls to get pin numbers to log on to the system. At one point I thought what I have done. Even the occupational health appointments were a disaster. But it is all sorted now at last.”

“Maybe, we should get a book of the roles and responsibilities of a HCSW.”

“I would like more information regarding bringing my pension from previous employment.”

“Feel like I have been thrown in at the deep end, was told that I would be supernumerary for a month but only got 1 day, so feel like I have had to work things out for myself.”

“Still have not been shown fire exit and who to contact if needed. Not been checked up on by anyone, to see if I am ok.”

Experience since joining the Trust

Staff network

Of those who responded to the supplementary question on networks, three HCSWs have joined a Facebook page. Two have joined a carers network, and one each have joined a LGBT+, equality and diversity and BME network and one has joined the trust social club.

Induction

26 per cent of HCSWs were happy with their induction compared to 30 per cent in the first survey.

The impact of the COVID-19 pandemic is still very evident, with several of the HCSWs making comment that it was a shame they were not able to have a face-to-face interview and even though their Microsoft Teams experience had been a good one, it would have been good to have in-person contact.

2 per cent of HCSWs stated their induction was rushed.

Suggestions for how to improve induction included:

- Creating a clear structure for a set induction period with one main contact with the relevant knowledge and experience to answer all queries.
- A clear map of the hospital and wards, and full written details on how to secure resources such as uniform and IT access.
- A clear explanation and outline of the duties of the role and commonly used NHS acronyms and terminology.

Some quotes included:

“Everything! The interview was good although the job description was wrong. The communication post-interview was diabolical. HR team dealt with two applicants in totally different ways. Much delay, many times information not given or wrong, failed to answer questions and concerns,

failed to induct, failed to provide accurate info about Care Certificate training, failed to give any info about training opportunities and requirements etc.”

“The induction was very good, I just wish there was more time to complete the Care Certificate.”

“Maybe an induction pack with all the available information of the points above, so that new employees have a hard copy they can turn to. Or maybe even a simple app with this information easily accessible to everyone, as I have found it hard navigating the staff website when needed.”

“I never had an induction at the start. Eventually I was offered a two-day care induction course having been told previously it did not exist.”

“My induction to the job back when I was first recruited, in 1980, was satisfactory. My induction and information about continuing on bank after retiring was difficult to obtain and took a long time.”

Completion of the care certificate

Details on resources and information:

52 HCSWs (9 per cent) had already completed the Care Certificate before taking up their new role.

Feedback on this supplementary question included:

“I had already completed the full Care Certificate in a previous job role.”

“I found bit quite stressful, I was recruited for bank staff at the same time and there was a lot of conflicting advice about having to do the induction and Care Certificate two times.”

“I did my Care Certificate at Trinity Homecare Agency.”

“I looked after my elderly mother-in-law who has vascular dementia and is now resident in a care home, I wanted to change my career to some sort of nursing position and have gained my Care Certificate, a level 3 in end of life, level 2 in health and social care, and level 2 in introduction of the safe supply and control and medication.”

Probationary period

If the HCSWs had completed a probationary period, six months was the majority answer.

Some comments included:

“Six weeks initially but they were happy to extend if I wasn't confident.”

“I'm not sure if the apprenticeship has a probationary period.”

“Six months probationary period as standard. I am also studying towards my Level 2 adult care worker in mental health.”

Career progression options

Future intentions

Retention factors

166 people chose not to respond to this question. Of those who did, development closely followed by progression and having good support from your team were the top reasons for wishing to remain in the trust.

39 per cent of HCSWs who responded wish to pursue a nursing career, compared to 13 per cent in the first survey.

Few seek to move away from HCSW or nursing careers, with mentions made to midwifery, the ambulance service, psychiatry, and mental health support.

Two HCSWs understand they must work in the trust for two years before undertaking a nurse apprenticeship. Whilst some employers may ask for some prior HCA experience, it is not a prerequisite for the apprenticeship, and we are aware of some trusts who are considering accepting school/college leavers onto a nurse apprenticeship.

Below is a sample of some qualitative responses.

“I’m currently on the apprenticeship program and would like to continue to learn and progress with the hospital to reach my highest potential.”

“I have been offered a new position with MIND in Hull as a mental health support worker.”

“I would like to progress further and train up to be a midwife.”

“I want to pursue my career as nurse. I am a nurse back in our country and trying to be a nurse here as well.”

“I would like to do my nursing and have already been informed about the apprenticeship through the CNTW NHS Foundation Trust for mental health nursing.”

“I am a qualified nurse in Philippines and Saudi Arabia in intensive care unit. But there are some requirements that I need to do before I am a qualified nurse in the trust. In due course, I wish to proceed as a nurse if given the opportunity.” “I am 46 years old, enjoy my job, colleagues and managers, and even my patients I have no intentions of leaving the NHS until I retire.”

New key findings

The following key findings have been identified from the new questions which were asked only in the second survey of 2022, and to the 2022 data set.

What attracted you to apply for a health care support worker role?

155 HCSWs chose not to respond to this question. Of those who did, there was a strong theme of support for the NHS as an organisation and good reputation, with mentions to COVID-19 and the possible progression to nursing featuring on numerous occasions.

“A job for life and the chance to work for a great organisation.”

“A new challenge and potential for further promotions.”

“A steppingstone to become a registered nurse.”

“The diversity of the job and making a difference in the community.”

“The work done by the NHS during the COVID-19 pandemic.”

“To work within the NHS and further my career in care.”

Interview correspondence

Please share details on anything you feel was not clearly defined.

Comments included:

“The Step into Work program didn't cover the sections I have marked as 'dissatisfied' and I do think there should be help on these.”

“No induction regarding the pay/holidays etc. the manager and clinical lead however have been great at explaining these when I've asked later down the line.”

“Pension has not been talked about at all. Leave entitlement is still a mystery. The electronic roster is an inaccurate enigma.”

Onboarding information

364 HCSWs (64 per cent) chose not to respond to this question. From those who did, 63 (11 per cent) stated that they had received regular updates and 150 (26 per cent) responded that they had been given clear instruction about the provision and allocation of uniform.

Transferring the care certificate

214 HCSWs stated that this question was not applicable to them.
171 chose not to respond.
52 replied with yes and 139 with no.

Development training and support

Suggestions for further training

369 HCSW chose not to answer this question.

Other comments included:

- “Training to take blood samples will be very beneficial as some wards and clinic expect healthcare assistants to do this.”
- “I think a training that would be useful is Makaton/sign language at basic level to help us communicate with non-verbal patients.”
- “As part of my role, I work as the runner within theatre, more in-depth training of what the equipment is would be great. This also helps you to know what each piece of equipment is used for.”
- “CPR training for adults in advance detail.”

Protected time for training

Reflecting on practice and learning

173 HCSWs chose not to reply to this question. Of those who did reply positively, during one-to-one sessions with their manager appeared most often.

Career development

191 HCSWs chose not to respond to this question.

Other comments included:

“We are not offered nor are we made aware of progression opportunities, or that it’s an option.”

“I have regular talks to say where I want to be in future.”

“I initially started my own development as the induction had finished with training. I want to seek more information to access to online courses and support from managers as I want to progress within the trust.”

“I think more talks about what happens after the apprenticeship would be reassuring and helpful.”

Recommendations

The survey results clearly demonstrate that there is some great work taken place throughout the region to increase patient safety standards and to support the need for more nurses, by building up a strong team of highly skilled HCSWs. It is also possible to identify improvements that have been made in the recruitment and onboarding of HCSWs since the first survey and data set in June 2021.

However, the report also highlights there is much more that can be done within the trusts to increase the speed of a candidate's experience and ensures that they feel valued and supported throughout.

Preparing a clear and structured induction programme, which flows over a set amount of time and includes key figures and important contact details, creates confidence on both sides of the recruiting team: the application on the ward and the HR team in the offices. Not knowing where anything is or who to ask for support can leave new recruits feeling anxious and scared and thus unwilling to commit long term to an organisation that pays such poor attention to their mental wellbeing.

Providing an induction booklet which lists key terminology definitions and information about any diversity groups such as an LGBT+ staff network or disability awareness group, as well as the details of a line manager and peer support buddy, allows feelings of engagement and accessibility.

There are synergies between the results of this survey and the smaller sample recently collated by the nursing workforce improvement team at NHSE&I, which focused on the retention of HCSWs. These include:

- expectations v reality of the role
- the length of time between shortlisting and starting in post
- visibility and support to progress in career
- dissatisfaction with trust induction
- room for improvement for training and manager/peer support.

We have split our recommendations into the following survey question categories; attraction, recruitment and onboarding, retention and professional development.

Attraction

NHS Jobs has clearly been the most successful advertising route for HCSWs in the region, with Indeed and family and friends' referral also showing success rates.

We would encourage trusts to continue local job opportunity promotion, using the We are the NHS campaign.

By ensuring a positive candidate experience, candidates are more likely to accept a job offer, more likely to apply for another job in their organisation if they are not successful the first time around, and they are more likely to refer others to the organization, which will grow the talent pool.

The NHS Employers Inspire, Attract and Recruit Toolkit, updated quarterly, brings together information and guidance on how to be a leading employer to attract the right people into the workforce.

We would encourage all employers to access the NHS Employers website and the pages specific to inclusive recruitment.

There is a great library of resources listed on these pages, including podcasts, webinars and case studies, all of which cover the topics areas

key to this work on recruitment and retention.

For example, a handbook containing a series of practical, bite-sized guides about recruiting and retaining young people in the NHS.

It is vital to ensure that all recruitment processes are inclusive and in line with the commitments in the NHS People Plan. As with the 2021 survey, the 2022 results show the workforce in the region is typically female and of white ethnicity.

All NHS employers can access further guidance on inclusive recruitment on the NHS Employers website:

<https://www.nhsemployers.org/publications/inclusive-recruitment-guidance>

- Inclusive recruitment podcast episode one

- Inclusive recruitment episode two

Organisational reputation is key, so by getting recruitment right and ensuring new recruits feel valued, informed, supported, and encouraged to progress, will improve the reputation as an employer of choice in the local community.

Some helpful suggestions to improve the recruitment process included:

- Informative job descriptions and more information on the scope of the role.
- Contacting local community groups and sharing the advertisement with them.
- A tour of the wards and hospital prior to starting in post (COVID-19 permitting).
- A discussion about the roster system, how to use it, weekend working, any on-call requirements, any regional placements, annual leave, and the additional pay for doing unsocial hour shifts.
- Clear instructions on any online training that must be completed prior to start date and how to access it.

- Information on how to join the staff bank.
- Information on how to transfer any existing pension.

Recruitment and onboarding

To ensure that potential employees gain a positive experience right from the start, application candidates must have as smooth a recruitment process as possible.

The survey data shows that this has been the case for many HCSWs, and the recruitment experience has been positive and reactive. However, for others it has been very lengthy and confusing. Maintaining regular contact with candidates throughout the process is key, particularly whilst pre-employment checks are underway.

Recruitment creates an increased workload for HR teams. Investing in some new recruitment technology could have a very noticeable, positive impact. Robotic process automation (RPA) can help to improve onboarding and many NHS teams and departments are now using such tools. It enables the digitalisation of paper processes, reduces the time taken to hire and the need for data input tasks, which often carry the risk of human error. Further information on RPA can be found on the [NHS Employers website](#).

Many candidates will expect such systems to be in place, having experienced them at other organisations, and may be surprised if they do not experience something similar as they go through the recruitment process with the NHS. To find out more, including best practice, please visit the [NHS Employers website](#).

COVID-19 has impacted the way new staff are recruited, and it was clear from the survey responses that candidates are aware of this impact and understand why it must be this way.

However, the responses also highlight that expectations exist around the quality of virtual engagement. A high-quality of virtual engagement is essential to compensate for the lack of face-to-face time. Comments from respondents show that these expectations are often not being met. There is a clear, identified need for more resources, either via virtual learning or paper publications that can be taken, studied, and referred to when necessary.

It is also important that recruiters are aware of technology poverty. Some candidates may not be particularly IT literate or be able to afford connection to the internet. Support with the application process must be available and documents need to be presented in clear fonts such as Arial (size 12). All questions must be clear and unambiguous, to show an awareness of the needs of someone with dyslexia and/or for whom English is not their first language.

NHS Employers has developed guidance to support employers with remote recruitment and onboarding to help ensure a positive candidate experience.

Values-based recruitment

The majority of HCSWs who submitted a response rated the job advertisement, interview process and induction as effective or highly effective. However, only 7 per cent responded that nothing could be improved about the process. The often-lengthy wait that applicants had to endure between the interview, outcome and the job commencing was a comment that occurred frequently.

351 HCSWs out of the 576 that completed the survey advised that the trust values featured in either the advert, interview, induction or indeed in all three. NHS Employers recommends including values in every stage of the recruitment process. More information on values-based recruitment can be found on the NHS Employers website, including a readiness checklist.

Value-based hiring or recruitment is not a new approach, the idea has long been in the recruitment industry. The overall process from strategic hiring to recruitment is termed as value-based hiring.

As the candidate's values and beliefs drive his/her behaviour, they are considered as vital components in his/her recruitment. When a newly hired employee's culture preferences align with the work environment of a company, he/she not only feels happy in the new role but also gives the best performance. 70 HCSWs whose trust values featured in the recruitment process stated they wish to remain in their current trust.

Prioritising the NHS core values, as well as the local trust values, throughout the recruitment process is tremendously advantageous when trying to find a candidate who is the right fit for the brand. When companies focus on the core values in daily work life, all members of the team work with the same consistency and aspirations.

These values of the NHS can help guide the structure of the induction and give confidence to the employer and employee.

Values of the NHS Constitution

- Working together for patients.
- Patients come first in everything we do.
- Respect and dignity.
- Commitment to quality of care.
- Compassion.
- Improving lives.
- Everyone counts.

The benefits of value-based recruitment and efficient recruitment plans are not confined to just bringing every employee to the same page.

The approach or strategy of value-based recruitment offers many other benefits to the organisations, these can include:

- A progressive and healthy working environment.
- Improved productivity.
- Better staff morale.

- Decreased employee turnover.
- Increased employee engagement and sustainability.

Embedding organisational values at every step of the recruitment and induction journey translates into much better working practice and, ultimately, patient care.

Induction

A positive first impression will have a very beneficial impact on a recruitment candidate, so it is vital to have a clear corporate induction programme checklist which encompasses all elements of the induction programme. Assign specific team members to the relevant area to ensure progress and completion. Also, make sure that this checklist is regularly reviewed and updated to keep in line with any policy and procedure updates.

It may be worth working with the HCSWs already in post in the team to consult on the induction structure in place. Their own experiences can help improve and enhance the process for any new recruits.

The 2022 survey results and feedback indicate gaps in processes which have led to uncertainty and dissatisfaction in the HCSWs' initial days and weeks in post. This has a very negative impact on morale and commitment levels.

An induction must always start with the fundamentals of the role such as uniform allocation; name and contact details of a line manager; pay and pension information; IT access and support; and career progression opportunities.

As with the first survey, there were high numbers of HCSWs who were not informed about trade union representation nor made aware of the Carers Passport. We would also encourage these to feature in induction.

A recent [case study on introducing a Working Carers Passport](#) can be found on the NHS Employers website.

A lack of peer and mentor support again featured as a theme in the survey and, where possible, new HCSWs should be given the opportunity to work with and shadow peers to gain understanding and confidence. Creating a buddy system for the initial induction period instantly reduces feelings of anxiety and stress in a new HCSW.

Professional development

As the results demonstrate, professional development is one of the main reasons HCSWs are keen to stay in their trust.

127 HCSWs stated they had not been informed of career progression options or were unsure if they had, so more can be done to help ensure progression route information is made available to HCSWs, particularly nursing, to help support the additional 50,000 nurse commitment.

Encouragingly, 13 per cent of HCSWs are seeking to pursue a nursing career and some are underway with their training. We would hope to see an increase in the response rate to this question in survey two across the region, with increased focus in articulating to HCSWs the opportunities available.

Completion of the Care Certificate has varied across the region, and it is important that HCSWs are made aware of it during induction and supported to complete it. As indicated above, this should be a feature in any induction checklist. It is important that trusts ask a new recruit if they have previously completed a Care Certificate so the new recruit has an opportunity to share that information, which will then save time as they will not have to redo this in their new trust.

The NHS Employers nurse supply [infographic](#) describes the various routes into nursing including the nurse degree apprenticeship route. This can

help employers understand the various routes available and discuss options with their HCSWs.

Helping staff realise and harness potential is one of the key responsibilities as a manager and the NHS Employers People Performance Management Toolkit has been designed to encourage line managers to make time for these important conversations. It is accompanied by a communications pack to help employers encourage managers in trusts to use the toolkit and be equipped to support high achievers.

Annex 1 - participating trusts

- Airedale NHS Foundation Trust
- Barnsley Hospital NHS Foundation Trust
- Bradford District Care NHS Foundation Trust
- Bradford Teaching Hospitals NHS Foundation Trust
- Calderdale and Huddersfield NHS Foundation Trust
- County Durham and Darlington NHS Foundation Trust
- Cumbria, Northumberland Tyne and Wear NHS Foundation Trust

- Doncaster and Bassetlaw Teaching Hospitals NHSFT
- Gateshead Health NHS Foundation Trust
- Harrogate and District NHS Foundation Trust
- Hull University Teaching Hospitals NHS Trust
- Humber Teaching NHS Foundation Trust
- Leeds and York Partnership NHS Foundation Trust
- Leeds Community Healthcare NHS Trust

- Leeds Teaching Hospitals NHS Trust
- Mid-Yorkshire Hospitals NHS Trust
- North Cumbria Integrated Care NHS Foundation Trust
- North Tees and Hartlepool NHS Foundation Trust
- Northern Lincolnshire and Goole NHS Foundation Trust
- Northumbria Healthcare NHS Foundation Trust
- Rotherham, Doncaster and South Humber NHS Foundation Trust
- Sheffield Children's NHS Foundation Trust
- Sheffield Health and Social Care NHS Foundation Trust
- South Tees Hospitals NHS Foundation Trust
- South Tyneside and Sunderland NHS Foundation Trust
- South West Yorkshire Partnership NHS Foundation Trust
- Tees, Esk and Wear Valleys NHS Foundation Trust
- The Newcastle Upon Tyne Hospitals NHS Foundation Trust
- The Rotherham NHS Foundation Trust
- York and Scarborough Teaching Hospital NHS Foundation Trust

Annex 2 - other areas of work

- Adult - ICU
- Adult – medical & community
- Adult – neuroscience, spinal & brain
- Adult – neurology medicine
- Adult – out of hospital care
- Adult – palliative community
- Adult - renal
- Adult – trauma & orthopaedics
- Adult & children's outpatients
- Adult assessment unit
- Adult community rehab
- Adult critical care
- Adults – forensic community mental health
- Adults – specialist health team

- All adult wards
- All areas
- Bank
- Cancer care
- Children's – cardiac
- Community – neurology
- Community – podiatry
- Community – rehab & recovery
- COVID-19 ward
- Critical care/intensive care
- Day surgery
- Dementia/delirium
- Dermatology
- Diabetes
- Elderly
- End of life – palliative care
- Endoscopy
- Ent & plastic reconstruction
- Frailty
- Gastro
- Geriatric medicine
- Gynaecology
- Infectious diseases

- Inpatient therapy
- Liaison psychiatry
- Mass vaccination
- Maternity & sexual health
- Orthopaedics – outpatients’ adults & children
- Orthopaedics and plastics
- Radiology
- Stroke rehab
- Supportive care team
- Surgical & medical ward
- Theatre
- Trauma & orthopaedics
- Urology
- Urgent treatment centre

Annex 3 - survey questions

1. Which NHS trust do you currently work for?
2. How long have you been in post?
 - Under seven months
 - Under six months
 - Under five months
 - Under four months
 - Under three months
 - Under two months
 - Under one month
3. What was your previous role before joining the trust and what type of organisation did you work for?
4. What Agenda for Change band are you employed at?
 - Band 2
 - Band 3
5. Which area do you work in?
 - Adults - medical ward

- Adults - surgery ward
- Adults - theatre
- Adults - mental health
- Adults – community mental health
- Adults – outpatients
- Adults – emergency department
- Maternity
- Children’s – medical ward
- Children’s – surgery ward
- Children’s – theatre
- Children’s – mental health
- Children’s – community mental health
- Children’s – outpatients
- Children’s – emergency department
- Other (please specify)

6. How many hours are you contracted to work?

- 37.5
- 30
- 22.5
- 15
- 12.5
- 8.5
- Other, please specify

7. How did you hear about the Healthcare Support Worker role?

- Saw the 'We are the NHS' television or radio advert
- Saw the advert on Indeed
- Saw the advert on NHS Jobs or other recruitment website
- Saw the advert whilst in another NHS role
- Was recommended by family or a friend
- Saw the opportunity whilst supporting Covid-19 efforts
- Was contacted by Jobcentre Plus
- Agency referral
- Referral from employer or colleague
- Other, please specify

8. What attracted you to apply for a Health Care Support Worker role?

9. Were you interviewed as an individual or as a group?

- As an individual
- As a group

10. Before your interview, did the trust provide you with information about the following (Please select all that apply):

- A clearly defined job description which explains the job role and your responsibilities
- Information about the organisation
- Information about the team and/or department you are working in
- Flexible working options
- Examples of shift patterns
- Expectations about weekend and on-call working

- Access to a video/video call outlining what the job entails
- Opportunity to go on an on-site visit of the trust
- Opportunity to watch a video giving you a virtual tour of the trust.

11. On a scale of 1-5 (1 least effective, 5 highly effective for each) how would you rate the following?

- The advert
- The Job application process
- Interview process
- Correspondence/information from the trust
- The trust induction (not including the Care Certificate)

12. If you could change something about the recruitment process, what would it be?

13. How long did it take from being shortlisted for interview to starting your role?

- Within 4 weeks
- Within 6 weeks
- Within 8 weeks
- Other, please specify

14. Before starting the role, did you receive any of the following? (Please select all that apply).

- Clear instruction on the provision and allocation of your uniform?
- Confirmation about who your nominated line manager/supervisor was and how to contact in case of queries?
- Regular updates explaining what was happening prior to your start date being confirmed?

15. Were the trust values explained to you as part of the recruitment process?

- Yes
- No
- Unsure
- Please explain your answer

16. Do you understand the trust values and know what they are?

- Yes
- No
- Unsure
- If yes, please outline your trust values

17. When you joined the trust, was your role as a HCSW clearly defined and your understanding/expectations met in terms of the following:

- Ward or equivalent working area
- Allocation of uniform
- Job details including duties and boundaries of your role
- Training and development
- Expected hours of work including weekends and on call)
- Flexible working options (reduced hours, part time, working remotely, and job sharing)
- How to use the electronic roster system
- Who to contact if you are absent from work/how to contact
- Opportunity to join a local/regional bank
- Tour of your place of work

- Introduction to the team and their roles
- Annual leave entitlement and how to book
- Information on how to change/swap shifts
- How to record patient care either electronically or on paper
- Pay and pay progression
- Pension options (including recognition of any previous NHS pension benefits already gained)

18. Please share details of anything that you feel was not clearly defined

19. Since joining the trust, have you been provided with information/support on any of the following?

- A named line manager
- Buddy/mentor
- Peer to peer support networks
- Coaching opportunities
- Forum/social media page
- Trust policies and procedures (for booking annual leave, flexi time and appraisal)
- Trade union information
- Use of IT support
- How to access information about raising and reporting concerns and how to contact the organisation's Freedom to Speak Up guardian
- Chaplaincy
- Occupational Health
- Reasonable adjustments (to help you to do your job)

- Carers passport
- How to access HR support
- How to access pastoral support
- How to access health and wellbeing support
- Information about typically used terminology and acronyms

20. . Since starting work at the trust, have you joined a staff network? (This may include but is not exhaustive to, the Princes Trust, equality and diversity, civility, carers/parent or pastoral networks)

- Yes
- No
- If yes, please provide details of which network and whether the network has helped to support to your wellbeing.

21. Tell us how your induction could have been improved?

22. Have you completed the Care Certificate and, if so, please share comments on the resources and information provided to help you to do this?

- Yes, within 4-6 weeks
- Yes, within 6-12 weeks
- Yes, in over 12 weeks
- No, but started it
- No, have not started it yet
- No, unaware of the Care Certificate
- Unsure
- Details on resources and information

23. Has your employer provided information about transferring your Care Certificate from your old job?

- Yes
- No
- Not applicable

24. Were you required to complete a probationary period and how long was it before your role was made permanent?

- Yes
- No
- Unsure
- If yes, how long was it for?

25. Since joining the trust, have you received information about training and support to help develop your skills in your current HCSW role?

- Yes, as part of the induction
- Yes, since joining the trust
- No
- Unsure
- If no or unsure, please explain why

26. Has your employer made you aware of the HCSW learning and development roadmap?

(The roadmap issued by Health Education England provides information and resources to support you to explore your own skills, learning and development. It covers four key areas – skills for life, personal skills, technical skills, and career progression.)

- Yes
- No
- Unsure
- If no or unsure, please explain your answer

27. Is there any training that is not currently offered by the trust that you would find useful to help you develop in your current HCSW role?

28. Do you feel as if you are supported to take the necessary protected time to undertake training?

- Yes
- No
- Unsure
- If no or unsure, please explain why

29. Does your line manager/supervisor encourage discussions to help you to reflect on practice and learning?

- Yes, as part of 1:1s
- Yes, as part of team meetings
- Yes, as part of training
- No
- Unsure
- Please explain your answer

30. Thinking about the graphic above, do you feel that your employer has informed you about the different career progression options including?

- The Trusts Development Policy/procedure
- Training potentially available
- Funding potentially available
- Protected time potentially available
- None of the above

Select as many as appropriate

31. To what extent do you think your employer has supported or is supporting you to develop your career beyond your current role?

- Strongly disagree
- Disagree
- Neither agree or disagree
- Agree
- Strongly agree
- Please explain your answer

32. What would make you want to stay in the trust? (Please select all that apply):

- Support from your line manager
- Opportunities for development
- Opportunities for progression
- Good support from your team
- More recognition for your skills and experience
- Feeling valued
- Location
- Pay
- Opportunities for more flexible working
- Values of your organisation
- Other, please specify

33. Can you tell us about your future intentions?

- Stay in the role within current trust
- Stay in role but will move to another trust

- Develop career in current trust - e.g., progress to a Registered Nursing role
- Develop career in another trust
- Plan to leave the NHS but remain working in a healthcare support worker role
- Plan to look for another job in a new organisation within the next 12 months
- Plan to leave this organisation as soon as I can find another job
- Plan to leave health and social care sector
- Please explain your answer

Diversity monitoring questions

The Equality Act 2010 extends protection to more groups of people and employing organisations need to be increasingly aware of the demographic make-up and requirements of their workforce. Improved understanding of the experiences and perceptions of staff and students gained through this survey will help to identify any key priorities that participating trusts will need to act on to help ensure the NHS provides an inclusive environment.

34. Age

- 16-20
- 21-30
- 31-40
- 41-50
- 51-65
- 66+
- Prefer not to say

35. Ethnicity

Asian/Asian British

- Bangladeshi
- Indian
- Pakistani
- Chinese
- Other, please specify

Black/Black British

- African
- Caribbean
- Other, please specify

Mixed Race

- Asian and white
- Black African and white
- Black Caribbean and white
- Other, please specify

White

- Welsh, English/Scottish/Northern Irish/British
- Gypsy or Irish Traveller
- Irish

Other

- Arab
- Any other ethnic background (Please specify)
- Prefer not to say

36. Gender

- Man
- Woman
- Intersex
- Cisgender
- Transman
- Transwoman
- Non-binary
- Agender
- Prefer not to say
- Prefer to self-describe

37. Sexual orientation

- Bisexual
- Gay man
- Gay woman (lesbian)
- Heterosexual
- Prefer not to say
- Other (please specify)

38. Religion and belief

- Buddhist
- Christian
- Hindu
- Jewish

- Muslim
- Sikh
- No religion
- Prefer not to say
- Any other religion (Please specify)

39. Do you have sole or shared responsibility for providing help or support to any of the following because of a long-term physical disability, mental health or problems related to old age?

- Parents
- Family members
- None
- Prefer not to say
- Other, please specify

40. Do you have sole or shared caring responsibilities for children?

- Yes
- No
- Not applicable

41. Do you have a disability or impairment?

- Yes
- No

42. Are you a refugee or an asylum seeker?

- No
- A refugee
- An asylum seeker

- None of the above
- If yes, please let us know what country you are from

Your personal details

Northumbria Healthcare NHS Foundation Trust has very kindly donated 10 gift set prizes ranging in value from £70 to £200 for this survey. If you would like to be in the running to win one of these prizes, please share your details below.

43. Address

Thank you for taking part in this survey.

Refugee or asylum status

Four respondents have refugee or asylum status, compared to no respondents in the 2021 survey.

About NHS Employers

NHS Employers is the employers' organisation for the NHS in England. We support workforce leaders and represent employers and systems to develop a sustainable workforce and be the best employers they can be.

Our practical resources and expert insights help make sense of current and emerging healthcare issues, to keep employers up to date with the latest thinking and ensure they are informed and equipped to support the NHS workforce.

We generate opportunities to network and share knowledge and we actively seek the views of workforce leaders to make sure their voice is front and centre of health policy and practice.

We also manage the relationships with NHS trade unions on behalf of the Secretary of State for Health and Social Care.

NHS Employers is part of the NHS Confederation.

Contact: Rosanna Andrews, Programme Lead - Regulation and Professional Standards Rosanna.andrews@nhsemployers.org or Michelle Wayt, Assistant Director michelle.wayt@nhsemployers.org