In September 2022, NHS England's equality and inclusion team commissioned Roger Kline Associates to undertake a rapid review of the work programme being developed on overhaul of recruitment and inclusive recruitment and promotion practices.

The purpose of this independent review was to gain feedback and insight from the system on three key elements of the national IRPP programme.

01

## **PART ONE**

revised approach to overhaul of recruitment and inclusive recruitment and promotion practices

02

## **PART TWO**

of the deliverables proposed for 22/23 within the programme

03

## PART THREE

the feasibility and risks associated with delivery and implementation

The methodology and detailed scope are set out in the report. The report was received on 3rd November 2022 and listed 22 recommendations across the three areas set out above. The national team accept all the recommendations made within the report in full. It is worthwhile noting that whilst some of these recommendations relate specifically to this programme, there are instances where the recommendations will be addressed via other routes, for example the workforce equality, diversity and inclusion plan or the future of NHS human resources and organisational development programme.

Part one: Six recommendations were made in total. The report highlights that the interviewees were unanimously in support of the combined approach being adopted across human resource (HR) and equality, diversity and inclusion (EDI) for this programme. The recommendations and feedback reflect the complexity of planning and implementing this programme in a systematic manner within organisations. It also highlights the need for accountability in this space, as well as the need for more leadership development and increased understanding about inclusive recruitment. These themes are echoed in the Messenger Review as well and will also be the focus of the EDI workforce plan to be published in March 2023.

**Part two:** Nine recommendations were made across the six stages of the recruitment pathway. Four of these recommendations related to national team role in collating, sharing and socialising pockets of good practise across the service. The national EDI and HR team have launched a communities of practise hub on the NHS Futures platform. Over the coming months, we will be collating examples of good practise, pilots and innovative approaches adopted across the country to ensure that it is shared, socialised and adopted widely.

The other recommendations related to amends to the Agenda for Change (AfC) job descriptions and need to address the issues around gender pay gap. Discussions are ongoing with NHS Employers on how we can refresh the job descriptions to ensure they are more inclusive, but also put proper emphasis on the importance of EDI, however the wider implications of tailoring job descriptions at a local level to job evaluation processes also need to be considered in the mix. Concerns and points raised with respect to pay gap are well made, and are a specific action included within the EDI workforce plan.

The overhaul of recruitment team will be looking at the key concern raised during the rapid review in relation risks of using artificial intelligence (AI) in shortlisting given the risk of reproducing or creating bias.

**Part three:** Seven recommendations were made in relation to the risks and issues associated with delivery and implementation of the programme. These primarily related to the capacity constraints within organisations to prioritise changes to HR processes to be more inclusive and upskilling requirements of frontline hiring managers to ensure that policy is implemented appropriately. The recommendations also reflected on the need for increased accountability, which as set out in part one, is a key focus of the EDI workforce plan. Recommendations were also made regarding the roles of national and regional teams and how a balance between support and assurance should be maintained.

As NHS England moves into a new operating model and new structure following the merger of Health Education England, NHS Digital and NHS England, the roles and responsibilities at national, regional and integrated care board (ICB) level will be developed and clarified.

We would like to thank Roger Kline for his time and contributions in producing this report and also a heartfelt thanks to all the interviewees who took time out of their incredibly busy schedules to provide their insight and expertise to inform this important piece of work.

## **National EDI team**