

Speaking Up Safely

Final Internal Audit Report

October 2024

Hywel Dda University Health Board

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Audit and Assurance Services conform with all Public Sector Internal Audit Standards as validated through the external quality assessment undertaken by the Chartered Institute of Public Finance & Accountancy in April 2023.

Acknowledgement:

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

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Executive Summary

Purpose

To review the implementation of the framework and assess its impact in promoting a culture that enables staff to raise concerns.

This audit has not sought to confirm that concerns raised have been dealt with effectively or provide assurance in this regard. Concerns raised are anonymous and confidential and therefore we have not reviewed the detail of these, to protect the integrity of the process

Overview

Progress has been made in implementing the NHS Wales Speaking Up Safely (SUS) Framework requirements with the establishment of a task and finish group, action plan, the adoption of the *All-Wales Procedure for Staff to Raise Concerns* Policy and the introduction of an informal reporting platform (WIC) to supplement the formal processes, such as Datix.


A high priority matter arising was identified with lack of a single report of formal and informal raised concerns, nor the triangulation of lessons learned.

A number of medium priority matters arising were identified requiring management attention including:

- several SUS Framework requirements still remain outstanding;
- seven of the 11 Speak Up Guardians listed on the SharePoint site have not received the required training; and
- key performance indicators are not outlined in WIC reports.

We have concluded **Reasonable** assurance on this area.

Report Opinion

		Trend
	Reasonable	
	Some matters require management attention in control design or compliance	Not Applicable

Assurance summary¹

Objectives	Assurance
1 Raising Concerns Process	Reasonable
2 Staff Awareness of Raising a Concern Process	Reasonable
3 Designated Contacts	Reasonable
4 Monitoring, Review and Analysis of Concerns Raised	Limited

¹The objectives and associated assurance ratings are not necessarily given equal weighting when formulating the overall audit opinion.

Key Matters Arising

	Objective	Control Design or Operation	Recommendation Priority	
1	SUS Framework Requirements Action Plan	1, 2 & 3	Operation	Medium
2	Speak Up Guardians	3	Operation	Medium
3	WIC Performance Reports	4	Operation	Medium
4	Triangulation of Concerns Data	4	Design	High

1. Introduction

- 1.1 The NHS Wales Speaking Up Safely Framework (WHC/2023/036) 'The Framework' states that *"this is the Framework that organisations, departments and teams are required to follow in order to establish and sustain a culture where no individual will suffer victimisation or detrimental treatment as a result of speaking up, and where organisations learn and improve as a result of listening and responding to concerns raised"*.
- 1.2 Having effective arrangements which enable staff to speak up (also referred to as 'raising a concern') helps to protect patients, the public and the NHS workforce, as well as helping to improve the population's experience of healthcare.
- 1.3 Following the Lucy Letby verdict in August 2023, the Welsh Government set out the expectation for NHS organisations to undertake a self-assessment against the organisational requirements detailed in Section 6 of the Framework and develop an action plan to address any gaps between current practice and the expectations of the Framework. The Health Board completed and submitted its action plan in October 2023.
- 1.4 The potential risks considered in this review are:
 - Poor practice not being challenged due to staff not feeling confident to raise a concern.
 - Staff are unaware of the Speaking Up Safely framework and are therefore unclear how to report a concern.
 - Concerns are not documented, investigated or acted upon appropriately.
 - The Board may not be aware of serious concerns relating to the performance of the organisation.

2. Detailed Audit Findings

Objective 1: The process for staff to raise concerns is clearly documented and subject to regular review

Speaking Up Safely Framework

- 2.1 The Welsh Government issued the *Speaking Up Safely: A Framework for the NHS in Wales* document in August 2023 that outlines the principles and practices associated with Speaking Up Safely (SUS) and the requirements for NHS organisations in Wales.
- 2.2 Following the publication of this framework, Hywel Dda setup a task and finish group to undertake a self-assessment against the 13 requirements for organisations set out in the Framework. An action plan was developed to address the framework requirements. A total of 24 actions were developed and progress has been reviewed during this audit (this is discussed in more detail under Objective 4).

Policies and Procedures

- 2.3 The Health Board formally adopted the *All-Wales Procedure for Staff to Raise Concerns* in December 2023, which is published on the intranet site. A review of the procedure document confirmed its alignment with the SUS Framework.
- 2.4 The following policies, also available to staff on the intranet, are to be read alongside the *All-Wales Procedure for Staff to Raise Concerns* document:
 - NHS Wales Policy: Respect and Resolution Policy
 - NHS Wales Policy: Disciplinary Procedure
 - Managing Allegations Against Staff Policy
 - Incident, Near Miss and Hazard Reporting Policy
 - Putting Things Right Policy

Communicating the Speaking Up Safely Message to Staff

- 2.5 The Health Board has a dedicated SUS intranet SharePoint page, which is part of the Quality, Assurance and Safety site, that provides links to policies and procedures, identified SUS Champions and Ambassadors, and signposting to further advice, support and platforms such as WorkInConfidence (WIC).
- 2.6 A review and update of the SharePoint site to incorporate the new All-Wales branding and messaging was originally due to take place in December 2023 as per the action plan. However, the relaunch of the SharePoint has been delayed several times and we were advised that this is now due to take place on 9th October 2024.
[Matter Arising 1]
- 2.7 The Health Board has a 'Speak Up, Make Meaningful Change' Communications & Engagement Strategy 2024 that defines goals to engage with and educate staff on guidance around the practice of Speaking Up in Hywel Dda and to raise awareness of the refreshed approach to SUS (rebranded to Speak Up). The aims are to foster a culture of openness and ensure usage of informal and formal speaking up

processes. Actions implemented to address the above aims include incorporating Speak Up into corporate and local inductions, targeted communications aimed at staff from diverse backgrounds, manager training and staff engagement through the 'Hapi' employee benefits app. However, a number of actions including raising awareness via Global e-mails, social media posts, ESR, displaying posters and playing of the promotional video in public areas have yet to be addressed. **[Matter Arising 1]**

Conclusion:

2.8 The Health Board has in place up-to-date policies and procedures that align with the SUS Framework available to staff on a dedicated SharePoint site. However, a number of actions identified in the framework action plan regarding the updated SharePoint site with additional awareness raising resource has not been implemented. We have therefore concluded **Reasonable** assurance for this objective.

Objective 2: Staff are aware of the process for raising a concern and can do so with confidence that they will be fully supported and not suffer detriment as a result.

Speaking Up Safely Process

- 2.9 The SUS Framework sets out the approaches that can be utilised to raise a concern in the workplace, including a SUS Process flowchart outlining the formal and informal options available to employees and the organisation.
- 2.10 A requirement set out in the SUS Framework states that clear and easy-to-follow processes are in place within Health Board documentation to allow individuals to raise concerns (including anonymously).
- 2.11 The Hywel Dda have addressed this requirement with a 'Staff Process: Raising a Concern or Issue' process map that outlines options available for staff who have a concern or issue they would like to speak up about and whom, including but not limited to line and relationship managers, Culture & Workforce Team, Speak Up Champions, Workforce, Trade Unions and Counter Fraud. Contact details are given as well as what to do if there are difficulties accessing any of these.
- 2.12 We confirmed the Staff Process map clearly demonstrates the process for management of concerns raised through SUS, however it won't be available for staff to see until the revised SharePoint page goes live. An escalation framework model was also meant to be developed to support the SUS process by September 2024, however, work is ongoing to finalise this element. **[Matter Arising 1]**

Work In Confidence Platform

2.13 The WIC platform was implemented by the Health Board in 2022 that allows individuals the ability to raise a concern informally and anonymously with a dedicated responder, known as a Guardian. The Guardians are collectively equipped with expertise in a range of matters and the member of staff can choose the most appropriate Guardian for them. The platform allows for a two-way

anonymous discussion to take place to resolve raised concerns. A link to the WIC platform can be found on the SUS SharePoint page.

- 2.14 Since the launch of the WIC platform in April 2022, 261 new users have registered on the platform with 86 anonymous conversations have taken place, of which 81 have been resolved and closed. Planning is being undertaken to register all employees by default on the WIC platform in order to remove any perceived barrier to raise concerns.

Leadership Development

- 2.15 Another requirement of the SUS Framework is for organisations to ensure that appropriate training to deliver a SUS culture is rolled out to leaders, managers and staff. To effectuate this, a Psychological Safety module which incorporates SUS has been included in the Health Board's management development programme.

Conclusion:

- 2.16 We evidenced actions that have been put in place to promote and develop a Speak Up culture in the Health Board however these won't all be fully embedded until after the official launch whilst an escalation framework model is overdue. We have therefore concluded **Reasonable** assurance for this objective.

Objective 3: Designated contacts responsible for the handling of staff concerns are aware of their responsibilities and have received adequate training to deal with the concerns appropriately

- 2.17 The Director of Workforce & OD and Interim Director of Nursing, Quality & Patient Experience are the joint executive leads identified as the SUS Champions within Hywel Dda, in addition to an Independent Member in line with the SUS Framework. The Head of Culture and Work Experience is the operational lead.
- 2.18 The Health Board currently have 11 Speak Up Guardians and five Speak Up Ambassadors to support and address informal concerns raised via the WIC platform. The contact details of all Guardians and Ambassadors is listed on the SharePoint site. Guardians are supported in their roles by the organisation's Psychological and Wellbeing Service.
- 2.19 All Guardians are required to undertake training to understand their roles, the WIC platform and building a supportive culture. Only four Guardians have undertaken this training to date, with the remaining individuals due to receive training in October 2024. **[Matter Arising 2]**
- 2.20 The Head of Culture and Workforce Experience is endeavouring to recruit more Guardians from the Pembrokeshire and Ceredigion localities and members of staff from diverse backgrounds.

Conclusion:

- 2.21 Whilst work is ongoing to recruit a diverse group of Speak Up Guardians, seven of the 11 currently listed on the SharePoint site have not received the required training to date. We have concluded **Reasonable** assurance rating for this objective.

Objective 4: Concerns raised by staff are monitored, reviewed and analysed to identify recurring themes or trends, with issues escalated as appropriate**Reporting Arrangements**

- 2.22 The People, Organisational Development & Culture Committee (PODCC) is a statutory committee of the Health Board with responsibility for ensuring mechanisms are in place to deliver effective staff engagement in accordance with the organisation's values.
- 2.23 A review of PODCC meetings during 2023-24 confirmed the reporting and implementation of the SUS Framework, including update papers on the progress of the WIC platform during its first year of use and impact on adding value to the workforce (June 2023), and a paper outlining the continued development of the SUS agenda within Hywel Dda (June 2024).
- 2.24 A paper outlining the embedding of SUS within the organisational culture was also presented to the Quality, Safety and Experience Committee (QSEC) meeting in December 2023.
- 2.25 We established that QSEC and the PODCC provided updates to the Board on the SUS agenda in January 2024 and July 2024 respectively.
- 2.26 The above papers included extract performance information from the WIC platform. Whilst key performance indicators (KPIs) have been established for first response to a conversation is a maximum of three days whilst the closure of conversation is 30 days, this has not been formally set out in Health board guidance. **[Matter Arising 3]**

Task and Finish Group

- 2.27 A task and finish group was established to review and address the outlined SUS Framework requirements. To address the requirements, an action plan was developed and submitted to the task and finish group's only meeting to date in October 2023. An update of the action plan was submitted to the QSEC meeting in December 2023, but no further updates have been reported to a group or committee. **[Matter Arising 1]**
- 2.28 A copy of the latest action plan was obtained and reviewed to establish implementation status. We assessed 15 of the 24 actions had been addressed, whilst nine remain overdue/in progress (some of these actions are noted in paragraph 2.7). **[Matter Arising 1]**

Recording and Monitoring of Concerns

- 2.29 The SUS Framework defines data points for recording and monitoring individual concerns. This guide recommends that when concerns are closed, learning is triangulated and the outcome communicated with the Workforce & OD Team.
- 2.30 There are several ways of raising a concern (formally and informally) and currently different types of concerns and categories are not aggregated to form an overall view of concerns across the Health Board. This hinders monitoring and reporting of trends or themes, and the feeding back of lessons learned to services.

2.31 We were advised that discussions have taken place to understand how concerns on clinical issues are relayed back into services for learning. The recent paper submitted to PODCC in June 2024 stated that once all viewpoints are collated a final process will be agreed and implemented for clinical speak up concerns to be managed appropriately in line with the Speak Up agenda. **[Matter Arising 4]**

Conclusion:

2.32 Updates on the progress of SUS Framework has were submitted to the Health Board via the sub-committees, whilst a task and finish group was established to ensure SUS Framework requirements were being implemented.

2.33 However, the task and finish group have only met once since October 2023 with several requirements yet to be implemented, WIC report data presented at sub-committees do not outline the agreed KPIs and the triangulation of formal and informal concerns was not evident in reports to the sub-committees. We have concluded **Limited** assurance rating for this objective.

Appendix A: Management Action Plan

Matter Arising 1: SUS Framework Requirements Action Plan (Operation)		Impact	
<p>An action plan was developed to address the SUS Framework requirements and was submitted to the task and finish group's only meeting to date in October 2023. Nine actions on the action plan remain outstanding and overdue including (but not limited to):</p> <ul style="list-style-type: none"> the relaunch of the SharePoint site to incorporate the All-Wales branding and messaging that originally due to take place in December 2023 but has been delayed several times. We were advised that this is now due to take place late September 2024; and a number of actions listed in the Communications & Engagement Strategy 2024 such as raising awareness via Global e-mails, social media posts, ESR, displaying posters and playing of the promotional video in public areas have yet to be actioned. <p>An escalation framework model was also meant to be developed to support the SUS process by September 2024, however, work is ongoing to finalise this element.</p>		<p>Potential risk of:</p> <ul style="list-style-type: none"> Staff are unaware of the SUS Framework and are therefore unclear how to report a concern. SUS Framework requirements are not implemented. 	
Recommendations		Priority	
1.1a	Agree revised target dates for the outstanding overdue actions to ensure they are promptly addressed.	Medium	
1.1b	The action plan should be submitted to an appropriate forum to provide assurance on the progress of implementation and any delays that occur.		
1.1c	The escalation framework model should be finalised and shared with employees.		
Agreed Management Action		Target Date	Responsible Officer
1.1a	The speak up agenda has now launched, this was delayed taking advantage of speak up month in October. There are no specific timeframes within the communication strategy due to significant messages being sent around other	28 February 2025	Head of Culture & Workforce Experience / Interim Assistant Director of Nursing Assurance

	<p>agendas – staff survey and not wanting these to blur. The 24 actions on the Amat system are fully complete and approved, 3 are partially complete and need the agenda to be implemented for evaluation and 1 overdue which relies on capturing staff to complete a survey. These will be fully complete in next four months.</p>		
1.1b	<p>The action plan will be reviewed as part of the speak up report that will be submitted to both PODCC and QSEC</p>	31 March 2025	Head of Culture & Workforce Experience / Interim Assistant Director of Nursing Assurance
1.1c	<p>The escalation model is complete, all stakeholders identified and a meeting taking place to outline time frames and the framework will be held on 5th Nov. The framework will not be shared with employees in fear of confusion and ensuring a liner path of raising a concern. When concerns are escalating the employee will be made aware of the timescale in which they would gain a response.</p> <p>A template has been designed for the WIC platform that provides responders the ability to log information relating to escalation and timeframes. This will be registered back to various committees as part of ongoing Speak Up reports.</p>	5 November 2024	Head of Culture & Workforce Experience / Interim Assistant Director of Nursing Assurance

Matter Arising 2: Speak Up Guardians (Operation)		Impact
Seven of the 11 Speak Up Guardians listed on the SharePoint site have not received the required training to understand their roles, the WIC platform and allow them to build a supportive culture. We were advised the remaining individuals are due to receive training in October 2024.		Potential risk of: <ul style="list-style-type: none"> Lack of training resulting in Guardians providing inappropriate or inaccurate advice to individuals raising concerns.
Recommendation		Priority
2.1	Ensure all individuals have received the appropriate training before being listed as a Speak Up Guardian.	Medium
Agreed Management Action		Target Date
2.1	The next meeting has been arranged for 29 th October for the other guardians to receive the training on WIC. There have been a further two staff who have registered interest in the voluntary role following sessions at BAME network and will join the training and the guardians.	29 October 24
		Responsible Officer
		Head of Culture & Workforce Experience


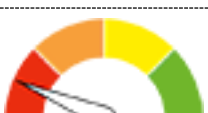
Matter Arising 3: WIC Performance Reports (Operation)		Impact	
<p>Whilst key performance indicators (KPIs) have been established for first response to a conversation is a maximum of three days whilst the closure of conversation is 30 days, this has not been formally set out in Health board guidance.</p>		<p>Potential risk of:</p> <ul style="list-style-type: none"> Lack of confidence in the system due to poor response times to conversations. 	
Recommendation		Priority	
3.1	<p>Key performance indicators should be:</p> <ul style="list-style-type: none"> outlined in future WIC reports presented to the Health Board or sub-committees; and shared with Guardians to remind them of the compliance targets. 	Medium	
Agreed Management Action		Target Date	Responsible Officer
3.1	<p>Training will be held on the 5th November 2024 to outline the requirement for conversations to close within 30 days. There may be some ongoing anomalies to this metric due to staff wanting ongoing conversations, it will be closely monitored and reviewed to ensure that these episodes are kept to a minimum.</p> <p>All response times will form part of the ongoing reporting for PODCC and QSEC.</p>	5 November 2024	Head of Culture & Workforce Experience

Matter Arising 4: Triangulation of Concerns Data (Design)		Impact	
<p>The SUS Framework defines data points for recording and monitoring individual concerns through the triangulation of lessons learned from closed concerns and the communication of the outcomes. However, currently information on all concerns raised through various sources is not collated or reported into a collective document or report for management therefore making it difficult to identify themes or trends and feed learning back to service groups. In addition, there is an absence in the process on ensuring concerns on clinical issues are relayed back into services for learning.</p>		<p>Potential risk of:</p> <ul style="list-style-type: none"> The Board may not be aware of serious concerns relating to the performance of the organisation. 	
Recommendations		Priority	
4.1a	Formal and informal concerns raised through the numerous channels in place within the organisation should be amalgamated and reported in a single paper to allow the Health Board or appropriate committee to view all themes and trends occurring across the organisation.	High	
4.1b	A process should be agreed to ensure concerns on clinical issues are relayed back into services for learning, where appropriate.		
Agreed Management Action		Target Date	Responsible Officer
4.1a	The same paper will be used for both committees outlining stats, times, and themes from the speak up agenda. These papers may be slightly tailored with regards to the TOR for each committee. These will be for informal concerns only, all formal concerns will be instigated through formal processes such as DATIX and Respect and Resolution policy.	31 March 2025	Head of Culture & Workforce Experience / Interim Assistant Director of Nursing Assurance
4.1b	Themes that can be utilised for learning for clinical services will be fed back into services. The process will be developed following further analysis to determine the best mechanism to enable this.	31 March 2025	Head of Culture & Workforce Experience / Interim Assistant Director of Nursing Assurance

Appendix B: Assurance opinion and action plan risk rating

Audit Assurance Ratings

We define the following levels of assurance that governance, risk management and internal control within the area under review are suitable designed and applied effectively:

	Substantial assurance	Few matters require attention and are compliance or advisory in nature. Low impact on residual risk exposure.
	Reasonable assurance	Some matters require management attention in control design or compliance. Low to moderate impact on residual risk exposure until resolved.
	Limited assurance	More significant matters require management attention. Moderate impact on residual risk exposure until resolved.
	Unsatisfactory assurance	Action is required to address the whole control framework in this area. High impact on residual risk exposure until resolved.
	Assurance not applicable	Given to reviews and support provided to management which form part of the internal audit plan, to which the assurance definitions are not appropriate. These reviews are still relevant to the evidence base upon which the overall opinion is formed.

Prioritisation of Recommendations

We categorise our recommendations according to their level of priority as follows:

Priority level	Explanation	Management action
High	Poor system design OR widespread non-compliance. Significant risk to achievement of a system objective OR evidence present of material loss, error or misstatement.	Immediate*
Medium	Minor weakness in system design OR limited non-compliance. Some risk to achievement of a system objective.	Within one month*
Low	Potential to enhance system design to improve efficiency or effectiveness of controls. Generally issues of good practice for management consideration.	Within three months*

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



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