



International Recruits Review

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Contents

Executive Summary	1
About Healthwatch Hertfordshire	3
Background.....	3
Aims.....	3
Methodology	3
Literature	4
Demography of Respondents	6
Key Findings.....	7
Experience of Recruitment.....	7
Experience of Induction.....	18
Working for the NHS	29
Feeling Safe and Speaking Up	42
Career Progression.....	52
Living in the UK	56
Summary	61
Recommendations.....	62

Executive Summary

Increasingly the NHS has seen an increase in the number of internationally recruited staff making the decision to leave the NHS, with key factors including: discrimination from colleagues and patients, unmanageable workloads, unequal opportunities, financial strains and difficulties adjusting to living in the UK.

To understand experiences locally, Hertfordshire and West Essex Integrated Care Board (ICB) commissioned Healthwatch Hertfordshire to conduct an independent review of internationally recruited staff across the three acute Trusts in the area. Through an online survey, one-to-one interviews and focus groups, **349** international recruited staff shared their views.

Key Findings

Despite some very positive experiences, **49%** said they were seeking employment opportunities elsewhere, indicating that there is significant work to be done to retain internationally recruited staff, with our findings also highlighting key areas for improvement.



Recruitment Process: Most had a positive experience, receiving regular communication and support during each stage of the recruitment process. However there were clear inconsistencies between HR departments and recruitment agencies, with suggestions for improvements including more practical support, assigning a main point of contact, and meeting staff at the airport.



Roles and Expectations: Many were not aware of their role and responsibilities prior to arrival, and **57%** were not assigned to a clinical area - with many allocated to wards in which they had no or little experience. International recruits also received little clinical and technical support when working on the wards, despite the operations of the NHS being very different to their home country.



Support during Induction: Many had a positive experience of induction, commenting that the process was smooth and informative. Suggestions for improvement included providing practical support and information to help international recruits settle and adjust, as well as more one-to-one support and pastoral care.



Working for the NHS: Many enjoy working for the NHS, describing the culture as "supportive" and "welcoming" and shared positive examples of good teamwork and collaboration, and caring colleagues and management. However key concerns included staffing pressures, unmanageable workloads, difficulties maintaining a work-life balance, feeling undervalued and lack of diversity in leadership.



Unequal Treatment: Over **50%** have faced negative experiences at work, including cases of bullying, racism, discrimination and harassment from both patients and staff. Some felt unsafe to speak up and did not feel confident that their Trust would address their concerns - emphasising the importance of ensuring there is zero tolerance and improving mechanisms to ensure international recruits feel able to raise concerns.



Career Progression: **77%** felt they had access to training and learning opportunities. However, many raised concerns about the lack of equal opportunities for career progression and progression and clear indications of favouritism and bias.



Living in the Community: Most were satisfied with the area they live in and felt they had settled into the community, having built strong relationships and networks. Concerns focused on the cost of accommodation, safety, and feeling lonely and isolated.

Recommendations

Recommendations were made to the Hertfordshire and West Essex Integrated Care Board (ICB) and have been categorised into issues of importance requiring action, and suggestions for implementing good practice.

Recommendations requiring action:



Working to eradicate **unequal treatment** from staff and negative behaviour from patients



Working to eradicate **unequal opportunities** in career progression and development



Ensuring **openness and transparency** with international recruits about their clinical area and expectations of the role



Improving the **clinical and technical** support international recruits receive to enable effective clinical practice



Supporting international recruits and helping them to maintain a **healthy work-life balance**



Improving initiatives that **appreciate, value and recognise** international recruits

Suggestions for implementing good practice:



Improving **communication, information and support** during the recruitment process



Improving the **support** provided during induction to help international recruits prepare for the role



Ensuring **practical support** is available upon arrival to the UK and during the induction process



Improving the quality of **peer support** offered to international recruits



Protecting the **health and wellbeing** of international recruits and improving the support they receive from management



Supporting international recruits with their **career progression and development**

About Healthwatch Hertfordshire

Healthwatch Hertfordshire (HWH) represents the views of people in Hertfordshire for health and social care services. We provide an independent consumer voice for evidencing patient and public experiences and gathering local intelligence with the purpose of influencing service improvement across the county. We work with those who commission, deliver and regulate health and social care services to ensure the people's voice is heard and to address gaps in service quality and/or provision.

Background

HWH was commissioned by the Hertfordshire and West Essex Integrated Care Board (ICB) to conduct an independent review of the experience of staff within Hertfordshire and West Essex that are recruited internationally.

This review focused on hearing the views of internationally recruited staff working in our three acute Trusts (West Hertfordshire Teaching Hospitals NHS Trust, East and North Hertfordshire NHS Trust and Princess Alexandra Hospital NHS Trust) and did not include capturing the perspectives of international recruits working in social care and community healthcare services.

Aims

The aims of the independent review were the following:

- To understand their views and experiences of the recruitment process, induction and onboarding
- To explore their experiences of working for the NHS, and whether they feel safe and confident to raise concerns within their organisation
- To gather their perceptions on career progression, and whether they feel they are supported by their organisation to access training, learning and development opportunities
- To understand their experiences of settling into the local area and community
- To develop key learnings and recommendations

Methodology

A mixed-methods approach was used to hear the experiences of internationally recruited staff across the three acute Trusts and to provide respondents with various options for sharing their views.

We worked in partnership with Princess Alexandra Hospital NHS Trust (PAHT) who had launched a "Safe Spaces" project to engage with internationally recruited staff through a series of focus groups and interviews. We also held our own independent focus groups and interviews to hear from internationally recruited staff at West Hertfordshire Teaching Hospitals NHS Trust (WHTH) and East and North Hertfordshire NHS Trust (ENHT) in particular. In total **49** international recruits were engaged with through 16 interviews and 10 focus groups.

To complement the focus groups and interviews, we launched a semi-structured survey to give internationally recruited staff the option to share their views and experiences anonymously and without disclosing their identity. Through the online survey we engaged with **300** internationally recruited staff. The combination of research methods were transcribed and thematically analysed to identify key trends and themes. The engagement period ran from March – May 2024.

Literature

There are currently more than 1.2 million full-time equivalent hospital and community health service staff working in the NHS, of which one in five are non-UK nationals¹. Many roles within the NHS rely heavily on international staff, with **27%** of nurses and health visitors and **37%** of doctors comprising of international recruits². The NHS states that international recruitment is a vital component of support for service pressures, particularly demonstrated during the recovery from the COVID-19 pandemic³.

Despite having an influx in the international workforce, the NHS has seen an increase in the number of internationally recruited staff making the decision to leave the NHS⁴. Given that the NHS already has an increasing number of vacancies and is hugely reliant on the international workforce, it is essential that efforts are made to retain internationally recruited staff and to understand why they are choosing to leave the NHS.

Studies have identified a number of reasons as to why internationally recruited staff may decide to leave the NHS for other opportunities – some of which are detailed below.

Economic concerns: Although financial reasons are a key motivator for internationally recruited staff to work for the NHS, it is also one of the main reasons why they decide to leave. The NHS Providers Cost of Living survey found that rising costs are having a significant impact on the recruitment and retention of internationally recruited staff⁵. Many are looking for roles in other occupations, or seeking opportunities in countries such as Australia, New Zealand and the United States in which the salary is often double that of the UK wage⁶. Other studies have found that internationally recruited staff feel underpaid and undervalued, with their salary not adequately reflecting their workload and the level of responsibility they hold⁷.

Discrimination: Studies have found that internationally recruited staff are far more likely to face cases of racism, discrimination, harassment and bullying in the workplace – perpetrated by both patients and colleagues⁸. The Nursing and Midwifery Council found that internationally recruited staff were being abused by patients, and felt they were not respected by colleagues and their skills and experienced not valued. They also experienced a poor working culture, including not feeling able to trust colleagues, gossiping in the workplace, and being talked about behind their backs⁹. In addition, Workforce Race Equality Standard (WRES) Data has consistently shown that staff from ethnically diverse communities are more likely to experience harassment, bullying or abuse from patients and staff, and are more likely to face discrimination at work from a manager/team leader or other colleagues¹⁰.

Workload and staffing pressures: The Nursing and Midwifery Council reported that internationally recruited staff have found staffing levels and workloads to be much worse than expected, with **59%**

¹ <https://www.theguardian.com/society/2024/feb/12/record-one-in-five-nhs-staff-in-england-are-non-uk-nationals-figures-show>

² <https://www.kingsfund.org.uk/insight-and-analysis/data-and-charts/nhs-workforce-nutshell>

³ <https://www.england.nhs.uk/nursingmidwifery/international-recruitment/>

⁴ <https://www.theguardian.com/society/2024/mar/25/thousands-of-foreign-nurses-a-year-leave-uk-to-work-abroad>

⁵ <https://nhsproviders.org/media/694201/nhs-providers-cost-of-living-survey-briefing-september-2022.pdf>

⁶ <https://www.theguardian.com/society/2024/mar/25/thousands-of-foreign-nurses-a-year-leave-uk-to-work-abroad>

⁷ <https://www.nmc.org.uk/globalassets/sitedocuments/data-reports/insight-spotlight/2023/spotlight-on-nursing-and-midwifery-report-2023.pdf>

⁸ [nhs-providers-briefing-wres-2023-on-2022-data.pdf \(nhsproviders.org\)](https://www.nhs.uk/consult/ia2023001/nhs-providers-briefing-wres-2023-on-2022-data.pdf)

⁹ <https://www.nmc.org.uk/globalassets/sitedocuments/data-reports/insight-spotlight/2023/spotlight-on-nursing-and-midwifery-report-2023.pdf>

¹⁰ [NHS England » NHS Workforce Race Equality Standard \(WRES\) 2022 data analysis report for NHS trusts](https://www.nhs.uk/consult/ia2023001/nhs-providers-briefing-wres-2023-on-2022-data.pdf)

sharing that staff shortages and high workloads were reasons not to work in the UK. Expectations of having better working conditions and a healthy work-life balance were often key motivators encouraging internationally recruited staff to work in the UK but increasingly the NHS has been under severe pressure which has significantly impacted the workload and wellbeing of its staff¹¹.

Career progression: Career progression is often the most common reason internationally recruited staff chose to work in the NHS¹². However, research has found that internationally recruited staff have not been given training or learning and development opportunities to help them progress in their careers¹³. A study by the University of Huddersfield also found that **25%** of internationally recruited staff felt the NHS did not value or recognise their previous years of experience and were often placed in roles that did not match their expertise. In addition, WRES data has shown that ethnically diverse staff are less likely to believe that their Trust provides equal opportunities for career progression and promotion, and are less likely to access non-mandatory training and continuous professional development (CPD)¹⁴.

Difficulties adjusting to the UK: Studies have found that internationally recruited staff were not adequately supported to settle into living in the UK and working for their Trust. A survey by the Medical Protection Society found that almost six in 10 (58%) internationally medical graduates felt their induction was inadequate and almost half (48%) felt anxious about starting their clinical duties¹⁵. This survey and research by the University of Huddersfield also found that internationally recruited staff tended to face difficulties in adapting to the UK culture and did not receive help or advice practical issues such as finding a place to live, opening a bank account and registering with a GP¹⁶. Unsurprisingly many internationally recruited staff find it difficult to integrate and transition, commenting that they feel lonely and isolated¹⁷.

Linked to this, research has found that internationally recruited staff tend to struggle in finding suitable, affordable accommodation, coupled with landlord's requests for guarantors and check credits. Although internationally recruited staff will often receive temporary accommodation from the Trust, this is only for a limited period of time, after which they must find their own housing. This is often particularly difficult for those intending to bring their family to the UK as well¹⁸.

The Nuffield Trust found that common "pull factors" encouraging internationally recruited staff were: economic and social stability, opportunities for career progression, better pay and working conditions, and better quality of life¹⁹. These factors are similar to those listed above, emphasising how not meeting the expectations and needs of internationally recruited staff can prompt them to seek greater opportunities elsewhere.

It is essential then that NHS Trusts make dedicated efforts to improve the experiences of internationally recruited staff to encourage retention, but also, very importantly, to understand that international recruits make huge sacrifices to come to work for the NHS. This must be honoured by ensuring they feel safe, supported and respected within their workplace and local community.

¹¹ [recruitment-of-nurses-drivers-web2.pdf \(nuffieldtrust.org.uk\)](#)

¹² [recruitment-of-nurses-drivers-web2.pdf \(nuffieldtrust.org.uk\)](#)

¹³ [Supporting and retaining international recruits | RCN Magazines | Royal College of Nursing](#)

¹⁴ [NHS England » NHS Workforce Race Equality Standard \(WRES\) 2022 data analysis report for NHS trusts](#)

¹⁵ <https://www.theguardian.com/society/article/2024/jun/28/many-overseas-doctors-ill-prepared-join-nhs-survey>

¹⁶ <https://www.theguardian.com/society/article/2024/jun/28/many-overseas-doctors-ill-prepared-join-nhs-survey>

¹⁷ <https://radar.brookes.ac.uk/radar/file/bda20bec-af6e-4d3a-ba7e->

[709ab70f975a/1/International%20nurse%20and%20midwives%20working%20the%20UK%20-%202020%20-%20Bond%20Merriman%20Walthall.pdf](#)

¹⁸ [UoH_InterNurses_DigiBrochure_Stg4_Web.pdf \(hud.ac.uk\)](#)

¹⁹ [recruitment-of-nurses-drivers-web2.pdf \(nuffieldtrust.org.uk\)](#)

Demography of Respondents

In total **349** internationally recruited staff were engaged with through the online survey, in-depth interviews and focus groups. The data below relates solely to the information captured through the online survey. *Please note that some respondents chose not to share their demographic information.*



Occupation
 Allied Health
 Professional: **14%**
 Midwife: **6%**
 Doctor: **3%**
 Nurse: **76%**

Banding
 Under Band 5: **2%**
 Band 5: **67%**
 Band 6: **17%**
 Band 7: **8%**
 Band 8: **2%**

NHS Trust
 WHTH: **48%**
 PAHT: **30%**
 ENHT: **23%**

Length of Service
 Under a year: **38%**
 1-2 years: **32%**
 3-4 years: **11%**
 Over 5 years: **18%**



Country²⁰: India (**44%**), Philippines (**23%**), Ghana (**6%**), Nigeria (**6%**), Kenya (**5%**)
 South Africa (**4%**), Saudi Arabia (**3%**), UAE (**3%**)



Ethnicity²¹
 Indian: **40%**
 Any other Black Asian
 background: **20%**
 Black African: **15%**
 Other ethnic group: **6%**

Age
 18-24 years: **5%**
 25-34 years: **64%**
 35-44 years: **26%**
 45-54 years: **4%**
 55-64 years: **1%**

Gender
 Female: **79%**
 Male: **18%**



Finances

18% do not have enough money for basic necessities.
57% have just enough money for basic necessities and little else.
17% have more than enough money for basic necessities and a little to spare.
3% have more than enough money and a lot to spare.

²⁰ A small number of respondents were recruited from the following countries: Zimbabwe, Zambia, USA, Spain, Singapore, Qatar, Pakistan, Oman, Nepal, Kuwait, Jamaica, China and Australia.

²¹ A small number of respondents had the following ethnicities: Bangladeshi, Any other Black background, Asian and White, Black African and White.

Key Findings

Experience of Recruitment

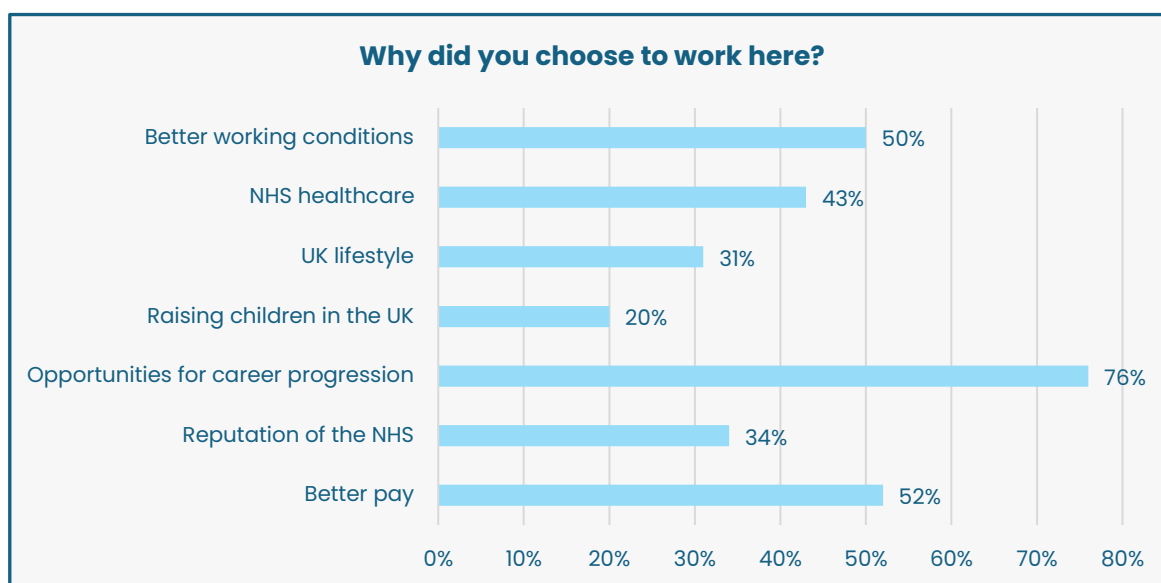
Moving to the UK

Most respondents (**76%**) chose to move to the UK to work for the NHS because they wanted more opportunities for career progression, and felt the NHS could offer a range of opportunities to specialise in different areas, build their skills, further their education, and enhance their professional development.

“One of the motivating factors for me personally was the opportunities that come with working in the UK. I had really wanted to progress in my career, go back to school, do further study and achieve higher academically – an opportunity that wasn’t presented to me in my country.”

“For exposure, to acquire new skills and career development, you get to learn a lot from the NHS.”

“The primary reason why I chose to work in the UK was career progression. As a midwife back in Ghana, you don’t have a diversity of choices but in the UK you have so many branches you can work in.”



This was followed by prospects of better pay (**52%**) and better working conditions (**50%**). However in the focus groups and in-depth interviews, some respondents raised that the salary listed in job advertisements looked promising and were surprised to find their monthly salary to be much lower once they started working for the NHS. Respondents suggested that expectations need to be managed and the tax system needs to be clearly explained to internationally recruited staff prior to their arrival.

“I decided to transfer from the Philippines to here for my career and for the salary of course, those were my main reasons.”

“The work-life balance in the NHS and UK compared to Saudi Arabia seemed much better.”

"I saw the salary and thought it was a lot of money so that encouraged me. But when I got here my salary was a lot less than I was expecting. I didn't know I'd have to pay so much tax. They need to explain taxes and say what the salary after tax is."

43% chose to work for the NHS to be eligible for NHS healthcare, while **34%** said the reputation of the NHS was appealing and would enable them to learn new systems and best practice.

"I decided to work for the NHS because it's an opportunity to hone my skills and also to become part of a larger team where we'll be able to help people on a larger scale as well as be able to learn best practices and be able to experience the kind of healthcare system we have here."

"Leaving my country to work here gives me more opportunity to see things which are not there back home, it's a highly developed country so you expect to see more developed things."

"It was always my dream to work in the NHS and to know the system which is completely different from my country."

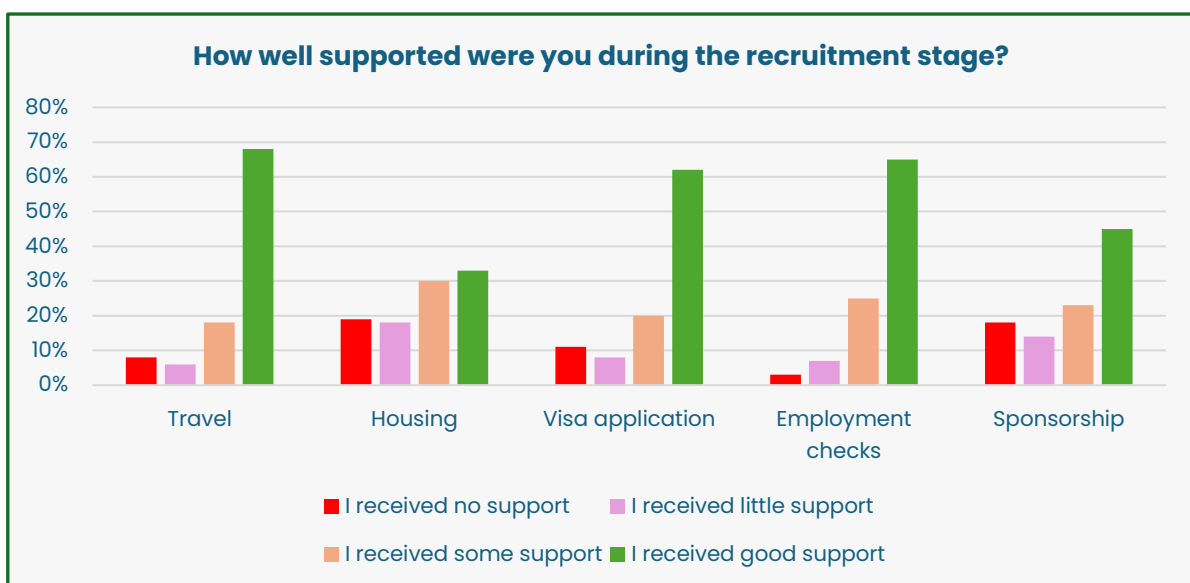
31% wanted to experience a new lifestyle and **20%** wanted to raise children in the UK. In the focus groups and interviews, a number of respondents also said they wanted to "better themselves", have greater independence, and access to better living conditions.

"It was for me, a case of going out of my country, being independent and doing something for myself and at that time, the UK had great prospects."

"The pay as well, and living conditions, I wanted better living conditions."

Support during the Recruitment Process

Most respondents had a positive experience of the recruitment process, commenting that the process was "smooth" and "straightforward" and that the Trust or recruitment agency was supportive in guiding them through each stage.



"The recruitment team guided me through each step of the process which was helpful in my transition to a new country."

"I had a great experience of the recruitment process. I was supported financially, materially and emotionally."

"The recruitment agency sorted out the visa process and everything. They paid the money at that time, they showed you how to do everything, the travel was arranged for us and they picked us up from the airport."

Respondents said they received "good support" from the Trust or recruitment agency in regards to organising their travel (**68%**), employment checks (**65%**) and visa application (**62%**). A comparison between each Trust has been provided in the table below. In particular, respondents working for ENHT and midwives were generally better supported during each stage of the recruitment process.

Experiences of the Recruitment Process				
	Average – "Good support"	WHTH	ENHT	PAHT
Travel	68%	72%	80%	53%
Employment checks	65%	67%	75%	56%
Visa application	62%	62%	73%	55%
Housing	33%	19%	44%	48%
Sponsorship	45%	45%	51%	42%

By contrast, respondents working for PAHT, Allied Health Professionals and those who are Band 7 or 8 tended to receive less support during the recruitment process.

Experiences of the Recruitment Process			
	Average – "Good Support"	Allied Health Professionals	Band 7 and 8
Travel	68%	59%	46%
Employment checks	65%	53%	36%
Visa application	62%	47%	39%
Housing	33%	38%	42%
Sponsorship	45%	47%	19%

Support with housing was identified as a key area for improvement – with **37%** stating they received "little or no support" in relation to this. Sponsorship was also an area in which respondents received less assistance with – with **32%** receiving "little or no support".

Respondents recruited from the Philippines had a better experience – with **24%** stating they received "little or no support" in relation to housing.

WHTH respondents and staff working as Band 6 had a poorer experience – with **46%** stating they received "little or no support" in relation to housing.

Support with Housing and Accommodation

A significant number of respondents recommended that NHS Trusts and/or recruitment agencies should assist internationally recruited staff in finding accommodation.

Most respondents had to independently search for housing before arriving to the UK or in their first few days of arrival – despite having limited knowledge of the local area. Many respondents found this to be an overwhelming and distressing experience, and would have liked to have received guidance and information from their Trust or recruitment agency to support them through this process.

“I had to arrange Spare Room and viewings from back home because the Trust does not have any accommodation arrangements, so I stayed in a B&B for the first few days. Imagine how scary and expensive that was for someone new here.”

“As someone who comes from a different country, it would have been very helpful to receive assistance with finding accommodation.”

“I wasn’t offered accommodation so I started looking for a room the second day of arriving in the UK and made several attempts to get accommodation at the hospital through the site. I was new, alone, stressed and no one cared. The response was “it’s full” but the next set of internationally educated midwives came and some were given accommodation in the same place that was full.”

Some respondents suggested that NHS Trusts should support internationally recruited staff by providing them with hospital accommodation for their first few weeks or months of staying in the UK.

“They should have provided accommodation. We were just given a website to search for ourselves whilst still in Kenya.”

“It would be helpful if you allocated an accommodation for 2–3 months for the overseas nurses to give them time to look for a house whilst they’re in the UK already, it was very difficult to find a house from the Philippines.”

“At least support new recruits with accommodation in the first 3 or 2 months because we were asked for references and other things we didn’t have. Finding accommodation when you’re new to this country is a nightmare.”

If hospital accommodation cannot be made available, respondents suggested that NHS Trusts should offer greater financial support to internationally recruited staff to assist them with their accommodation for their first few months.

“When I first arrived they only gave us a month’s worth of free accommodation which isn’t enough if you’re going to start living on your own. You have to consider the deposit and advance payment on the new place you’re moving in and a month’s worth of salary would not cope with that, plus the money you’re about to spend on food, transport etc.”

“I feel the hospital should have given priority to international midwives for hospital accommodation. We were allocated £1000 for accommodation however the private accommodation given to us was £1000 per month and we had to pay a deposit, making it £2000. How were they expecting us to pay that?”

“There has to be affordable accommodation for at least the first 3 months for every international recruit. The cost of rent in Watford is very high and it prolongs the period of adjustment and settling in if accommodation is not sorted.”

Support with Sponsorship and Documentation

As mentioned, **32%** of respondents received “little or no support” in regards to sponsorship. Respondents commented that it took a long time for their Certificate of Sponsorship (CoS) to be processed which delayed some respondents from arriving to the UK at an earlier date. Other respondents had to fund their CoS application independently.

Respondents recruited from the Philippines had a poorer experience – with **42%** receiving “little or no support” in regards to sponsorship.

Staff working as Band 5 had a better experience – with **24%** receiving “little or no support” in relation to sponsorship.

“Documentation took a long time acquire. CoS was provided, however all personally funded. I have recently been made aware that this is not the case in other departments and funding can be provided for travel and visa expenses.”

“When I was recruited it took a long time for my CoS to be processed and my agency was not very helpful in following it up so I ended up staying in UAE for a month without salary as I had already resigned from work.”

“There were delays to recruitment and I had to get an urgent visa and pay for that. If my recruiter had done all the process, I would have come early without an urgent visa.”

Although most respondents felt supported in relation to completing documentations such as employ checks and visa applications, this was recognised as an area for improvement for some. These respondents experienced significant delays and in some cases their key documents had expired due to such delays, meaning they had to reapply and pay for them again. Respondents recommended that NHS Trusts and/or recruitment agencies should be more proactive in supporting internationally recruited staff with documentation and applications.

“They had lost all my information and I had to send it back all over again. Some certificates like police clearance had expired so I had to apply all of that back again and I had to pay again.”

“During the recruitment process, after all the documents were ready, at the time of the CoS application, I was told that the Trust has no accommodation available at the moment and we as a batch would be taken in the next cohort. Another drawback was that all our documents would expire because of this delay, for example good standing certificate, police clearance and all of those. They made us apply for a priority visa which costed 1 lakh of Indian rupees. This was unfair. This was a very bad phase for me and my batch as well.”

“Some online meetings with the recruit prior to arriving would be helpful to take the recruit through the employment and visa processes.”

Practical Information about Living in the UK

In the focus groups and in-depth interviews, a number of respondents emphasised that NHS Trusts and/or recruitment agencies should provide more practical information and support to internationally recruited staff. Suggestions included information about UK culture and guidance about the local area to help international recruits to prepare ahead of their arrival.

“Let people know what they are coming into and where they are going, for me it was a big leap of faith, to leave my husband and come to this country. A little bit about life in England would have been useful and even coming here, I struggled in terms of what resources were there for myself and my husband when he arrived.”

“It was January and I remember coming here, I had lived in Delhi so I had some exposure to cold but nothing like that. They could have prepared us to bring jackets or something like that.”

“I would have thought they might have given you information about transport, someone to guide you through the process, help you with accommodation, give you that practical information. That sort of help would have alleviated some of the anxiety.”

Communication during the Recruitment Process

The majority (**65%**) of respondents said they were regularly communicated with during the recruitment process, commenting that the Trust or recruitment agency was responsive and provided frequent updates and information.

This figure was lower for respondents recruited from India (**44%**) and respondents working for PAHT (**55%**). In comparison midwives had a better experience – with **88%** stating they received regular contact.

“I had about four offers but the HR at West Herts was fantastic. Always getting in touch and ensured all of the process went smoothly. The HR was the reason I chose West Herts over the other Trusts where I had gotten an offer.”

“They kept in touch with me and the process was very smooth. They were there to help and they chased up and followed up and kept me in the loop.”

“The recruitment agency was very clear on everything. They kept in touch with me and they were very helpful and were there to assist me.”

“I didn’t have any issues with the recruitment process, they were the apt, the communication was accurate. They give room for you to ask any questions if you don’t understand anything.”

However, a **quarter** of respondents said they were not adequately communicated with and emphasised that they had to continuously contact the Trust or recruitment agency in order to receive any updates and/or to have their queries answered. For a few respondents, this poor communication even encouraged them to look for employment opportunities elsewhere, as they had assumed their contract was no longer valid.

“The agency was too rude and would not solve any of my questions and would not respond. It was really, really hard times.”

“The recruitment team never replied to my emails. I had to make international calls to know if things were moving forward. No contact was made with me for more than 6 months, I had no idea whether my selection had been terminated. Very poor communication.”

“There was a lapse in communication, the Trust stopped communicating to the agents so I was in limbo, I didn’t know what was happening for about 3 months – whether they terminated my contract or what. I started looking for more opportunities because I didn’t know what was happening.”

10% of respondents had a mixed experience, sharing that although the communication was generally satisfactory, at times there was a breakdown in communication between the Trust and the recruitment agency. Others said that when they arrived to the UK, they received limited or no contact from the Trust or recruitment agency which often caused distress.

“There needs to be clear communication and responding to enquiries in an appropriate timeframe. Prior to arriving into the country, I had regular communication with the recruitment team. This dramatically changed once I had arrived in England where my responses were going unanswered. It made the process very stressful.”

“After arriving in England my emails were going unanswered and I was not able to find out key information such as where to go on my first day or even where I was working. It added a significant amount of unnecessary stress. From discussions with other internationally recruited staff, a lack of communication was of great frustration for them too.”

Respondents called for improved communication during the recruitment process, recommending that there should be regular and frequent contact from the Trust or recruitment agency, and more support in assisting internationally recruited staff with the process and in answering queries. Respondents emphasised that arriving to a new country, often without their family, was already a daunting experience and poor communication only contributed to their anxiety and distress.

“The agencies should have more experience with the process so they can answer your questions and not give you different answers.”

“It was a very overwhelming experience emigrating with my young family. I feel that my recruitment officer could have been more forthcoming with regular updates as I often felt insecure about all of the processes.”

A number of respondents also suggested that NHS Trusts should assign a main point of contact for internationally recruited staff to speak to should they have any questions or concerns about the recruitment process, and to provide reassurance.

“My suggestion would be for every Trust to make a small team who can email and communicate with the international staff coming in and support them. It would ease the stress and anxiety of the nurses coming and give them peace that they will be safe.”

“It would be helpful to have someone assigned to be in touch with international recruits or individual teams to provide guidance.”

Linked to communication, respondents were asked whether someone from the Trust met them at the airport when they arrived in the UK. The majority (**56%**) said no one was there to greet them.

72% of staff working as Band 6 were not received at the airport.

Only **21%** of midwives said no one met them at the airport.

Many of these respondents recommended that NHS Trusts should organise a representative from the Trust to meet internationally recruited staff when they arrive, emphasising that this is essential in providing reassurance and helping international recruits to feel welcomed during a time which may feel daunting and uncertain.

"My experience at the airport was the worst as I did not have a number from someone from the Trust. I only had my agent's number and they did not reside in the UK and the number would not go through. It took me about 2 hours to get connected to the taxi driver who had come to pick me up. When we got to the hospital they did not know the address to drop me and I was not aware either which was a nightmare. There should be a member of staff to come and receive new staff so you feel wanted."

"It was only the taxi driver, there was no one else in the airport to receive me. It may be a simple thing but it can make a lot of impact because it is a big thing to come from a different country. It gave me a lot of anxiety. What if there is no one? It'd be really good if there was someone from the hospital or recruitment so they feel a bit more comfortable that someone is coming."

"There was no proper arrangement before and after arriving. I remember staying outside cold for hours at the proposed accommodation before someone later came around to allow me in."

Shona's* Story: Experience of the Recruitment Process (*Pseudonym has been used to protect their identity)

Shona was recruited over 20 years ago and had a very positive experience of the recruitment and induction process, even stating that it should be used as an example of best practice. Shona recognised that this requires an investment, but felt it was cost effective in terms of retention and progression.

"Now I'm recruiting internationally for the Trust, my experience of being an international recruit at that point in time was exemplary, it could be a benchmark for others to follow. Throughout the recruitment we had regular messages and they even gave us the Annual Report of the Trust to give us a picture of what it is. They told us what to do in terms of getting to know British culture, I remember being asked to watch the "Bend It Like Beckham" movie and some monarchy thing."

"They looked after us. A lady was employed by the agency, she was an angel, she was Filipino and stayed with us to help with everything we needed. Getting shopping, how to navigate the train station and buses. We even had a bus that collected us and dropped us off for more than a month."

"When we arrived there was food, the following day they took us into town to open a bank account, show us the church, where the shops are, get a mobile phone. They did a lot for us. We didn't have to ask for more because they were there all the time. People were very supportive, we felt welcomed, they wanted us. I've not seen something like this, it must be costly, but in terms of our progression, our retention, it must off-set all of those costs."

Expectations of the Role

Respondents were asked whether they had received information from the Trust about their role, responsibilities and expectations of them. Some respondents did receive this information, commenting that the Trust gave them a thorough explanation as to what will be expected of them, and what their duties will be.

"My supervisor had given me the job description and had explained what are my roles, what I have to do and each area where we get rotated."

"In the offer letter they outlined what the job responsibilities are, and they gave us an overall idea of what we had to do, what people expect of us."

However, most respondents were given limited or no information from the Trust about their roles and responsibilities. By not having this information, some respondents said it was a "shock" when they arrived to the UK and started working on the wards.

"There was no description or details, we didn't know what to expect. They explained about life in the UK but not actually the work. It was a big shock when we came."

"In terms of expectations of what I will be doing, the practical bits, I think that was not very clear. The way we work in different countries will be very different to how I'll be working in the UK. So when I came here, it was quite a shock for me."

As such, respondent suggested that before international recruits arrive into the UK, they should be given practical information about the working environment – including details about the patient/staff ratio, the operations of the wards, and day-to-day activity.

"I think a video on what the hospital looks like, what the wards look like, patients, areas, that might be helpful to get a picture of what we are going into and how it works."

"I had some experience of orthopaedics in other clinical settings but I think information about the way orthopaedics services run in the NHS would be good, and knowing about the NHS in general. Information about these are expectations at your banding, what we expect you to do on a day-to-day basis, that would help too."

"I wish we had more information, to help us prepare a little bit and be clear about what is expected of us. There was no information about your ward, your environment. If we had that, we could have come prepared."

Information about the Role and Clinical Area

Respondents were asked whether they were told which clinical area they had been assigned before arriving to the UK. **43%** of respondents said they were given this information which helped them to prepare for their upcoming arrival. This percentage was higher for Allied Health Professionals (**56%**) and midwives (**64%**) – possibly due to the nature of their occupation.

ENHT respondents had a better experience – with **64%** told which clinical area they would be working in.

"I was able to choose the area of where I was going to work and it was given to me when I started and I was really grateful. I am still working in that area!"

"They gave us enough information about the Trust and told us where we will be assigned once we arrive in the UK."

"They were very clear to us about where we would be assigned when we arrive. It was very transparent."

Some respondents said that although they were assigned to a clinical area, they were not given sufficient information about the ward they would be working in.

"I was told I'd be going to surgery but not exactly which ward. I didn't know whether it was going to be acute or a generic ward, that information wasn't given at the time."

"I was just told I was going to a medical ward but I didn't know where it was. You don't get a lot of choices. You can't pick and choose where you are going."

"I knew rotation was written in the job description but from which rotation I would start, I didn't know this until my first day."

In addition, other respondents applied for, or told that they would be assigned to, a specific ward – only to be allocated to a different ward once they had arrived. Many of these respondents found this miscommunication very distressing as they had not prepared to be in a ward in which they often had little experience.

"I thought I would be in A&E because that's what they said and I had worked in emergency for more than 9 years but most of us were posted to a ward. I really, really struggled with that, it brought me a lot of stress."

"During the recruitment they said I would go to the emergency department but once I reached here they said they have no vacancy and I had all my experience in A&E – 7 or 8 years. I was not comfortable because I didn't have much experience in that ward."

"I applied for a post that was not available and the agency did not tell that the slot I wanted was not available or not hiring. They only told me once everything was ready, when I passed all the documents, did all the references, I spent all my time and energy on this job and then they said there's no available slot and I had already sent my resignation. Now I'm in a position that I don't have experience in."

Some of these respondents were assigned to wards including dementia, elderly and palliative care wards. This was distressing for respondents as the healthcare system in their home country did not have these types of wards.

"I was told I was going to a medical ward but when I came I didn't realise there was a separate geriatric ward. I wish they had told me, that was a bit of a shock because it was very different, the social care, everything was so different."

"When I came I was allocated to a department I never had experience in, it was palliative care. Back home we don't have an end of life unit. As a young girl, watching people dying, psychologically it affected me a lot."

However, most respondents (**57%**) were not assigned to a clinical area prior to their arrival. Many were "disappointed" and "shocked" to find themselves allocated to a ward in which they had no or limited experience in. Respondents also felt that their previous skills, expertise and experience were not valued or account for.

"It is very hard to adjust in a ward/area you know nothing about especially when you specifically told the recruiter you wanted to be in the same ward/area you have been working in."

"I was not told about the clinical area I will be work in which was a disappointed. I had 2.5 years of ITU experience but was placed in a dementia ward."

"The placement allocation is not what I expected. I am an ED nurse but they allocated me to a surgical ward. It is a total waste of skills, knowledge and talent if they do not respect the work experience and nursing background that I have. They should have said they do not have capacity and to just call me once there was a vacancy for an ED nurse post."

To improve this, a large number of respondents suggested that NHS Trusts need to inform internationally recruited staff about which area they will be assigned prior to their arrival, and should taken into account their skills and expertise when making allocations.

"It would have been great if we were told which area we have been assigned to and why we have been assigned there, mostly all of our cohort were working in a different area before we came. Some of our cohort were working in NICU and were assigned to the elderly. We only knew which area we will be working in when we landed here and signed the contract."

"Better communication with the recruits, especially with the area they will be assigned. Take into consideration the skills and experience the staff has when allocating as this will help with staff retention."

If NHS Trusts cannot assign internationally recruited staff to the area of their choice and/or a ward they have experience in, respondents suggested that this needs to be made clear from the outset to manage their expectations and to enable international recruits to make an informed decision.

"They could have communicated with me to say there is no vacancy in the area I wanted, it wasn't until I came here when I was told."

"One thing I'd suggest as part of the improvements is that I think the NHS needs to be open and transparent about allocations to help people make the right decision. It should have been my choice and my right to make a decision."

"Set expectations as to where staff will be assigned. It was very hard for me to adjust to the area where I am now."

Jude's* Story: Assignment to Clinical Area (*Pseudonym has been used to protect their identity)

Jude had been told that he would be assigned to the clinical area he had experience in. When he arrived at the Trust, he was assigned to a different area in which they had no experience. On top of relocating to a new country with their family, adjusting to an unfamiliar clinical environment contributed significantly to Jude's distress.

"They promised me, because I have a background of ITU, I was promised I'd get a job in ITU. In terms of transparency I would have expected them to be honest with me and tell me we don't have a vacancy available in ITU so we can't give you the job. If I had known that, I might have changed my decision in coming here. It's not that I haven't worked somewhere else but I came with expectations that I'd be working in ITU but that's not what happened when I came here.

"When I came, things were very different. When you come from a different country, you have done a lot of preparation for yourself, your family is being prepared, the culture, it's a huge, big step. It affected me a lot, I've been an ITU nurse and suddenly I'm being asked to work in a different area.

"In that initial phase when you're already new to the country, new to the weather, new to the food, new to a different workplace, and then you've got to start from scratch. It was quite difficult and challenging for me to unlearn whatever I'd done for the last 12 years and start something new."

Experience of Induction

Support during Induction

Respondents were asked how well supported they were during their onboarding and induction. Positively, the majority had a good experience of induction, commenting that the process was smooth, informative and well-organised. Respondents also shared the management and colleagues were kind and helpful, and supportive in providing one-to-one support and guiding them during their first few weeks at the Trust.

"My induction process was really good. Every step was well explained and where I did not understand, I was given more time to look into it."

"I had good support during my induction as my team lead was very helpful. They would always check to ensure I was doing the right things."

"I was lucky at that time, the clinical facilitator that was there at the time was very, very helpful. I was lucky to have them when I arrived. They used to come and see you on the ward and take you aside to make sure you were ok."

"I was given enough information during induction and when I had a query or anything I would just go to my seniors and they would clear my query and give me support."

In particular, respondents praised the support they received in relation to preparing for their OSCE – with **80%** stating they received "good support" from the Trust. However, a few respondents said the duration of

the Objective Structured Clinical Examination (OSCE) training could have been longer given the amount of information, and suggested a booklet of competencies could be given to new international recruits.

"I didn't really encounter any difficulties, especially the OSCE. They supported us for training for OSCE, it was easy for when I went for my OSCE, I was well-prepared."

"I benefited so much in terms of OSCE preparation and they lined up a number of programmes to support me to gain the knowledge and skills I require."

"While we are doing the OSCE there should be an outline given to us about the competencies we must get, state them out in a booklet, that this is what is expected of you."

"It would be good if they could increase the number of days of OSCE training because it is so confusing to try and digest that information."

A small number of respondents had a very poor experience of induction. Largely this was because it was not well structured or organised, or was conducted online. A couple of respondents said they did not receive an induction at all.

"Induction was planned after our arrival and not structured. Not organised at all."

"I was just put in a room and told to join a link, no device was given and no Wi-Fi. And that was the induction."

"No induction was done at it was out of sync with usual induction meetings. I was just told to go to the East and North Herts academy and do mandatory training."

"It was one day and consisted of things like fire safety and things. Not useful when you're new to the systems."

Suggestions for improving the induction process including extending the duration of induction for international recruits. Respondents said there is a lot of information to digest and felt it would be beneficial if the induction period could be spread out to enable more time to take in the information. Respondents – especially Allied Healthcare Professionals – also said they were expected to start working on the wards within a matter of days. Many of these respondents felt unprepared to be on the wards, and found this to be "overwhelming" and "stressful".

"The induction period should be spread out. It is a bit too much and it leaves you not taking in the information and feeling tired and sleep because there is so much."

"The induction is really helpful but it was a lot to take in at one go. It would be good to spread it and give you a chance to apply it when you learn, not just theory, but practice too."

"They were arriving, maybe on a Thursday, having an induction for a few days then clinical the following week from arrival and it was a very difficult time all round. I suggested that we give them a longer induction but it wasn't received very well. I think we are shooting ourselves in the foot because you end up losing staff because you didn't invest the time to induct them properly and give them time to do the job properly."

"I was brand new to the system and I didn't know I had to attend MDT on my own just after two or three days, so that was really overwhelming. I was under too much pressure. I started working independently in just three days, so that was overwhelming and stressful."

Respondents also suggested that all occupations should have an induction programme which is specific to their profession. Respondents commented that internationally recruited nurses seem to have a more robust and personalised induction programme compared to other occupational groups. Other respondents also recommended that the induction should include speaking with and hearing from members of staff to learn directly from their experiences.

"None of the topics in the induction are related to therapies. It's more related to nurses. They're not including topics or anything regarding therapies. We sit there and it's not relevant to us, medicines, injections, we aren't doing that so it's not really informative."

"Having a profession specific induction like Allied Healthcare Professional sessions would be better suited. Having face-to-face inductions rather than online would be better soon and having specific professionals shed some light on their job roles would be beneficial."

"Induction was overwhelming for new international recruits. I found out that other staff groups like nurses have a more supportive induction programme which would be good to mirror to other groups."

Clinical and Technical Support

Respondents called for all NHS Trusts to provide more clinical and technical support for international recruits. This was a key recommendation made by a significant number of respondents, who emphasised that they were expected to work in the wards without having any information or instructions about the UK healthcare system.

Respondents commented that they did not know how to use equipment, devices, systems and computers within the NHS because they did not have this in their home country. They were also not given information about the protocols, policies or procedures of the Trust and/or the ward they were working in. These ways of working was often overwhelming for internationally recruited staff and they stressed the need for greater guidance and assistance to help them adapt to this new working environment.

"I believe the OSCE induction is good however it is not enough to cover everything as internationally trained nurses. All clinical areas are different and after having passed OSCE, it's not enough to cover new things like devices, computers, systems and even the geography of the hospital. If you are not shown, you will not know."

"Give a little bit more guidance about the routine of your job, that would be a little bit easier for the new comers. We are new to the hospital or new to the UK, the system is different, the way of treating is different. If they can give us guidance, that would be easier."

"Some of the equipment we use here we don't use back home and some of the software we are exposed to, we don't know much about them at home. I felt they should have given us more time to be able to learn these things and not rush us."

Respondents recommended that as part of the induction process, NHS Trusts provide hands-on training and shadowing to internationally recruited staff to help them adjust to working on the wards and to build their confidence.

“Proper induction with hands-on training would help so much in getting adapted with the new working environment.”

“I think when a new starter joins, I think the best thing is to just let them shadow you, all the processes, how everything is done, show them everything, teach them everything, let them know all the processes, let them know how everything works rather than just letting them work independently. That’s very stressful.”

Respondents also suggested that there needs to be far more support, guidance and training for international recruits working on wards with elderly patients, dementia patients, and patients receiving palliative care.

Often these wards do not exist in their home country, meaning that international recruits have limited experience of the processes and how to care for these patients. Likewise, social care is often an unfamiliar concept to international recruits, meaning they have a limited understanding of procedures such as discharge planning.

“In India, we don’t do discharge, so that is the most important thing from the therapy side to teach us. Give us a class or a seminar about how people get discharged. That’s quite different in how the system works so if we could get a class about how that works, it would be really useful.”

“It was a shock, the whole system of discharge planning and things like that. Discharge planning is not an issue in India because you have extended families so that was something all of us had to learn and we were singled out that we didn’t do discharge paperwork better than other people.”

“Back in our country we don’t have dementia or elderly care or end of life care. We don’t know anything about that, if you know I’m going to this place, why can’t you give me an orientation? I can’t go to end of life, we need to be prepared, give us study material of what the expectations are, what the wards will be like. That would be helpful. The process is entirely different, no one teaches you. We don’t have nursing homes, residential homes, it took years to learn.”

Often, respondents said they felt that other members of staff viewed them as “inexperienced” and “incompetent” because they did not have an understanding of the NHS healthcare system and its technologies, procedures and protocols – despite many international recruits having several years of experience.

Uma's Story: Treated as Inexperienced (**Pseudonym has been used to protect their identity*)

Uma* joined their Trust after having years of clinical experience. When Uma joined the Trust, she was not given any guidance or training about how the NHS healthcare system operates. Uma felt by not having this experience, other members of staff viewed her as unskilled, despite Uma having worked in two other healthcare systems previously. Uma suggested that NHS Trusts need to support international recruits to learn and adapt to the healthcare system, to prevent them from losing their confidence and feeling unskilled or inexperienced.

"What I found and still find is that if people haven't been exposed to other healthcare systems, we make a lot of assumptions about what we think they should. When you don't automatically know some of these terms, you are made to feel inadequate and people look at you like you should know better."

"People would question my competence when actually clinically my competence and my experience of clinical assessments was extremely sound because I had worked in two different healthcare systems. On average people have five to six years of clinical experience before coming here, so to be made to feel you don't know what you're doing, is really difficult."

A selection of respondents did receive support in understanding the NHS healthcare system and its operations – all of which had a far more positive experience when working on the wards and felt confidence in their skills.

"They guided me on how to catch up about the protocols and handling machines. They are willing to help and they gave us some notes and an induction book so we could look all the procedures that we are confident with."

"The systems here are different but everything I was able to learn because of the support system that we have."

"My supervisor gave me a good idea, they came and took me to the ward, showed me how each thing worked and they were there with me for a week, shadowing, helping me in the ward, so I had a very good experience."

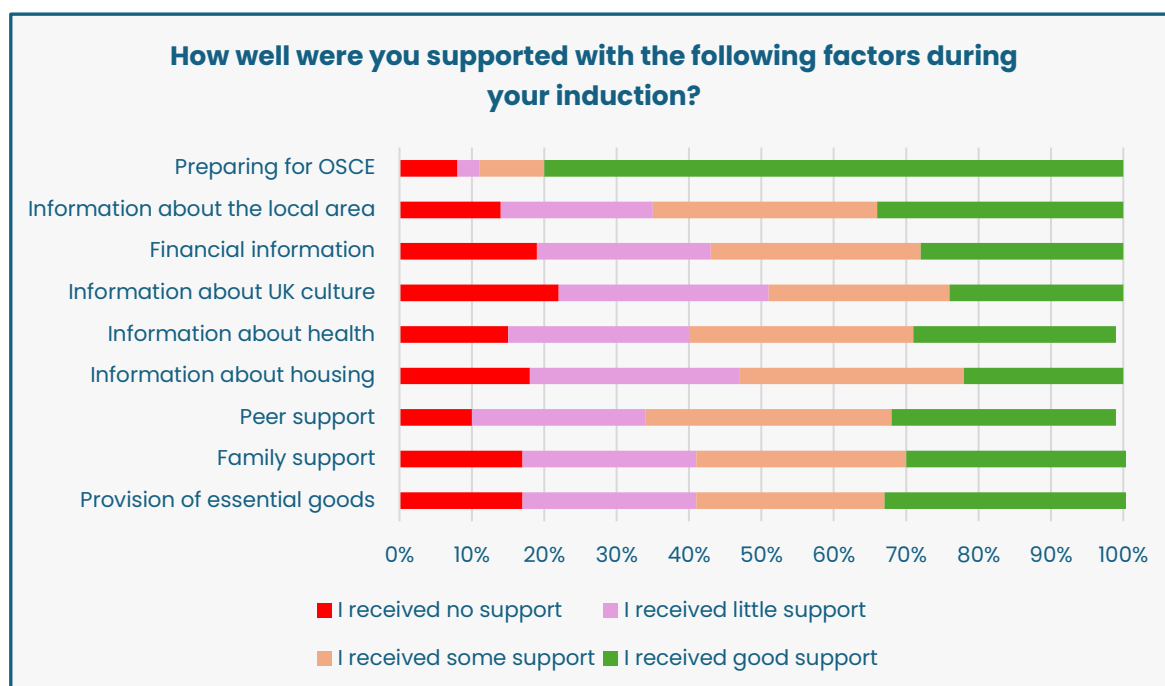
Practical Support and Information

Respondents were asked whether they received practical support as part of their induction, in which they shared very mixed experiences, indicating inconsistency in the support offered to internationally recruited staff. A comparison between each Trust has been provided in the table below.

"We assumed the AHP recruits would come along the same pathway as international nurses. We assumed when they turned up they would have somebody meet them, an induction, shown around, all those things. It turned out that unfortunately the AHPs were not getting any of that. We ended up losing one of the members of staff quite quickly and the other put in writing that they had a very, very difficult and traumatising onboarding arrival to England on starting to work with the Trust."

"We had one month free accommodation which was very good. I think that's a very big help for us as new recruits. They gave us groceries, bed sheets, linen, duvets and everything. I came here at the end of

the fall season so it was a bit cold, so they gave us all that stuff. I was very lucky at that time, they welcomed us and we really felt that they cared for us."



Practical Information during Induction				
	Average – “Good support”	WHTH	ENHT	PAHT
Preparing for OSCE	80%	82%	81%	77%
Information about UK culture	22%	22%	23%	19%
Information about housing	24%	19%	31%	25%
Financial information	28%	32%	19%	23%
Provision of essential goods	34%	31%	44%	27%
Family support	31%	31%	37%	22%
Information about health	28%	32%	25%	20%
Information about the local area	34%	37%	27%	31%
Peer support	31%	32%	37%	22%

Respondents working as Bands 6, 7 and 8 were less likely to have been supported in regards to receiving practical information to help them settle into the Trust and local area. In contrast, midwives received good support from their Trusts. This is detailed in the table below. Examples of good practice were also experienced for respondents working for ENHT which are explored throughout this section.

Practical Information during Induction				
	Average – “Good support”	Band 6	Bands 7 and 8	Midwives
Preparing for OSCE	80%	67%	59%	100%
Information about UK culture	22%	19%	9%	43%
Information about housing	24%	14%	17%	50%
Financial information	28%	19%	9%	57%
Provision of essential goods	34%	22%	26%	50%
Family support	31%	19%	13%	43%
Information about health	28%	17%	13%	43%
Information about the local area	34%	19%	21%	57%

Peer support	31%	36%	9%	50%
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Information about UK culture

51% of respondents said they received “little or no support” in regards to information about UK culture. In particular, respondents commented that it took them a long time to understand the language and colloquialisms which UK residents used, and suggested that international recruits could be given a leaflet of common phrases.

Respondents recruited from India and staff working as Band 5 had a better experience – with **39%** stating they received “little or no support” in relation to information about UK culture.

“A patient told me on my first day that they’d like to spend a penny and I thought they wanted to spend money! There could be something to familiarise new staff with the language and communication, if that’s not already in place.”

“I remember that I was hoping that there would be a UK culture orientation, how to speak to patients, especially for someone who just came over. Obviously there are nuances, some things that we didn’t know that we had to learn along the way.”

“They use phrases that we don’t understand, for example nurse, I want to spend a penny. They meant to pee, I didn’t know that. Some phrases they taught us but most we don’t know about or understand what they mean, giving us a leaflet would be good.”

“I was not told anything when I started in the UK. There was a big gap in the cultural difference, it would have been good if we were made aware of what to expect.”

Information about Housing

47% of respondents said they had “little or no support” in relation to housing and accommodation. Respondents often found it stressful to find accommodation in the local area, especially after working long shifts and being new to the country, and would have liked support from the Trust to identify or recommend appropriate housing.

“3 months living in Trust accommodation while adjusting in a foreign country is quite difficult, there are a lot of adjustments to be made and we received little help from the Trust in terms of looking for another place to live.”

“The house rental is a big headache. I literally have been coming back from night shift searching for apartments to rent. Some support on finding a property would help so much to focus on the clinical part of the job.”

“I had to research and do everything myself, it’s tricky when you’ve never lived in a different country.”

Financial Information

43% said they received “little or no support” in relation to information about finances. Respondents commented that they were not given information about opening a bank account,

ENHT respondents had a poorer experience – with **54%** receiving “little or no support” in relation to financial information.

using currency, pay slips and sick pay, and how the tax system operates. Some respondents were also not aware that they could not access public funds and the implications of this.

“There was no explanation about public funding, they said you can’t access public funds but there was no explanation about what that meant. Does it mean if I’m sick I can’t go to the doctor? Does it mean if I ring the emergency services, they won’t come to me? I think it would have been important to explain those things.”

“Everyone assumes you already know – like opening a bank account. We didn’t have the chance to choose the bank, I don’t know it works here. So the bank that was suggest to us was given to us – you don’t have that option. Whether the bank is offering better interest rates, you don’t have any of that information.”

“Try to explain more about the sick leave and salary. For someone coming from out of England, it’s difficult to understand properly.”

Provision of Essential Goods

41% of respondents received “little or no support” in relation to the provision of essential goods. Respondents suggested that the Trust should provide international recruits with essentials such as groceries and bedding for their first few days. Some respondents did receive this which helped them feel settled and made them feel welcomed and cared for by the Trust.

ENHT respondents had a better experience – with **77%** receiving “good support” in relation to the provision of essential goods.

“Once the person reaches here, try to provide at least one day of food for them. Travelling from a long distance and reaching here for the first time, it’s difficult to search for a shop for food.”

“I will be forever grateful, its such a small thing but it makes a big impact, the pantry and everything was full of milk, bread, pots, everything that you needed. It makes you realise people do care.”

Family Support

41% of respondents had “little or no support” in relation to bringing their family to the UK. A number of respondents said they had to independently research how to get their spouse and/or children to the country and were not given any support or instructions from the Trust. Some respondents said their Trust provided them with the paperwork and documentation they needed – again highlighting the inconsistency in experiences and treatment.

Respondents recruited from the Philippines had a poorer experience – with **54%** receiving “little or no support” in regards to bringing their family to the UK.

“There was no direct support from the Trust. I didn’t know how to go about bringing my family. It wasn’t something that was part of the recruitment or induction.”

“I did everything on my own, how can I get my husband here, I did everything alone.”

“They had everything I needed and provided the papers no problem so my wife could come over. They also gave me information about what schools are nearby and how I can bring my family here.”

Information about Health

40% of respondents said they had “little or no support” in regards to information about health – including how to register with a GP practice, the location of local pharmacies and healthcare services, and how to register with a local dental practice.

“We needed more information about general things like health, how to find a GP.”

“After arriving into England my main source of information came from my colleagues. Critical things such as registering for a doctor were not known to me until much later.”

“We had a leaflet but its not straightforward so we didn't really know where to go. It tells us we need to have a GP, but they don't tell us the location, which people to contact.”

Information about the Local Area

35% of respondents received “little or no support” in regards to information about the local area – including details about the local shops, activities in the community and places of worship to name a few examples.

Respondents suggested that the NHS Trusts should provide more information and give international recruits an orientation or tour around the community to help them transition and adjust. Some respondents did have a representative from the Trust to show them around the local area which they found invaluable.

Allied Health Professionals had a poorer experience – with **65%** receiving little or no support” in relation to information about the local area.

Nurses had a better experience – with **86%** receiving “good support” in relation to information about the local area.

“We came alone, we didn't have any family, so it would have been nice to get help. It would be better to have someone help us and take us around Harlow to tell us where we can go to buy things or where to go to church.”

“More information on essentials to bring, transport services. Maybe a little tour around the community to familiarise recruits in where to go for their needs.”

“We had somebody come with us, showed us the town, how to use the bus, pay money, they took us to Tesco to show us how to pay, how to scan things. It's the small things that make a big difference.”

“I was welcomed and showed around, they took me around the town centre to show me where I can buy stuff and they helped me in getting a SIM.”

Respondents often received information from colleagues, the internet and social media and recommended that NHS Trusts should provide international recruits with leaflets, booklets and maps to show them the local area, community and essential services and facilities. Some respondents received an information booklet but felt it lacked detail.

“Proper information leaflets with regards to the area and how to use the transportation and the most common places to go in your first weeks.”

"It's a new place for them, they don't know where to go. We should at least provide a map of the place, where we are, where the shop is, taxi numbers. I remember when we came we were allocated to the accommodation and then they left so we had to go shopping, get things for cooking, being new to a country, that was difficult."

"They gave us leaflets but it doesn't really give you much information. All of that information about the UK I got from the internet and social media and colleagues who have already been here."

Peer Support

34% of respondents had "little or no support" in relation to peer support. Respondents suggested that NHS Trusts should establish groups for new international recruits for them to meet each other and internationally recruited staff who are already at the Trust. Respondents felt this would help new international recruits settle into the Trust, build relationships, and reduce feelings of loneliness and isolation.

Respondents at ENHT commented that their Trust has "community buddies" in which new international recruits can request support to show them around the local area. The Trust also runs "community trips" in which new international recruits can visit different places in Hertfordshire to help with their transition – both of which are examples of good practice.

"I would suggest arranging gatherings, international nurses feel lonely and stressed here, it would help them to make new friends and get relief from stress."

"They can establish an international peer support group where international recruits share ideas and worries."

"They're offering a community buddy, so if you want to have a buddy while you're new to the country, you can ask and they can show you around the area. We had an email every week asking if we need help like a buddy."

"There was a community trip, a free bus ride that goes to different places like St. Albans to show us around different areas. I think they need to continue that, it really helped us as internationally recruited nurses."

Pastoral Care

Respondents were asked whether they received pastoral care from the Trust during their first few months in the UK. Some respondents were informed about pastoral care and how to access it should they need support, while others had to independently find support.

"During our induction there was pastoral care and I am aware where I can get the pastoral care if I need it. I have nothing to share at the moment, but I think as time goes on if I encounter anything, I will be able to share it with them."

"Pastoral care was part of the whole wellbeing package when we initially came over and it was well planned. It was about general wellbeing and made sure we had access to the support resources we needed and consistently invited us to let them know what we needed."

"There was no pastoral care, we had to find our own way. I spoke to my mentor if I had any concerns."

"I didn't have pastoral care, I don't know anyone else that came with me or my batch that had that. I do my own research and investigations if I need support."

To improve pastoral care, respondents called for all NHS Trusts to provide more one-to-one support for international recruits. This was a key recommendation made by respondents, who emphasised the importance of having a personal contact to check-in on international recruits during this period of transition, in which international recruits are often feeling distressed, overwhelmed and isolated.

"I guess the major thing the Trust can do is to make sure that they have a personal one-to-one, an initiative to check-up on every single international nurse being recruited, at least for a few months, to help them adjust and to make sure they're being welcomed and taken care of."

"It would be nice if there was pastoral care, someone who would personally check on each and every international nurse to ask about their wellbeing because it's not really that easy to be coming from a country where you don't know anyone. It's a good thing I came here with three other Filipinos, we had each other, but there are some new internationally recruited nurses who came here all by themselves."

Likewise, respondents suggested that NHS Trusts need to ensure they have a robust support system in place for international nurses to help them with their transition to the UK. Respondents also commented that although Trusts have diaspora groups to support international recruits, there needs to be systems in place to ensure international recruits who are not part of a larger diaspora are still supported.

"A support system is very important, especially for international staff. I understand as a new nurse it's hard to adjust with a lot of things, with the weather, the food, being distant from your family, your emotions, feeling alone, looking for accommodation. Most international nurses in my experience usually call up sick because they don't know how to cope with this adjustment period, so we have to have meetings with them, ask how they are, make sure they feel supported, because if they are supported, they will feel they belong, feel someone cares and it will reflect in their work."

"The nationalities of the larger numbers within the Trust have already established their own pastoral systems. But there are other people who are outsiders who don't have the numbers, who are potentially being missed. I think there needs to be something specific for them so everybody is caught within the net of that pastoral care and not leaving it to specific nationalities to arrange their own."

In addition, respondents recommended that NHS Trusts provide ongoing support for international recruits by following up with them periodically to check how they are feeling, if they are facing any difficulties, and whether they need any support.

"I suggest having someone who can be appointed to follow-up with the new recruit, even just once a month to see how they are doing."

"They should have 3 monthly reviews of how the newbies are coping and if they need any help."

"They should allocate time to learn about their experiences and how they are settling. This is currently very missing in the induction process."

Working for the NHS

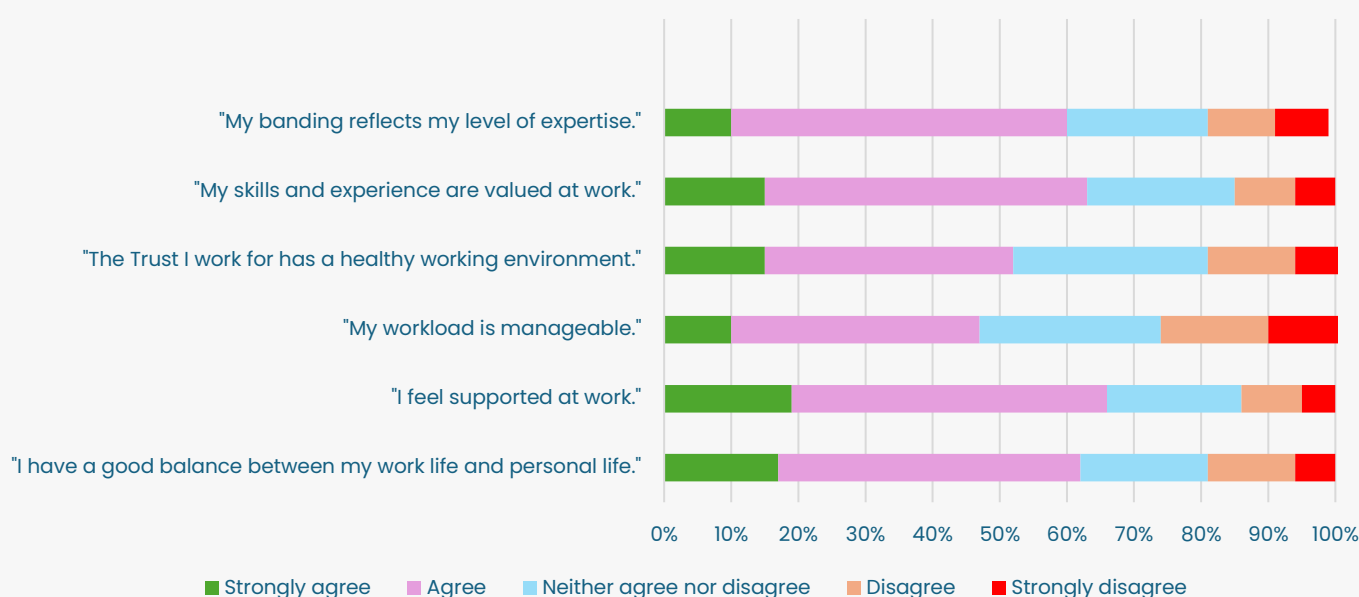
Respondents were asked about their experiences of working for the NHS. Encouragingly, most respondents indicated that they enjoy working for their Trust – as shown in the graph below.

"I do love my current Trust and it has moulded me to become the worker that I am today and I am grateful for the support that they have given."

"The Trust I work for is great – there is a lot of support and we look out for each other on the wards."

"I feel fortunate to have been given the opportunity to work for this Trust. I've had a good experience so far and received good support from the Trust."

To what extent do you agree with the following statements?



The table below shows the comparison in experiences between each of the Trusts. As indicated, respondents working for PAHT tended to have a more negative experience of working for the NHS.

Experiences of working for the NHS				
	Average – (% agree and strongly agree)	WHTH	ENHT	PAH
I have a good balance between my work life and personal life	62%	59%	72%	56%
I feel supported at work	66%	72%	70%	53%
My workload is manageable	47%	51%	50%	34%
The Trust I work for has a healthy working environment	52%	56%	56%	39%
My skills and experience are valued at work	63%	68%	68%	52%
My banding reflects my level of expertise	60%	63%	62%	54%

Staff working as a Band 6 also tended to have a poorer experience of working for the NHS. For example **25%** disagreed or strongly disagreed that they feel supported at work compared to the **14%** average and **35%** disagreed or strongly disagreed that they have a good work-life balance compared to the **19%** average.

In contrast, Allied Health Professionals and Midwives were far more likely to have a positive experience of working for the NHS – as detailed in the table below.

Positive experiences of working for the NHS			
	Average (% agree and strongly agree)	Allied Health Professionals	Midwives
I have a good balance between my work life and personal life	62%	70%	60%
I feel supported at work	66%	81%	100%
My workload is manageable	47%	69%	70%
The Trust I work for has a healthy working environment	52%	65%	100%
My skills and experience are valued at work	63%	77%	60%
My banding reflects my level of expertise	60%	62%	20%

Teamwork and Collaboration

Respondents commented that their department exercises excellent teamwork and is collaborative in its approach. In particular, respondents praised their colleagues for being “supportive” and “helpful” and proactive in answering any concerns or queries they may have. These sentiments were reflected in the survey results – in which **66%** said they agree or strongly agree that they feel supported at work.

“My ward works collaboratively together with their MDT, listening to what they have to say. We respect each other, whatever profession we have.”

“Our team is a nice, small team, where everyone supports each other.”

“Colleagues are always ready to help even when you don’t ask for it. I feel pampered at work, I hope it stays that way.”

“The people and the midwives have been amazing. The positive energy from some colleagues and some senior colleagues is really inspiring.”

Respondents also commented that they feel listened to and are actively involved in decision-making which makes them feel part of the team, and that their opinions and views are valued. This was reflected in the survey responses, in which **63%** agreed or strongly agreed that their skills and experience are valued.

“In my current team, in the department I’m currently in, I personally feel that we have a good support system and if we have any ideas or suggestions for the betterment of the department, our voices are heard.”

“They want to hear our views, how do we feel, and if we have something to add, they give us the platform to do that.”

"I was quite comfortable with my colleagues, nurses, doctors, everyone. They come and talk to me from a therapy point of view and ask for my opinion. They do respect our opinions and they do make decision changes based on our opinions as well."

Although, some respondents had a more negative experience of teamwork, commenting that some of their colleagues are not supportive and can be difficult to work with, although most respondents acknowledged that this tends to be typical of most workplaces.

"There is a cultural difference which I acknowledge but some colleagues stand out in reaching out to make us feel at home while the majority of others just don't care."

"Sometime it's a toxic environment, sometimes its fine, it depends on the individuals you are working with, some value teamwork, other's don't."

"There is no teamwork or support at work. For a 12 hour shift we have to work for 13 or 14 hours without taking a 1 hour break due to pending work."

To further improve teamwork and collaboration, respondents suggested that NHS Trusts should schedule more team-building activities and get-togethers to enhance working relationships and for staff to get to know each other. Some respondents also suggested that the wards could be more diverse, with a mixture of nationalities and cultures working together.

"Sometimes if we are new to the ward, we don't know who is the doctor or who are the nurses. Maybe we could arrange a get-together, maybe every 2 months on each ward, get everyone together to get to know each other, how is everybody's life, it might make better working relationships."

"There should be mixed race, mixed nationalities, it shouldn't be one nationality in one environment. We should be mixed together, it's important to diversify wards, and get-togethers should be organised as well."

"In my ward we do team-building activities, but it's not regular because of staffing levels. I'd be nice if we could accommodate that more."

"I think when we're on shift they could mix up those who trained as international midwives and those who trained here, just to mingle them."

A number of respondents also suggested that staff trained in the UK should be educated about the experience and expertise of internationally recruited staff. Often, assumptions are made that international recruits are "new" with limited knowledge and experience, when many have worked in healthcare for several years. These assumptions made some international recruits feel disrespected and not valued by their colleagues.

Staff working as Band 7 and had a poorer experience – with **45%** disagreeing or strongly disagreeing that their skills and experience are valued at work.

"When I came to the UK I already have 12 years of experience but the team doesn't know what, for the team I'm a new recruit. So when I'm working with them, their mindset is 'oh they're just a new nurse, they don't know'. It's not easy to speak out when you're new, trying to get along and know the team. They

need to understand that culturally we are different but knowledge wise we may be more knowledgeable because of the number of experiences.”

“Most staff when we came from outside of the UK as trained midwives felt the qualifications don’t meet up to what they have here, which I think is demoralising. They need to take the time to listen to us and I’m sur they’ll learn something from us too.”

Similarly, although a large number of respondents felt valued by their team and colleagues, other respondents recommended that NHS Trusts should do more to ensure that the views and opinions of international recruits are heard, listened to and respected, and that they are included and involved in decision-making.

“People give their all if they feel valued and listened to. I think people are a bit jaded because people will ask them things but nothing happens. I think we need to involve people and take their responses on board and take action and not treat it as a tick-box.”

“Give international recruits a voice, a team that meets regularly, talks about things, brings solutions, values opinions, will always be a good team.”

“Speak with the staff members, talk to us, ask us what we would like to see, and make a conscious effort to do something. Say you’re one of us and we value you, we value your opinions.”

Leadership

Respondents were asked about the perceptions on the leadership within their Trust. Positively, a large number of respondents emphasised that they receive good support from management and senior colleagues, emphasising that they are “approachable” and will check to ensure they are feeling ok and if any difficulties or challenges need to be addressed.

“The leaders in the wards, they’ve always been there, my manager will ask ‘are you ok’, ‘are there any challenges’, ‘do you need anything’, so that’s always ben in place to check on us and see if we are ok and how they can help.”

“My manager, they always try to accommodate, they’re a blessing to us international recruits because they understand our situation and being away from our family.”

“Our colleagues and senior colleagues on the wards are really helpful. My manager is really approachable, I can walk into their office and ask them anything and they’d respond.”

However, some respondents felt they have not received support from senior staff and/or leadership, which has made working for the Trust more difficult.

“There is no support especially from managers. Each day I feel scared to go to work because of this unsupported environment and I regret my decision to join this role.”

“In my secondment role I have felt I am not receiving support from the management. I was questioned about my capabilities and was advised to step down to a Band 6 role.”

“There is a lack of support from managers, it’s each man for himself.”

To improve experiences, a large number of respondents recommended that management should provide more one-to-one support to international recruits, and should encourage international recruits to discuss and raise any concerns or worries with them.

“For everyone working in the wards, we’re under a lot of pressure, the one-to-one sessions with each member of staff from the leadership and checking up on them, it really makes a big difference.”

“Do the same as we are doing now – when the new staff join the team we get a leader for the internationally recruited and arrange a meeting or a face-to-face or a one-to-one discussion to talk about the barriers they are facing, or if they’ve got any problems.”

“Maybe more one-to-one support from senior nurses or managers to support the international nurses. International nurses may be suffering from anxiety, moving from another environment, they need to be supported and loved.”

Linked to this, some respondents suggested that when mistakes or incidents happen, leadership could be better at using this as a learning opportunity, rather than penalising or scrutinising staff.

“If someone makes a mistake, do not treat the person as a criminal, that person is not going to learn from the mistake, all the person is going to remember is how they were treated, they are not going to learn from the mistake. The person should be supported in a positive way so they can learn from that mistake.”

“We seem to get a lot of attention when things go wrong and I think sometimes the way that’s handled could be more of a learning opportunity and an opportunity to educate. People tend to have the perception that if they do an incident report it’s a negative thing when it’s not, it’s about the learning and you don’t have to lose hours of sleep over it.”

On a practical level, some respondents suggested that when the wards are busy and overwhelmed, leadership should step in and provide hands-on support to assist the ward through the pressures. Respondents felt this would also boost morale and make staff feel that those in leadership do understand the strain they are under.

“You find new international nurses really stressed with the amount of patients, you can see they are in tears because they are trying to do so many things at once. I believe the leaders should be hands-on as well on the floor, those little things will make the nurses feel valued.”

“You want someone who understands the situation, who understands the shop floor. There are so many times where we are breaking our backs and you have someone from leadership come in with their clipboard and say ‘why haven’t you done this’ and very often that is the last straw in someone’s back. I think it should be compulsory for leadership to spend some times hands-on in the shop floor so they know what the pressures are. It only has to be a day, you help and if we are in trouble you get your hands dirty and not just come in with more policies that need doing. When we’re drowning at work, come in and be here, come in and support, work alongside us from time to time. It’s massive for morale and it’s more hands-on deck. When they come down and help us hands-on, it means you know we have trouble and that you understand and you’re trying to help out.”

Internationally recruited staff also felt that the leadership within NHS Trusts could be more diverse, given that the majority of people in leadership positions tend to be White British. Very concerningly, some also

felt leadership was based on nepotism rather than merit, and that it is difficult for people in those positions to be challenged.

"If what you're saying goes against the narrative of your senior management then you're very quickly not seen or heard from again, and there is a sense that there is a lot of close friendships amongst senior management so they cover each other massively, it doesn't matter how much truth there is in what people are saying, they cover it."

"I think we have some leaders, people in leadership roles who don't have the slightest notion of what's going on. It comes back to it's who you know, not what you know."

"Society is different, it is more diverse and multicultural but the leadership isn't. It is a very diverse population so why is that not reflected in the leadership team?"

"Currently all senior level managers are white dominant. There is poor representation of ethnic minorities in top leadership positions."

Work-life balance

Respondents were asked whether they had a good work-life balance, in which some internationally recruited staff shared positive experiences and examples of good practice.

ENHT respondents had a better experience – with **72%** agreeing or strongly agreeing that they had a good work-life balance.

These respondents commented that their management is understanding and respectful of their home life and caring responsibilities, and will grant annual leave and flexible working when requested.

"One day my child got an injury so I had to take urgent leave, my senior was very understanding and let me take the leave without deducting my annual leave. It was very considerate and made me feel like you care not only for me, but my responsibilities and my role in my family."

"The health and wellbeing has a much higher profile than it used to and there are more health and wellbeing initiatives and I think that's really good. From my personal experience with my managers, they allow me to do things like flexible working, those kind of things I've found to be really helpful."

"The manager at my hospital is very respectful of religions. I have a religion called Church of Christ and every week we have two days of church gatherings, so I told my manager and asked for those days off. I explained this is my sanctuary – my safe haven. I explained I get depressed without visiting church. They saw the difference and gave me those days off."

Martha's* Story: Support from the Trust during Bereavement (*Pseudonym has been used to protect their identity)

When Martha's father became unwell, she needed to travel back to India and care for her father for two months. Martha was granted paid leave from their Trust for this period of time, which she was incredibly grateful for.

"My father was suddenly taken ill and my mother couldn't take care of him. So I left at the start of January and was in India until March on paid leave. It's a very, very big thing for the Trust to do that – understanding what I'm going through. It would have been more difficult if I had been sent with unpaid leave because in India you have to pay. The total bill came to around £25,000 so that was the amount of money I had to sell at that time. So for me to go back and not be paid would have been a big thing."

Ayo was also appreciative of the support from colleagues, who took on her workload during this time and continue to provide support to this date while she is adjusting to coming back to work.

"Unfortunately my father passed, so I had to go back again. But still, nobody has ever said anything about the amount of work I've left behind – people just gladly took it on and supported me on the journey and are still supporting me because I'm still in the process of adjusting to coming back. They were so supportive, half of my workload was taken over."

However, **19%** of survey respondents and a large proportion of participants in the in-depth interviews and focus groups commented that they have a poor work-life balance.

These respondents expressed the extent to which they are struggling – raising that they are often working overtime, unable to spend time with their family, juggling childcare, and having difficulty paying bills.

"I can't think of the last time I went home on time and I can probably count the number of days that I've had my half day and stayed off. Burnout starts to happen, the relentless of it all gets to you and your work-life balance starts to go."

"Working as a band 5 you have to look after yourself, your family, but you don't have any public fund access so I think that's very hard and why a lot of international recruits do extra shifts because they have to pay the bills."

"I think the difficulty for people, especially international nurses, is that they have to work full-time. The way the cost of living is, they have their spouses working as well. I truly don't know how they're managing their work-life because they're working, their spouse is working, they must be paying childcare, I don't know how they're able to manage."

"I've come across a lot of people who have said how they're struggling and doing extra shifts and have no time to spend with their family or their husband. Everything is on their mind as they come to work, they're not able to focus on work."

For many respondents, their work-life balance has been negatively impacted due to their workload and staffing pressures – with **27%** of survey respondents and a large proportion of participants in the in-depth interviews and focus groups stating their workload is unmanageable.

“If you should have two ladies at a time, before you close from work, you are so exhausted and frustrated because you might feel that you didn’t really take care of your ladies like you were supposed to because of the pressure. It’s so exhausting and you come back the next day exhausted and that is going to effect the care that you can give our ladies.”

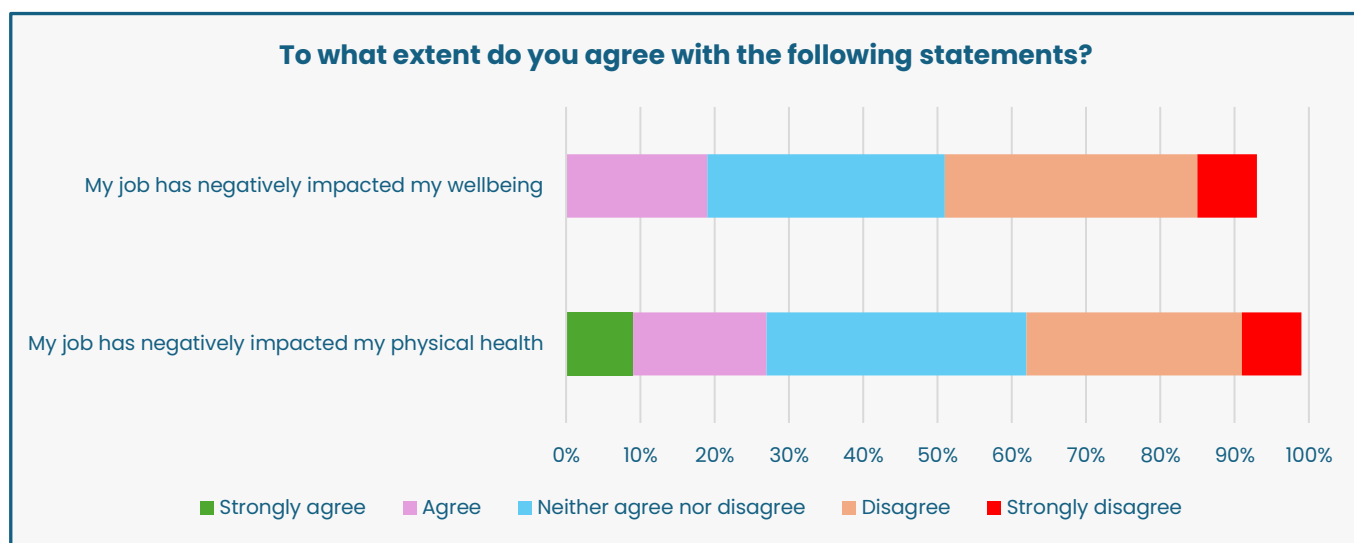
“There is not enough staff on the ward, our workload is very high. Most of the time I’m unable to complete the job on time and I have to complete it even after my shift finishes.”

“The Trust has staffing pressures constantly and the staff-patient ratio is about 1 staff to 9, 10 or 11 patients. To add to this, extra responsibilities like taking on students, completing audits for the ward, taking in charge roles, all of this increases the existing workload. Even on my days off, there are constant messages by managers in the ward Whatsapp group which makes me feel like I am still in the ward. Managers and senior managers misuse their position.”

Unsurprisingly, respondents emphasised that staffing pressures and trying to cope with a demanding and unmanageable workload is starting to significantly impact their physical health and wellbeing.

Respondents recruited from India had a poorer experience – with **38%** stating that their job has negatively affected their physical health.

This was reflected in the survey in which **27%** agreed or strongly agreed that their work has negatively affected their physical health, an **26%** agreed or strongly agreed that their job has negatively affected their wellbeing – as shown in the graph below.



“Not well supported in the working environment. Work affecting negatively my physical, mental and emotional wellbeing and draining my health. We can’t even take a one hour break in our 12 hour shift.”

“Supporting systems are not good. We have to work under pressure. Can’t provide better patient care within my limits because of my pressure. It affects my mental health as well.”

Ayo's* Story: Unhealthy Work-life Balance (*Pseudonym has been used to protect their identity)

Ayo used to work in the wards for several years and during that time, he did not have a healthy work-life balance. He felt constantly stressed and did not receive enough support from management. After his shifts, Ayo would often cry once he returned home, due to the pressure and workload.

"While I worked on the wards for 4.5 years I was stressed. I did not have balance with my work and personal life. I never felt supported at work and there have been days where I cried back home due to the immense pressure I had to handle during work – with managing patients, being short staffed and unable to complete tasks and then being pressured by management to complete tasks."

Ayo had to find a new role and has since joined a Speciality Team in which he is receiving better support. He recognised that there are many international nurses who are either leaving the Trust or moving to a new role because of staffing pressures.

"I know the majority of nurses in my Trust working in wards struggle and do not always speak up. The staff and patient ratio is poor, some days its 1 nurse to 9-10 patients. For these reasons I had to leave the wards and join a Speciality Team where I am well supported. This is what now all nurses in wards are doing – they are leaving Trusts or their jobs and switching their job roles as well."

Increasing the number of staff was a key recommendation made by respondents. Respondents emphasised that this would improve the work-life balance of staff and enhance their health and wellbeing. They felt it would also relieve the workload and pressures on staff which they are finding increasingly difficult to manage, which in turn would improve patient safety and the quality of care delivered.

"We are short of staff. They need to think about the ratio to the nurse's workload. They don't even ask the nurses how's the workload, they just say 'you have to do that'. Sometimes when I work in the ward, I can't even pee, you're just rushing to do stuff for 12 hours."

"We have a lot of confused patients and what's why a lot of patients fall in the ward, because we cannot be everywhere at the same time. If we have enough staff, enough heads on the ground, it'd prevent patients from falling."

"Sometimes you go to work and realise you're supposed to finish at 8:00 but you're leaving at 10:00 because you have more to do, you have to work the extra hours because there is too much to do. If there is more staff, you have more people around to help you."

"I feel if they employed more staff, it's going to help, because you have to do a lot as a midwife, and that is going to impact the care you give. It takes everything from you because you're taking care of a mother and a baby."

Other recommendations for improving work-life balance for internationally recruited staff included informing them of Trust policies such as flexible working and ensuring this is fairly implemented across departments. At present there is inconsistency, with some departments permitting flexible working, while others are not.

“The Trust has got a policy in supporting flexible working but some departments are not very good at it, so as a Trust we need to clarify that this is the policy and it has to be consistent across departments.”

“For the first 3 years in the UK I had no idea about flexible working, but those trained in the UK at the time of interview will be able to request it because they know about it. I think that’s a huge disparity in terms of what we are offering.”

“We were always told that the Trust promotes flexible working but this is not the case. I’ve struggled, I’ve asked for nights and they’d say that’s not good for your health, so we’d ask for something else and they’d say no to that as well.”

Similarly, respondents suggested that NHS Trusts need to make it easier for staff to request annual leave. Due to workload and staffing pressures, annual leave is often denied. This is particularly difficult for internationally recruited staff who may want to travel back to their home country to visit their family. They also recommended that NHS Trusts provide time off in lieu if staff have worked over their contracted hours and offer greater flexibility in working hours for staff with children so they can better manage their work-life balance.

“At the time I felt guilty asking to go back home for 4 weeks, you’d struggle to get the holiday approved and have to give explanations in writing and you’d be worried about getting it and asking the manager for it. It is really difficult.”

“When you ask for annual leave and you say you need a rest, need a break, the manager will be like ‘I can’t give you leave at this time or that time’. You’re forcing me to be at work when mentally I don’t want to be. Managers should give people their annual leave when they want it.”

“When I was working in AU there was no time back. They say it’s your problem for not finishing your work on time but demands are different, things change dependent on the patients you get. We often finish much later when we are supposed to and you don’t get paid or given that time back.”

“I struggled with my childcare a lot as I wasn’t given the hours that would help me to work. At the time I had colleagues whose children were 16, 14 and they got the childcare and my child was only a few months old.”

“The Trust needs to solve the hours and give staff the opportunity to balance their work and life, if it is balanced they won’t worry about their children and family and it will not affect their performance at work and they will be less stressed.”

Another key recommendation made by respondents was for NHS Trusts to support the basic needs of staff. Respondents emphasised that NHS Trusts need to protect the health and wellbeing of staff – with suggestions including providing regular health checks, funding a “clinic” for staff to be seen within the Trust rather than in primary care settings, and providing food and water within the wards.

“I think you need to look at the health of staff, their basic needs, providing a water dispenser, things to help them on the ward, providing food for the ward, weekly or monthly. It’s a different thing when the Trust provides for basic needs. Health is wealth, and if they are not healthy, the staff will call up sick, if they are not healthy, it will affect their work output, it will affect everything – staffing wise, patient care, all those things.”

“We need to check everybody, whether you’re international or not, everybody should be checked and we should do one-to-ones. We really need to dedicate time to ask how you are. Sometimes we ask how you are but we don’t really mean it, it’s just routine.”

“When we get sick and we want an appointment with the GP, we struggled a lot. It’d be good if there was a small team or a hospital staff clinic for staff to quickly see if they’re unwell, that would improve sickness and support for staff.”

“It would be good if every employee was given the opportunity now and again to have a health check, see how you feel, if there are any health issues. It would give the opportunity to ask for any support and it’s really hard to get appointments when you work full-time so you’re not looking after yourself.”

Linked to this, respondents also suggested that line-managers should be educated and trained on how they can support the wellbeing of international recruited staff, and management should be proactive in signposting internationally recruited staff to support and resources available to help manage their health and wellbeing.

“Encourage line-managers on how to better support staff and train us so we can support staff who are in a vulnerable position, we don’t necessarily get training on things like that.”

“Information about how international nurses can be well supported on the ward, giving them guidelines on how to provide support. Maybe they don’t understand the support that is needed, there should be training for them.”

“If international recruits are going through something, you should guide them through to get mental health support and show them support as well, offer one-to-ones or set up a meeting.”

Appreciation and Recognition

Respondents were asked if they felt appreciated and valued by their Trust. Encouragingly, a large number of respondents said their department has initiatives in place for rewarding and recognising the hard work of staff. Examples of good practice included employee or star of the month, annual awards, and awarding certificates and gifts.

“In our department we have employee of the month where we take time to recognise the hard work that each member of staff provides within the department. It helps everyone to not only recognise the department but also boosts morale and lets staff know that all the hard work is not being unnoticed and it’s being appreciated.”

“In terms of staff appreciation, I organise it. We share the KPIs and after that we give them certificates and we give them appreciation gifts.”

“In our ward we have a ‘hug a jug’ which everyday the staff put someone’s name in who they are feeling happy with. I will take out the names and say thank you, you did very well.”

A small number of respondents expressed that they do not feel valued or appreciated by the Trust and shared the impact this can have on their retention.

*"It's when you don't feel valued, you don't feel respected, you don't feel heard, that's when the work suffers and when there is sickness and that's when people say I can't do this anymore."
"Appreciation helps me work harder and retains me for longer. In this place, I have never got any appreciation."*

Providing regular, continuous recognition and appreciation of internationally recruited staff was a key recommendation made by respondents. They called for NHS Trusts to provide day-to-day recognition and emphasised that simple gestures are of greater value to staff than initiatives such as award ceremonies.

"I think there's still a long way to go in terms of actually staff feeling appreciated and acknowledged for what they do. I know there are awards that happen but it's only a few people who can get it, actually a lot of people are doing a lot of good work all the time, so I think it needs to be fed back through more consistently and not just wait for specific award ceremonies. You would feel a stronger sense of teamwork and belonging and I think that needs to be done more as a day-to-day thing. Encouraging of staff and acknowledging people on a regular basis. Sometimes it feels like all the good work is ignored and it's only the bad that's acknowledged."

"What you want is the day-to-day recognition, the thank you for staying later, thank you for going that extra mile. What we want is the day-to-day recognition and support, even if that is somebody coming down to say well done. You're not doing it for a certificate, it's your job and you want to do a good job. It's the thank you for coming in everyday, thank you for supporting all these people, thank you for covering the shifts, it's those thank yous."

"A simple card, a simple thank you, a simple conversation in relation to positive work they are doing. Those kind of simple gestures, I cannot feel any from the Trust. Giving them a pat on the back, giving them simple letters, sending them emails to acknowledge the good work that they do."

In addition, respondents argued that there needs to be greater recognition and appreciation of internationally recruited staff from those in leadership and management positions. They also suggested that individuals need to be recognised, not simply teams or departments.

"Leadership need to keep an eye on what's happening in the wards, regular appreciation not for the entire Trust but for specific wards. Here, we usually do appreciation for the entire Trust and those hard workers are being missed."

"Very often the team does something and the matron gets the credit when actually it's specific members of the team who have done it. Yes they are the leadership and direction, but there are other staff."

"People who are working on the wards get recognised more because outpatients aren't there all the time but the staff are equally working hard, so I think that should be recognised. There are a lot of people working really hard day in and day out but because they're not working on the wards, they don't get the recognition."

Lastly, respondents said initiatives for appreciating internationally recruited staff are not consistent across departments, with some departments having several measures in place to value staff, while others do not. They also felt that awards tend to favour particular individuals or departments, meaning that others are not receiving the recognition they deserve.

"They've got an employee of a month and champions for different areas. I've seen it for some areas but not all, so that's something they could bring across the entire Trust."

"I believe that people who are involved in presenting the awards or selecting people, their staff are more likely to get the awards than others. I think it should be fair and I think there more awards for departments who are not exposed. You see the same people getting the awards."

Working Environment

Generally, respondents were positive about the working environment within their Trust – with **52%** stating their Trust has a healthy working environment.

Respondents described the culture as "supportive", "welcoming" and "respectful" with a sense of community and belonging. They also felt their Trust promotes principles of diversity, inclusion and equality with examples of good practice including hosting cultural events, establishing diaspora groups, celebrating festivals and holidays, and establishing support groups for internationally recruited staff.

"I feel the Trust is doing everything it can to make sure everyone feels welcomed and appreciated no matter what the colour or the race, or the background, gender as well. The Trust is very much aware of the importance of equality and being respectful."

"The cultural event that was introduced last year was a really good concept, staff members found out so many things about other nationalities, we tasted each other's food, we had different cultural dance performances, it helped bring us closer together."

"The Trust has started having cultural evenings which is a great initiative where people from different diasporas come together and I think that's really good. I think staff feel valued and I think it's an amazing way of understanding different cultures."

"An international day was set aside to celebrate international midwives and I liked that idea. It made me feel welcomed."

"They have started groups to support international nurses and they do team meetings for internationally recruited staff."

To further enhance equality, diversity and inclusion and to improve the working environment, a significant number of respondents recommended that NHS Trusts need to have a better understanding of different cultural backgrounds. Respondents commented that NHS Trusts do not tend to have an awareness of the culture and experiences of internationally recruited staff and suggested that staff – particularly management and leadership – should be educated on cultural competency and intelligence. They also emphasised that NHS Trusts need to avoid homogenising internationally recruited staff and recognise their individuality.

"The UK is big on diversity and inclusion, however to be honest I think it's a sham. You're putting us in a box and generalising us, putting us all under BAME. You're putting me in a box with other people that I have nothing in common with. We need to be seen as individuals who have got our own experiences."

"I think there needs to be a huge piece of work done on cultural awareness and understanding. I also believe as a Trust we need to do this piece of work for managers and the team. They don't understand the cultural shock international recruits are going through and how they can support them."

"I really think that everybody in my hospital could learn about cultural intelligence, it would help in everybody getting along. Sometimes I feel that some of my colleagues don't really understand different backgrounds and cultures."

"There is a lot of work to be done on that managerial level on understanding that culture and awareness of what struggles international recruits go through."

In addition, respondents suggested that NHS Trusts should continue hosting initiatives such as cultural events and celebrating the holidays and festivals of different faiths, ethnicities and cultures. They also recommended that they should be more groups and forums for internationally recruited staff to meet each other.

"There should be more forums where people from different cultures, diaspora have those opportunities to meet. I think having those forums helps people feel more open and encourages staff to participate."

"It would be nice to if there was like a family day or something like that, that the Trust can facilitate, with food and some activity they can do. I think that's very, very important for creating a good working environment and for wellbeing and mental health."

"It is a multicultural hospital so holidays and festivals should be promoted and celebrated, it would improve diversity as well."

Feeling Safe and Speaking Up

Disturbingly, over half (**53%**) of respondents said they had faced negative experiences at work. *Negative experiences were defined as including cases of racism, discrimination, harassment and/or bullying.* The statistics for each Trust and specific groups are detailed below.

Percentage of respondents who had faced negative experiences at work:

- WHTH (**46%**)
- ENHT (**50%**)
- PAHT (**69%**)

Some groups were more likely to have faced negative experiences at work:

- Respondents recruited from the Philippines (**68%**)
- Staff working as Band 6 (**71%**)
- Staff working as Band 7 or 8 (**75%**)

Allied Health Professionals were less likely to have encountered negative experiences at work at **35%**.

"There are too many cases to mention, it's just an everyday thing. I kind of think it's just normal now."

"There is a soft racism integrated to the culture. People, including staff, may have resistance to accept strangers to their country and systems. It affects daily work."

Negative Behaviour from Patients

A large number of respondents had faced negative experiences from patients and/or their relatives, with examples including racial comments, verbal and physical abuse, discrimination and aggressive behaviour. Most commonly, patients refused to receive care from internationally recruited staff because of their ethnicity.

"I did have one particular patient, we had them into a quiet room and halfway through the assessment they said 'I can't believe there are so many Black people telling us what to do' I was shocked."

"Patients sometimes being racist. They are kicking and punching members of staff and we are short staffed in that environment."

"There has been a few incidents with patients, sometimes they don't want to be treated by a person of colour and I have been told that to my face."

"I'll go with an assistant to the home visit and they'll speak to the assistant because they are white. They assume because you're the Black person, you're not the qualified one."

These experiences often had a negative impact on internationally recruited staff, who commented that it made them feel uncomfortable, upset, disrespected and discriminated against. Respondents said it has made them more cautious when delivering care, in case the patient and/or their relatives behave inappropriately.

"It's affected me in the way that I'm properly more cautious when I pick that behaviour up around people. When I sense something, I will sometimes make sure I take a white person with me for instance. I tend to step away from the situation and ask somebody else."

"It puts your guard up, your guard is always up, you're trying to get a measure of the people you're dealing with and you're forever careful about what you say and do and sometimes you're a bit frightened to be yourself because you don't know what triggers people."

Fortunately, the majority of respondents said that when these types of incidents have occurred with patients or their relatives, colleagues and management have been supportive in handling the situation, reassuring them that they do not have to treat the patient, and advising how to deal with these incidents going forward.

"Just 3 months in our ward one of my patients cursed me a lot and even threw a needle for their blood sugar at me. I managed to dodge it, he said 'I will kill you!' I was so shocked. I cried because I was so shocked. The nurse in charge spoke to the patient and were very supportive."

"My manager gave me advice and said I could refuse to see the patient and to not accept that behaviour and gave me reassurance that it isn't acceptable and we would be right to say we aren't seeing the patient. They showed me how to deal with those situations so I think the support I got was good."

"There was a patient that didn't want me to treat them because they were thinking I'm not qualified to do it. We had been briefed in the department that if someone does this, this is what you need to say. My line manager always said come to me, I'll deal with it."

However, a few respondents felt that NHS Trusts could be more proactive in protecting the safety of staff and in speaking to patients about their inappropriate, discriminatory behaviour.

"It's not intention, they are not well but it's inhumane, we have policies in relation to these difficult situations but I think that needs to be more looked into, for staff to be protected."

"I have been in situations where I've been told that there is a particular patient that does not want to be cared for by anyone who is Black. I felt like the way in which that situation was dealt with could have been better. It should be put forward that our workforce consists of people that are Black and if they were not competent to care for you, they would not be working in this capacity. I think they missed the opportunity to have a discussion with that person to say why, what's your reason, what's your rationale."

Matilda's* Story: Unequal Treatment from Patients (*Pseudonym has been used to protect their identity)

Matilda was pregnant and working on the wards. Whilst on shift, a patient kicked her stomach. When a fellow nurse reported this incident, no one came to check on Matilda simply because she was not bleeding.

"A patient kicked my tummy so it does happen. When another nurse reported it, they said if the nurse is not bleeding, no one needs to come. And nothing was done."

Matilda felt that NHS Trusts need to do more to protect the safety of staff, and that patients should be told that this type of behaviour will not be tolerated.

"If a patient kicks a nurse on the tummy, a pregnant nurse, they should check her to make sure she is fine and ok. Its not good. Patients need to be told that what they have done is not right. The emotional and physical care of the nurse is important. If there is no one to put the patient in check, the same thing will happen."

Unequal Treatment and Inappropriate Behaviour from Staff and Colleagues

Concerningly, a significant proportion of respondents said they had faced negative experiences in the workplace, including cases of racism, discrimination, exclusion and bullying from fellow members of staff. These incidents have had a severe impact on respondents – particularly on their mental health and emotional wellbeing, with many stating they were scared to go to work, cried when they returned from work, and considered leaving their job due to the extent of the poor treatment.

"I was being bullied, I was harassed, specifically me, they targeted me. I told the line manager but they're new and I'm not sure they know how to deal with it. I don't know why they hate me, or why they have targeted me. Staff will get 4 or 5 patients and they will give me 10 or 11 patients, I don't know why it's only me they target."

"I remember one of my colleagues passed a comment, I think it was a comparison to a particular character. I didn't understand and I was laughing, but another person from the same country stopped that person and said that's really rude, you shouldn't be passing that comment to anyone. That made me think, that person I've been sharing a close working relationship with might have been making fun"

of me or passing comments for awhile. It did affect me, I used to trust that person, I had respect for that person. It was a shock for me to accept that person was discriminating me."

"During the pandemic when we had to work in one of the wards, there was a sister working on the ward who is quite well-known for being a bully. It did have a big impact, it made me not look forward to coming to work because it's already stressful because of the pandemic and then to learn that you'll be working with a certain colleague, it makes things worse. It was really difficult at that time."

Raj's* Story: Bullying from Colleagues (*Pseudonym has been used to protect their identity)

Raj is a Band 8 and has recently been experiencing bullying and racism within the workplace. This is having a significant impact on Raj's wellbeing and they have stopped enjoying coming to work.

"I'm going through a whole set of problems right now actually with bullying and racism. I don't sleep, I'm probably more irritable and snappy at home. I have younger children who have started to pick up that work is not necessarily pleasurable. I have started to doubt myself, to second guess myself. It's not the way to be. It's not a nice work environment. You start to hate coming to work."

Raj said that in theory, there are systems in place to report this behaviour. However, in practice, it is not resolved. Although the Trust has Freedom to Speak Up Guardians for staff to raise these concerns, Raj would be reluctant to disclose their concerns with them.

"On paper there's a lot of things you can do but what is the end result? It takes a lot for someone to raise a concern so when they do, what happens to it? How do they actually deal with it? Sometimes it feels like let's smooth everything over so it makes the Trust look better. I think people who have experienced that realise nothing has been done. I have as of last week raised my concern and they said let's smooth it out, it's just a blip. No it's not and if you try to make someone's very deep concerns look that small, you add to the problem. I don't think they appreciate how much it takes for somebody to come up and speak. We have several Freedom to Speak Up Guardians but I know I'd only go to one or two probably because I've been here long enough to know who I'd trust."

Some respondents said they had faced discrimination and/or unequal treatment, particularly from management and/or senior staff. Again, this often had a significant impact on the wellbeing and confidence of internationally recruited staff. One respondent even had a senior member of staff physically harm them.

"In the workplace there is groupism, managers and a few senior doctors always show bias in treating nurses, choosing whose birthday to celebrate, choosing who to be involved and even nursing decisions are taken over by this toxic senior registrar. Passive leadership by the manager but the Trust thinks they are the best. Nursing Director is not interested in how we feel or what is happening in the ward and how staff feel."

"I have been bullied by seniors, I have been tortured mentally, at one point I wanted to quit my job, they made me feel very upset. Those people need to be highlighted and scrutinized, to do a deep investigation of what they are doing to international nurses, it's absolutely unfair."

"I remember one shift on the ward, there was a matron who wouldn't understand what went wrong with the needle prick, they took the needle and said 'how could you do that' and they took another needle

and said 'did you not feel when the needle went in' and then they actually pricked my finger. This was a duty matron, band 8. I did a statement but nothing came of it."

Priti's* Story: Mistreatment from Colleagues (*Pseudonym has been used to protect their identity)

Priti is a Band 5 and in her previous ward, she experienced bullying and racism from fellow colleagues. She was told by colleagues that they wanted her to lose her pin and belittled her in front of patients and relatives. Priti raised the concerns and due to the extent of the poor treatment, she was advised to move to a different ward.

"I had some people who told me they would be happy for me to lose my pin, so I had to change ward. I have faced bullying and racism. Sometimes they ask you questions in the presence of patients and relatives, things they know you can't answer, just to let them know you don't know what you're doing. It made me feel so bad. I said I was going back to my country because I couldn't cope on that ward."

"Any time I was coming to work, I see the building and start weeping, I start crying because I don't want to go to work. Not because I'm not happy being a nurse, but just working in that toxic environment. The Practice Development Team stepped in, and the advocate nurses, and they advised that I have to leave the ward."

Other respondents shared that their skills and expertise were not valued or respected by some of their colleagues and/or there is an assumption that internationally recruited staff are less skilled and incompetent compared to staff trained in the UK.

"My skills and experience are not valued, they think we know nothing. I don't feel respected by colleagues, they make you feel small. Doctors won't speak to me but will speak to others. I couldn't talk to anyone about it."

"There is a really bad perception of the international nurses from other members of the health team, especially the doctors. They feel international nurses are beneath and work here as maids."

"The workload is high. I'm not really sure if I need to call this bias. Most of the time I have felt other nationalities are compelled to work in full perfection and the natives often have excuses which are accepted."

Although some of these respondents had made statements and raised the incidents, a number of internationally recruited staff said that no action was taken in response.

"I had someone say to me 'you're living on benefits' and I said 'no I don't get benefits, I'm not allowed to access it' but it was a negative thing they said. When I raised that with my manager they just said they're always like that."

"There is discrimination at work and not included in meetings or work-related discussions. I reported it to the line manager but there has been no change in the colleague's behaviour."

"A few years ago the department raised an anonymous concern, through that incident everyone was given the opportunity to say their opinions about how they have been treated. Nothing happened."

In contrast, a few respondents said their Trust was supportive and proactive when they addressed concerns about other colleagues and poor treatment in the workplace.

Michael's* Story: No Action to Poor Treatment (*Pseudonym has been used to protect their identity)

Michael was working on the ward and a senior colleague shouted at them in front of the entire department. This incident upset Michael and made him scared to be around this colleague. Despite raising the concern, Michael felt no apology was made and instead, the Trust was reliant on Michael to reflect and taken action. Michael felt this approach was inappropriate, and that it should the Trust taking the action to ensure a similar incident does not occur again.

"I was treated really badly when I started my work as a support worker. One of my senior colleagues, in front of the whole department, shouted at me and told me off really badly. They said 'you can't do a thing in your life and you don't deserve this' in front of everyone and I was really, really upset. I raised a concern about that and had a meeting with HR and my manager but I felt like there were no apologies."

"It had a really big impact on me because it used to scare me to go in front of that person and that put my confidence down. I used to feel stressed and scared of that person and I felt that this is not the support the Trust should give. That feeling I will never forget. After all that happened, I only had a letter saying what do you want to do, what do you want to do to improve these things in the future. I've already done my part in sending an email saying what happened, they should be taking the action."

"For the first 6 months I struggled with my manager, I had a lot of issues with micromanaging, there came to a point where I had a breakdown and I was off for 6 months. I didn't tell anybody what happened. I just put in my resignation and left without a job! As I was leaving, a director asked me for a chat and I went and I wasn't going to raise any concerns because this person has been with the Trust for the last 25 years – no one would believe me. They kept asking me what happened, I did finally say and there was a formal meeting after that and slowly people came with their experiences."

Respondents called for NHS Trusts to take reports of poor treatment by fellow colleagues more seriously and ensure there is zero tolerance on bullying in the workplace.

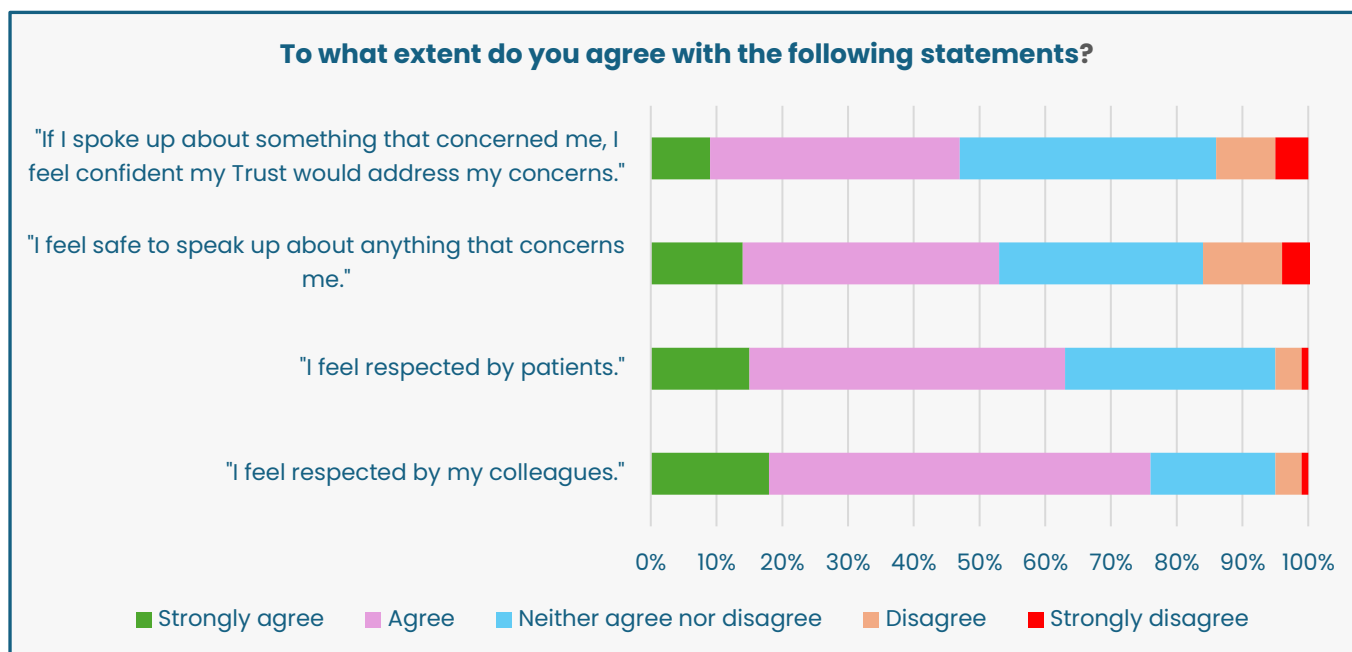
"Provide a more serious consequence to people who are involved in bullying and racism."

"I think if any nurse or staff is reported to be a bully, the staff should be disciplined or something, because it's not a good thing to be bullied on the ward."

"Sanction those that are making people feel uncomfortable, have a meeting, feedback so they know the implication of the possible emotional imbalance, it needs to be seen as a very serious offence."

"Create an awareness campaign about zero tolerance on bullying."

Speaking Up and Raising Concerns



Most respondents (**76%**) agreed or strongly agreed that they feel respected by their colleagues and patients. A comparison between each Trust is displayed in the table below. This figure was higher for Allied Health Professionals (**88%**) and staff working as a Band 6 (**87%**).

The majority of respondents (**63%**) also agreed or strongly agreed that they feel respected by patients. This figure was higher for Allied Health Professionals and staff working as Band 7 or 8 (**80%**).

PAH respondents and staff working as Band 6 had a poor experience – with **10%** disagreeing or strongly disagreeing that they are respected by patients – compared to the **5%** average.

53% of respondents felt safe to speak up about their concerns and **47%** felt confident that their Trust would address their concerns if raised. A comparison between each Trust has been provided in the table below.

Feeling safe and speaking up				
	Average (% agree or strongly agree)	WTH	ENHT	PAHT
I feel safe to speak up about anything that concerns me	53%	60%	58%	33%
If I spoke up about something that concerned me, I feel confident my organisation would address my concern	47%	57%	54%	23%

Allied Health Professionals were more likely to feel safe to speak up about their concerns (**73%**) and to feel confident that their Trust would address their concerns (**73%**). However **30%** of staff working as Bands 7 and 8 disagreed or strongly disagreed that they feel safe to speak up and **30%** disagreed or strongly disagreed that their Trust would address their concerns.

Respondents who felt comfortable to raise concerns with their Trust often said this was because they have confidence in the policies, structures and processes in place to enable staff to speak up.

"We have safety huddles in the morning where we can see what the other work is like, if anyone has any concerns, if they do they can get in touch."

"There are structures in place to address concerns, I haven't had a chance to explore them, however feel they are working and other people have benefitted."

"The Trust has a system in place to work with independent staff, that encourages me to speak up when I have any issues regarding my work environment."

"I know there is an open door policy to ask questions and make any concerns, good or bad."

Some respondents shared that senior staff and/or management have been proactive in asking internationally recruited staff whether they have any issues or concerns. They also commented that staff are understanding and supportive which encourages them to have the confidence to disclose any grievances.

"I appreciate that in this Trust it is ok to speak up about how you feel or your opinions. It is good to feel that someone listens or addresses what you feel or your concerns."

"People are very understanding, supportive and compassionate and this makes it very easy for me to adjust and open up."

"Staff and mentors keep checking up on me, asking how I am feeling as well as asking if I have got any concerns."

A few respondents said they have raised concerns with their Trust in the past and felt they were effectively handled and addressed in a timely manner.

"I had workload at some point that I was not able to manage. When escalated, a teams meeting was set up and it was sorted for the whole team by making some changes in the plan."

"I have received support for issues I have raised in the past and had them addressed."

However, **17%** of respondents said they do not feel safe to speak up about their concerns and **14%** do not feel confident that their Trust would address their concerns. Of these respondents, some said they had previously raised grievances, but they were either not listened to or not addressed by the Trust.

"Raised exclusion and discrimination at work with my line manager – no meetings organised and concerns not dealt with promptly."

"Staff are not prioritised and their grievances are not addressed. Our concerns are not considered."

"I have come across staff who are very rude and even when I have made a complaint, no action is taken."

Some respondents said they would not feel safe and/or comfortable speaking up about their concerns. This was largely because they felt they would not be listened to and would be put "at risk" by voicing their complaints.

"I feel disclosing anything puts the staff at risk because at higher levels everyone is friends of everyone. The one who would struggle is the staff who has vocalised."

"I don't know where to report them, they're a senior colleague, this is the UK, anything can be counted against you. I don't know how to address it."

"You are a victim of unfair treatment. Raise your concerns but you are told to hold back on your statements."

"Concerns raised are not treated equally. If a British person raised it when they will be listened to and the Trust's senior managers ignore people from other backgrounds. Service managers play a dictatorship role. Nobody is allowed to voice anything. If you do then you create more problems so many tend to remain silent and go with the flow and make their life comfortable."

A number of respondents had concerns about confidentiality. They felt if they raised concerns, this information would not remain confidential, and would be reported back to the person they made the complaint about. Respondents also shared that they did not trust or feel comfortable speaking to Freedom to Speak Up Guardians due to these reasons.

"Confidentiality is a big thing. People state in confidence and that needs to stay in confidence. I've realised you need to be very careful what you say because if you don't want people to know about it, don't say it to anyone. That just says it's probably not that confidential."

"Even the Speak Up Guardians, I have told people to speak to them and that they'll help and they say no, they are worried about the consequences on them and their job. They say they won't terminate but they will make my life harder if I speak up."

"Team members say don't go wasting your time speaking to Freedom to Speak Up Guardians, whatever you have spoken about in confidence, it's become public now."

Trisha's* Story: Unsafe to Speak Up (*Pseudonym has been used to protect their identity)

Trisha line manages members of staff and has tried to encourage them to voice their concerns, however staff told Trisha that no action would be taken, and their complaint will not remain confidential.

"I have a lot of staff who come to me and raise concerns about a senior member who they don't feel safe to challenge, or feel safe to say no to them. I say to people 'why don't you voice it out' and the answer I get is that first, nothing will change and second, they feel if they report that person, eventually that person will know who reported it and the backlash will come to that person. They say because I'm not on the receiving end, I don't know what repercussions will happen. They have been seeing that people who have done it are now not in the best place when they're at work."

In addition, a few respondents said they and/or colleagues were "scared" or "fearful" to raise any concerns and/or to challenge management or senior staff.

"Leaders choose certain people to support. They don't want to know the truth. If you speak out, things are not the same, you are not invited nor involved in any further opportunities. Some matrons don't

even acknowledge us. There are some who used to be good role models but now are scared to challenge a manager or even ask them to work in a ward when we are short of staff."

"I had a negative experience when makes me fearful to speak up because it was always met with a negative response and without proper explanation."

"I have experienced some form of discrimination and it has made me rather be quiet than speak out."

Respondents called for NHS Trusts to focus on improving mechanisms for enabling staff to speak up, to ensure that staff feel safe and supported in raising any concerns they may have.

"We need to break down the walls between management and the frontline and that way people will speak up freely and feel safe."

"Speak to people and understand their concerns an take actions and report back to them to say what has been done about it so that staff feel comfortable and we are able to build that trust."

"We should feel safe to speak out. Sometimes we don't feel safe to speak out, we feel if we speak about this, it will be used against us."

Linked to this, respondents recommended that NHS Trusts have independent, objective individuals or committees to raise their concerns with, individuals who do not personally know or work with that member of staff to enable them to speak openly and freely. They also suggested that NHS Trusts should have more private spaces for delicate and sensitive discussions to be held.

"Having a supervisor, someone to talk to freely, to open up to them. I think that's the first thing that makes us feel safer. Sometimes you don't feel like talking to your supervisor, maybe they think we are not fit for work. So maybe have somebody from another team who doesn't know us personally or doesn't know what our work is. Somebody like that would allow us to speak openly as we're not going to meet the person again, so we can talk openly without being scared to tell them."

"I think a one-to-one session with a person we don't know, without fear of being judged, so we can come freely and speak freely."

"We need to have an independent committee, to bring a safe culture and freedom to talk. This will make international nurses feel supported."

"Where is there a quiet room here to have a conversation with somebody? We don't have a space where you could have a sensitive conversation with someone. We have a room in our office but the walls are plaster, everyone can hear your conversation, so where are you meant to have these delicate conversations?"

Respondents also recommended that NHS Trusts respond to concerns and incidents in a timely manner, to avoid issues from escalating and accumulating.

"It should be the same responsiveness throughout 7 days because on the weekend or bank holidays or out of hours, that is when staff are most vulnerable because there are not a lot of people or support. We need to have that more robust because if incidents happen outside of hours or weekends sometimes it gets picked up quite late."

"If there is an issue in the workplace, it should be dealt with right way, they pass it by, pass it by, and it just accumulates and accumulates."

Career Progression

77% of respondents felt they had access to training and learning opportunities within their Trust to help with their career progression and development. This figure was even higher for Allied Health Professionals (**92%**) and respondents working at ENHT (**87%**).

These respondents shared that they have been well-supported by their Trust to build their skills and experience and to undertake training to further their career, education and/or expertise.

"Working at the Trust has been rewarding as I have enjoyed good support from my direct seniors. I have also progressed in my career and from being a Band 5 to a Band 6. My team leads are always supportive and push me to become better at my clinical responsibilities and practice."

"I'm aware we have loads of training and programmes that the Trust offers, seminars as well and sessions. There's a lot of opportunities out there that the Trust offers."

"When you come here, they ask you your pathway of interest, where you want to be in the next few years or by the end of the year, what you want to do and your career interests, they ask you about that and they guide you about what you need to do and where you go."

"We give them the opportunity to see how they can progress, what they can do as Band 3s and Band 4s and what opportunities are there. From the last couple of years, we have got at least 3 or 4 who are now working as nurses on the ward."

However, some respondents commented that since joining their Trust, they have received limited or no support in regards to career progression and development.

"I have been in the UK for more than 4 years but no progression. There is no help for career development."

"We were all failed when it comes to career progression, it feels like you're not there to progress, you're just there to work hard and fulfil the department's needs."

"The opportunities for growth and development were non-existent. At one point I was like I'd seen this area for 3 years but I'm no further than when I started. There was no opportunity for any growth or development or even any advance in my profession, there was nothing."

To improve career development, respondents recommended that NHS Trusts should better support internationally recruited staff, with suggestions including providing one-to-one sessions, assistance with developing portfolios and offering career coaching.

"For 5 years I didn't know how to get ahead in my career, there was no guidance if you do this, you will get this, or this is the way you can get up the ladder. We need someone to guide us, to give us the information."

"There are lots of opportunities and our senior leaders will email everyone about an opportunity but they need to support staff and tell them how to get there, it's not just feeding information."

"Provide more training through meetings about career progression and development. Things like coaching, helping with portfolios, those things."

Many respondents suggested that leadership and management should play a more proactive role in supporting internationally recruited staff in developing their careers and in signposting them to learning and development opportunities.

"It would be beneficial for team leads and managers to identify courses staff would benefit from, give them information about career opportunities, email some of the available opportunities to staff, and be more proactive in telling us about these opportunities."

"It's lack of information about what opportunities are available. If we are keeping that sort of control over them and not providing enough training or providing the chance to progress, it will be hard to retain the staff and not all managers understand this."

"Once a month there should be a proper audit to find out what is happening around the department and what are the trainings available and signpost staff to this information. Awareness is key – some managers don't give that information."

Respondents also recommended that NHS Trusts need to offer more training opportunities to internationally recruited staff, including seminars, courses and specialist training sessions. They said management should allow internationally recruited staff to undertake this training within working hours, an approve training within a timely manner to avoid staff missing out on opportunities."

"Have developmental courses and opportunities for international staff. This could include seminars, profession specific training, and specialised courses."

"I received an ethnic minority group leadership programme and was told I have to do three of the sessions on my days off. I think that's not feasible when you have a young family. Give us the opportunity to do it when we work."

"Every training you want to do needs to be approved by the manager, some of the nurses are refusing because of that because they think they won't approve it. Does it really need to be approved by a manager in the formal manner?"

"You have to put in a request and you can't book those spaces until you've had it approved. By the time the approval comes through, you're too late to get a place."

Linked to this, respondents suggested that there needs to be more shadowing and networking opportunities for internationally recruited staff, as well as opportunities to develop leadership, confidence and interview skills to help with their development and progression.

“Last year we did this cultural event and we met different people and different managers and teams and you find out there are so many different opportunities, so I think they should organise more programs to get together.”

“Maybe one day a month we get shadow training, like someone who is looking at neurology patients, get one day over there to get experience. It will make us quite adaptable and would be really helpful.”

“I think we need to introduce leadership capabilities to newly recruited nurses, especially internationally recruited nurses, to know their capabilities. They have them, we need to introduce it to them.”

“Most of the nurses have skills but need help in believing in themselves. They should make a program and lift people up so they can get the best out of overseas nurses.”

Another key recommendation made by respondents was to provide internationally recruited staff with promotion opportunities, and other pathways to progression – such as opportunities in clinical roles outside of management or leadership.

“I work hard and do a lot of things but I’m not really valued. When I applied for Band 6, someone was hired from outside. I felt really bad at that time, I was thinking what am I doing because I am working really hard but I’m still not valued. Don’t just hire from outside, value and promote what is here first.”

“If the Trust continues to promote other people, people who work really hard will just go. A lot of my friends already went because they were expecting something but nothing happens.”

“I feel information about potential career pathways and progression are not clear. I think people often struggle to know if I want to progress, what do I do? It’s not easy to navigate.”

“If I want to progress from here, the only option is more management as opposed to clinical posts. I’d be quite keen to do a senior clinical role, but there are no pathways for me to do that. That’s something we need to look at.”

Lastly, other respondents recommended that NHS Trusts sponsor internationally recruited staff and provide more funding for opportunities for further education and training. Given most international recruits chose to work in the NHS for career progression, it is important they are given these opportunities to develop.

“They have a small training budget for the whole department. I do think each person needs a training budget so you’re not fighting amongst each other. If you have 10 members of staff you need a budget that covers those people and ensure every member of staff is going on training and developing.”

“Have more funding, trainings, seminars outside the hospital. Provide better opportunities for sponsoring for higher education.”

“Fund the training required to support my career progression.”

Unequal Opportunities in Progression

Respondents raised concerns about the lack of equal opportunities in relation to career progression. They emphasised that promotions and development and learning opportunities are not equally advertised or offered to internationally recruited staff, with many having to “fight tooth and nail” to progress in their

career. A few respondents also felt there was a bias against internationally recruited staff in regards to career and development opportunities.

"I have worked my way up the ladder. From the time we joined the Trust, very little support towards progression was offered. We had to really prove our mettle to climb up the ladder. Still remember having to fight tooth and nail even to get my Band 6 essential courses done."
"Managers need to fully support and engage internationally recruited staff in every stage of their career progression. Give equal opportunities to every staff employed in career progression."

In addition to this, respondents felt there are unequal opportunities in terms of career growth and advancement – with some witnessing staff trained in the UK receiving development opportunities faster than internationally recruited staff, despite them often having more skills and experience.

"In this Trust alone I've been here for 15 years and it's taken me 15 years to go 2 bands higher and I'm not unskilled. I have members of staff who have a total career span of 9 years for the same banding as me. It comes back to who you know and it's a high degree of how you look as well. It comes back to not having bias and having equal training opportunities for all."
"We all used to struggle to get the opportunity to progress. I wanted to know how it took me one and half years to get that experience but my junior colleagues who were obviously from this country got the opportunity before me. I feel like the opportunities aren't fairly distributed and management were picking their candidates."

Other respondents shared that it took them many years to progress and develop within their Trust. They often felt that internationally recruited staff are viewed as "inexperienced" and as such, are not given equal opportunities.

"Thinking about my own career progression, it took 12 years for me to achieve Band 6. There were various hurdles and hoops to overcome and hindsight I feel it's clear that promotions for international nurses were very stringent and one's experience and skills were undervalued or underrated."
"I wish there were more opportunities for career progression in the Trust, as career progression vacancies seem a bit biased and limited for international recruits. We are often viewed as inexperienced or as students new to a setting when it is not the case at all."
"There are some roles or tasks which are biased to particular colleagues with the view that the international recruit is inexperienced. Career development, trainings and vacancies are not advertised to international recruits."

Lastly, some internationally recruited staff felt that training, learning and development opportunities are often advertised to particular professions and higher bands. They also commented that management instructed that have to work anti-social hours to get progression opportunities, despite their childcare responsibilities.

"I think the trainings and learning opportunities that could help us grow are being offered most of the time to those who are in higher bands even though lower bands want to do it as well. The process has a negative effect to us and makes us feel degraded and our capabilities not valued."

"There are more opportunities for nursing. We have very limited training related to therapies within the Trust."

"The department said you have to work in the weekdays and weekends and in anti-social hours to get progression, so I changed my days even with my childcare issues because I wanted to progress further. But when I was asking for opportunities I was not getting anything."

Cindy's* Story: Unequal Opportunities in Progression (*Pseudonym has been used to protect their identity)

Cindy works as a midwife and since she joined the Trust, herself and other internationally recruited midwives have not been given the same opportunities as the midwives who were trained in the UK. Despite raising her concerns, Cindy has still not been given the same development.

"For the international midwives in my hospital, there are some areas you will never work in. I don't know whether they think we are not competent, but I never have the opportunities that are given to midwives who are locally trained here. I escalated it with my line manager, we talked about it but I don't think something will be done about there."

"There is still a gap between internationally trained midwives and those who are trained here, there's still some favouritism towards those who have been trained here. They get more support, more options. We have limited opportunities, limited support, we are always sidelined. Someone who trained here is likely to progress faster and higher than an internationally trained midwife. That is the reality."

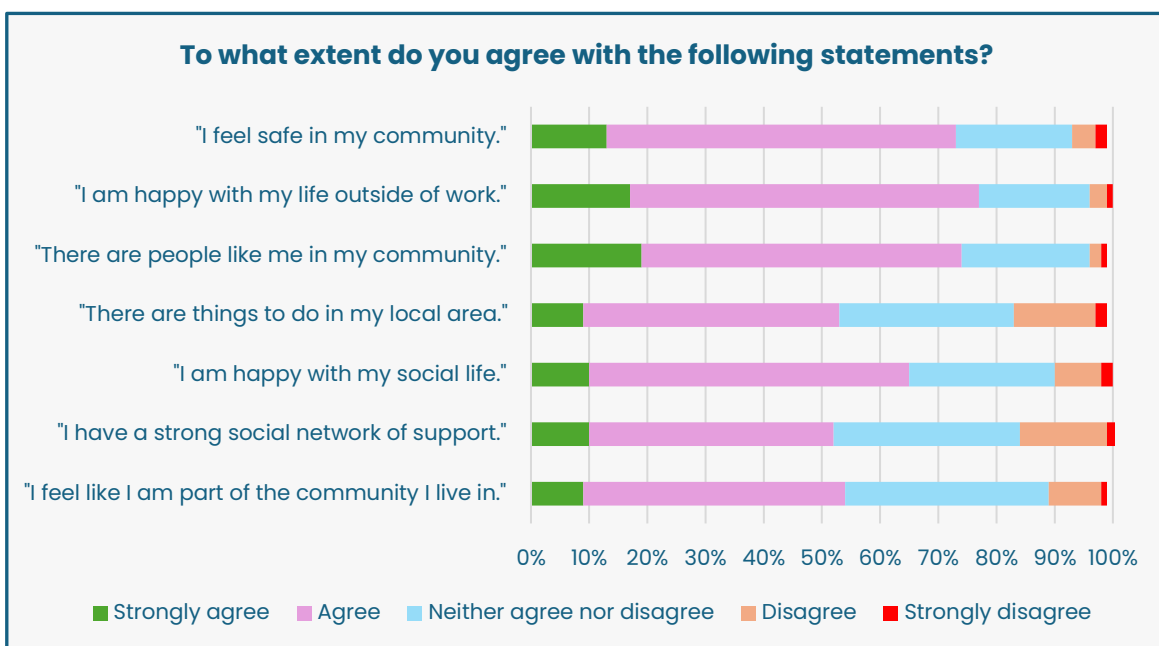
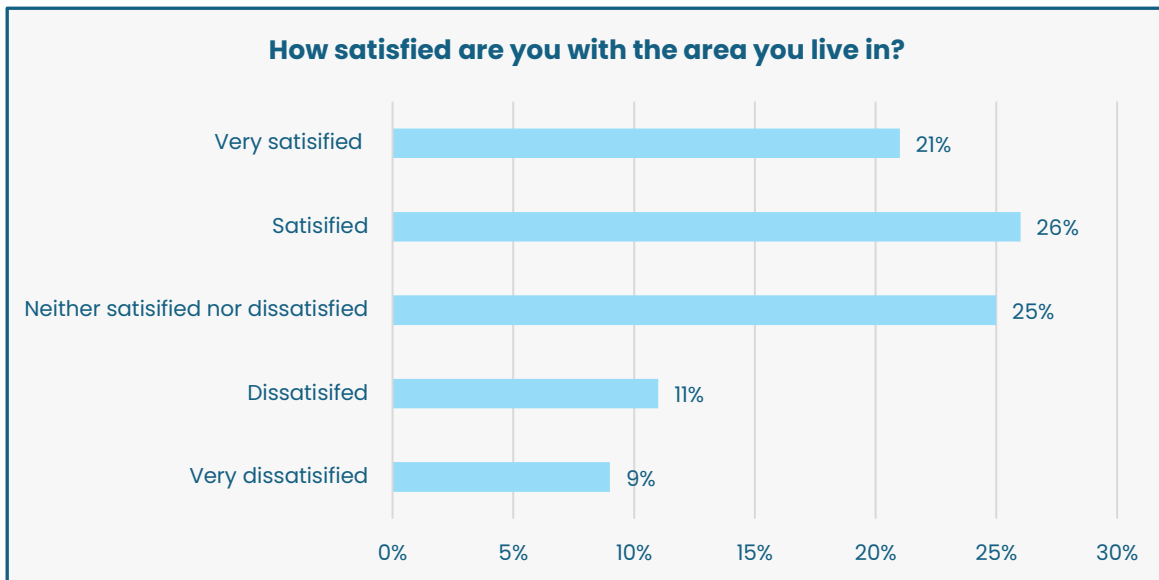
"They should bridge those gaps, we should all be treated equally. When we started there was another group of midwives who trained here, they rotated to other wards and I am still in the delivery suite and I have not yet rotated. It's very clear that they are going to get to band 6 before I do because I have not rotated to any other ward. That's the saddest reality. Everything has been easier for them."

Living in the UK

Living in the Local Area

47% of respondents were either satisfied or very satisfied with the area they live in, with many commenting that they have settled into the community.

This figure was higher for Allied Health Professionals (**69%**) and respondents recruited from the Philippines (**62%**). This figure was slightly lower for staff working as Band 6 (**35%**).



Generally, respondents were happy with their life in the community, as shown in the graph above. Internationally recruited staff said they feel part of the community (**54%**), that there are people like them in the community (**74%**), that they feel happy with their life outside of work (**77%**) and feel safe in their local area (**73%**).

Respondents also said they are happy with their social life (**65%**), have strong social networks of support (**52%**), and have things to do in their local area (**53%**). Specific examples included being part of local community, faith groups and places of worship which have helped them to feel supported and settled. These statistics highlight the benefit of NHS Trusts playing a proactive role in ensuring international recruits receive an orientation to the community and are supported in finding support and services.

Interestingly, staff working as Bands 7 and 8 were more likely to feel settled in their area, possibly because the majority have now lived in the UK for a number of years. In contrast, midwives were far less likely to feel part of their community and/or local area.

“Watford is a beautiful area and multicultural – all different people – especially people from Ghana, that is a good thing about Watford. And being able to access to food stuff from the local shop, I’ll be able to get things from Ghana and that makes me feel more comfortable.”

“It’s really great, I feel like it’s multicultural and my neighbours are from different countries and I get on with them and I’ve had no problems with anyone, ever. It is good experience.”

“I think the community we live in is really good, it’s got a playground, good for dogs, little children, it’s a good community.”

Living in the Community: Experiences of Midwives and Staff working as Band 7 and 8

Although midwives were more likely to have positive experiences of working for the NHS, they were less likely to feel satisfied with their life in the community. Key statistics included:

- **33%** were dissatisfied or very dissatisfied with the area they live in compared to the **20%** average.
- **22%** agreed or strongly agreed that there are things to do in their local area compared to the **53%** average.
- **55%** agreed or strongly agreed that there are people like them in their community compared to the **74%** average.
- **44%** agreed or strongly agreed that they are happy with their life outside of work compared to the **77%** average.
- **44%** agreed or strongly agreed that they feel part of the community compared to the **54%** average.
- **22%** agreed or strongly agreed that they have a strong social network of support compared to the **52%** average
- **22%** disagreed or strongly disagreed that they are happy with their social life compared to the **10%** average.

In contrast, staff working as Band 7 and 8 were far more likely to feel settled in the community:

- **60%** were satisfied or very satisfied with the area they live in compared to the **47%** average.
- **70%** agreed or strongly agreed that there are things to do in the local area compared to the **53%** average.
- **95%** agreed or strongly agreed that there are people like them in the community compared to the **74%** average.
- **78%** agreed or strongly agreed that they are happy with their social life compared to the **65%** average.
- **74%** agreed or strongly agreed that they have strong social networks of support compared to the **52%** average.

“I am a Christian and our church is a strong pillar of support. We have regular meetings and the community supports us locally and otherwise.”

“Outside of work I belong to a church community that also forms my social network. I am satisfied with the support I have from the church community.”

"I feel at home to where we are living now because I know a lot of people like me in this community."

"I have taken great efforts to build a social life, I have made some incredible friends and this has been critical to my happiness outside of work."

A small number of respondents said they are struggling to settle into their local area. For most, this was because they felt lonely and missed their friends and family. A few respondents also commented that moving to the UK was a "culture shock" for them which takes time to adjust to.

"I'm a single mother/parent and I live alone trying to get my son here. I just miss my son and family. Application for the visa was denied."

"I'm all alone here. It's not like back home where you can easily make friends in the community. Just yourself and your friends."

"Stevenage is a nice town. But it doesn't have everything to cope with your mental health especially if you're an international recruit. The homesickness and everything."

In addition, a small number of respondents said they do not feel safe in the area that they live. Some respondents had experienced cases of discrimination and/or racism, and feared for the safety of their family due to their ethnicity.

"I do worry about safety and security sometimes. My concerns are more around crime and being from a Black background and having two sons, in this environment it's a concern for me. My sons and even my daughter has had directly racially charged comments to her. I do have anxiety around the safety of my family as Black people living in the community."

"When I first came to Harlow, one time I was at a shopping centre and this elderly person walked up to me and they rubbed their fingers on my skin to see if the blackness of my skin will remain on their fingers."

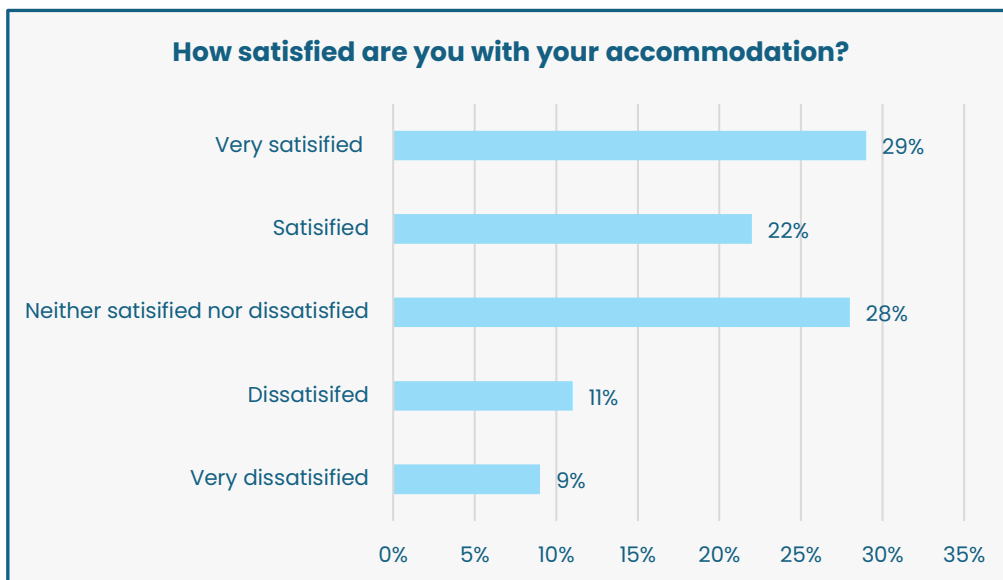
"There was one instance where I paid the bus driver and they refused to hand me my change directly to me, instead they threw it on the floor of the bus and asked me to pick it up."

Housing, Accommodation and Travel

As shown in the graph below, most respondents (**51%**) said they were either satisfied or very satisfied with their accommodation. This figure was higher for respondents recruited from the Philippines (**62%**) those who are Band 7 or 8 (**69%**) and Allied Health Professionals (**69%**).

"I am content with where I live now. The accommodation is fabulous, everything is well, even my neighbours whom I live with."

"I am happy with my housing – I feel fortunate to be in this place and in this community."



However, **20%** of respondents said they were either dissatisfied or very dissatisfied with their housing. This figure was higher for those who are Band 6 (**39%**) and midwives (**33%**). For these respondents, this was because housing in the local area is very expensive, with most of their salary paying towards the cost of their rent and/or mortgage and household bills.

"Because I have a family I want to bring to England, I need to search for a room with extra beds so it's very costly as well, with our salaries it's not possible."

"Living in Stevenage is very expensive. Salary just comes and goes and everything just goes on the bills."

"With family and kids the rent is £1600 and another £500 for the utility bill, so it's frustrating that you earn just to pay rent, basic salary goes on rent and bills. I feel very stressed."

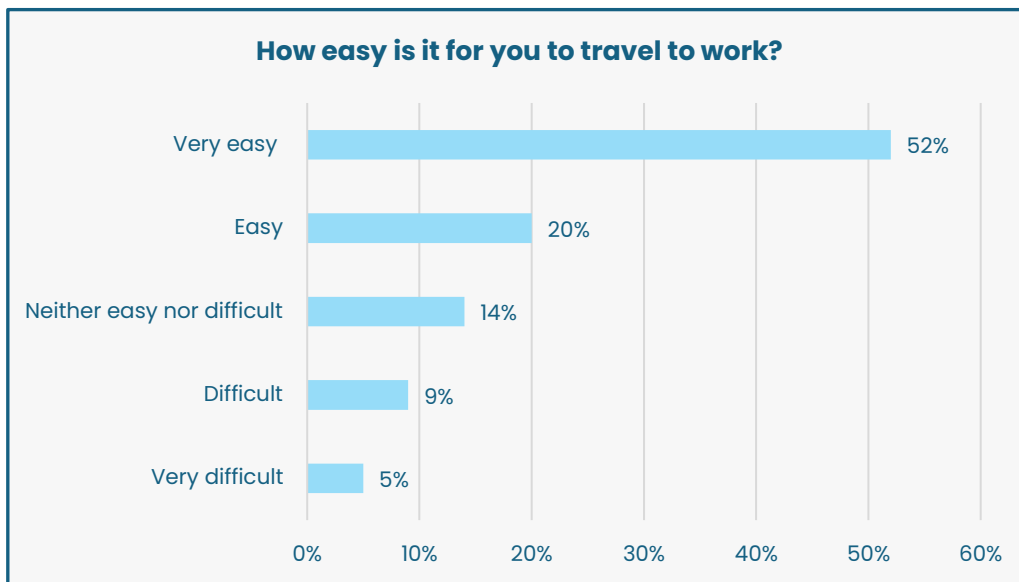
Of these respondents, some commented that due to the cost of housing, they have no choice but to live in inappropriate accommodation. Examples included living in unsafe areas and families living in shared or small housing. Due to the high cost of housing, some said they have considered moving to a different part of the UK where accommodation is less expensive.

"I've been speaking with other colleagues who are in other parts of the country and they find it easier to get accommodation because it's quite difficult, especially in the northern part of England. In the northern part of England I would be able to rent a one bedroom, two bedroom house and it's comfortable."

"We are living in a one bedroom flat and it is very expensive nowadays. I really want to move out to have a better space, especially for my son."

"I live in a two bedroom flat with a family of five. It is very expensive."

In terms of travel, only **14%** of respondents said it was difficult or very difficult to travel to work from their accommodation. Most of these respondents do not drive and/or cannot easily access public transport in the area they live. Others have a role in which they are assigned to more than one hospital site, meaning it can be very challenging for them to travel to different hospitals.



"I rent a room nearby one site but I have to take a bus that's one hour from accommodation. Sometimes theatre runs very late and I have to take a taxi."

"I live in a council apartment that is privately rented for not on benefits. I have to depend on my husband to drive me to work as there are no buses that serve that area. In my husband's absence, it's difficult to commute to work."

Summary

Despite some very positive experiences, **49%** of respondents said they were looking to seek employment opportunities elsewhere, indicating that there is work to be done to retain internationally recruited staff.

Internationally recruited staff shared a contrasting range of experiences, perhaps highlighting an inconsistency in the support offered by NHS Trusts. In terms of the recruitment process, most internationally recruited staff had a positive experience, and were supported during each stage of the recruitment. Respondents working for ENHT and midwives had particularly good experiences, which other NHS Trusts could learn from. Prior to their arrival, the majority of internationally recruited staff received regular communication, however there were clear inconsistencies between HR departments and recruitment agencies. Most respondents said no one met them at the airport on arrival, a key area for all NHS Trusts to improve on to ensure international recruits feel safe and reassured during a time which is often daunting and distressing.

Another key area for improvement for all NHS Trusts was to better prepare international recruits prior to their arrival, as most were not aware of their roles and responsibilities and what would be expected of them. Most were also not assigned to a clinical area prior to their arrival, and many were allocated to a ward or area in which they had no experience, which often made international recruits feel their skills and expertise were not valued. NHS Trusts should, where possible, allocate international recruits to areas in which they have experience. If this is not possible, they should be supported prior to their arrival with what their role and day-to-day activity will be.

In terms of the induction, most internationally recruited staff received a thorough induction, and had particularly good support in regards to the OSCE preparation. A key recommendation for all NHS Trusts was to provide international recruits with more clinical and technical support, educating them on the operations for the NHS, its systems, equipment and devices as often this is very different to their home

country. The induction process should also include more practical information and one-to-one support to help international recruits during this transition period.

In terms of working for the NHS, the majority had positive experiences. However, key suggestions for improvement were made – including valuing the expertise and opinions of international recruits, providing more one-to-one support, diversifying leadership, increasing staff, granting flexible working and annual leave, providing health checks for staff, recognising and appreciating international recruits, and providing cultural awareness training for staff and leadership.

Ensuring internationally recruited staff are kept safe was a key recommendation, with many international recruits experiencing disturbing treatment from both patients and colleagues. They suggested that NHS trusts need to be more proactive in ensuring there is zero tolerance of this behaviour from patients and staff. To encourage staff to speak up, international recruits called for NHS Trusts to improve its mechanisms for raising concerns, ensure there are independent people for concerns to be raised with, and to address issues in a prompt and timely manner.

The majority of internationally recruited staff are satisfied with their life in the community, sharing that they have built good relationships, friendships and networks. Some respondents still feel isolated and lonely, emphasising the importance of NHS Trusts taking a proactive role in helping international recruits settle and adjust.

It is clear that there are examples of good practice which need to be adopted across all NHS Trusts, however respondents have also listed clear recommendations for improvement that they now need to take action upon.

Recommendations

The recommendations below are based on the findings outlined in the report and are to be addressed by the Integrated Care Board (ICB). They have been categorised into issues of importance that require action, and suggestions for implementing good practice.

Recommendations Requiring Action

Working to eradicate unequal treatment from staff, and negative behaviour from patients within NHS Trusts:

- Educating staff trained in the UK on the expertise of internationally recruited staff to help reduce misconceptions that international recruits have limited experience.
- Creating robust processes that resolve issues and hold staff accountable when treating others unfairly, and taking appropriate action in a timely manner when international recruits disclose experiences of unequal treatment.
- Having an independent committee and/or individuals for staff to speak openly about their experiences of unequal treatment.
- Ensuring discussions about unequal treatment are confidential and held in private spaces.
- Enforcing zero tolerance policies about patient behaviour emphasising refusal of care if discriminatory behaviour towards staff continues.
- Providing immediate support to international recruits who experience unequal treatment from patients to ensure they feel safe.

Working to eradicate unequal opportunities in career progression and development:

- Ensuring there are equal opportunities for progression and development for staff trained in UK and international recruits and eradicating favouritism or bias.
- Diversifying nationalities and cultures in management and leadership positions to ensure better representation and to minimise potential bias in shortlisting.

Ensuring openness and transparency with international recruits about their clinical area and the expectations of their role:

- Informing international recruits of the clinical area they have been assigned to prior to their arrival, and providing sufficient information about the clinical area they will be working in. This is particularly important if their allocation is an area in which they have limited experience.
- Allowing international recruits to choose which clinical area they would like to be assigned to. If this is not possible, NHS Trusts should be open and transparent in making international recruits aware of this in advance.
- Providing information about their role, responsibilities, expectations and day-to-day activity prior to their arrival to help international recruits prepare for working in the NHS. Suggestions included sharing videos of the hospital, wards and common systems, devices and equipment.

Improving clinical and technical support to enable effective clinical practice and to ensure international recruits feel confident in their role:

- Demonstrating and training international recruits on how to use devices, systems and equipment they may be unfamiliar with, and providing in-depth information about the operations of the NHS – including its policies and protocols.
- Providing hands-on training and shadowing to help international recruits to adjust to working on the wards. This was particularly important for international recruits working on wards they are inexperienced in – such as dementia, geriatric, and palliative care.
- Educating and training international recruits on social care and discharge planning.

Supporting internationally recruited staff, and helping them to maintain a healthy work-life balance:

- Informing international recruits of Trust policies such as flexible working and ensuring this is fairly implemented throughout the Trust.
- Granting annual leave and flexible working to international recruits when requested, and increasing the flexibility of how annual leave can be taken. This could help international recruits plan to travel to their home countries.
- At times of staff shortages, ensure overtime does not become overly demanding or assumed that it can always be worked.
- Providing one-to-one support, pastoral care and periodical check-ins to help international recruits settle into their role.
- Educating senior staff/leadership on how to support the health and wellbeing internationally recruited staff and encourage them to raise concerns.

Improving initiatives that appreciate, value and recognise international recruits:

- Greater recognition and appreciation from those in leadership and management positions and on a regular basis.
- Consistency across the Trust and reducing favouritism within departments and ensuring individuals receive recognition fairly.

Suggestions for Good Practice

Improving communication, information and support during the recruitment process:

- NHS Trusts/recruitment agencies to support international recruits with the completion of key documents to avoid delays to arrival in the UK.
- Providing resources such as webinars and FAQs about moving to the UK to help international recruits prepare ahead of their arrival.
- NHS Trusts/recruitment agencies to provide regular, proactive communication before and after their arrival. This could include NHS Trusts assigning a main point of contact for international recruits during the recruitment process to answer queries and concerns.

Improving the support provided during induction to help international recruits prepare for the role:

- Considering extending the duration of the induction period to help international recruits digest the information, and is tailored to the relevant profession.
- Enabling face-to-face or a combination of online and in-person induction sessions to suit needs and preferences.

Ensuring practical support is available upon arrival to the UK and during the induction process:

- Organising a representative from the NHS Trust to meet international recruits at the airport to help them feel safe and reassured.
- Providing practical information and support to help international recruits settle, such as:
 - Information about UK culture and language – suggestions included providing a leaflet of common colloquialisms
 - Financial information – such as setting up a bank account, access to public funds, pay slips and the tax system
 - Supporting with bringing their family to the UK and the documentation required
 - Information about health – such as registering with a GP, location of local pharmacies and healthcare services, and finding a dentist
 - Information about the local area – including tours/orientations around the community.
 - Providing essential goods – such as bedding, groceries and SIM cards.
 - Following the Communities 1st model to provide international recruits with “community bus tours” and “buddy schemes”.
- Improving accommodation support, such as:
 - NHS Trusts/recruitment agencies to provide international recruits with guidance, information and support on finding accommodation prior to arrival, and/or once their hospital/temporary accommodation is due to expire.
 - Providing accommodation for the first few months or ensuring additional financial support is given if this is not possible.

Improving the quality of peer support offered to international recruits:

- Setting up online groups for international recruits to meet others prior to their arrival.
- Providing peer support – including setting up groups for international recruits, signposting to diasporas, and organising team-build activities and get-togethers to build staff relationships.

Protecting the health and wellbeing of international recruits, and improving the support provided by senior staff, management and leadership:

- Senior staff and/or leadership to offer practical support on the wards when international recruits are overwhelmed and to boost morale.
- Offering health checks within the Trust for staff and providing food and water on the wards and ensuring staff receive appropriate breaks throughout their shift.

Supporting international recruits with their career progression and development:

- Providing one-to-one sessions for international recruits to discuss their goals and to receive guidance on training programmes or opportunities available. This could also include the provision of career coaching and clearly communicating pathways for progression.
- Offering a range of development and training opportunities including seminars, courses and networking, and funding further education and training as needed.
- Approving training within a timely manner to avoid international recruits missing out on opportunities, and facilitating training and career development during working hours.