

Concerns and Grievance Final Internal Audit Report

March 2022

Public Health Wales NHS Trust

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Executive Summary

Purpose

The overall objective of the review was to evaluate and determine the adequacy of the systems and controls in place within the Trust for raising concerns and grievances in order to provide assurance that there are effective processes in place to manage the associated risks.

Overview

We have issued reasonable assurance on this area. The matters requiring management attention include:

- Producing a supplementary procedural guide for managers to process staff concerns.
- Awareness and training of the revised procedure for staff to raise concerns.
- Ensuring that the database for capturing staff concerns and grievances are in line with policies, and key timeframes are reported against.
- Re-establishing reporting arrangements for both staff concerns and grievances.

Other recommendations / advisory points are within the detail of the report.

Report Classification

Reasonable



Some matters require management attention in control design or compliance.

Low to moderate impact on residual risk exposure until resolved.

Assurance summary¹

Assurance objectives		Assurance
1	Documented Procedures	Reasonable
2	Training and awareness	Reasonable
3	Adequate arrangement for capturing concerns and grievances	Reasonable
4	Promptly investigated	Limited
5	Trends and themes	Substantial
6	Reporting arrangements	Reasonable

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

Key Matters Arising		Assurance Objective	Control Design or Operation	Recommendation Priority
1	Lack of Concerns procedural guidance supplementary	1	Design	Medium
2	Raising Concerns Training	2	Operation	Medium
3	Staff Concerns Log	3	Design	Medium
4	Updating facilitated conversations database	4	Operation	Medium
5	Reporting Arrangements for concerns and grievances	6	Design	Medium

1. Introduction

- 1.1 Our review of the raising concerns and grievances process was completed in line with Public Health Wales NHS Trust's (the 'Trusts' of the 'organisation') Internal Audit Plan for 2021/22. The review sought to provide the Trust with assurance that there are effective processes in place to manage the risks associated with raising concerns and grievances.
- 1.2 An NHS all Wales Respect and Resolution policy was published in April 2021, that constitutes a formal grievance policy for organisations. The policy's aim is to '*secure constructive and lasting solutions to workplace disagreements, conflicts and complaints.*' The policy details the processes to follow for informal resolution and formal request for resolution. A flowchart is included within the policy detailing the process to follow when an issue is raised. Staff within the Trust have been provided with training on the policy.
- 1.3 In addition, there is an all Wales procedure for NHS staff to raise concerns (formerly called whistleblowing). Responsibility for this rests with the Board Secretary and Head of Board Business Unit. The aims of the procedure are:
- To encourage staff to discuss concerns and safety issues as soon as possible, in the knowledge that their concerns will be taken seriously and acted upon as appropriate.
 - To encourage staff to report more serious concerns and suspected wrongdoing as soon as possible, in the knowledge that their concerns will be taken seriously and investigated as appropriate, and where requested that their confidentiality will be respected.
 - To provide guidance as to how to raise those concerns.
 - To assure staff that they should be able to raise genuine concerns without fear of reprisals, even if they turn out to be mistaken.
- 1.4 Responsibility for the Respect and Resolution policy rests with the People and Organisational Development Directorate and any concerns or grievances that are received from staff are logged on the People and OD Directorate's People Support + system. The number of calls, the directorate that is making the call and the nature of the call is monitored within the People and OD Directorate. All grievances are managed by the HR Advisory team via a spreadsheet, and regular weekly case management meetings are held.
- 1.5 The relevant leads for this review were the Director of People and Organisational Development, and the Board Secretary and Head of Board Business Unit.
- 1.6 The potential risks considered in this review were as follows:
- Management responsibilities and arrangements are poorly defined resulting in the failure to escalate issues.
 - Managers and senior officers with responsibility for dealing with issues have not received appropriate training and issues are dealt with inconsistently or not resolved at an early stage.

- Learning from concerns and grievances does not take place meaning improvements in quality does not happen.
- Reputational damage to the Trust or an individual.

2. Detailed Audit Findings

Objective 1: Standard Operating Procedures are in place for raising concerns and grievances to promote a consistent approach to investigations and subsequent learning and are aligned to the All-Wales policy

- 2.1 The all Wales Procedure for NHS Staff to Raise Concerns has been in circulation since 2018 and was updated in May 2021. The Trust has further developed the procedure, which was taken to the Business Executive Team (BET) in December 2021, and approved by the People and OD Committee in February 2022. The procedure that is currently on the Trust's intranet is the 2018 version. (Matter Arising 6 – Low Priority)
- 2.2 There are no supplementary procedure documents in place to guide managers when a staff concern is raised. The development of such local arrangements to support this procedure was highlighted as a requirement by management in both the 2018 and 2021 versions of the procedure but remains outstanding. (Matter Arising 1 – Medium Priority)
- 2.3 The procedure applies to all employees and provides staff with guidance on raising staff concerns. The revised version of the procedure now directs the reader to other Trust policies and procedures including the Putting Things Right policy and Respect & Resolution Policy.
- 2.4 The Respect and Resolution policy was developed on a national level in partnership with Trade Unions and issued in April 2021. The policy supersedes the Grievance Policy and Dignity at Work Process. The policy is available to all staff and can be accessed via the staff intranet site.
- 2.5 The new policy has informal mechanisms in place to ensure that, where appropriate, issues can be addressed informally, without the need to escalate to the formal grievance stage. The Trust have introduced 'Cuppa Conversations' and 'Facilitated Conversations' with trained volunteer facilitators who work within the Trust. Staff also have the option to access accredited mediations before opting for the formal request for resolution.

Conclusion:

- 2.6 All Wales procedures are in place for raising concerns and grievances, but the earlier, 2018, version of this policy remains on the intranet. There is no supplementary procedure in place to support managers, which was a requirement of the procedure in 2018. The Respect and Resolution Policy is available to all staff. (Reasonable Assurance)

Objective 2: Designated contacts responsible for the handling of staff concerns and grievances are aware of their responsibilities and have received adequate training to deal with concerns and grievances appropriately.

- 2.7 The Trust's Board Secretary and Head of Board Business Unit has overall responsibility for the handling of staff concerns. There is a procedural flowchart, which confirms that initial conversations should be held informally with appropriate managers and escalated to a designated senior manager if the issue has not been resolved.
- 2.8 When the all Wales Procedure for NHS Staff to Raise Concerns was initially launched, the awareness campaign and the training of staff was not fully 'rolled out'. While training plans were in place pre-pandemic, and an awareness session was delivered with the Senior Leadership Team, the remainder of the plan was paused due to the pandemic. It has been acknowledged by the Board Secretary and Head of Board Business Unit that there is a need to better promote this procedure and also have a plan to provide training. (Matter Arising 2 – Medium Priority)
- 2.9 The Respect and Resolution policy has various sections explaining the purpose of the policy and how to use it, the process for informal and formal requests, and how to learn from the events. The policy also includes a flowchart detailing the process.
- 2.10 We note that a dedicated Share Point page is being created for the policy that will have resources for line managers, such as conversation prompts and testimonies to assist staff in the process.
- 2.11 The Trust has facilitators that have been trained to discuss grievance issues with staff. We have confirmed that they have access to the policy.
- 2.12 We understand that an external company will provide bespoke training for line managers on the skills required to manage the grievance process.
- 2.13 Currently, staff within the people and OD team carry out awareness sessions of the respect and resolution procedure for staff when requested, but we note that a more formalised plan will be developed going forward. The Board Secretary and Head of Board Business Unit also intends to provide additional slides to the training session that will inform staff of the procedure for raising a concern.

Conclusion:

- 2.14 The All-Wales procedure for staff to raise concerns has not been well promoted and there has been limited staff training of the policy. There are facilitators in place who have received training in line with the Respect and Resolution Policy. (Reasonable Assurance)

Objective 3: Adequate arrangements are in place for capturing all concerns and grievances within the Trust.

- 2.15 Staff concerns that go through the formal route of the process should be recorded on the 'Staff Concerns Log' that is maintained by the Board Secretary and Head of Board Business Unit. To date no concerns have been raised and no cases have been recorded on the log.
- 2.16 The 'Staff Concerns Log' has not been designed to include the key dates of the stages within the concerns process. (Matter Arising 3 – Medium Priority)
- 2.17 People and OD maintain a spreadsheet of grievances. Since the introduction of the Respect and Resolution policy they have recorded the dates of facilitated meetings and the identifiable officer.
- 2.18 The Trust has recently purchased an Employment Relations (ER) Tracker system, which will enable them to manage their formal ER cases. We understand that this will be implemented in March 2022.

Conclusion:

- 2.19 The staff concerns log did not record stages and timescales in line with the all Wales concerns procedure. Grievances are captured using two different databases: informal cases, that involve facilitated conversation, is recorded on a spreadsheet; whereas formal cases will move to the new ER Tracker system. (Reasonable Assurance)

Objective 4: Concerns and grievances are promptly investigated in full with accurate records created and retained and where applicable additional action taken.

- 2.20 There are seven 'grievance' calls logged on the facilitated conversations database, with each case supported by one of the Trust facilitators.
- 2.21 However, our review of the facilitated conversation spreadsheet identified some incomplete information. For example, we saw instances where meeting information was not complete. We also note that key date monitoring indicators are not included in the spreadsheet, which would be valuable in highlighting whether they are at risk of exceeding their target dates. (Matter Arising 4 – Medium Priority)
- 2.22 The Employee Relations spreadsheet, that records formal grievances, has not been updated to incorporate the key timeframes identified in the new policy. As such, we were unable to carry out any testing to establish if they are compliant with the process. We note that the new ER Tracker system, will include this data so tracking and monitoring against the policy should be more effective. (Matter Arising 4 – Low Priority)

Conclusion:

- 2.23** The facilitated conversations database did not record the timescales for undertaking the monitoring of the grievances. We were unable to test the timeliness of formal grievances as the key timeframes were not recorded but this will be resolved with the new ER Tracker system. (Limited Assurance)

Objective 5: Analysis of concerns and grievances takes place allowing trends or themes to be identified, follow up actions to be monitored, and the regular sharing of learning within the Trust.

- 2.24 At the time of our fieldwork there had not been any reported cases of concerns so we have not been able to look at the approach taken by management to analyse trends and themes. However, we note a planned approach has been developed that will be used going forward.
- 2.25 Each grievance case is allocated a case manager who is responsible for monitoring and following up any actions. Additional support is provided to the case manager if a case goes to a hearing, and it is their role to provide feedback and follow up any actions.
- 2.26 The People and OD team have regular operational meetings, which include a focus on ER cases. Live cases are considered and support identified, such as actions that need to be taken to move the case forward, trends and themes, and lessons learnt are shared.
- 2.27 As part of the 'Facilitated Conversations' the facilitators complete a reflection document which is shared with the Facilitation Network. The document records what went well with the process so that learning can be undertaken. Facilitators also meet regularly with People and OD colleagues to share best practice.

Conclusion:

- 2.28 ER grievance cases are reviewed by staff within People and OD including trends and themes. Facilitators complete a reflection document of any grievances they are involved with detailing what went well. (Substantial Assurance)

Objective 6: Reporting arrangements are in place and sufficient and accurate data is provided to the Board and appropriate committees.

- 2.29 While identified concern cases should be reported to the People and OD Committee, at the time of our fieldwork there had not been any reportable cases. However, we consider good practice to report a nil return to the Committee. (Matter Arising 5 – Medium Priority)
- 2.30 Since the Respect and Resolution policy has been introduced the number of grievances has not been reported to People & OD Committee or to the Board. The department is reviewing what data to produce and how to present it. (Matter Arising 5 – Medium Priority)

Conclusion:

- 2.31 The reporting of staff concerns, and grievances are not being reported to any committee or Board. Consideration must be given to what information is reported and how often the data is presented. (Reasonable Assurance)

Appendix A: Management Action Plan

Matter Arising 1: Lack of Concerns supplementary procedural guidance (Design)	Impact
<p>The Trust has no supplementary guidance notes to support the procedure for staff to raise concerns. Supplementary guidance notes would enable those that are responsible for dealing with staff concerns to have clear instructions on how concerns should be investigated and when and how to appropriately escalate concerns raised.</p> <p>Without guidance, line managers need to enquire how to record and investigate a concern (whether informal or formal), which can result in an inconsistent approach from recording to investigating a concern.</p>	<p>Potential risk of:</p> <p>Staff are unaware of the process for dealing with staff concerns and issues could be dealt with inconsistently or not resolved at an early stage.</p>
Recommendations	Priority
<p>1.1 The Trust should ensure that those responsible for investigating and reporting concerns are provided with supplementary procedure notes to ensure that when a concern is raised that these are consistently and appropriately dealt with in line with the requirements of the policy.</p> <p>The Public Concerns at Work (PCaW) Best Practice guidance recommends:</p> <p>Gauging the seriousness: <i>Provide clear guidelines to managers around how to understand the nature of the concern and when and how to keep a written record of it.</i></p> <p>Introduce whistleblowing resources: <i>Consider specific resources, training, forums or surveys for managers around receiving, handling and recording concerns.</i></p> <p>Engage with the key whistleblowing contacts <i>for their feedback on receiving concerns and the effectiveness of arrangements generally.</i></p>	<p style="text-align: center;">Medium</p>

Agreed Management Action	Target Date	Responsible Officer
<p>1.1 Recommendation accepted. Guidance will be produced and made available to staff via the Intranet page and for managers via training opportunities.</p>	<p>Completed by 31 May 2022</p>	<p>Board Secretary and Head of Board Business Unit</p>

Matter Arising 2: Raising Staff Concerns training (Operating)		Impact
<p>Initial training plans for the Procedure for Staff to Raise Concerns were in place but not implemented due to the pandemic. We understand that training will be provided to line managers through 2022/23 as part of the implementation plan that was presented to the February meeting of the People and OD Committee.</p>		<p>Potential risk of: Managers and senior officers have not received appropriate concerns training and therefore issues could be dealt with inconsistently or not resolved at an early stage.</p>
Recommendations		Priority
<p>2.1 The Trust need to ensure that appropriate training is provided to those staff involved with investigating concerns in line with a clear timescale, so that the procedure is consistently applied and concerns are correctly classified.</p>		<p>Medium</p>
Agreed Management Action	Target Date	Responsible
<p>2.1 Recommendation accepted. Training and guidance information will be cascaded to line managers throughout 2022/23 using a variety of mechanisms, where possible in partnership with People and OD colleagues.</p>	<p>Completed by 31 March 2023</p>	<p>Board Secretary and Head of Board Business Unit</p>

Matter Arising 3: Staff Concerns Log (Design)		Impact
<p>The Trust has a central database (Staff Concerns Log) in place for recording staff concerns, but there have been no registered concerns to date. We are not clear how long the log has been in place, but note that it has recently been updated to reflect the requirements of the updated all Wales concern procedure. The log could be further enhanced to ensure that each stage of the process and the recommended timeframes that have been identified in the procedure are recorded. For example, the procedure states that, should a concern proceed to the beginning of the formal stage (Stage 2):</p> <ul style="list-style-type: none"> • Senior managers should meet with the individual raising the concern within <i>seven working days</i>. • If an internal investigation takes place this will be undertaken as quickly as possible (<i>usually within 28 days</i>). <p>These dates should form part of the spreadsheet to ensure that concerns are managed and monitored in line with the procedure.</p>		<p>Potential risk of:</p> <ul style="list-style-type: none"> • Concerns are not being managed timely due to key dates and stages of the concerns process not being recorded on the staff concerns log.
Recommendations		Priority
<p>3.1 The Trust should ensure that the method of logging concerns reflects the requirements of the procedure and that key dates and stages of the process have been considered and recorded on the database.</p>		<p>Medium</p>
Agreed Management Action	Target Date	Responsible Officer
<p>3.1 Recommendation accepted.</p> <p>The staff concerns log will be amended to ensure all relevant information is captured.</p>	<p>31 March 2022</p>	<p>Board Secretary and Head of Board Business Unit</p>

Matter Arising 4: Grievance databases (Operating)	Impact
<p>People and OD maintain two separate spreadsheets for recording grievances; the Facilitated Conversations database; and the Employee Relations spreadsheet. Our review of the Facilitated Conversations database showed that there have been seven calls logged since the new policy was introduced in June 2021. Of the seven cases, two meetings were not held as the grievances were escalated to the formal stage of the process, but for the remaining five cases:</p> <ul style="list-style-type: none"> • Two cases did not have a meeting date recorded onto the database. As such, more than 60 days had passed since they were first logged, but no meeting had taken place. • For the remaining three cases the initial meetings were appropriately arranged within 30 days of when the call was first received, in line with the performance measure. • We also note that two of the cases within the sample did not include the 'other party' information, so the spreadsheet was incomplete. <p>We also identified some improvements that could be made to the spreadsheet. If key timeframes such as the date from when the call was first made to when the facilitator makes first contact is recorded, and also when the facilitated meeting takes place, this may help the People and OD team to ensure grievances are dealt with promptly.</p> <p>We also looked at the Employee Relations spreadsheet. Five formal grievance cases had been recorded since the new policy has been in place. Key dates that have been identified in the new policy were not included on the spreadsheet. Currently, the spreadsheet records the date a case is logged and the date of the hearing. Moving to the new ER Tracker system may address these issues and may enable the People and Organisational Development department to keep track of key dates/stages of the process. Therefore, testing the database to the agreed timeframes and required information shown on the process flowchart was not carried out as the information on the current database was insufficient.</p>	<p>Potential risk of:</p> <ul style="list-style-type: none"> • Reputational damage to the Trust or an individual.

Recommendations		Priority
<p>4.1a The Trust should ensure that the method of logging grievances reflects the requirements of the policy and that key dates and stages of the process have been considered and recorded on the facilitated conversations database.</p> <p>4.1b Management should ensure that sections of the facilitated conversations database are fully completed.</p>		Medium
<p>4.2a Management need to ensure that when the new ER Tracker system is installed that key dates are included within it to enable staff keep track of key dates and stages of the process.</p>		Low
Agreed Management Action	Target Date	Responsible Officer
<p>4.1a Recommendation accepted</p> <p>The database capturing informal facilitated conversations will be updated to capture relevant dates as detailed in the policy</p>	31 March 2022	Director of People & Organisational Development
<p>4.1b Recommendation accepted</p> <p>This database to be updated retrospectively and People & OD colleagues reminded of the need to capture all relevant information</p>	31 March 2022	Director of People & Organisational Development
<p>4.2a Work is currently underway with the provider of the new case management system to ensure that all key timeframes required as part of any formal grievance are mapped out in line with the policy</p>	30 June 2022	Director of People & Organisational Development

Matter Arising 5: Reporting arrangements for concerns and grievances (Design)	Impact
<p>Since the Respect and Resolution Policy was introduced in June 2021, performance data for grievances have not been reported to the People and OD committee. While we note that People and OD is considering what data to produce and how to present it. The implementation of the new ER System March 2022 will allow the Trust to produce more accurate and meaningful data.</p> <p>While staff concerns are also reported to the People and OD Committee, no performance data has been presented. However, reporting 'no' cases to the committee provides a complete and unambiguous position.</p>	<p>Potential risk of:</p> <ul style="list-style-type: none"> • Poor practice in the Trust may go unchallenged which may compromise the safety of service users and staff.
Recommendations	Priority
<p>5.1 The Trust should ensure that there is an appropriate process in place for reporting staff concerns raised and grievances.</p> <p>The Trust should consider what information should be reported. This could include Performance figures on progress against investigating concerns. For example, Number of days from receiving the concern to appointing an investigating officer; Number of days from appointing an investigating officer to completing the investigation; Number of days spent investigating the concern; Percentage of concerns investigated and concluded; Percentage of concerns by directorate / department / service area. They should also report when 'no cases' have been reported to the committee.</p> <p>The Public Concerns at Work (PCaW) Best Practice guidance recommends:</p> <p>Specific audits: <i>Decide how often reports should be made to an Executive Committee or the Board and think about what information they can usefully receive and review.</i></p>	<p>Medium</p>



Agreed Management Action	Target Date	Responsible Officer
<p>5.1 Recommendation Accepted.</p> <p>An annual report regarding raising concerns will be provided to the People and Organisational Development Committee, work will be undertaken in the year to determine what information should be contained in the report.</p> <p>A review of the Respect and Resolution policy will be undertaken in June 2022 when the policy will have been in place for twelve months. A subsequent report will be taken to People and Organisational Development Committee. Any report will need to have due regard for confidentiality of individuals.</p>	By 31 March 2023	<p>Board Secretary and Head of Board Business Unit</p> <p>Director of People & Organisational Development</p>

Matter Arising 6: Out of date procedure (Operating)		Impact
The all Wales procedure for concerns on the Trust's intranet is out of date. The Trust's revised version of this procedure was presented and approved at the People and OD Committee in February 2022. The covering report acknowledges that the intranet is to be updated and awareness of it to be raised.		Potential risk of: Staff are unaware of the policy and therefore unclear how to report an issue.
Recommendations		Priority
6.1a Management must ensure that staff are made aware of the revised policy via the staff and manager bulletins and update the intranet pages.		Low
Agreed Management Action	Target Date	Responsible Officer
6.1a Recommendation accepted Intranet pages will be updated and a communication sent to all Staff via the Staff News and Managers News informing them of the revised procedure for raising concerns	30 March 2022	Board Secretary and Head of Board Business Unit

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.
	No 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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