Speaking Up Safely

Final Internal Audit Report

2025/26

Public Health Wales NHS Trust

Reasonable Assurance

Contents

Review Reference	PHW-2526-04
Fieldwork	June to August 2025
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Audit Committee	September 2025
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Executive Summary

Purpose

The NHS Wales Speaking Up Safely framework (the 'framework'), issued by Welsh Government in September 2023, 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*'.

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.

We note that the implementation of the framework within the Public Health Wales NHS Trust (the 'Trust') followed a Welsh Government mandate and was undertaken without additional dedicated resource, which is important context when considering the pace and scope of delivery.

Public Health Wales NHS Trust (the 'Trust') adopted the framework in October 2023 and committed to a self-assessment action plan setting out how the framework would be embedded within the Trust. The Trust has also developed a protocol for the reporting and oversight of speaking up safely (SUS), which sets out the processes in place to support effective and successful implementation of the All Wales framework into the Trust's practices.

We assessed how effectively the Trust has implemented the speaking up safely framework, focusing on governance, policy, culture, training, and learning from concerns raised.

The Board Secretary and Head of Board Business Unit is the executive lead for this review.

Overview

We have concluded reasonable assurance on this area. The key matters requiring management attention are:

- Absence of a directorate and Trust wide SUS training and awareness provision.
- The approach to the Trust's SUS concerns action log should be refreshed to include a review process and to capture information such as investigation timescales.
- There are no SUS champions within directorates.
- The Trust has mapped available training to support a speaking up culture, with options on the SUS intranet; ESR modules are under review pending a new Welsh Government e-learning package.
- The SUS agenda is in early development, and data still needs to accumulate before meaningful trends on the Trust's culture can be identified.

We identified the following opportunity for enhancement that does not impact the overall opinion and is highlighted for management information:

- Inclusion of provisional target dates relating to actions/objectives stated within the Speaking Up Safely section of the integrated employee engagement action plan.

Scope & Assurance Summary

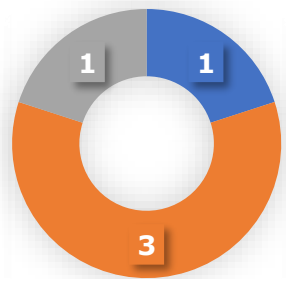
Objectives (The objectives and associated assurance ratings are not necessarily given equal weighting when formulating the overall audit opinion.)		Related Findings	Assurance
1	The process for staff to raise concerns is clearly documented and subject to regular review.	-	**Substantial**
2	The Trust has arrangements in place to raise staff awareness of the process for raising a concern, ensuring they can do so with confidence that they will be supported and not suffer detriment as a result.	1,2	**Reasonable**
3	Designated contacts, responsible for the handling of staff concerns, are aware of their responsibilities and have received adequate training to deal appropriately with concerns.	3,4	**Reasonable**
4	Concerns raised by staff are monitored, reviewed and analysed to identify recurring themes or trends, with issues escalated as appropriate.	5	**Reasonable**

Management Actions

1 High Priority

4 Medium Priority

Themes



Risk Types

Quality or Safety Issues

Legal & Regulatory Non-Compliance

Findings & Agreed Action Plan

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

Overview / Summary of Observations

The Trust's protocol for the reporting and oversight of Speaking Up Safely (the SUS Protocol), which was approved by the People & OD Committee in February 2024, sets out the procedural framework for staff to raise concerns safely and appropriately. It incorporates the principles and expectations of the Welsh Government SUS framework and is designed to be used alongside relevant elements of the All Wales procedure for NHS staff to raise concerns.

We confirmed that the SUS Protocol, which is due for review in February 2027, is aligned with both the framework and the All Wales procedure.

We also note that the Trust maintains a comprehensive SharePoint page accessible to all staff, which includes links to the SUS Protocol, framework, related policies, frequently asked questions, and supporting resources.

Objective 2: The Trust has arrangements in place to raise staff awareness of the process for raising a concern, ensuring they can do so with confidence that they will be supported and not suffer detriment as a result.	**Reasonable**

Overview / Summary of Observations

The SUS Protocol outlines the stakeholders within the Trust who are responsible for ensuring that staff are aware of the SUS process, and of the SUS intranet SharePoint site, which is the key repository of SUS information. Additionally, the SUS Protocol identifies the different means of support offered to staff if they choose to speak up to obtain advice or formally report their concern.

While SUS awareness exercises for staff were initially undertaken during early 2024/25, there have been none subsequently. In addition, the Trust's new starter/induction process does not include reference to the SUS framework.

The various means that staff can use to confidentially report a SUS concern are set out in the SUS Protocol. A direct online reporting facility, to enable anonymity and confidentiality, is available on the SUS intranet site, which allows staff to submit concerns via a Microsoft Form. The information contained within a completed form feeds directly into a central SUS concerns action log, which is held by the Board Business Unit, and can be accessed by SUS investigators.

The SUS Protocol sets out how to use the SUS concerns action log and the processes relating to review, investigation and outcome of a reported concern. The Protocol also identifies the prescribed processing and response timescales relating to all stages of the process.

While the SUS concerns action log includes key information relating to a concern, there is scope to also capture additional information in relation to timescales, which is detailed in the SUS Protocol and the Welsh Government framework.

We note that the Trust staff survey 2024 highlighted positive feedback relating to staff confidence in being able to speak up to raise a concern, and satisfaction that reported concerns would be addressed.

Key Findings		Risk & Impact	Agreed Management Action
1	<u>No recent directorate SUS training or awareness provision</u> We sent a questionnaire to a sample of six business and planning leads to identify how they had raised the awareness of SUS within their respective directorate management teams. We also sought to identify any SUS training provision and the existence of SUS champions across the Trust. 4/6 Business and Planning leads responded to our SUS awareness questionnaire. The common responses were as follows: • All four Business and Planning leads confirmed that they had disseminated the SUS agenda to their directorate teams. • All directorates had representation at the 'Leading with Impact' management course which provided training that was linked to the delivery of SUS related issues. • 0/4 directorates have SUS champions. • 2/4 of the business and planning leads stated that neither they nor their staff had received recent specifically focussed SUS refresher training and awareness. <u>Provision of periodic Trust wide SUS awareness</u> We did not see evidence of a SUS awareness exercises since November 2024. Additionally, we identified that the Trust Corporate Induction Programme does not currently incorporate SUS as part of its delivered content, and as such, there is a risk that new staff are not aware of the SUS systems in place and how they can discuss or raise a concern.	Poor practice not being challenged due to staff not feeling confident to raise a concern.	**Agreed Actions:** A communications plan will be developed to include periodic Trust-wide communications to ensure awareness of Speaking Up Safely across the organisation. The Trust Corporate Induction Programme will be updated to incorporate reference to/ links to SUS Protocol and supporting staff intranet content. **Expected Evidence of Implementation:** Evidence of periodic Trust-wide communication promoting SUS awareness (e.g. news stories, intranet updates, staff briefings). Updated Corporate Induction Programme materials that include reference to the SUS Protocol and staff intranet content. Attendance records or feedback from any SUS-related training sessions, including any SUS L&D modules completed in ESR. Confirmation of Directorate-level dissemination plans or communications from Business and Planning Leads included in the overall communications plan.
		Medium Priority	
	Theme: Communication & Engagement	Control Operation	**Officer:** Board Secretary and Head of the Board Business Unit / Director of People and OD **Target Implementation Date:** 31 December 2025
2	<u>Structure of SUS concerns action log</u> 0/6 of the concerns documented in the SUS concerns action log had the prescribed review and investigation timescales	Concerns are not documented, investigated or	**Suggested Actions:** All concerns recorded on the SUS Concerns Action Log will be supported by documented review and investigation timescales as

	recorded, which is a requirement of the Welsh Government SUS Framework and Trust Protocol. The prescribed timescales are: • Acknowledgement of receipt of the concern within 2 working days. • Meet with the individual raising the concern within 7 working days • Write to the individual stating outcome of the meeting within 7 working days of the meeting. • Follow up on the concern within a further 14 days. • Progress will be reviewed every 2 weeks, and the individual will be updated if any of the timescales cannot be met. • Any investigation is undertaken within a further 28 days. • Progress will be reviewed every 2 weeks, and the individual will be updated if any of the timescales cannot be met. • Investigation outcome provided to the individual within 28 days of commencement. We also identified that the action log does not capture feedback and opinions from the member of staff who raised the concern, nor does it record an offer of a meeting to discuss lessons learned and improvements arising from the investigation outcomes, all of which are prescribed with the SUS Protocol. <u>Testing of SUS concerns processing timescales</u> We tested a sample of five SUS concerns recorded on the SUS concerns action log to confirm compliance with the timescales in the Trust Protocol. We found: • For 1/5 the SUS concern was reported anonymously and therefore a response to complainant could not be provided. • 2/5 reported SUS concerns did not progress as a SUS case as their content and nature was assessed as requiring investigation under the Trust's grievance policy. • 1/5 of the reported SUS concerns was not supported by evidence to support compliance with prescribed investigation timescales or provision of progress updates to the individual who reported the concern. We note that the case is ongoing at the time of our testing and involves legal representation	acted upon appropriately.	prescribed in the SUS Framework and Trust Protocol for Reporting and Oversight of Speaking Up Safely. Develop an online questionnaire to capture feedback from individuals at the end of the SUS process. Update the SUS Concerns Action Log to include a section on post-investigation feedback captured from online questionnaires, and record any meeting dates that have been offered and declined. Communication with individuals who report SUS concerns will be improved to ensure that they are updated as per the prescribed timescales and informed if any of the prescribed timescales cannot be met. **Expected Evidence of Implementation:** Updated Action Log Questionnaire developed

	• 1/5 reported SUS concerns did not comply with the prescribed investigation timescales. The individual who reported the concern was not kept informed of investigation progress until 49 working days after acknowledgement of receipt of SUS concern. Subsequent to this, communication updates were sporadic and lengthy until an investigation completion outcome letter was sent to the individual on the 27th of June 2025, which was 150 working days after acknowledgement of receipt of the SUS concern		SOP / process updated
		High Priority	**Officer:** Board Secretary and Head of the Board Business Unit / Director of People and OD **Target Implementation Date:** 31 October 2025
	Theme: Governance	Control Operation	

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.	**Reasonable**

Overview / Summary of Observations

The Trust Protocol for Reporting and Oversight of Speaking Up Safely outlines the key contacts in the event that a member of staff wishes to discuss or report a concern of this nature.

Additionally, there are two Board members who act as SUS champions within the Trust, and these are the Non-Executive Director for Equality and Diversity, and the Board Secretary. Their roles are outlined within the Protocol. Their roles and contact details are also stated on the SUS intranet page relating to the SUS support provision.

The Trust does not have directorate based SUS champions to provide locally based awareness of SUS objectives and processes and provide advice and signposting to the resources available.

In December 2023, the learning & development team mapped the types of management SUS training available to underpin and contribute to the application of SUS culture to the processes that support it.

The SUS intranet site identifies the different types of training available to support a culture of speaking up within the Trust. SUS related training has been provided to Trust divisional management via the 'Leading with Impact' sessions.

	Key Findings	Risk & Impact	Agreed Management Action
3	<u>Proportionate approach to directorate SUS champions</u> While the Trust has two Board-level SUS champions, there are no SUS champions at a local level within Trust directorates or departments. We acknowledge that directorates vary significantly in size and function, with some comprising fewer than 50 staff and others, such as Health Protection and Screening Services, exceeding 1,400 staff. As such, a proportionate and dynamic approach to the implementation of local SUS champions may be more appropriate than a uniform model. This would support the broader cultural embedding of the SUS agenda and provide accessible points of contact for staff across different operational contexts.	Staff in larger or more operationally complex directorates may lack accessible support or guidance on SUS processes. Inconsistent awareness and engagement with the SUS agenda across the organisation may limit cultural embedding and assurance.	**Agreed Actions:** The Trust should consider implementing a proportionate model for local SUS champions, tailored to the size, structure, and operational needs of each directorate. We will consider appropriate individuals who could support staff to speak up, such as staff side representatives, People and OD colleagues, Staff Diversity Network Chairs, and directorate representation. Champions should receive appropriate training and be supported by a network or oversight mechanism to ensure consistency and effectiveness. **Expected Evidence of Implementation:** Appointment of SUS champions in selected directorates, with role descriptions and contact details published on the intranet. Training records and support materials for SUS champions. Evidence of engagement activities or feedback from staff in directorates with champions in place.

		Medium Priority	**Officer:** Board Secretary and Head of the Board Business Unit / Director of People and OD **Target Implementation Date:** 31 March 2026
	Theme: Communication & Engagement	Control Design	
4	<u>SUS Training</u> The Trust does not offer a dedicated training module aligned with the Welsh Government's Speaking Up Safely (SUS) framework (September 2023). While ESR includes SUS-related modules (e.g. Speak Up, Listen Up, Follow Up), these were developed by NHS England in 2020 and do not reflect the updated Welsh context. The Head of People and OD Operations has confirmed that discussions are ongoing between NHS Wales Shared Service Partnership (NWSSP) and Welsh Government regarding the development of a new e-learning package. In the interim, the Trust must determine whether existing ESR modules are suitable as recommended learning or whether alternative provision is needed to support consistent understanding and cultural embedding of SUS principles.	Poor practice not being challenged due to staff not feeling confident to raise a concern.	**Agreed Action:** The Trust will assess the relevance of current ESR SUS modules in the context of the Welsh Government framework. Based on this review, it will determine whether to: • Endorse existing modules as interim learning. • Supplement with internal guidance or briefings; or • Await the release of the updated national e-learning package. • Consider internal comms strategy and other comms tools to enhance training. This will ensure staff receive appropriate and consistent messaging on SUS expectations and processes.
			Expected Evidence of Implementation: Communication to staff on interim training expectations. Evidence of engagement with NWSSP and Welsh Government on future SUS training provision. Updated induction or learning materials, if applicable.
		Medium Priority	**Officer:** Board Secretary and Head of the Board Business Unit / Director of People and OD **Target Implementation Date:** 31 March 2026
	Theme: Communication & Engagement	Control Operation	

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

Overview / Summary of Observations

There is a SUS annual report where SUS activity is reported. The first of these reports was presented to the People and OD Committee in February 2025. The report included a summary of progress in respect of the four SUS investigations being undertaken at the time of its publication.

At the time of our fieldwork, the Speaking Up Safely Raising Concerns Action Log had recorded six concerns since February 2024. As such, the number of cases is not yet substantial enough to identify and analyse recurring themes or trends.

However, we note that the Speaking Up Safely section of the Integrated Employee Engagement Action Plan, which superseded the legacy SUS Action Plan in November 2024 does not state provisional target dates relating to its content. The inclusion of these would provide a definitive set of progress/completion timescales that could be included within the Speaking Up Safely Annual Report.

	Key Findings	Risk & Impact	Agreed Management Action
5	<u>Early stage development of SUS data and insight</u> Six SUS concerns have been formally recorded since the Protocol's launch in February 2024, which may reflect the early stage of the SUS agenda within the Trust, and the emerging nature of data collection and reporting processes. The Welsh Government Framework encourages organisations to embed speaking up as a cultural gateway for all types of concerns. As the Trust continues to develop its approach, there is an opportunity to strengthen the capture and analysis of SUS-related data to support learning, identify trends, and provide assurance to the Board. From a policy design perspective, SUS is appropriately referenced across Trust documentation. However, the supporting data infrastructure and reporting mechanisms are still maturing, which may limit the ability to fully demonstrate cultural embedding and organisational learning at this stage	Limited data maturity may restrict the Trust's ability to identify trends, recurring themes, or lessons learned from concerns raised. The absence of robust insight may reduce the effectiveness of assurance reporting to the Board and limit opportunities for organisational learning and cultural development.	**Agreed Actions:** The Trust will continue to develop its SUS data collection and reporting mechanisms, with a view to enhancing the quality and consistency of information captured. Consideration will be given to establishing a framework for analysing SUS concerns over time, including mechanisms for identifying themes, tracking outcomes, and capturing lessons learned. Establish a quarterly review meeting with SUS leads to review outcomes and learning. This group will review learning and future developments and as the SUS agenda matures, the group will also explore opportunities to integrate SUS data into broader Trust learning and assurance processes. **Expected Evidence of Implementation:** Evidence of enhancements to the SUS Concerns Action Log to support trend analysis and thematic reporting. Inclusion of lessons learned and recurring themes, including feedback from post speaking up questionnaire's issues, and other feedback mechanisms such as staff stories, champion feedback, summarised in future SUS Annual Reports. Development of internal reporting tools or dashboards to support oversight and assurance. Increased visibility of SUS-related insights within Board-level reporting and staff communications, summarised in the Annual Speaking Up Safely Report presented to PODC.

		Medium Priority	**Officer:** Board Secretary and Head of the Board Business Unit / Director of People and OD **Target Implementation Date:** 31 March 2025
	Theme: Reporting	Control Design	

Appendix A

Assurance Opinion

 **Substantial**	Few matters require attention and are compliance or advisory in nature. **Low impact** on residual risk exposure.
 **Reasonable**	Some matters require management attention in control design or compliance. **Low to moderate impact** on residual risk exposure until resolved.
 **Limited**	More significant matters require management attention. **Moderate impact** on residual risk exposure until resolved.
 **Unsatisfactory**	Action is required to address the whole control framework in this area. **High impact** on residual risk exposure until resolved.
 **Advisory**	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 Findings

Priority	Explanation
High	Significant risk to achievement of a system objective OR evidence present of material loss, error, or misstatement. Poor system design OR widespread non-compliance.
Medium	Some risk to achievement of a system objective. Minor weakness in system design OR limited non-compliance.

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Audit work undertaken by NHS Wales Audit and Assurance Services conforms with the International Standards for the Professional Practice of Internal Auditing and associated Public Sector Internal Audit Standards as validated through the external quality assessment undertaken by the Chartered Institute of Public Finance & Accountancy in April 2023.

Website: [Audit & Assurance Services - NHS Wales Shared Services Partnership]

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