NHS
East of England

ICS Board Appointments: Interviews and EDI

Introduction

NHS East of England

This document is written to assist ICS panels for Board appointments. It may also be useful for other senior post recruitment. It is written in accordance with the NHSEI guidance which states

"Given our ambition to improve our NHS WRES indicators additional support can be provided to panels on Equality, Diversity and Inclusion. This can be through informal guidance to Chairs though to additional, expert panel members.".

This note is in four parts:

1. the research evidence underpinning good practice in interview processes
2. summary of key points from the NHSEI Guidance
3. advice on how to ensure that the competencies directly relating to equality, diversity and inclusion are best tested
4. annexes with extracts from Job Descriptions and Person Specifications and on Stakeholder engagement

Special thanks to: Roger Kline, Harprit Hockley and Carley Brown.

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Part 1. The Research and Evidence

A footnote: no recruitment process is an exact science

Zedeck et al (2009) found that even the best screening or aptitude tests predict only 25% of intended outcomes, and that candidate quality is better reflected by "statistical bands" rather than a strict rank ordering. This means that there may be absolutely no difference in quality between the candidate who scored first out of 50 people and the candidate who scored eighth.

THE RESEARCH AND EVIDENCE

BIAS IN INTERVIEW DECISION MAKING

As the report No More Tick Boxes (2021) shows, bias impacts every stage of recruitment and career progression. This note only considers the interview process because that is the aspect of recruitment where there is some regional flexibility within the national Guidance.

Inclusion and compassion are at the heart of psychologically safe teams which research demonstrates are essential as drivers of effective teamwork, innovation, creativity, productivity, retention and staff well-being

ACCOUNTABILITY: PUTTING RECRUITMENT ON HOLD?

Prior to Covid-19, NHS Regional Talent Boards had started to apply the principle that the proportion of those selected for "Aspiring Directors" should be at least as diverse as the pool from which selection is made or the programme is put on hold if that seemed likely to improve the diversity of applications. Some NHS Trusts have started to apply a similar principle.

JOB DESCRIPTIONS AND PERSON SPECIFICATION

Formulaic questions, not requiring evidence of past interventions to promote EDI and compassionate leadership, can invite formulaic responses. Values should be treated as an essential competence not an optional virtue.

Values-based recruitment (VBR) was identified as a core objective by HEE and mandated to be used within the NHS. A Literature review by HEE (2016), found that in comparison to other recruitment methods, values-based recruitment has been demonstrated to have a high level of predictive validity. There are numerous examples on the NHS Employers website, but it is not yet possible to tell which ones are more effective.

There are a growing number of innovative ways of testing for values (through facilitated group discussion, a situational judgement test, or a specific interview around values, for example), especially as we now know that inclusive and compassionate behaviours are key to good leadership managerial style. (Developing People: Improving Care (2016)).

THE RESEARCH AND EVIDENCE

WHICH SELECTION PROCESSES: PREDICTIVE POWER AND PROMOTING DIVERSITY

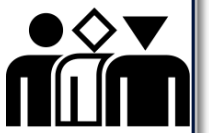
There are several ways of testing for the competencies set out in any "success profile" linked to a person specification and job description. Fig.1. below summarises the key factors to be considered when choosing which methods fare best on prediction and on promoting diversity
Despite there being a research consensus on what works (and what doesn't), consistent application by NHS organisations is a challenge both because of work and time pressures (doing it in a hurry) and a lack of clarity and awareness on the risks of bias, stereotypes and assumptions by many of those shortlisting and interviewing.

The HEE review ruled out any reliance on some methods:

- Unstructured job interviews were poor predictors of performance pretty bad at predicting how someone would perform once hired. Dana et al (2013) describe how the information collected in unstructured interviews was powerful where it confirmed affinity bias even if such information was irrelevant to job requirements.

- The only methods that were worse predictors were found to be reference checks and the number of years of work experience.

- Personal statements were judged to be neither valid, effective nor useful. (HEE 2016) However while some NHS Trusts are exploring evidence-based interview processes, substantial improvements could be made based on research.



COMPARISONS OF MOST COMMON SELECTION METHODS

Selection method	Reliability	Validity	Candidate acceptability	Cost to org	Promotes diversity	Susceptibility to coaching
Unstructured interviews	Low	Low	High	Moderate to high	Low	High
Structured interviews	Moderate to high	Moderate	High	Moderate to high	Moderate	Moderate
Group interviews	Low	Low	Moderate	Moderate	Low	High
Personal statements	Low	Low	High	Low to moderate	Low	High
References	Low	Low	High	Low to moderate	Low	N/A
Situational judgement tests	High	High (1)	Moderate to high	Low to moderate (2)	High	Moderate to high
Personality testing	High	Moderate	Low to moderate	Low to moderate	Moderate	Moderate to high
Selection centres using work samples, in tray test etc	Moderate to high	High (3)	High	High	Moderate	

Source: Health Education England: Values Based Recruitment Framework (2016)
https://www.hee.nhs.uk/sites/default/files/documents/VBR_Framework%20March%202016.pdf

(1) If based on robust psychometric methodology.

(2) If used for high volume selection

(3) Only if exercises are used in combination based on a multi-trait method approach.

THE RESEARCH AND EVIDENCE

WHAT WORKS BEST

HEE (2016) also found research consistently shows that criterion related validity is highest for interviews that are structured, ask relevant and standardised questions based on thorough role analysis, and utilise a panel of interviewers trained in best practice interview techniques and using validated scoring criteria.

A 1998 meta-analysis (Hunter and Schmidt (1998) of 85 years of research on how well assessments predict performance looked at 19 different assessment techniques and found that the best predictor of job performance are skills-based assessment tasks or work sample test (29 percent), which entail giving candidates a sample piece of work, similar to that which they would do in the job, and assessing their performance at it. (Hunter J, Schmidt F (1998)

A standard script reduces the risk of bias – especially affinity, conformity, confirmation, halo and horns effect bias. (See also Macan (2009)). Other research endorses situational judgement tests (SJTs) (Cabrera, M. Nguyen, N. (2001)).

HEE (2016) concluded that SJTs show improved validity over other selection measures including cognitive and personality tests and can be mapped to organisation values. See also Christian M et al (2010). Situational judgment tests: Constructs assessed and a meta-analysis of their criterion-related validities and (McDaniel 2001) who found that situational judgment tests most often assess leadership and interpersonal skills and those situational judgment tests measuring teamwork skills and leadership have relatively high validities for overall job performance. Interestingly they found that video-based situational judgment tests tended to have stronger criterion-related validity than pencil-and-paper situational judgment tests.

THE RESEARCH IS CLEAR

Carefully structured interviews, using a success profile and matrix for scoring against it, is essential. Multiple means of assessing and multiple raters are preferable to relying on a single interview. Occupational Personality or Ability tests may be better used to inform the interview rather than directly contributing to an assessment score.

Research suggests that multiple means of assessment are better than just relying on one (CIPD. A head for Hiring (2015)) and that apart from work sampling (which may be too expensive in many cases), situational judgement tests provide the best balance of improving diversity, reliability and predictability.

These findings were broadly endorsed by the HEE review (HEE (2016) of selection methods, which also found that, when designed appropriately, Assessment Centres are valid predictors of job performance when the exercises are used in combination. Although effective selection centre exercises require time to design and assessor and role actor input, so they can be costly, but they can also be an effective method for Values-Based recruitment.

In each of these types of selection processes it is crucial that an agreed set of questions are adhered to that reflect the competencies being tested. Panels should beware any unstructured parts of the interview as they are prone to bias and likely to stray away from the competencies being tested, or to unfairly advantage some candidates. Structured interviews (undertaken effectively) minimise bias in selection by obliging panels to focus on the competencies being tested

To mitigate the risk of adverse impact on under-represented minority groups in particular, a combination of application form, a variety of tests and structured interviews with multiple raters present, to challenge subconscious bias may be more effective. In addition to achieving diversity, this strategy has the benefit of improving the collective predictive power of the tests used to hire candidates over and above using solely cognitive measures. (Sackett, Schmitt, Ellingson, & Kabin, (2001))

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Part 2: The NHSEI assessment process

THE NHSEI ASSESSMENT PROCESS

CREATING A COMPASSIONATE AND INCLUSIVE CULTURE

The NHSEI Guidance and framework for assessment states that Board directors will each have a key responsibility for driving significant improvements in Equality, Diversity and Inclusion will be key. Precisely what those improvements are may vary between Board roles. It also states that all shortlisted candidates should have demonstrated an understanding of the importance of equality diversity and inclusion for patients, users and staff. It states there therefore the interview panel should explore, as for other competencies, whether candidates have the appropriate values, competence, creativity and ability.

EXECUTIVE DIRECTORS SHOULD BE ABLE TO DEMONSTRATE

- Experience of providing compassionate and inclusive leadership at senior level in a complex organisation
- Understanding of different sectors, groups, networks and the needs of diverse populations.
- An awareness and appreciation of social justice and how it might apply within an ICS.
- How they have demonstrated respect and adopted a compassionate and inclusive leadership style in respect of senior staff teams, patients and staff).
- Works to espouse the values set out in t the Nolan Principles
- Track record of promoting equality diversity and inclusion in leadership roles

THE TWO EDI COMPETENCIES

There are two competencies within the NHSEI framework for these posts that directly test a candidates' values, competence and track record around creating a culture of inclusion:

- Leading for social justice and health inequality
- Creating a compassionate and inclusive culture for our people.

THE NHSEI ASSESSMENT PROCESS

THE 5 – 10 MIN PRESENTATION

The NHSEI suggested presentation question is: "What do you think are the 3 critical challenges for the new ICS and how would you approach them in your role as a director"

The presentation should provide evidence of Strategy and transformation; outcomes; relationships; social justice and health and employment equality.

Probing questions - if it doesn't come out as part of the presentation you could also think about asking:

- Why did you choose those three?
- How would ensure you are able to influence the agenda
- How will these address the concerns of patients, staff and other stakeholders?
- Who would you work with to deliver them?
- How significant do you think equality, diversity and inclusion are in tackling these challenges?

THE EVIDENCE TO BE USED AT EACH STAGE OF SELECTION

Preliminary selection: information provided by applicants will be relied on to assess whether sufficient personal responsibility and competence have been demonstrated in previous/other roles, to satisfy the experience, skills and values outlined in the person specification. Long-listed applicants may be invited for a preliminary interview. Feedback from any preliminary assessment will be given to the selection panel who will agree the applicants invited to interview.

Shortlisting: the selection panel will use the information provided by the applicants and feedback from any preliminary assessment to agree applicants invited to interview. Assessment will be based on merit against the competencies experience, skills and values outlined in the person specification.

Stakeholder event: potentially shortlisted applicants will be expected to participate in a stakeholder engagement event or events to meet groups of key stakeholders. Feedback from these sessions will be shared with the selection panel. Further details and dates are included in the individual ICS Locality Pack.

Interviews: applicants will be asked to make a 5–10-minute presentation to help the selection panel draw out the competencies, experience, skills and values outlined in the person specification. The formal interview will be 45 mins to an hour of open questions from the selection panel to showcase past experience and explore applicant's values, motivations, creativity and ability.

THE NHSEI ASSESSMENT PROCESS

THE INTERVIEW AND INCLUSION

Then Assessment Framework suggests nine questions panels should consider asking but suggests the ideal number is six. One of the suggested questions is:

"In the context of this role, why is the system commitment to equality, diversity and inclusion so important?"

(demonstrating an understanding of values; culture; social justice and health equality; outcomes; and equality in the workplace)

SCORING MATRIX

At each stage (longlisting, shortlisting and appointment) applicants will be assessed and given a score against each competency. Scoring is set by NHSEI as follows:

- 1 = **LIMITED**, has some knowledge or experience but does not communicate or connect to tangible outcomes or impact
- 2 = **CREDIBLE**, clear knowledge with applied insights making the connection to key impact areas of the role: patient safety, equality of access, reduction in health inequality. Provides examples of their values in action and how they have built strong relationships and public trust.
- 3 = **CONFIDENT**, is able to demonstrate credibility (2) plus able to articulate a clear vision for the role, awareness of the challenges ahead, sophisticated around critical agendas like Inclusion and Digital transformation with a track record of making change happen. Demonstrates a sensitivity to the leadership style required to operate across a system at national, regional, and in place-based settings.

In interviews these three criteria can be used to score each part of each competency.
A template shortlisting record is included at the Directors Pack for these ICS posts.

The NHSEI framework requires evidence of assessment based on merit against a clear scoring framework and ask selection panels to explain recommendations in a way that can be translated into meaningful feedback for candidates. Panels are asked to identify and rank all appointable candidates in order of preference and identify those for potential for other roles.

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Part 3: Draft advice and questions to consider

DRAFT ADVICE AND QUESTIONS TO CONSIDER

ADVICE ON SCORING

The NHSEI Guidance does not set out in detail how a scoring matrix should be developed and used. These notes draw on best practice.

- The panel chair should remind the panel of the competency and remind each panel member of the risks of bias when scoring.
- The scoring matrix set out below should be used to assess the presentation and responses to questions.
- You should expect candidates to explain the challenge, their goals, their strategy and interventions, who they mobilised and how, how successful they were and how they evaluated whether they were successful. They should be able to demonstrate their personal role.
- The risk of bias in decision making should be emphasised by the chair at the commencement of each interview and prior to the scoring discussion.
- Each question should be separately scored by each panel member and then aggregated, and the average then shared with panel members.
- You should not discuss candidates before individually scoring in order to reduce the likelihood of conformity bias
- Then read your notes collectively against each of the five points highlighted above, always ask "did we hear evidence?" Only after doing this should you then compare the scores you provisionally have as 1-3 against each of the five points (see below). You should then aggregate your scores for each point and then average them.
- After discussion you may change your scores if persuaded to do so by the discussion.
- Always seek to clarify what the candidate can demonstrate they did personally, albeit as part of a team.
- After each interview. Make an initial assessment of the candidate immediately after each interview. Assessments made earlier in the day may need to be reviewed as standards are clarified in the light of the assessment of later candidates.
- When reaching a decision. It is very important that the scoring you have agreed is adhered to. Research shows it is remarkably easy for a panel, at the end of a long day, to depart from the agreed scoring and allow additional factors to influence decisions through various forms of bias. Again, be wary of the risk of bias creeping into those decisions.

DRAFT ADVICE AND QUESTIONS TO CONSIDER

KEY ELEMENTS OF THE EDI QUESTION

Candidates should be scored against the extent to which they are able to satisfy these elements of the competency in response to this question:

- Can they demonstrate that they have a deep seated and well evidenced conviction that they cannot achieve their personal goals without creating an inclusive culture?
- That might be shown by illustrating how their views have developed and providing examples of interventions, possibly where it was initially unpopular to do so?
- Can they show how they given feedback and challenge to people (patients, service users. service providers or staff within their own organisation) who are not demonstrating inclusive behaviours?
- That could be illustrated by reference to patients being abusive or racist, or challenging colleagues at their level of seniority whose behaviour or comments are contrary to NHS values of inclusion
- How they create an inclusive environment in challenging circumstances
- That could within the teams they are responsible for or within a wider environment
- How they have initiated, implemented and championed a culture of inclusion in their own team, within teams they have managed or beyond the teams they are immediately responsible for
- That might include turning around a diverse dysfunctional team, or turning a team that wasn't diverse into one that was diverse with evidence of inclusion, or insisting on prioritising tackling health inequalities when this was not seen as a priority
- How they demonstrate a track record of promoting equality diversity and inclusion in leadership roles
- Evidence for this could include demonstrating an intimate knowledge of the data on equality and diversity for their current employer and setting an example in their own area of responsibility

Time for follow up questions should be allowed but this may be brief.

DRAFT ADVICE AND QUESTIONS TO CONSIDER

WHAT IS THE PURPOSE OF THE STAKEHOLDER EVENT?

- What is it intended to assess?
- How (and who by) is that shared with the panel?
- What influence would it have on the panel – does it influence scoring or prompt supplementary questions?
- How is bias mitigated in such events?

POSSIBLE QUESTIONS FOR THE STAKEHOLDER EVENT

- Career history
- Best achievement
- Mistake made
- Demonstrate what you achieved on EDI and how did you know?
- Did you ever raise a protected disclosure?
- What do those you manage think of you?
- What has your biggest challenge been during the pandemic?

WHY IS THE ONLY METHOD OF ASSESSMENT AN INTERVIEW?

It would be fairly easy to design a situational judgement test (SJT) and there appears nothing in the Guidance to prevent one being used. SJTs have demonstrable benefits both in terms of predictive qualities and in promoting diversity (HEE review)

ADDITIONAL SUCCESS CRITERIA

These Guidance lists the core standards of all NHS ICB roles. The NHSEI assessment framework states that additional success criteria may be added to reflect local requirements, but it is not clear there is any facility to add an additional assessment test. Information specific to each NHS Region and individual ICB CEO vacancy are included in the individual ICS Locality Packs. The Eastern Region may want to consider if doing so is appropriate?

DRAFT ADVICE AND QUESTIONS TO CONSIDER

SCORING AND PRESENTATION

- Having a clear scoring matrix consistently applied is crucial. That matrix needs to consider how to ensure presentation outcomes are integrated into the scoring

- The guidance states that "any member of the panel should feel empowered to halt the selection process and consider options if they do not feel they have a suitably strong and diverse field or if it is deemed unfair. "

CVs AND REFERENCES

Despite the evidence that how CVs and references are written and read is prone to bias, the Guidance states, without any warning of the risk of bias, that:

- Applicants are asked to submit a CV and supporting statement of no more than 2,000 words that highlights skills and experience and allows insights on values and motivations for applying for the role. The statement should outline personal responsibility and achievement within previous roles that demonstrate the knowledge, skills and competencies outlined in the person specification

- Applicants are also asked to provide the names of three references. It is not clear whether references may be shared with the panel prior to reaching a decision. If so, that is a likely source of affinity bias.

STAFF EDI AND PATIENT/SERVICES EDI

Regional panels should seek to ensure they score for evidence of competence in respect of staff EDI not just patient/service provision EDI.

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Part 4: Appendices

APPENDIX 1

TEMPLATE SHORTLIST DOCUMENT

Individual shortlist record - Protect Appointments

To be completed independently by panel members or by consensus at shortlist meeting:

- 1= theoretical, has the theory or experience but does not translate real breadth of understanding.
- 2 = insightful, clear knowledge with thoughtful insights and understanding but limited experience or personal achievements.
- 3 = clear knowledge with thoughtful insights that evidence real depth of understating, evidenced with personal achievements.

Role:	**Candidate Name:**	**Panel member:**	**Details of prior knowledge or relationship:**
Competency	**Description**	**Knowledge, Experience and Skills required**	**Score (1-3 see above) with supporting comments as evidence**

APPENDIX 2

STAKEHOLDER ENGAGEMENT (FROM NHSEI GUIDANCE)

- You may choose to ask shortlisted candidates to participate in a stakeholder engagement event or events to meet groups of key stakeholders. Feedback from these sessions will be shared with the selection panel. Details and dates should be included in the individual ICS Locality Pack to give applicants as much notice as possible.

- Regions should consider online engagement events as a positive way to improve diversity in its widest sense. Without travel you broaden the experience available as those with caring responsibilities or in full time work, find it easier to fit around existing commitments. This is also important given this process is running over the summer holiday period.

- The purpose of the event is to allow stakeholders to hear from each of the shortlisted applicants about their ambition for local health services, what they feel are the key priorities and challenges for future and the role of the CEO in achieving them. Candidates will give a brief presentation to the group or groups after which the stakeholders will be invited to ask questions related to the presentation and the applicants' personal approach to the role of CEO.

- Stakeholders will not be asked to choose the strongest candidate or assess the candidates against the selection criteria. They will be invited to comment on the performance of the candidates at the stakeholder event in a structured way that will be made available to the selection panel.

- External recruitment partners are experienced in supporting clients and candidates through stakeholder events and regions may wish to consider extending engagement to cover this aspect.

- Regions will have flexibility around size and scale of these events and topics / areas addressed by groups and candidates. Approach may vary between regions and individual ICS CEO vacancies and should be signed off by Regional Directors. The Executive Talent and Appointments team are on hand to give advice and support.

- A suite of templates to support stakeholder events, including communicating with candidates and stakeholders, suggested topics for presentations, ideas for collecting feedback from stakeholders and presenting that feedback to panels are being developed and will be shared as soon as possible.

APPENDIX 3

AN EXAMPLE OF GOOD PRACTICE

Buckinghamshire Healthcare NHSFT have piloted the creation and the appointment to three Board-level roles drawing on research evidence around making recruitment processes more effective and removing opportunities for bias. The key elements were:

- Stakeholders for the roll were consulted via survey to understand the qualities, skills and experience they perceived were needed for the future role incumbent to be successful. This criteria was used to develop the job advert, job impact statement and person specification.
- The job impact statement and advert were analysed for gendered and non-inclusive language before the advert went live using (Gender Decoder: find subtle bias in job ads (katmatfield.com)) and inappropriate language removed.
- A bespoke application form measured candidate responses against four work sample questions. Work sample questions are regarded (HEE 2016) as good predictive assessment tools for the specific skills, knowledge and tasks required for a role. They enable employers to see how a candidate thinks through a problem, as well as giving the candidate a taste of what the role would involve.
- A highly structured blind shortlisting was completed based on candidate answers to the four questions only and scores were given against set criteria laid out in a marking guide. All personal and identifiable information was removed before shortlisting (including CV, education background, current job title). The order of candidate answers was randomised within each shortlisting pack to remove ordering effect biases. The four candidates with the highest cumulative scores from shortlisting were invited to interview.
- After shortlisting was complete, the shortlisters were invited to review the CVs for each candidate (independent of their answers to the four questions) and rank them in order of suitability for the role. This exercise was undertaken to understand the impact of the information contained within the CV on their decision making and was not considered within shortlisting. The CV evaluation was significantly different to the shortlisting outcomes with candidates who had scored the least in the blind shortlisting being ranked the highest based on their CV)
- For the Chief Medical Officer role only, two structured stakeholder events were held whereby candidates answered work sample test questions and were scored independently by stakeholders. This stage was used to determine who was shortlisted for interview.
- A structured interview with a full set of questions for the interview and a marking framework was provided and each candidate asked the same questions and scored based on their answers to those questions only.
- The panel were asked to score each candidate independently without conferring with the other panellists and then submit their scores to the Head of Inclusivity. Only then could the scores be discussed with other panellists.
- Scoring was done for each candidate's answer on a scale of 1-5 based on the extent to which the candidate's answer demonstrated the desired criteria, using the marking framework provided, not against the previous candidate's answers. The importance of scoring candidate's answers against the specified criteria, not against the previous candidate's answers was stressed.
- Panel members were reminded of the risk of bias and to stick tightly to the structured scoring system which sets out marking criteria.
- Post-interview, once the interviews were concluded and all scores received, the interview scores are weighted 60% and the shortlisting scores weighted 40% of the total score. This allows for two reference points for marking, in accordance with best practice
- The Trust Head of Inclusivity provided the cumulative scores for each candidate to the hiring panel, and the candidate with the highest score was appointed by the Trust Chair (Hiring Manager).
- Feedback. Each candidate will be provided with feedback on their cumulative scores for each answer as well as qualitative feedback where possible.
- The Trust evaluation was that this approach had been effective and should be extended with a rolling evaluation. The Trust are now using an Inclusive recruitment approach for all future board-level roles.

For more information please contact Carley Brown, Head of Inclusivity, Talent & Leadership Development – carley.brown@nhs.net and Dan Leveson, Deputy Director of Strategy – daniel.leveson@nhs.net and Helen Campbell, Recruitment Manager.

APPENDIX 3

AN EXAMPLE OF GOOD PRACTICE

In addition Buckinghamshire NHSFT carry out the following

- Surveying stakeholders for criteria - The ESF send a survey to key stakeholders for the role prior to advertising which gathers information on stakeholder needs from the role in terms of competencies and values. This is married with any national or statutory requirements for the role and then used to create our recruiting criteria and job impact statement. We find that this helps to reduce unnecessary criteria being applied and has helped to widen our applicant pool. We followed this process for our CMO role and included foundation doctors, senior medics, and system partners etc within the stakeholder groups.

- Pausing longlisting - Pausing longlisting processes which do not meet our diversity criteria and then re-advertising/networking etc until these are met. This was the case with our Chief Nurse post in 2019/20

- Anonymised longlisting returns - The ESF send an anonymised longlist pack to the hiring team for consideration. This includes anonymised CVs removing personal or unnecessary data such as place of work, place of study, year of study etc. We used this for our CMO and COO roles this year.

- Independent scoring - The ESF are required to complete any scoring from interviews independently without discussion with fellow interviewers. They submit scores through a Formstacks link and then the scores are averaged for each candidate, and this creates the list. This helps to avoid group think. Our ESF also host a Formstacks link for our final interviews so that interviewers score independently without discussion, and submit their scores to the ESF. The ESF then averages the scores for each candidate throughout the selection process and sends that information back for the wrap up session so that the recruiting team can make an informed decision using the data.