
**Internal Audit Report
For
Bradford Teaching Hospital NHS Foundation Trust**

**Freedom to Speak Up
BH/05/2022**



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Objective

The objective of the audit was to provide assurance to management and the Board that the Foundation Trust has effective processes in place to enable staff to raise a concern in accordance with the Trust's Speaking up Policy.

Overall Opinion

Significant	The Trust has robust systems in place to enable staff to raise a concern which is well advertised across the Trust by the Freedom to Speak Up (FTSU) Team.
	The Trust has a FTSU: Raising Concerns (Whistleblowing) Policy in place which was last updated in July 2020; the policy clearly outlines the process to follow when raising a concern as well as the governance arrangements in place to support the FTSU function. The policy is monitored via the FTSU Meetings that are held bi-monthly. It was evident that quarterly FTSU reports were presented to The People Academy (former Workforce and Quality Committee) and Board of Directors (BoD) that included a trend analysis of the concerns raised. FTSU Annual and Bi-annual reporting was also in place. However, it was noted that the FTSU Meeting Terms of Reference (ToR) required updating, this was last reviewed in 2017.
	A robust FTSU database is in operation that records every concern raised with the FTSU Team which is updated in a timely manner. Positive feedback has been received by the FTSU Team, as confirmed by the FTSU Annual Report and Quarter 1 FTSU Report.
	In terms of sharing FTSU lessons this was mainly undertaken via departmental FTSU sessions held with staff, however due to Covid-19 these have been on hold. Internal Audit have advised that these sessions are resumed when possible.

Assurance on Key Control Objectives

Control Objective	Review Highlights (✓ Positive Assurance, ! Action Required)	Assurance Level	Recommendations (Priority)		
			Major	Moderate	Minor
There are effective governance arrangements in place supported by a robust policy and procedures which	✓ The Foundation Trust has a FTSU: Raising Concerns (Whistleblowing) Policy in place which was last reviewed in July 2020; the policy is placed on the Trust intranet for staff use. ✓ The Trust has a nominated FTSU Guardian which is supported by the	Significant	0	0	1



Section 1: Executive Summary

Control Objective	Review Highlights (✓ Positive Assurance, ! Action Required)	Assurance Level	Recommendations (Priority)		
			Major	Moderate	Minor
are aligned to NHS Guidance on Speaking Up.	<p>Deputy FTSU Guardian.</p> <ul style="list-style-type: none"> ✓ The FTSU Guardian role is an important role which acts as an independent and impartial source of advice to staff at any stage of speaking up, with access to anyone in the organisation, including the Chief Executive, or if necessary, outside the organisation. ✓ The Chief Executive is responsible for embedding a speak up culture and ensuring there is an effective system in place for employees to speak up. ✓ The Trust's Executive Director Lead for FTSU is the Chief Nurse, a Non-Executive Director lead for FTSU is also in place. ✓ The policy outlines the responsibility of senior managers and managers hold when dealing with FTSU concerns. ✓ Training for FTSU staff is received regionally by the National Guardians Office (NGO). Guardians have received training from the NGO and keep themselves updated with new requirements via the regional meetings. ✓ The FTSU group meets bi-monthly. This meeting is to update the FTSU group with any new updates from the NGO and also to discuss and monitor any ongoing FTSU concerns and issues. All FTSU meetings are supported by an agenda where the group discuss current NGO data, BTHFT data, training etc. ✓ The Trust submits quarterly reports to the NGO on the concerns raised, as evidenced. ✓ The policy is monitored through the FTSU group and a trend analysis of concerns raised and by which staff groups are shared with The People Academy on a quarterly basis. ✓ It was evident that a FTSU Quarter 1 2021/22 Report was presented at the BoD and The People Academy by the Chief Nurse. The report provided assurance on the following: <ul style="list-style-type: none"> - An update on FTSU and a trend analysis of concerns raised by staff group. - An update on the FTSU App data. - Equality monitoring data - Feedback received from staff that have raised concerns 				



Section 1: Executive Summary

Control Objective	Review Highlights (✓ Positive Assurance, ! Action Required)	Assurance Level	Recommendations (Priority)		
			Major	Moderate	Minor
	<ul style="list-style-type: none"> ✓ The FTSU Annual Report 2020/21 outlined the number of FTSU concerns that have been raised during 2020/21 at BTHFT, along with the main themes from these concerns and the groups of staff who have reported a concern. ✓ The required criteria for monitoring and reporting was found to be met in the annual and quarterly report to the BoD and The People Academy. ✓ The BTHFT Quality Account Report also included a section on FTSU and how to raise any concerns. ! The FTSU Meeting has a ToR in place, however it required updating as it was last reviewed in 2017. 				
Staff are aware of how to 'speak up'.	<ul style="list-style-type: none"> ✓ The FTSU topic is included as part of the Trusts staff induction. A PowerPoint presentation is delivered by the FTSU Guardian/Chief Nurse team. The team are in the process of filming the presentation as a video to be delivered by the FTSU Guardian. ✓ Departmental FTSU awareness and teaching sessions are held by the FTSU Guardian. FTSU is included as part of the 'Let's Talk Weekly Bulletin', information is updated as and when new guidance is issued by the NGO. ✓ The Trust recruited two additional FTSU Associate Guardians, this was part of the Trust's efforts to promote FTSU wider. ✓ The FTSU Policy includes a Standard Operating Procedure for raising and escalating concerns which is outlined in four steps for staff to follow. This is based upon the process defined in the national policy. ✓ The Trust promotes FTSU across the Trust via leaflets, bulletins and posters. A dedicated FTSU page is on the intranet where all information and contact details are available. Concerns can be raised in the following three ways: <ol style="list-style-type: none"> 1. By emailing the FTSU Guardian 2. Downloading the FTSU App 3. Contacting the FTSU Team directly by phone, writing or email. ✓ The intranet is continuously updated to reflect any changes or issue of new guidance issued by the NGO. ✓ In November 2020, the NGO developed training with Health Education England via an e-learning platform. It was recommended that all staff 	Significant	0	0	1



Section 1: Executive Summary

Control Objective	Review Highlights (✓ Positive Assurance, ! Action Required)	Assurance Level	Recommendations (Priority)		
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	<p>completed this training, however it isn't mandatory) Training is split into three levels:</p> <ul style="list-style-type: none"> • Speak Up – training module for all workers • Listen Up – training for Line Managers • Follow Up – training for Senior Managers <p>✓ The 'Speak Up' module was introduced at the end of 2020 with the Trust promoting this module via the intranet and twitter. The FTSU Group has asked for support at the Executive Team Meeting to encourage the clinical business unit staff i.e. General Managers, to take the training.</p> <p>✓ The 'Listen Up' module has recently been introduced, the Trust is in the process of promoting this e-learning training. The FTSU Team are encouraging departments to undertake the training. The final 'Follow Up' module will be launched later on this year.</p> <p>! It would be considered as best practice for the Trust to encourage and monitor the percentage of Trust staff that have completed the e-learning modules. Staff can access the training via ESR which will allow training to be monitored.</p>				
Robust processes are in place to investigate and escalate concerns.	<p>✓ The FTSU Team records the date the concern was received and whether the staff has requested confidentiality. If the concern requires an investigation, the FTSU team will identify someone independent to carry out the investigation. Some cases may require a different process to be followed i.e. grievance route, bullying/harassment would be dealt with by HR under their policy which would be commissioned by FTSU.</p> <p>✓ The FTSU information outlines the process to follow where an individual may feel their concern has not been fully addressed. The person can directly discuss the issue with the Chief Executive and Medical Director.</p> <p>✓ A review of the Quarter 1 2021-22 FTSU Report found:</p> <ul style="list-style-type: none"> – Total number of cases reported – 22 – Bullying and harassment - 9 – Raised anonymously – 3 – Values and behaviours – 6 – Other (unhappy with rota, shifts etc) - 4 <p>✓ A database is in place that logs every concern, every phone call/correspondence that comes to the FTSU Team. The database can</p>	High	0	0	0



Section 1: Executive Summary

Control Objective	Review Highlights (✓ Positive Assurance, ! Action Required)	Assurance Level	Recommendations (Priority)		
			Major	Moderate	Minor
	<p>only be accessed by three members of staff due to the highly confidential and sensitive nature of data it stores. A template has been designed to record all information relating to the progress of the concern which is in line with NGO guidance.</p> <ul style="list-style-type: none"> ✓ When a concern is raised a FTSU Guardian's role is to ensure that the member of staff is treated fairly during the process. ✓ Internal Audit reviewed the database, due to the sensitive nature of the information the database could not be shared. Two cases were reviewed by Internal Audit that confirmed that a comprehensive database was in operation and that a complete audit trail is kept for each case logged which is updated regularly. ✓ Following the completion of each case, the FTSU Guardian will seek feedback where two questions are asked on 'What has been your experience of speaking up?' and 'Would you speak up again?' ✓ The Quarterly FTSU Report outlines the feedback received from all cases that have been closed, the report noted that one feedback was received out of the 19 cases reported in Quarter 1, the feedback received was positive. The 2020-21 Annual FTSU Report noted three feedback responses which were all positive, from a total of 27 concerns raised. It should be noted that feedback is limited as most of the concerns raised are done so anonymously. ✓ A review of the Annual NHS Staff Survey noted the following: <ul style="list-style-type: none"> • Q17b - 'I would feel secure raising concerns about unsafe clinical practice'. In 2020, the Trust scored 73% against the national average score of 71.8%. • Q17c - 'I am confident that my organisation would address my concern'. In 2020, the Trust scored 60.5% against the national average of 59.1%. ✓ Actions have been taken to improve the speaking up/listening up culture through: <ul style="list-style-type: none"> • A standard agenda item is present on the FTSU Group to monitor the results of Annual Staff Survey when published. • The recruitment of two FTSU Associate Guardians, the guardians are from areas of the Trust that were currently not represented this 				



Section 1: Executive Summary

Control Objective	Review Highlights (✓ Positive Assurance, ! Action Required)	Assurance Level	Recommendations (Priority)		
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	will raise FTSU awareness.				
Learning from concerns is appropriately disseminated.	<p>✓ The process for identifying and disseminating lessons learned from concerns depends on the nature of the concern and the sharing of learning will be disseminated on a case by case basis. Due to the confidentiality of cases, sharing learning can be difficult. As an example, even a concern around the equity of rotas can become apparent where the initial concern was raised therefore cannot be shared. Broad issues are communicated via the 'Let's Talk Bulletin'.</p> <p>✓ Pre-Covid-19 the FTSU Guardian held 'FTSU Development Days' each month where FTSU scenarios were discussed with staff on a departmental basis. 'Back to Basics' FTSU sessions were also held every Friday for any member of staff to attend which involved different subject experts delivering the session, prior to Covid-19. FTSU sessions are held in departments where concerns have been raised in order to raise awareness. The majority of concerns raised are from ward based staff therefore the FTSU Team conduct sessions in these areas.</p> <p>! Internal Audit have advised that the learning and awareness sessions held prior to Covid-19 are re-commenced when practical to do so.</p>	Significant	0	0	1
Overall		Significant	0	0	3



Background Information

In July 2019 NHS Improvement and the National Guardian's Office reissued 'Guidance for boards on Freedom to Speak Up in NHS trusts and NHS foundation trusts.' The guidance is accompanied by a self-review tool and advises regular reviews of leadership and governance arrangements in relation to Freedom to Speak Up.

Bradford Teaching Hospitals NHS Foundation Trust is committed to delivering safe and high quality care to patients, tackling malpractice and wrongdoing and promoting a culture of constant improvement and self-awareness through effective risk management. The Trust is committed to promoting an open culture in which everyone can raise any concerns they may have and developing openness around safety incidents, discussing incidents promptly, fully and compassionately.

Staff have a right and a duty to raise any matters of concern they may have about the care or services delivered to patients and their relatives or carers, the management of care or services and the health, safety and welfare of employees.

Every manager has a duty to ensure that their staff are easily able to express their concerns and that any such concerns are dealt with promptly, thoroughly and fairly, including the submission of a response.

Following Sir Robert Francis' independent review set up in response to disquiet relating to how NHS organisations dealt with concerns raised by NHS staff and the treatment of staff involved, his final report was presented to the Secretary of State for Health in February 2015. This resulted in a 'standard integrated policy' being issued by NHS Improvement in April 2016. This policy serves as a minimum standard for all NHS organisations in England. Additionally, following the publication of the Francis Report, the role of Freedom to Speak Up Guardian was created, with the standard NHS contract requiring all trusts to appoint someone to this position. Those taking up the guardian role, work with trust leadership teams to create a culture where staff are able to speak up in order to protect patient safety and empower staff. A National Guardian is also in place and provides the Freedom to Speak Up Guardians with leadership and advice on best practice.

Key Risks

Key risks associated with this area include:

- Failure to comply with NHS Guidance as a result of inadequate oversight, unclear roles and responsibilities and inconsistent practices.
- Concerns are not raised.
- Failure to respond to staff concerns.
- Recurrence if required actions arising from concerns are not communicated.



Objectives & Scope

The objective of the review is to provide assurance to management and the Board that the Foundation Trust has effective processes in place to enable staff to raise a concern in accordance with the Trust's Speaking up Policy.

In order to meet this objective, the audit focused on the following key control objectives:

- There are effective governance arrangements in place supported by a robust policy and procedures which are aligned to NHS Guidance on Speaking Up.
- Staff are aware of how to 'speak up'.
- Robust processes are in place to investigate and escalate concerns.
- Learning from concerns is appropriately disseminated.

Methodology

The objectives of this review were achieved by:

- Discussions with the FTSU Guardian to gain an understanding of the system and confirm the controls in place;
- Review of the FTSU policies and procedures in place;
- Fieldwork will be undertaken to ensure controls are operating as expected.

Limitations

The report is based on the review work undertaken and is not necessarily a complete statement of all weaknesses that exist or potential improvements. Whilst every care has been taken to ensure that the information provided in this report is as accurate as possible, no complete guarantee or warranty can be given with regard to the advice and information contained. Our work does not provide absolute assurance that material errors, loss or fraud do not exist.

Responsibility for a sound system of internal controls and the prevention and detection of fraud and other irregularities rests with management and work performed by us should not be relied upon to identify all strengths and weaknesses in internal controls, nor relied upon to identify all circumstances of fraud or irregularity. Effective and timely implementation of our recommendations by management is important for the maintenance of a reliable internal control system.

Where information resulting from audit work is made public or is provided to a third party by the client or by Audit Yorkshire then this must be done on the understanding that any third party will rely on the information at its own risk. Audit Yorkshire will not owe a duty of care or assume any responsibility towards anyone other than the client in relation to the information supplied. Equally, no third party may assert any rights or bring any claims against Audit Yorkshire in connection with the information. Where information is provided to a named third party, the third party will keep the information confidential.

Public Sector Internal Audit Standards

Audit work undertaken by Audit Yorkshire conforms with the International Standards for the Professional Practice of Internal Auditing.

Report Circulation

Draft	Final		
	✓	Matthew Horner	Director of Finance
✓	✓	Karen Dawber	Chief Nurse
✓	✓	Sue Franklin	Associate Chief Nurse For Quality Improvement / Freedom to Speak Up Guardian
	✓	Laura Parsons	Associate Director of Corporate Governance/Board Secretary

Acknowledgement

The auditor is grateful for the assistance received from management and staff during the course of this review. The following members of the Audit Yorkshire team were involved in the production of this report:

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Audit Manager: Karina Rogers
Senior Auditor: Shamaila Hafiz

Date: 3 September 2021



Finding	Risk	Recommendation	Priority	Management Response	Responsible Officer	Target Date
<p>FTSU Meeting Terms of Reference</p> <p>The role and the responsibility of the FTSU Group should be clearly outlined in a Terms of Reference which should be updated on a timely basis.</p> <p>Discussion with the FTSU Guardian established that a Terms of Reference was in place however it required updating as it was last reviewed in 2017. The FTSU Guardian stated that the ToR would be updated in time for the September 2021 FTSU Meeting.</p>	<p>There is a risk that the role of the FTSU Group has changed which has not been accurately reflected on the ToR.</p>	<p>1. The FTSU Meeting Terms of Reference should be updated to reflect current role and responsibility of the group.</p>	<p>Minor</p>	<p>Agreed</p>	<p>Sue Franklin, Associate Chief Nurse For Quality Improvement / Freedom to Speak Up Guardian</p>	<p>31 March 2022</p>
<p>FTSU E-learning</p> <p>In November 2020, the NGO developed training with Health Education England via an e-learning platform. It was recommended that all staff completed this training (was not mandatory). Training is split into three levels:</p> <ul style="list-style-type: none"> • Speak Up – training module for all workers • Listen Up – training for Line Managers • Follow Up – training for Senior Managers 	<p>Risk that staff are not aware of the changes in FTSU practices.</p>	<p>2. The Foundation Trust should encourage and monitor the percentage of staff that have undertaken the FTSU E-learning modules as recommended by the National Guardian Office.</p>	<p>Minor</p>	<p>Agreed</p>	<p>Sue Franklin, Associate Chief Nurse For Quality Improvement / Freedom to Speak Up Guardian</p>	<p>31 March 2022</p>



Section 3: Schedule of Findings and Recommendations

Finding	Risk	Recommendation	Priority	Management Response	Responsible Officer	Target Date
It would be considered as best practice for the Trust to encourage and monitor the percentage of Trust staff that have completed the e-learning modules. Staff can access the training via ESR which will allow training to be monitored.						
<p>FTSU Staff Sessions</p> <p>FTSU staff sessions were held by the FTSU Guardian in departments prior to Covid-19; however since Covid-19 these sessions have been on hold.</p> <p>Internal Audit have advised that the learning and awareness sessions are recommenced as appropriate which the Trust is in the process of resuming.</p>	Risk that any concerns that should be raised by staff may not be raised in line with FTSU requirements.	3. The Foundation Trust should resume the FTSU awareness sessions that were held prior to Covid-19 when practical to do so.	Minor	Agreed.	Sue Franklin, Associate Chief Nurse For Quality Improvement / Freedom to Speak Up Guardian	31 March 2022



Audit Opinion

The following opinions provide management assurance in line with the following definitions:

Opinion Level	Opinion Definition	Guidance on Consistency
High (Strong)	High assurance can be given that there is a strong system of internal control which is designed and operating effectively to ensure that the system's objectives are met.	<p>The system is well designed. The controls in the system are clear and the audit has been able to confirm that the system (if followed) would work effectively in practice. There are no significant flaws in the design of the system.</p> <p>Controls are operating effectively and consistently across the whole system. There are likely to be core controls fundamental to the effective operation of the system. A High opinion can only be given when the controls are working well across all core areas of the system. For example with 'Debtors' the controls over identifying income, raising debt, recording debt, managing debt, receiving debt, etc. are all working effectively – there are no serious concerns. Note this does not mean 100% compliance. There could be some minor issues relating to either systems design or operation which need to be addressed (and hence the report may include some recommendations) – however these issues do not have an impact on the overall effectiveness of the control system and the delivery of the system's objectives.</p>
Significant (Good)	Significant assurance can be given that there is a good system of internal control which is designed and operating effectively to ensure that the system's objectives are met and that this is operating in the majority of core areas	<p>The system is generally well designed - but there may be weaknesses in the design of the system that need to be addressed.</p> <p>In addition most core system controls are operating effectively – but some may not be.</p> <p>Whilst any weaknesses may be significant they are not thought likely to have a serious impact on the likelihood that the system's overall objectives will be delivered.</p>



Opinion Level	Opinion Definition	Guidance on Consistency
Limited (Improvement Required)	Limited assurance can be given as whilst some elements of the system of internal control are operating, improvements are required in the system's design and/or operation in core areas to effectively meet the system's objectives	<p>The system is operating in part but there are notable control weaknesses.</p> <p>There are weaknesses in either design or operation of the system that may mean that core system objectives are not achieved.</p> <p>In terms of what differentiates a borderline Significant Opinion to a borderline Limited opinion – the main factors are the scale and potential impact of weaknesses found. Multiple weaknesses across a range of core areas would suggest a Limited Opinion level is applicable. However it also true that ONE weakness can suggest a Limited Opinion if it is fundamental enough to mean that a number of core system objectives will not be achieved.</p>
Low (Weak)	Low assurance can be given as there is a weak system of internal control and significant improvement is required in its design and/or operation to effectively meet the system's objectives.	<p>The audit has found that there are serious weaknesses in either design or operation that may mean that the overall system objectives will not be achieved and there are fundamental control weaknesses that need to be addressed.</p> <p>It should be borne in mind that Low Assurance is not 'No Assurance.' The key point here is that there is a good chance that the system may not be capable of delivering what it has been set up to deliver – either through poor systems design or multiple control weaknesses. The report will clearly state if 'No Assurance' is actually more applicable than low assurance.</p>

Where limited or no assurance is given the management of the Foundation Trust must consider the impact of this upon their overall assurance framework and their Annual Governance Statement.



Priorities assigned to individual recommendations

Individual recommendations are graded in accordance with the severity of the risk involved to the Foundation Trust. Audit Yorkshire has a standard definition for each level of recommendation priority. This is represented in the table below:

Grading	Definition	Guidance on Consistency
Major (High)	Recommendations which seek to address those findings which could present a significant risk to the organisation with respect to organisation objectives, legal obligations, significant financial loss, reputation/publicity, regulatory/statutory requirements or service/business interruption.	These are recommendations which aim to address issues which if not addressed could cause significant damage or loss to the organisation. The expectation is that these recommendations would need to be taken as a matter of urgency. These recommendations should have a high corporate profile – with a clear implementation tracking process in place, overseen by the Board or a Board level committee.
Moderate (Medium)	Recommendations which seek to address those findings which could present a risk to the effectiveness, efficiency or proper functioning of the system but do not present a significant risk in terms of corporate risk.	These are recommendations which if not addressed could cause problems with the safe or effective operation of the system being reviewed. The recommendations should have appropriate profile within the division or business area in which the system being considered sits and some profile at Board /Audit Committee level also. These recommendations should be carefully tracked to ensure that action reduces the risks found
Minor (Low)	Recommendations which relate to issues which should be addressed for completeness or for improvement purposes rather than to mitigate significant risks to the organisation. (This includes routine/housekeeping issues)	All other recommendations fall into this category. This includes recommendations which further improve an already robust system and housekeeping type issues.

