



## Review of International Paramedic Recruitment – 2021-2023

### Introduction

1.1 This review was commissioned by the **Aa** of South East Coast Ambulance Service NHS Foundation Trust (SECamb) in the summer of 2023. The **Ab** was commissioned to investigate concerns raised about the competency of a small number of International Paramedics who had been employed by SECamb through the International Paramedic recruitment process.

1.2 The **Ab** went on extended leave from January 2024 and the **Ac** **Ac** was commissioned to undertake the review on behalf of the **Ab**

1.3 Throughout the review period, SECamb staff came forward to contribute their views. All those who have volunteered their views have been given the opportunity to meet with the **Ac** **Ac** and submit further documents. Staff were interviewed via Microsoft Teams and notes were shared with interviewees to ensure accuracy.

1.4 The **Ac** did not interview the former **Ad**, the then **Ae** or the current **Ab** as part of this review and it should be noted that they therefore have not been afforded the opportunity to give their views.

### Background - International Paramedic Recruitment

2.1 The **Af** is responsible for workforce recruitment within the Operations Directorate. The previous **Ag** had given the **Af** **Af** the responsibility for recruitment when they were working at **Ah** **Ah** level and the post holder carried on this responsibility when promoted to **Ai** **Ai** level. The **Af** was supported by two **Ah** **Ah** who were **Aj** within Operations.

2.2 The **Af** sat on various recruitment related working groups including working with Health Education England (HEE) on the gaps in registrant (Paramedic) and non-registrant workforce in the ambulance sector. SECamb had the biggest gap nationally between number of Paramedics needed to meet demand and actual Paramedic numbers in post. Three separate workstreams were introduced by HEE:-

- 1) Return to Practice, led by South Central Ambulance Service (SCAS).
- 2) Conversion of Allied Health Professionals and Nurses to Paramedics, which was being considered by SECamb Executive Management Board (EMB) led by the then **Ak** and
- 3) International Recruitment, led by SECamb and supported by the then **Ad** and the current **Ag**

2.3 The [redacted] **Af** approached the [redacted] **Ag** in the summer of 2021 to suggest that SECamb should try to recruit internationally into the Paramedic role. SECamb Paramedic recruitment numbers were lower than planned in the SECamb workforce plan and South Central Ambulance Service (SCAS) and London Ambulance Service (LAS) had successfully recruited to Paramedic roles from international applicants. The [redacted] **Af** advised the [redacted] **Ag** that HEE were offering Trusts financial packages to recruit from other countries. SECamb were offered the chance to bid for funding from the National and the Regional HEE teams.

2.4 HEE commissioned the International Paramedic recruitment process from providers and funded this process. The aim of the project was *‘to attract, recruit and retain experienced paramedics from across the world to develop a well skilled, robust workforce to support frontline operations’*. The plan was to recruit a total of 75 **experienced** Paramedics from outside of the UK. HEE liaised with Health and Care Professions Council (HCPC) regarding how the new International Paramedics would be registered to practice in the UK. SECamb was successful in this bid. SECamb followed the process for recruitment set out by HEE.

2.5 In December 2021, the Executive Management Board (EMB) approved a Business Case for the pilot recruitment programme of experienced Paramedics from outside of the UK. This pilot was created in partnership with London Ambulance Service (LAS) and funded by HEE. The total funding was £145,000. In addition to the £145,000 awarded to SECamb by HEE for the project, an additional £7,000 per Paramedic was being offered which was to be paid at the ‘offer’ stage of the process. The target was to recruit 75 experienced international paramedics, initially from Poland. However due to the Ukraine conflict and EU Exit, no applications were received. The recruitment process of applicants was to be carried out by HEE, however there was low uptake (5 candidates were offered positions in SECamb) of applicants and so HEE advised SECamb to change the pilot to allow SECamb to undertake the recruitment at Trust level.

2.6 A new Business Brief was required as the original pilot project had changed and the budget provided by HEE was now to be used differently (e.g. advertising costs, adjusted recruitment processes etc). A further 70 experienced Paramedics were required to meet the HEE target of a total of 75 international recruits by April 2023. In April 2022, the [redacted] **Af** the [redacted] **Al** and the [redacted] **Am** supported the drafting of a Business Brief which was then presented to the Executive Management Board. The author of the Business Brief was the then [redacted] **An** and the Executive Sponsor was the then [redacted] **Ad**. The Business Brief was dated 28<sup>th</sup> April 2022.

2.7 There were two options presented to the EMB in the April 2022 Business Brief. Option 1 was ‘no change’ in which case the original Business Case of December 2021 would continue which consisted of HEE leading the recruitment. With only 5 experienced Paramedics recruited so far, the Business Brief stated that it was unlikely that the target of 75 paramedics being recruited by April 2023 would not be achieved. Option 2 was to ‘Change the Recruitment Process’. This would involve SECamb directly advertising and recruiting experienced Paramedics – specifically from Canada, Australia and South Africa. The Business Brief considered using an agency to undertake this recruitment process on behalf of SECamb but recommended against using an agency due to the cost (up to £3,000 per candidate). Option 2 was the recommended option for EMB to consider due to *‘SECamb would like to carry out this work ourselves to ensure that we are brining staff in who align with our values, have a strong clinical knowledge, and compliment the current skills mix within our workforce’* (sic).

2.8 Within the Business Brief for Option 2 were three strands of how this would be delivered:-

- 1) International Advertising Agency – ‘International Job Board Indeed’ would be commissioned to run targeted campaigns in Canada, Australia and South Africa. The cost was £5,000 per country. An initial £1,000 would be spent on the first month with the option to withdraw if the advertising did not yield enough candidates.
- 2) Events – South Africa was judged to be the most likely country to yield a high number of recruits and so the plan was to put on an event in South Africa where SECamb would carry out in person assessments, ID checks and fitness assessments. A benefit of these events is stated as ensuring ‘*no googling of information takes place of screen*’ (sic). This refers to the concerns later expressed that candidates who were interviewed on Microsoft Teams were able to source the answers to interview questions from the internet. The capacity of this event would be for up to 50 candidates. SECamb staff would be required to travel to South Africa for two days for this event.
- 3) Refer a Friend – Current SECamb staff would be awarded £500 for every international experienced Paramedic recruited, with the International Paramedic also receiving £500 on passing probation. The expectation was to recruit 15-20 Paramedics through this route.

2.9 The Business Brief also stated that a benefit of Option 2 would be that SECamb would enter talks with Universities in those countries visited to provide a ‘Newly Qualified Paramedic’ pipeline for 2023/24 from those countries. It is not clear how this stated advantage links to the ‘experienced’ International Paramedic recruitment that was required as part of the HEE funding.

2.10 Funding for the South Africa recruitment resources, hotel accommodation for 10 SECamb staff during recruitment events, flights and the cost of the time for SECamb staff were to be included within the project costs (no additional funding was requested in the Business Brief). The total predicted cost of recruiting in South Africa was £12,176.

2.11 The predicted timeline for international experienced paramedics to start their Transition to Practice courses in SECamb were as follows:-

- 15 candidates to start in August 2022
- 20 Candidates to start in October 2022
- 20 Candidates to start in January 2023
- 20 Candidates to start in March 2023

2.12 In September 2022, HEE South-East awarded SECamb a further £500,000 to expand the programme and recruit a further 24 International Paramedics.

2.13 The National HEE team funded a project with SECamb and three other ambulance trusts to recruit Newly Qualified Paramedics from Australasia, for which SECamb were allocated 24 places.

2.14 The visits to other countries to undertake the recruitment exercise, which were planned as part of the business case, did not occur as planned. This was due to the Covid pandemic placing restrictions on travel and a decision made by the then **Ao** stopping foreign travel for these recruitment exercises on cost grounds.

2.15 During the recruitment process, applications were received from countries that were not part of the original plan. Legal advice was sought and concluded that it would be discriminatory to exclude applications from the shortlisting process based on their country of origin. A request was made to the **Ap** in the Directorate of Global Health Partnerships who approved the funding to be used for recruitment from countries not in the original plan.

2.16 The current [redacted] **Ag** saw this project as a 'recruitment exercise' and therefore felt that the project would be sponsored by the [redacted] **Ad** and that **Cd** would therefore be the Senior Responsible Officer (SRO). The [redacted] **Ag** felt that the [redacted] **Al** [redacted] **Al** would be the project lead. Other than awareness of the project, the [redacted] **Ag** [redacted] **Ag** had no further oversight or role in the project. The [redacted] **Ag** saw [redacted] as the 'customer' of the project.

2.17 After success in achieving the HEE funding, the [redacted] **AF** the [redacted] **Al** and the [redacted] **Am** implemented the project by meeting regularly together or communicating with each other as the project progressed. The [redacted] **Aq** and the [redacted] **An** oversaw the work of the [redacted] **Al**. These managers did not report to any particular Trust governance or management group. There was no project manager and no formal involvement of the finance team as part of the project. One person interviewed described the project as being 'built in flight'.

## Recruitment Process

3.1 SECamb initially followed the HEE defined recruitment process. This recruitment process was managed and led by HEE and was on-line – this was due to the inability to travel to various countries due to Covid restrictions at that time. The [redacted] **Af** the [redacted] **Ar** [redacted] **Ar** and the [redacted] **Al** presented webinars which were shown in countries to explain about SECamb and encourage potential applicants to apply. Webinars included information on the role, the compliance checks required, the interview process, relocation package and a question and answer session. Potential applicants were not permitted to apply unless they had attended a virtual webinar.

3.2 Initially advertisements were world-wide. This included 'Red-list countries'. This term was misunderstood by a number of SECamb colleagues involved in this process. 'Red-list' means that SECamb was not able to actively campaign for applicants within those countries, but they still could accept applications from those countries. A number of people interviewed as part of this review, had misunderstood the term 'Red-List' and had felt that this term meant that we should not recruit at all from those countries.

3.3 HEE and the Health and Care Professions Council (HCPC) decided which countries had comparable standards to UK paramedics and the 'safety-net' built into the recruitment process meant that only those candidates who were from countries with comparable standards approved with HCPC would be recruited to SECamb paramedic posts. SECamb's recruitment processes included the requirement for all applicants to have already gained HCPC registration within 4 weeks of qualifying as a Paramedic. It is not clear why, during the International Paramedic recruitment process, some candidates were offered positions without already having HCPC registration in place or at least in the process of becoming registered.

3.4 The UK Home Office were also involved in the recruitment process from the perspective of granting visas for successful applicants to work in the UK.

3.5 The two [redacted] **As** who were responsible for the International Paramedic Transition to Practice course (ITtP) state that they were not invited to attend the recruitment events. They questioned the logic in this decision as they were the people responsible for ensuring that the new recruits were able to adapt to UK health systems. The [redacted] **As** questioned the rationale for which

senior managers went to other countries (e.g. Australia and Ireland) for recruitment events when they had little or nothing to do with the recruitment project e.g. an **Ah** who was not linked to the project.

3.6 The interview/assessment process had five elements, all of which took place on Microsoft teams.

- 1) A meeting with a Human Resources Advisor.
- 2) Values-based interviews (which was originally a presentation but was changed in October 2022 following concerns that some candidates were using the same presentations as each other).
- 3) Clinical competency assessment – included an assessment of clinical acumen (but not in UK practice). The assessment included - fall from height, high velocity road collision, central stab wound, stroke, drug overdose and pulmonary embolus.
- 4) Panel Interview – Assessing Band 5/6 competencies of a UK Paramedic.
- 5) Identification Verification.

3.7 **20-30** applicants were interviewed on each assessment day. A wide range of SECamb colleagues were used for each element of the assessment day. There was a mix of clinical and non-clinical staff. There were always at least two scorers for each element of the assessment day and the scorers met at the end of the day to decide who would be successful.

3.8 There was a standard question list for the panel interviews section of the assessment days, but it became clear that candidates had been exposed to the question list in advance of the interviews and had prepared their answers. It was also suspected that some candidates were being fed answers during the Microsoft Teams interview process by others who were off-screen. The **As** were asked to write a different question bank. These new questions were used in further interviews and some candidates were still giving their answers to the former questions as they had prepared their answers to the now disused questions. These concerns were specifically related to some candidates interviewed from Nigeria.

3.7 Australia was the only country that was visited as part of the International Paramedic recruitment exercise. The **At** explained that NHS England had specifically funding for Ambulance Trusts to visit Australia to recruit paramedics, hence why this country was visited. The other countries identified in the business case were not visited. There is no evidence of how these changes to the implementation plan from the business case were agreed through a governance process. Decisions were made between senior managers.

3.8 **988** people applied for the **75** posts from across the world. **323** candidates were shortlisted for interview. **24** assessment days were held (virtually). **201** candidates were offered a position. **141** successful candidates moved to the UK to start work in SECamb.

3.9 Successful candidates had to pass each of the five elements of the Assessment Day. They received an email from SECamb to say they had been successful and they were allocated into a 'cohort' with a start date in the UK. Some candidates asked to move to later cohorts to enable them to have more time to make arrangements to move to the UK. **Au** explained that we were very flexible to fit in with successful candidates' personal circumstances. Webinars were provided for successful candidates to ask questions about the move to the UK and to provide support.

3.10 Pre-employment checks included – a copy of qualifications from home country, ID verification, Certificate of Sponsorship, HCPC registration (or were assisted to apply for HCPC registration), UK DBS check, Reference check to cover last 3 years of employment and International English Language Test (IELT) results for those from non-English speaking countries. Successful candidates were also offered support in obtaining a work visa to work in the UK from the Home Office.

3.11 As part of the pre-employment checks, a home country Police check was completed. This police check was needed for the visa application. It was a requirement that the candidate had been a Paramedic for 2 years prior to moving to the UK. All candidates had to either have HCPC registration or in the process of applying for registration.

3.12 Following an offer of employment, successful candidates had 2 or 3 virtual meetings with SECAMB managers to prepare them for their move to the UK.

3.13 Once all of the pre-employment checks were completed, SECAMB's [redacted] **Au** would then arrange flights for successful candidates. SECAMB committed to pay for the flight ticket plus two cases. Any additional cases were funded by the applicant. These details were covered in the webinar with successful applicants.

3.14 On arrival in the UK, the new colleagues were met at the airport by a SECAMB manager and taken to their accommodation. They were also contacted by the [redacted] **Av** [redacted] **Av** who would be looking after them when they transitioned into operational service. They were shown around their ambulance station and they then began their Transition to Practice training. They arranged operational placements, local Operating Unit inductions and a day in the Emergency Operations Centre (EOC).

3.15 [redacted] **Aw** explained the support package provided to International Paramedic recruits once they had arrived in the UK. **Ce** explained that the plan was to continue to provide practical and emotional support to the colleagues, some of whom had never left their home country and were in their early 20's having never been away from their families. A Microsoft Teams network was set up to allow new recruits to communicate with each other and with SECAMB staff. Each new colleague had regular contact with a support person from SECAMB.

## Transition to Practice

4.1 HEE stipulated that International Paramedic recruits would be brought to the UK as Band 5s equivalent to a 'Newly Qualified Paramedic' and that they would undergo preceptorship training to support them into UK practice. This was irrespective of any previous experience the International Paramedic may have had in their original country. However the intent was always to recruit 'experienced' paramedics only. SECAMB already had in place a 'fast-track' process to allow colleagues to achieve a Band 6 'experienced' Paramedic role if they had the required experience and competencies.

4.2 The Clinical Education department were asked to provide a 'Transition to Practice' course for the new International Paramedics. It became clear that the SECAMB Transition to Practice (TTP) course was not suitable for the needs of the International Paramedic recruits and so a new bespoke course was created called the 'International Transition to Practice' (ITtP) course.

4.3 The HEE funding was partly used to fund two [redacted] **As** on secondment, to write and deliver the ITtP course. The course was originally aimed at educating the International Paramedics on the UK ambulance service so that they were ready to work independently following the course. The course development was overseen by the [redacted] **Ar** who seconded two [redacted] **As** in August 2022. An advert went out internally in SECAMB for the **As** secondments. Both [redacted] **As** were new to education and had no experience of teaching colleagues new to the UK from other countries.



4.4 The two **As** were given three weeks to develop the eight week ITtP course using Quality Improvement methodology. The course would evolve over time following feedback from the progressing cohorts of International Paramedics and also feedback from tutors and Clinical Education staff. As each new cohort was recruited, the ITtP course was updated and developed.

4.5 In designing the course, the **As** asked for the scopes of practice for each country where SECamb were recruiting new Paramedics. The **As** were only given the scope of practice for America. The **As** planned their course on the assumption that the international recruits were all of a Paramedic level of practice.

4.6 At the beginning of the secondment, the **As** were advised that all the International Paramedics would have HCPC registration and that they could all drive. When the first cohort arrived in the UK, only one of them was registered with the HCPC. None of the cohort had adequate driving licence capability to drive for work – they could only drive a vehicle as if they were on holiday in the UK. All the cohort were required to start the application process for applying for a UK driving licence. Some of the cohort (depending on which country they had come from) had to start the UK driving licence process as if they were a new driver learning to drive in the UK system. The **Ax** had raised concerns about the driving license requirements in February 2022, but these concerns had not been addressed. Due to the cohort not having driving licences for the UK, they were not able to drive when moving from the eight week ITtP course into operational service. They were required to get a UK driving licence which took several months, then a C1 driving license and then blue light qualification. The **Af** explained that the DVLA processes had changed during the recruitment process which led to a 12 month delay between the International Paramedics arriving in the UK and them being able to apply for a C1 driving license.

4.7 The two seconded **As** came to the end of their secondments in March 2023 when the funding for their roles came to an end. The **Az** decided to replace these roles with a single **As** for international Paramedic ITtP course and the course would be reduced from eight weeks to four weeks. The two seconded post holders were offered the opportunity to apply for the one remaining ongoing post, but chose not to apply. All other posts within the International Paramedic recruitment team (the **Ba** and the **Bb** had their roles extended. In their interviews as part of this review, the **As** both raised concerns that they were being replaced due to them raising concerns (see next section) about the International Paramedic recruitment process. This is denied by the **Az** who say they would have welcomed applications from both post holders. The **Az** also offered both post holders extensions to their secondments but both declined this option. One of the seconded **As** has been successful in being appointed to a role within **Bc** team.

## Concerns raised about professional capability

5.1 The two **As** leading the ITtP course, had concerns about the capability of a number of the new International Paramedics from Cohort 1 onwards. Similar concerns were raised by the two **Av** who were seconded to support the new International Paramedics as each cohort entered operational service. The **As** shared their concerns with their line manager, the **Ar**. By Cohort 2, there were serious concerns about the capability of 13 International Paramedics out of a cohort of 19.

5.2 The **As** gave specific examples of concerns. In Cohort 2 there were 13 International Paramedics recruited from Nigeria. They were all from **Bd** in Nigeria. One of the

Paramedics was [Be] when in Nigeria. In the ITtP course, this individual was conducting [Cf] as the leader. The [As] were concerned about the behaviour and conduct of these colleagues who did not seem to have the freedom to speak without permission of their leader. The others in the cohort would defer to this leader before speaking in the course. In week one of the Cohort 2 course, a [Bf] did a two day course on Advanced Life Support. The International Paramedics had claimed to be ALS instructors in their applications, but the [Bf] found that they did not know what they were doing when asked to role play a resuscitation scenario. A member of this cohort brought up the resuscitation process on [Cg] iPad during the session, but was still unable to perform resuscitation. Basic airway devices (iGels) were being placed in the dummy patient's mouth back-to-front. Chest compressions were of poor quality. The [Bf] questioned the [As] on whether the cohort were actually qualified as Paramedics. By the end of week one of the ITtP course, it was clear to the [As] that there were serious concerns about the capability of some of the International Paramedics.

5.3 Further examples of concerns were provided which included some International Paramedics not understanding medical terminology. One person who was recruited had said they had experience of 'rapid transfers', but this transpired to be that they were experienced at pushing trolleys between the Emergency Department and the Xray department as a hospital porter. An International Paramedic recruited [Bg] was found to be a Doctor from their home country and not a Paramedic. The person was unable to get GMC registration in the UK as they did not have the required comparable qualifications to register, but they instead were able to register with the HCPC as a Paramedic. An International Paramedic stated that they thought the heart was situated in the abdomen in one of the teaching sessions. There were cultural gaps in understanding of how the UK system manages patients at the end of their life which needed correcting.

5.4 The two [As] and two [Ba] met with the [Ar] to share their concerns about the capability of some of the International Paramedics and that they felt uncomfortable about these new colleagues finishing their ITtP courses and moving onto independent operational service. The [As] and [Ba] recall the [Ar] explaining that none of the cohort could 'fail' their ITtP. The [As] and [Ba] were concerned about this response as they felt strongly that a number of the cohort were not safe to enter independent practice. The [As] and [Ba] expressed considerable distress that they were potentially 'releasing' unsafe new staff into operational practice because they were not in a position to 'fail' the new staff following their ITtP course. The [As] and [Ba] described trying to escalate their concerns to the [Af] (on 29<sup>th</sup> November 2022) and the [Am]. The [As] and [Ba] felt that their concerns were not being listened to by the managers overseeing this project. The [As] described being made to feel that they were 'making a mountain out of a mole hill' and that the [Af] advised them that they had eight weeks to support these Paramedics into independent practice. The [Ar] and [Am] explained that the ITtP course was designed to educate international recruits on the UK Health System and was never intended to be a 'pass/fail' course as all of the new staff had been recruited on the understanding that they were already 'experienced' Paramedics. They explained that rather than passing or failing members of the cohort, the [As] were asked to create learning development plans to address areas where the new recruit had gaps in their knowledge or skills.

5.5 The two [As] adapted the ITtP course following the concerns that they had identified. Examples of how they adapted the course included a change in teaching style to a more scenario based teaching session around clinical conditions. They focussed on basic history taking and observations and how to formulate a clinical picture. The South African Paramedics were good at trauma and resuscitation, but were less confident in urgent care, so urgent care scenarios were created to support them. Some paramedics from Nigeria struggled with basic clinical concepts and they did not have any structure or



formula to work to. They were haphazard in their approach. The **As** documented every teaching session and assessment for every International Paramedic and they met with each one individually to provide feedback and development.

5.6 At the end of the ITtP course the **As** were required to do a hand-over to the receiving **Bh** and the **As** passed on an action plan for each International Paramedic to address any gaps in knowledge and skills when they were working in operational service. The International Paramedic was then given one week of observing crews before working independently.

5.7 The two **As** felt that their reputation had been 'tarnished' as they were 'releasing' international experienced Paramedics out into operational service who were not competent to practice in the UK independently. The **As** experienced ridicule from operational colleagues about the standard and competency of some of the international recruits who had completed their ITtP and were sent out into operating units. The **As** stated that they were frequently apologising to operational managers about the standard of some of the International Paramedic recruits who were being moved into the respective operating unit.

5.8 The **As** raised concerns that the Trust was actively promoting the success of the international recruitment process when in reality there were serious concerns. A number of photographs were shared on the Trust media sites, of the cohorts of International Paramedic recruits, including the **Af** and the **Am** with articles about the achievements of the project. The **As** felt that this positive promotion ignored the very serious concerns that they were raising at the time.

5.9 The **As** described the impact of these concerns on them personally. They described that the stress of carrying the burden for trying to support some International Paramedics to become competent, together with feeling that they must successfully transition them to operational service caused them to become ill. They felt that the recruitment process had been so flawed that incompetent people had been recruited and that the **As** were left to fix the problem by themselves. They described sleepless nights knowing that there were International Paramedics working in operational service who were looking after patients when they were not necessarily competent to do so. Concerns were raised through the Freedom to Speak Up (FTSU) route. As of the date of this report, the **As** say that no senior manager has apologised for what the **As** experienced or talked to them about the impact on them from raising concerns.

5.10 The Two **Av** who were recruited for a six month secondment to provide pastoral support for the new International Paramedics had a key role in their transition from the ITtP course into operational service. They explained there was only a couple of weeks between them being recruited to this role and the first cohort arriving in the UK. Both **Ba** worked closely with the two **As**

5.11 Both **Av** felt there were some highly competent staff recruited through the International Paramedic recruitment process. They also said that there was a small number who were not of the calibre of a UK paramedic. The **Ba** recall raising concerns about these staff along with the two **As** and **Bi** and they felt that the response from 'management' was that the staff who there were concerns about would be managed through the 'capability' process when they were out in operational service. The **Ba** were particularly concerned as their substantive posts were as **Bi** and they knew how difficult and protracted the capability process was in SECamb.

5.12 The [redacted] **Av** met with the **Ba** who would be receiving each new International Paramedic into their service to 'hand-over'. The **Ba** also received a written report on the areas where there were development needs. The [redacted] **Av** describe embarrassment and concern that they were handing over new International Paramedics to operational managers who they knew were not competent to work as an independent Paramedic in the UK. They felt that the Trust was setting these colleagues up to fail by moving them into operational service. They felt it would have been fairer to manage them under capability before they were sent into operational service.

5.13 The [redacted] **Av** would like to have moved the staff who were not competent as Paramedics into Emergency Care Support Worker (ECSW) or Associate Ambulance Practitioner (AAP) roles, but the visa restrictions would only allow these colleagues to operate as Paramedics.

5.14 The [redacted] **Av** raised concerns to the [redacted] **At** and [redacted] **At** [redacted] **Bj** [redacted] **Af** and [redacted] **Am**. They advised that the colleagues should not 'pass' their ITtP course under the Trust's probation policy. They were advised that the ITtP course is not an accredited course, there was no final assessment and the course was intended to familiarise the colleagues with UK practice, not to assess clinical competence and therefore the colleagues needed to be managed under the capability policy when they start work in operational service. They were not advised why this process couldn't be changed so that an assessment of clinical competence could be built into the ITtP course.

5.15 The [redacted] **Av** produced flow charts and held webinars for operational leaders as they felt there was a lack of understanding of the International Paramedic recruitment programme. They felt that this would help alleviate some of the concerns being raised by operational managers about the competence of some Paramedics coming out into the service.

5.16 The [redacted] **Am** explained when interviewed that those International Paramedics where there were ongoing concerns about their professional capability to be a UK Paramedic were given action plans of bespoke additional training as they transitioned into operational practice.

5.17 The [redacted] **Af** stated when interviewed that **Cd** was fully aware of the concerns being raised and **Cd** knew that when the International Paramedics arrived in the UK, there was a clear divide between those Paramedics from African/Asian countries and those from Australasia and America. The two distinct groups sat separately and took breaks separately from each other. The [redacted] **Af** was also aware of the concerns raised by the **As** about the competence of a number of International Paramedics particularly from Nigeria.

5.18 The [redacted] **Ag** was alerted to concerns raised by the two **As**. They had shared with the [redacted] **Ag** they were aware of some International Paramedics who were not currently capable of working independently as Paramedics in the UK health system.

5.19 Trade Union colleagues had raised concerns to the [redacted] **Ag** that the Clinical Education department and the [redacted] **Af** had advised that the newly recruited Paramedics from other countries were not to 'fail' their ITtP course, but instead should have 'action plans' to address any learning gaps whilst working in operational service.

5.20 The [redacted] **Am** was made aware of concerns with some of the new International Paramedics, for example, India doesn't have a recognised ambulance service and so those colleagues recruited from India would not be in a position to immediately take up a role as an independently practicing Paramedic in the UK. **Cd** was also aware that a new International Paramedic was found to have been a doctor of homeopathy in their home country which is not equivalent to a Paramedic in the UK.

5.21 Most colleagues interviewed as part of this review identified concerns about how HCPC have registered some International Paramedics as competent to be Paramedics in the UK. There were a number of clear examples of colleagues who could not conceivably be capable of operating as an independent Paramedic clinician in the UK, yet they were registered by the HCPC as such. This included the example of the doctor of herbal medicine being registered with the HCPC as a Paramedic.

## Response to the immediate concerns

6.1 The [redacted] **Ag** convened a number of meetings of key stakeholders to review the concerns raised about the professional capability of some of the new International Paramedics. For the purposes of this report this group is known as the review group. This group included an [redacted] **Ah** [redacted] **Ah** and [redacted] **Bk**. The international Paramedic review group reviewed every member of staff who had been recruited as part of this process. The majority of concerns were regarding people recruited from Nigeria with a much smaller number from other countries.

6.2 The [redacted] **Ag** questioned the robustness of the initial recruitment process. **Ce** raised concerns about the process of identifying the experience and skills of the candidates. As part of the review group, the [redacted] **Bl** questioned if the Paramedic courses in Nigeria and other countries were commensurate with the UK requirements of Paramedics. The group also noted that there were some recruits from Nigeria who were performing well and in line with UK requirements.

6.3 At the time of the escalation of concerns to the [redacted] **Ag** both the [redacted] **Af** [redacted] **Af** and the [redacted] **Am** were on leave. When they returned to work, the review group, chaired by the [redacted] **Ag** had been set up to address the concerns. Both felt that they were excluded from the discussions and excluded from the review group and they both felt that if they were included in the review group, they could have provided information and solutions which could have helped to resolve the concerns more efficiently.

6.4 The [redacted] **Ag** took immediate action to 'suspend' all of the International Paramedics who had been transitioned into operations and they were each given additional learning requirements to undertake whilst suspended from operational duties. The [redacted] **Ar** felt that this was a disproportionate response as these colleagues were working, at that time, in a supernumerary capacity in operations and so the risk to patient safety was very low.

6.5 The [redacted] **Am** gave two examples of how **Cd** was excluded from the review group.

1) The [redacted] **Bl** was invited on to the review group to give an opinion on the professional capability of the new recruits, which the [redacted] **Am** [redacted] **Am** was already involved in.

2) The **Ao** was asked to hear a grievance from some international Paramedics who raised concerns that they were not elevated from a Band 5 Paramedic to a Band 6 Paramedic. The **Ao** judged that these colleagues should be uplifted to a Band 6 Paramedic role and be permitted to act independently as a UK Paramedic (including supervising other colleagues) – but the **Am** was not interviewed as part of the grievance process. The consequence of this decision meant that the International Paramedics who were on action plans to fill gaps in their competencies were removed from their action plans and placed in operational service to act as independent Paramedics. This also led to those International Paramedics being placed in supervisory roles of Newly Qualified Paramedics (NQPs). These NQPS then complained that they were being supervised by International Paramedic colleagues who were less competent than they were. A requirement of a Band 6 Paramedic role is to have a qualification in being a mentor. The International Paramedic colleagues who were uplifted to this Band 6 position by the grievance chair **Ao** do not hold the required mentor qualification. These outcomes could have been avoided if the **Am** was invited to be involved in the review group and the grievance investigation.

6.6 The **Af** felt similarly excluded and side-lined from the group that had been set up to resolve the concerns raised about International Paramedics. **Cd** felt that decisions were being made about the future of individual International Paramedics without knowing the background and context of the situation. The **Af** had been told by the **Ah** on this review group that the **Bk** **Bk** wanted to pin the blame for this problem on **Ch**. The **Af** felt ‘scape-goated’ for what had gone wrong. The **Af** felt that **Cd** was actively excluded from the review group.

6.7 The **Af** noted that they, together with the **Ar** **Ar** and **Al** had made the decision to restrict the recruitment of future International Paramedics to countries where candidates had comparable standards to the UK and to no longer recruit from countries where SECamb had found challenges e.g. Nigeria. The **Af** had reached this conclusion before formal concerns were raised by the **As** Unions and Operational colleagues. The **Af** felt, therefore, that this was evidence that **Cd** had taken action before concerns had been escalated.

6.8 The **Bk** in **Cg** role as **Bm** function at SECamb, was asked to review individual applicants, including a review of their application forms and how they were recruited. The **Bn** was asked to review how each candidate was shortlisted. The **Bn** noted that for the Nigerian applicants, the health system in Nigeria is different to the UK. Although the candidates were highly skilled in some areas e.g. blood gases and ECGs, they would have been working under the supervision of a doctor in Nigeria and were not autonomous practitioners. This meant that these applicants were not of a comparable standard to the UK Paramedic competencies.

6.9 When reviewing the shortlisting of applicants, the **Bo** noted that there were inconsistencies in the scoring between the managers undertaking the shortlisting process. The **Bp** raised particular concerns that the scores from the **Af** was generally full marks for every domain and therefore the candidates were put through for interview. The **Af** was not on the short-listing panel for every applicant. The **Af** explained that the SECamb recruitment process was carried out on the recruitment software ‘Trac’ and that only two managers were required to undertake short-listing. For some of the applicants, the **Af** had been put on the system as a ‘third’ short-lister which was not required. The **Af**

therefore had to enter the Trac system and input full scores for each domain to enable the applicant to be moved to the next stage of the recruitment process. The [Af] had therefore not been directly involved in the short listing of those candidates. Of the [Bq] International Paramedics that were later dismissed by the Trust (see later in this report), the [Af] had been noted on the Trac system as scoring one of those individuals only and [Cd] had scored the candidate the same as the other short-listing manager. There was therefore no evidence that the [Af] had deliberately inflated the short-listing scores to ensure the candidate went through to the assessment centre.

6.10 The [Bo] felt that by recruiting sub-standard candidates for a UK Paramedic role was unfair on those candidates as people had moved from their home country to the UK only to be dismissed from their role and sent home again. The [Bo] gave the example of [Br] who SECamb dismissed but [Bs] had just signed a rent agreement on a property [Bt]. The [Bo] raised these concerns to the [Bu] and the [Aa]. The [Bo] confirmed that [Cd] had concerns about the motivations of the [Af] inasmuch as [Cd] wondered if the priority was to recruit to the total numbers of Paramedics required, disregarding if they were clinically safe or not. The [Bo] noted that SECamb sent two groups of SECamb staff to recruit from Australia (where the Paramedic systems are well known), yet didn't send any staff to Nigeria for recruitment, instead relying on on-line interviews.

6.11 The International Paramedic review group oversaw action plans for all of the International Paramedics recruited from Nigeria and other countries where there were concerns about professional competence. The [Ag] noted that the Health Care Professionals Council (HCPC) had registered all of these colleagues as meeting the requirements of registration as a Paramedic in the UK health system. This made it challenging for SECamb to question their professional ability to work in this role within the UK. An example of the challenge is that a number of the Paramedic recruits from Nigeria had worked under the instruction of a medical Doctor in Nigeria, yet in the UK they were expected to practice independently.

6.12 The two [Ba] raised concerns about 'labelling' all of the Nigerian colleagues as being incompetent. They explained that there were some really excellent colleagues from Nigeria and they were concerned that these colleagues were going to be considered incompetent just because they came from Nigeria. They emphasised the need to consider each case individually during the review meetings chaired by the [Ag].

6.13 The two [As] were asked by the [Ag] to work with the review group to go through a spreadsheet of the International Paramedics and decide who was competent to continue their employment and which paramedics were not of the required standard and should therefore be dismissed. The [As] felt this was an unfair burden on them and that they should not have been placed in this situation.

6.14 A new training course was created for extra training for those International Paramedics who had gaps in skills and knowledge. This included additional training from Paramedic Practitioners and Critical Care Paramedics. The course included Advanced Life Support (ALS) and trauma management. The [As] were given 2 days to create this additional course whilst at the same time undertaking the teaching for Cohort 3. It was clear that some International Paramedics struggled with the additional course that was created for them.

6.15 A small number of concerns were raised by the International Paramedics themselves and these were related to the lack (at that time) of a fast-track process to get them to be recognised as fully

competent UK Paramedics when they had all the requirements and experience necessary to be judged as such.

6.16 The review group noted that there were some important cultural differences within the International Paramedic recruits which were impacting on their ability to integrate in to the UK system. An example from the Nigerian cohort was that the male colleagues tended to be 'more assertive and self-assured', whereas the female colleagues tended to 'step back'.

6.17 The review group assessed each case using the SECamb process for Newly Qualified Paramedics (NQPs). This provided a base-line of the professional competencies of each recruit. Each International Paramedic then had a bespoke training plan to address any professional learning gaps. The need for this additional training was not foreseen as part of the original project plan – the International Paramedic recruits were anticipated to be competent already.

6.18 The [redacted] **Ah** on the group stated that HCPC advised that the International Paramedics who were being provided extra support did not need to self refer themselves to the HCPC. The [redacted] **Bo** on the group advised that these colleagues did need to self refer to the HCPC as there were concerns about their clinical practice. The advice was therefore contradictory.

6.19 A number of the International Paramedics responded well to the learning plans. An example was provided where an International Paramedic [redacted] **Bv** would come into work even on their day off to observe crews as a third person to gain more experience and was self motivated to attend the clinical skills room at their station to develop their skills further. The [redacted] **Ag** reflected that the time and energy spent reviewing the recruits who had professional development issues meant that those recruits who were experienced and ready to operate at Paramedic level in the UK got overlooked. This led to delays in recognising their experience and enabling them to become Paramedics in the UK system with the requisite pay banding.

6.20 Following additional training and support, assessments and reviews of performance, [redacted] **Bq** colleagues were found not to meet the required standard of professional capability and they therefore did not pass their probation period. The SECamb capability procedure was used to manage these colleagues. These colleagues were dismissed from employment in SECamb. All of the colleagues dismissed for capability concerns were from Nigeria. All [redacted] **Bq** were referred by the Trust to the HCPC. A further [redacted] **Bw** colleagues were dismissed as they had not been able to obtain a UK driving license needed to carry out their Paramedic role.

6.21 There were still International Paramedics who were not registered with the HCPC at the time of writing this report. One example of an International Paramedic recruited to work [redacted] **Bt** was having to operate as an observer with crews as they were unable to practice until their HCPC registration was approved.

## Project Governance

7.1 There was no evidence throughout my review that a formal project governance process was utilised to manage this project.

7.2 The [redacted] **Af** held weekly meetings with the [redacted] **Al** to share information on how the recruitment of International Paramedics was going together with costs of travel to the UK and hotel costs. There were no formal meetings and no formal record of what was discussed or agreed in those meetings. There was no finance member at these weekly meetings.



7.3 Following concerns raised to the **Ag** the **Bx** questioned colleagues on what governance and oversight/leadership was in place and **Ag** found that there was no project governance and unclear leadership. The **Ag** found particular concerns regarding the lack of any financial oversight and the lack of assurance that the recruitment process adequately assessed the clinical skills of those who were recruited. The **Ag** were concerned that the **Am** and the **Af** were making decisions regarding the international Paramedic recruitment without any oversight of a formal project structure.

## Financial Management

8.1 The **Ag** managed the **At** and also oversaw the budget for this programme from within the Human Resources directorate. They describe '*massively underestimating*' how expensive it was for each candidate to move to the UK to join SECamb. The 'cost of living crisis' occurred at the same time as the recruitment and airline costs and accommodation costs rose considerably.

8.2 Due to the need for additional training and action plans for the International Paramedics, the Trust was obliged to extend the offer of accommodation and to find and pay for accommodation which included washing machines and kitchens rather than hotel rooms. This was an unexpected cost of the project.

8.3 To June 2024, SECamb received a total of **£1,303,239.00** income to cover the cost of International Paramedic recruitment. The total costs over the same period are **£1,649,819.38**. The total overspend is **£346,580.38**.

8.4 The costs of the project were higher than planned in the original business case.

8.5 The cost of flying the international recruits to the UK was estimated to be **£550** per person in the plan. Due to the Ukraine conflict and post-Covid recovery, the cost of flights increased significantly. The original total predicted cost of flights was **£82,500** but this rose to an actual cost of **£110,893**. It was also noted that the original costings were based on flights from Poland. When the scheme was expanded to recruit colleagues from all over the world, the plan was not adjusted to take into account the higher cost of flights from countries further from the UK.

8.6 The new International Paramedics (experienced and newly qualified) were anticipated to need to live near Haywards Heath Education Centre for 6 weeks as part of the plan. Due to the additional learning that was required for the cohorts of new colleagues, this training plan was extended to 8-10 weeks. This led to the accommodation costs in Haywards Heath rising above plan.

8.7 A decision was reached to accommodate the new starters in serviced apartments rather than hotels. This was to enable the colleagues to cook food and wash their own clothes which they would not be able to do in a hotel room. The total cost of this temporary accommodation (2023-24) was **£673,221**.

8.8 Due to the pressures on accommodation in the South-East and high rental costs, the International Paramedics found it challenging to find their own accommodation near to their allocated Operating Unit. This led to those colleague staying in their SECamb funded temporary accommodation longer than planned and therefore increased costs of the project further. A lack of credit history in the UK made it even more challenging for International Paramedics to secure their own accommodation. The

extension of the time that accommodation was offered to new recruits, and the increasing costs were not escalated to senior managers.

8.9 Under the 'Health and Skilled Worker' visa, SECamb remain responsible under the duty of care to provide accommodation for all sponsored staff.

8.10 A review into the causes of the overspend was undertaken in December 2023 by the **At** the **At** the **Aq** and **Af** **Af**. This review concluded with the following learning:-

- Future Business Cases should include a 'buffer' for unforeseen costs
- Senior responsible managers should meet with project leads and finance to review adjustments to the financial plans
- Regular financial updates need to be provided to the project team to enable them to manage the spend of the project.
- Project Management Office support to the project to set clear objectives and delegation of authority and governance for any changes that occur to the plan.

## Views on the International Paramedic recruitment project

9.1 The **Ag** felt that the **Ad** and the then **By** should have jointly led this project and provided the oversight needed to ensure its success. **Ce** felt that the project was not as successful as it could have been due to the lack of this oversight at director level. **Ce** identified that **Ce** would expect such a project to have a project board/group that would report through the Trust's governance framework and ultimately be accountable to the Trust Board through the People Committee. This did not happen. The **Ag** is clear that the **Am** and the **Af** were both passionate about this project and wanted to 'do the right thing', but acted outside of any formal governance within the Trust.

9.2 The **Am** felt that overall the process was successful and the Trust have recruited some very good Paramedics appointed from other countries. If the Trust were to do this again, **Cd** would recommend that the project has a formal project board/group and that assurance flows from that group. **Cd** feels we should do more work to really understand the courses and qualifications awarded for Paramedic roles in the countries that we recruit from to understand if the course/qualification is equivalent to the UK Paramedic qualification. **Cd** explained that it was hard to provide a ItTP course that met the needs of the wide and varied backgrounds and experience of people from multiple countries and suggested that in the future we could group the recruitment and training into cohorts of similar backgrounds and experience e.g. an Australasian cohort, Indian cohort etc. This would enable the Trust to tailor the programme to the needs of that cohort. It was also felt that in future we would not appoint **As** who did not have experience of education. Instead the intention would be to recruit experienced educators into that role.

9.3 The **As** felt that the International Paramedic recruitment process has been successful in bringing in some very experienced and competent staff from a range of countries outside of the UK. They do however, feel that the recruitment process was flawed as it allowed incompetent Paramedics (or staff who had no experience equivalent to a UK Paramedic) into the Trust. They felt that the overriding objective to spend the HEE money and increase numbers of Paramedic staff by senior managers, neglected to properly address the gaps in the recruitment process or provide adequate support to those in SECamb with responsibility for educating and developing the new International Paramedics. The **As** felt strongly that senior management had made significant mistakes and errors which were

not being identified or dealt with. The **As** continue to feel that they 'lost' their roles as a result of raising concerns, something which is strenuously denied by their managers.

9.4 The **Af** felt that the International Paramedic recruitment project was successful and there were a number of very good Paramedics appointed to SECamb. With hindsight the **Af** would have had closer oversight of what the HR team were doing and would have had a finance representative on the working group which oversaw the process. The **Af** acknowledges that some International Paramedics were recruited without the necessary skills to work in the UK as a Paramedic but did note that some of those who were dismissed by SECamb went on to achieve employment elsewhere in the UK.

9.5 The **Ar** felt that the recruitment process had been successful. They said that based on the assumption that the compliance checks were carried out robustly, the recruitment process itself was the best that it could have been in the circumstances and that the recruitment was 'safe'. They advised that there should have been a clear project group overseeing this project with a route of escalation as needed. They felt that all of the problems identified could have been addressed if the correct people were contacted to ask for expert advice at the time.

9.6 The **At** felt that feedback from local Operating Units had been positive. They felt that there was a more diverse workforce bringing together experience of Paramedics from around the world. They felt this improved the ability to represent our community and that with more Paramedics employed at SECamb we could meet the needs of our patients more successfully.

9.7 The **Ah** who oversaw the Stage 3 capability procedures for those **Bq** colleagues who were dismissed had not been involved in the recruitment element of the process. **Cd** wondered how SECamb had recruited people who were not capable of being a Paramedic. **Cd** considered if SECamb had made the initial ITtP course as an assessed process, then International Paramedics who were not capable would not have been sent into operational service where they were then found not to be capable. This would have avoided the concerns that operational managers raised about incompetence in a small number of International Paramedics when they arrived in operational units.

9.8 **Bz** felt that the programme was successful and **Ce** said **Ce** was 'incredibly proud' to be part of this process. **Ce** is disappointed that the programme has such a negative reputation in the Trust. **Ce** explained that there are parts of the process that SECamb could have done better as there were some people who were employed by the Trust who were simply not competent, however **Ce** explained that the due diligence was robust. **Ce** emphasised that the vast majority of recruits have been very successful. In terms of learning, **Ce** felt that the ITtP course should have been an assessment of competence. This would have avoided staff going into operational services and found to be incompetent.

9.9 The **Ca** to the International Paramedic recruitment process felt that there were 'amazing' recruits to the service. They felt that there were a few staff who were not capable of being a UK Paramedic but felt that this should have been assessed during the initial ITtP course and managed at that stage, rather than releasing the staff into operational service to be managed a later time. They felt that the pastoral support offered to the new colleagues was excellent and they would happily do the role again.

## Conclusions

10.1 The International Paramedic recruitment 'project' was largely successful at recruiting experienced and competent Paramedics from outside of the UK. All staff interviewed as part of this review, concluded that SECamb has appointed excellent Paramedics who bring a range of skills and experience to the service and to the UK ambulance sector.

10.2 It is clear that SECamb appointed a small number of people who were not competent to work as independent practitioners in the role of a UK Paramedic.

10.3 The underlying reason for these small number of inappropriate appointments is that these applicants applied for a role for which they did not have the required qualifications or experience **and** the SECamb recruitment process did not filter out these inappropriate applicants.

10.4 It is difficult to draw conclusions on why those applicants chose to apply for a Paramedic role in the UK for which they were clearly not qualified or competent to perform. I have not been able to interview them. Some of those dismissed by SECamb went on to work for other UK ambulance services.

10.5 The findings in relation the SECamb recruitment process are as follows:

- a) The planned recruitment events to be held face-to-face in various countries (as per the original business case) did not take place due to Covid restrictions and after the restrictions were lifted, the **Ao** stopped these overseas visits on cost grounds. This led to the whole recruitment process being undertaken 'on-line' which did not afford SECamb the opportunity to thoroughly scrutinise applicants.
- b) The due diligence required for SECamb to receive assurance that the training and experience of 'Paramedics' from other countries matched the requirements of a UK Paramedic did not always occur. Due diligence needed to have taken place to understand the 'Paramedic' courses in each country. The failure to understand the training and experience of 'Paramedics' from some countries made it challenging, if not impossible, for those SECamb managers undertaking the short-listing of applicants to score the applicants accurately. When the two **As** asked for the equivalent standards for 'Paramedics' in the countries of origin for each cohort, this information was not provided.
- c) When it was discovered that some applicants were clearly using other people's answers to respond to questions and/or being prompted by others in the room during the assessment interviews, the process should have been stopped and a review undertaken. All those who had been previously interviewed should have had their assessments reviewed to ensure that cheating had not taken place. It is acknowledged that the questions were changed and the assessment exercises were adapted to be more clinically focussed, but those already recruited through this process should have had their applications reviewed and/or reassessed.
- d) SECamb would have been able to assess the clinical competencies (through an assessment centre process) if the Trust had met each candidate physically during the recruitment process. Not having physically met the applicants until they had moved to the UK introduced a significant risk to SECamb's recruitment of new staff.

10.6 The introduction of a specific International Transition to Practice (ITtP) course to support the new International Paramedics into UK ambulance practice was well meaning. The response from senior

managers to concerns raised that the ITtP was not a 'pass or fail' course was *technically* correct. The ITtP course was designed on the assumption that the new International Paramedics were already experienced Paramedics, already had (or about to achieve) HCPC registration and were already able to drive in the UK. However, it became rapidly obvious from Cohort 1 that there were significant concerns about the competency of a number of International Paramedics. SECamb did not have an agreed plan as part of the 'project', to address concerns about competency. Senior managers concluding that the ITtP was not a pass or fail course did not address the fundamental underlying issue that had been raised. At this very early stage, the concerns should have been escalated to executive level through a pre-defined escalation route as part of the governance structure for the project (see later comments). No escalation took place and there was no evidence of other options being considered other than to 'hand-over' the International Paramedics into operational service and ask operational managers to manage them through the Trust's capability process. This was an inappropriate response to the significant concerns raised by those working in the 'project'.

10.7 Although the **Ad** at the time of the original business case was named as the Executive Sponsor of the 'project', I have found no evidence that **Cd** provided any leadership, ownership or oversight of this work other than through the line management of people within **Cg** directorate. The **Ag** felt it was the **Ad** and the then **By** responsibility to oversee this 'project' and **Ce** is clear that neither **Bx** took any ownership or responsibility.

10.8 Once the original business case had been approved by the Executive Management Board (EMB) there was no further direct reporting on the implementation of this project back to EMB. There were references made to International Paramedic recruitment within other HR related reports to EMB, Board and Committees of the Board, but no assurance reporting. There was no agreed project group or programme board and no governance route for information to pass up to management groups or assurance committees. The plan changed considerably from what was presented in the original business case and amended business case, but there was no evidence that these changes were agreed through any formal governed process (e.g. the majority of the case was based on recruiting from South Africa with visits planned to South Africa including to universities, none of which actually took place). Senior operational and corporate staff managed the 'project' through informal conversations and 'touch-points' with no formal meetings, documented minutes, project plans or action trackers. SECamb did not have a Project Management Office (PMO) at the time.

10.9 There was no dedicated finance advice or support to the 'project' at any stage. The project became considerably overspent against budget. Those interviewed concluded that with early engagement from a finance specialist, overspending would have been identified earlier and mitigations put in place. There was no evidence of any escalations regarding the budget overspend to executives or Trust Board at the time of the issue developing.

10.10 The issues related to the new International Paramedics not being able to drive in the UK due to changes in the UK legislation on driving licence requirements could not have been foreseen or mitigated.

10.11 I can find no evidence that anyone acted maliciously or for self-gain within this review. Accusations of malpractice have been made against senior leaders of this 'project' by a number of people interviewed. It is understandable why those interviewed hold those view, however I can find no evidence of malicious intent. Senior managers made decisions in what they felt were the best interest of those involved, but without formal governance processes, none of these decisions were scrutinised or challenged. If scrutiny and escalations had been considered in a formal governed

process, different outcomes may well have been reached and staff raising concerns may have felt that they had been heard.

10.12 There is considerable evidence that those involved had passion, energy and drive to make this 'project' a success. Many colleagues in the 'project' went over and above to provide support, information and care to the successful applicants who were moving their whole lives to the UK. Those involved took their roles very seriously and diligently did their best to ensure the new International Paramedics had a good experience. Those staff are to be commended for their work and the success of bringing a group of experienced Paramedics to SECamb.

## Recommendations

1. All future projects should have a nominated Executive Sponsor who understands their role and their responsibilities including the duty to oversee the project on behalf of the Trust board.
2. All projects of this scale should be executed through a formal project management process with clear roles, responsibilities, plan, timescales and governance route for reporting and escalation.
3. All projects should have representation from all relevant directorates including finance.
4. The Trust should consider its recruitment processes particularly related to appointing clinical staff from outside the UK specifically focussing on the safety of recruiting virtually as opposed to face to face assessments.
5. The Trust should offer specific feedback and support to the two **As** who both expressed mental harm caused by elements of this project and the perceived lack of support or action from senior managers.
6. The Trust should offer the opportunity of a 'debrief' with a trained facilitator to bring closure to what those interviewed described as being distressing elements of this 'project'.
7. The Trust should consider how to effectively provide feedback to the HCPC on the issues raised by many of those interviewed, specifically related to the HCPC registering a number of individuals who were not competent to hold that registration.

**Cb**

**Cc**

August 2024