



Partneriaeth  
Cydwasaethau  
Gwasanaethau Archwilio a Sicrwydd  
Shared Services  
Partnership  
Audit and Assurance Services

## **EASC - Recruitment review**

### **Internal Audit Report**

**2020/21**

**May 2021**

**NHS Wales Shared Services Partnership**

**Audit and Assurance Services**



<b>Contents</b>	<b>Page</b>
1. Introduction and Background	4
2. Scope and Objectives	4
3. Associated Risks	5
<u>Opinion and key findings</u>	
4. Overall Assurance Opinion	5
5. Assurance Summary	6
6. Summary of Audit Findings	7
7. Summary of Recommendations	9
Appendix A	Management Action Plan
Appendix B	Assurance opinion and action plan risk rating
<b>Review reference:</b>	CTM-2021-38
<b>Report status:</b>	Internal Audit Report
<b>Fieldwork commencement:</b>	12 March 2021
<b>Fieldwork completion:</b>	14 April 2021
<b>Draft report issued:</b>	30 April 2021
<b>Management response received:</b>	17 May 2021
<b>Final report issued:</b>	19 May 2021
<b>Auditors:</b>	Geoffrey Woolley, Principal Internal Auditor Emma Samways, Deputy Head of Internal Audit
<b>Executive sign off:</b>	Stephen Harray, Chief Ambulance Service Commissioner
<b>Distribution:</b>	Ross Whitehead, Assistant Director of Quality and Performance Chris Moreton, Assistant Director of Commissioning and Finance

**Committee:**

Matthew Edwards, Head of  
Commissioning and Performance  
Audit and Risk Committee



Audit and Assurance Services conform with all Public Sector Internal Audit Standards as validated through the external quality assessment undertaken by the Institute of Internal Auditors.

**ACKNOWLEDGEMENT**

NHS Wales Audit & Assurance Services would like to acknowledge the time and co-operation given by management and staff during the course of this review.

**Disclaimer notice - Please note:**

This audit report has been prepared for internal use only. Audit & Assurance Services reports are prepared, in accordance with the Internal Audit Charter and the Annual Plan, approved by the Audit & Risk Committee.

Audit reports are prepared by the staff of the NHS Wales Shared Services Partnership – Audit and Assurance Services, and addressed to Independent Members or officers including those designated as Accountable Officer. They are prepared for the sole use of Emergency Ambulance Services Committee and no responsibility is taken by the Audit and Assurance Services Internal Auditors to any director or officer in their individual capacity, or to any third party.

## 1. Introduction and Background

A review of the non-recurrent funding provided by Emergency Ambulance Services Committee (EASC) to Welsh Ambulance Service NHS Trust (WAST) to undertake recruitment, was carried out as part of the 2020/21 Internal Audit Plan for Cwm Taf Morgannwg University Health Board (the 'Health Board') of which EASC is a hosted body.

In early 2018 the Minister for Health commissioned the Chief Ambulance Services Commissioner (CASC) to undertake a review of the Amber response category in relation to calls to the ambulance service in Wales. The resultant 'Amber Review' report was published in October 2018. Whilst the review found no evidence to support wholesale changes to the clinical response model, the report highlighted opportunities for improvement and recommendations for further work to be undertaken. As such, an Amber Review Implementation programme was established to oversee improvements that could be made to the system.

One recommendation within the review related to the need for the ambulance service to ensure that planned resources are sufficient to meet expected future demand. In July 2019 WAST commissioned a demand and capacity review across the ambulance service's control functions and front-line operations. Subsequently, a five-year plan was developed, and in January 2020 EASC approved the findings of the review and agreed non-recurrent funding for a minimum of 90 additional whole-time equivalent staff. WAST subsequently committed to recruit a total of 136 additional Full Time Equivalent (FTE). Due to the Covid-19 pandemic and the restrictions that have been in place, recruits were deployed to locations based on where they lived as opposed to where demand required. Our review sought to give assurance to the CASC that the additional recruitment has occurred as agreed and staff have been effectively deployed across Wales.

The relevant lead for this audit review was the Chief Ambulance Services Commissioner.

## 2. Scope and Objectives

The objective of the audit was to evaluate and determine the adequacy of the systems and controls in place for WAST recruitment funded by EASC, in order to provide assurance to the Audit and Risk Committee that risks material to the achievement of system objectives are managed appropriately.

The areas that the review sought to provide assurance on were:

- The staff recruited have filled posts in line with the demand and capacity review findings.
- The recruitment resulted in an additional resource of circa 130 FTE and has not been used to replace staff who have left the service during this time.

- The deployment of new staff has been reviewed to identify any imbalance between staffing levels and service demand. Lessons for future recruit deployment have been established.
- The monitoring of delivery of the recruitment programme and any performance indicators set has taken place at relevant level within EASC.

### 3. Associated Risks

The potential risk considered in the review was as follows:


- That the recruitment drive, funded with non-recurrent funding from EASC fails to deliver the requirements WAST set out in its demand and capacity plan review.

## OPINION AND KEY FINDINGS

### 4. Overall Assurance Opinion

We are required to provide an opinion as to the adequacy and effectiveness of the system of internal control under review. The opinion is based on the work performed as set out in the scope and objectives within this report. An overall assurance rating is provided describing the effectiveness of the system of internal control in place to manage the identified risks associated with the objectives covered in this review.

The level of assurance given as to the effectiveness of the system of internal control in place to manage the risks associated with established controls within the EASC - Recruitment review is **Reasonable assurance**.

RATING	INDICATOR	DEFINITION
<b>Reasonable assurance</b>		The Board can take <b>reasonable assurance</b> that arrangements to secure governance, risk management and internal control, within those areas under review, are suitably designed and applied effectively. Some matters require management attention in control design or compliance with <b>low to moderate impact on residual risk</b> exposure until resolved.

As at March 2021, the Recruitment and Training Plan Highlight report and the provider update reports generated by WAST on behalf of EASC confirmed that the addition 136 FTE staff required under the programme for 2020/21 had been delivered in line with the demand and capacity plan, and that this is the case for each of the three categories of roles (Urgent Care Staff, Emergency Medical Technicians and Paramedics).

Throughout 2020/21 EASC has received information regarding the progress of the recruitment programme from a variety of sources, including through reports to the EASC management group, attendance at WAST's Demand

and Capacity Programme Board and through receipt of monthly Recruitment and Training Plan Highlight reports. The monthly highlight reports have developed from initially a more limited narrative report, to a more sophisticated report incorporating tabular and graphical information in addition to the narrative explanations. However, the level of detail in the report, including being able to fully understand all aspects of WAST's programme, how the data has been generated and its interaction with the wider workforce headcount, has resulted in EASC having to raise queries with WAST.





In addition to the demand and capacity review, a further review was commissioned by WAST to determine where best to locate the additional 136 staff. The findings of that review were made available in February 2020. However, the onset of the Covid-19 pandemic meant that recruits were not always aligned to the findings of the review, instead being located at sites close to home. Ongoing work is underway to review any imbalance created, along with additional reviews of the response roster and estate.

Our testing has been restricted to information and documentation held by EASC. We have not undertaken any testing directly with WAST.

The overall level of assurance that can be assigned to a review is dependent on the severity of the findings as applied against the specific review objectives and should therefore be considered in that context.

## 5. Assurance Summary

The summary of assurance given against the individual objectives is described in the table below:

Assurance Summary					
<b>1</b>	Posts filled in line with the demand and capacity review				✓
<b>2</b>	Recruitment of additional and not replacement staff			✓	
<b>3</b>	Deployment of new staff			✓	
<b>4</b>	Monitoring of delivery of the recruitment programme				✓

\* The above ratings are not necessarily given equal weighting when generating the audit opinion.

## Design of Systems/Controls

The findings from the review have not highlighted any issues that are classified as weaknesses in the system control/design for the - recruitment programme.

## Operation of System/Controls

The findings from the review have highlighted two issues that are classified as weaknesses in the operation of the designed system/control for recruitment programme.

## 6. Summary of Audit Findings

In this section, we highlight areas of good practice that we identified during our review. We also summarise the findings made during our audit fieldwork. The detailed findings are reported in the Management Action Plan (Appendix A).

### Objective 1: The staff recruited have filled posts in line with the demand and capacity review findings.

We note the following areas of good practice:

- The most recent demand and capacity report was published in January 2020 and shows required recruitment up to 2024. From February 2020 onwards, recruitment monitoring reports have been provided monthly to EASC by WAST showing progress in relation to the 2020/21 recruitment being funded by EASC.
- The most recent monitoring report provided, as at February 2021, includes the following table:

Role	FTE additionality required to meet the target	Additionality delivered	Progress against target
Urgent Care Staff (UCS)	22.10	21.98	99%
Emergency Medical Technicians (EMT)	102.40	102.40	100%
Paramedics (PARA)	11.50	11.50	100%
<b>Total</b>	<b>136.00</b>	<b>135.88</b>	<b>100%</b>

- The recruitment programme was prioritised by WAST when assessing the impact on operations of the Covid-19 Pandemic.

We did not identify any findings under this objective.

**Objective 2: The recruitment resulted in an additional resource of circa 130 WTE and has not been used to replace staff who have left the service during this time.**

We note the following area of good practice:

- The February 2021 recruitment monitoring report provided by WAST states that 135.88 FTE had been delivered against the 136.00 FTE additionality required.

We identified the following finding:

- The level of detail contained within the monthly highlight report has meant that on occasions EASC has had to raise queries with WAST to obtain greater clarity, to allow them to fully understanding all aspects of WAST's programme, including how the data has been generated and its interaction with the wider workforce headcount.

There is no SLA or funding agreement in place between EASC and WAST outlining expectations in relation to matters such as the level of detailed information required by either party (Finding 1 – Medium).

**Objective 3: The deployment of new staff has been reviewed to identify any imbalance between staffing levels and service demand. Lessons for future recruit deployment have been established.**

We note the following area of good practice:

- External consultants were engaged by WAST to address the question "*What are sensible locations for adding 136 FTE over the WAST area?*", and to model a range of methods, scenarios and sensitivities regarding the geographical areas that staff would be recruited to. Where possible staff are recruited in line with the review, although this has been made more difficult by the pandemic.

We identified the following finding:

- While good work has been undertaken to locate new recruits in line with the recommendations made in the consultant report, this was made more difficult by the pandemic and additional review and monitoring is now required to address any imbalance (Finding 2 – Medium).

**Objective 4: The monitoring of delivery of the recruitment programme and any performance indicators set has taken place at a relevant level within EASC.**

We note the following areas of good practice:

- From February 2020 WAST have provided recruitment monitoring reports. Their format has developed from initially a more limited narrative report to a more sophisticated report incorporating tabular and graphical information in addition to the narrative explanations.



- WAST provide detailed narrative updates at each EASC Committee meeting which are prepared by its Director of Strategy, Planning and Performance and presented by its Chief Executive. The most recent of these that we reviewed was for March 2021. This confirmed that the programme is on track to deliver the 136 FTE additionality by March 2021.
- A WAST Programme Board, which includes a representative of EASC and reports bi-monthly to an EASC Management Group comprising senior representatives of each of the health boards, has been established to support monitoring, reviewing and feeding into the progress of the project.
- A Ministerial Ambulance Availability Taskforce reporting to the Minister for Health and Social Care has been developed although its operation was temporarily stood down due to the pandemic. However, following its restart, in an interim report was issued to the Minister in February 2021.
- A Gateway Review was undertaken by EASC in December 2020 to assess delivery completion of the programme and to support the funding provided.

We did not identify any findings under this objective.

## 7. Summary of Recommendations

The audit findings and recommendations are detailed in Appendix A together with the management action plan and implementation timetable.

A summary of these recommendations by priority is outlined below.

Priority	H	M	L	Total
<b>Number of recommendations</b>	<b>0</b>	<b>2</b>	<b>0</b>	<b>2</b>

<b>Finding 1 – Information and data received (Operating effectiveness)</b>	<b>Risk</b>
<p>Each month WAST provides EASC with a Recruitment and Training Plan highlight report. The report provides a detailed overview of the additional recruitment to date against each of the three staffing groups identified in the demand and capacity report and highlights the key issues and risks for the recruitment programme.</p> <p>However, we have been informed that fully understanding all aspects of WAST’s recruitment programme including how the data within the highlight reports has been generated and its interaction with the wider workforce headcount and other recruitment streams has at times been challenging for EASC. While WAST have provided detailed explanations to queries raised by EASC following review of the recruitment monitoring information, if additional information was included in the reports, this may negate the need to raise queries.</p> <p>For example, at points in the year there have been variations month on month in the planned recruitment numbers. April 2020 report showed a figure of 571.5 FTE needed (this allows for the additional staff, plus turnover and promotion of existing staff). By July the number has fallen to 488.5 and rose again to 525.5 by October. The report does not clearly explain why there have been these movements.</p> <p>Furthermore, the data in the highlight report is based around headcount numbers. No financial data is included making it difficult for EASC to reconcile financial information to the recruitment information.</p> <p>We note that when EASC agreed to provide WAST with the funding to support the additional posts, no SLA or funding agreement was put in place, setting out</p>	<p>That the recruitment drive, funded with non-recurrent funding from EASC fails to deliver the requirements WAST set out in its demand and capacity plan review.</p>

<p>the expectations of both parties including the financial and non-financial information needs.</p>	
<p><b>Recommendation</b></p>	<p><b>Priority level</b></p>
<p>1. EASC should continue to work with WAST to ensure that satisfactory evidence and explanations are provided for all its queries regarding the additionality and wider workforce headcount and financial information. Where possible, EASC should encourage WAST to include such information on the monthly highlight report in order to better contextualise the data within the report.</p> <p>2. If the existing arrangements between EASC and WAST do not clearly set out expectations, consideration should be given to having a formal agreement in place to provide greater clarity around the expectations of both parties in relation to areas such as access to information and data from WAST regarding the programme.</p>	<p><b>Medium</b></p>
<p><b>Management Response</b></p>	<p><b>Responsible Officer/ Deadline</b></p>
<p>Management agrees with recommendation points 1 and 2.</p> <p>EASC has set a Commissioning Intention on Value, which is currently being developed into a collaborative programme of work between EASC and WAST. As part of this, it is intended that EASC's holistic Value-Based Commissioning model is developed and applied to the D&amp;C programme to establish a clear evidence base for identifying, monitoring and measuring value which will also help to address the issue of contextual information.</p> <p>Additionally, the Benefits Management workstream will establish the approach to</p>	<p>Chris Moreton, Assistant Director of Finance – October 2021</p>


<p>managing financial and non-financial benefits for Commissioner investments in WAST services. This work should help to clarify expectations between Commissioner and Provider with regards to the programme reporting requirements in line with the level of assurance that is sought.</p>	
--	--


<b>Finding 2 – Deployment of new staff (Operating effectiveness)</b>	<b>Risk</b>
<p>A report produced in February 2020 by external consultants on behalf of WAST, identified a number of scenarios to answer the question '<i>What are the sensible locations for adding 136 FTE over the WAST area?</i>'</p> <p>We understand that during the recruitment process WAST attempted to locate staff in line with the report findings. However, we acknowledge that this was made more difficult by the pandemic, forcing staff to be located close to home as opposed to where demand was, although ambulance resources can be moved around Wales each day in order to respond to demand.</p> <p>We understand that work is ongoing by WAST to review any imbalance caused, and that the 2021/22 recruitment, plus other reviews such as the response roster review and estates review, will help in addressing any issues.</p>	<p>That the recruitment drive, funded with non-recurrent funding from EASC fails to deliver the requirements WAST set out in its demand and capacity plan review.</p>
<b>Recommendation</b>	<b>Priority level</b>
<p>Deployment of new staff should continue to be monitored to ensure recruitment happens in line with the recommendations arising from February 2020 consultant report.</p> <p>Further consideration should be given to identifying if the flexible approach to staff deployment could impact on patient safety.</p>	<p><b>Medium</b></p>


<b>Management Response</b>	<b>Responsible Officer/ Deadline</b>
<p>We will continue to monitor the deployment of new recruits as part of our on-going assurance mechanism via the sub-structures of EASC.</p> <p>In addition to this where deviations to deployment are requested/required we will require WAST to produce robust modelling that allows commissioners to understand the impact on the ambulance response to their population.</p> <p>We have already requested a number of areas of modelling/planning around rural responsiveness and red performance variation.</p>	<p>Ross Whitehead, Assistant Director of Quality and Performance – March 2022</p>


## Appendix B - Assurance opinion and action plan risk rating

### Audit Assurance Ratings

 **Substantial assurance** - The Board can take **substantial assurance** that arrangements to secure governance, risk management and internal control, within those areas under review, are suitably designed and applied effectively. Few matters require attention and are compliance or advisory in nature with **low impact on residual risk** exposure.

 **Reasonable assurance** - The Board can take **reasonable assurance** that arrangements to secure governance, risk management and internal control, within those areas under review, are suitably designed and applied effectively. Some matters require management attention in control design or compliance with low to **moderate impact on residual risk** exposure until resolved.

 **Limited assurance** - The Board can take **limited assurance** that arrangements to secure governance, risk management and internal control, within those areas under review, are suitably designed and applied effectively. More significant matters require management attention with **moderate impact on residual risk** exposure until resolved.

 **No assurance** - The Board can take **no assurance** that arrangements to secure governance, risk management and internal control, within those areas under review, are suitably designed and applied effectively. More significant matters require management attention with **high impact on residual risk** exposure until resolved.

### Prioritisation of Recommendations

In order to assist management in using our reports, we categorise our recommendations according to their level of priority as follows.

Priority Level	Explanation	Management action
<b>High</b>	Poor key control design OR widespread non-compliance with key controls. PLUS Significant risk to achievement of a system objective OR evidence present of material loss, error or misstatement.	Immediate*
<b>Medium</b>	Minor weakness in control design OR limited non-compliance with established controls. PLUS Some risk to achievement of a system objective.	Within One Month*
<b>Low</b>	Potential to enhance system design to improve efficiency or effectiveness of controls. These are generally issues of good practice for management consideration.	Within Three Months*

\* Unless a more appropriate timescale is identified/agreed at the assignment.