



EAST OF ENGLAND AMBULANCE SERVICE

Freedom to Speak Up

Final Internal Audit Report: 1.25/26

4 November 2025

This report is solely for the use of the persons to whom it is addressed.

To the fullest extent permitted by law, RSM UK Risk Assurance Services LLP will accept no responsibility or liability in respect of this report to any other party.

CONTENTS

Audit outcome overview	3
Summary of management actions	8
Detailed findings and actions	10
Appendix A: Categorisation of findings	14
Appendix B: Scope	15

AUDIT OUTCOME OVERVIEW

In line with our scope, included at Appendix A, the overview of our findings is detailed below.

Background: We have conducted a review of the Freedom to Speak Up (FTSU) arrangements at East of England Ambulance Service as part of the agreed internal audit plan. The purpose of the audit was to provide assurance to the Trust regarding the effectiveness of its controls, specifically focusing on the policies and procedures, the training provided to all staff on the Freedom to Speak Up process, and the communication channels available to staff. The audit also reviewed how concerns raised were investigated, the outcomes of those investigations, and whether any lessons learned were captured.

The Trust has a Freedom to Speak Up Policy, which states that if a staff member has a concern about patient care or any issue affecting their working life such as procedures not being followed, feeling discriminated against, or experiencing behaviours that impact their well-being they are encouraged to speak to their supervisor or line manager, a Freedom to Speak Up Guardian (via Guardian Services Limited), or a member of the Patient Safety, Governance, or Health and Safety Teams.

The Trust has three training modules that are required to be completed; Freedom to Speak Up, Listen Up and Follow Up, which is available via the Trust Electronic Staff Records Online Learning Management system. The Freedom to Speak Up module is required to be completed by all employees and workers with Electronic Staff Record access. Additionally, all managers are required to complete the Listen Up module and senior leaders are required to complete the Follow Up module. The Trust's Electronic Staff Records system is set up to automatically send out reminders to staff that have not completed the training modules.

In August 2024, the Trust commissioned an external provider, Guardian Services Limited (GSL), as an independent and confidential way for their staff to raise concerns and for the Guardian Service Limited Guardians to assist staff in voicing any patient safety or employment issues. If possible the Guardians would look to advise and resolve concerns raised by staff, and where this is not possible the Guardians raise the concern with the Chief of Staff and the Chief Executive. The Guardian Services also generate monthly Activity Reports, which are reviewed during the Guardian Monthly Feedback meetings, and provide Interim Reports to the Raising Concern Forum. The Guardian Service is tasked with presenting Annual Reports to the Board, detailing various FTSU themes and concerns.

Having assessed publicly available information in relation to the Trust, thematically the Trust is improving its speak-up culture, with increased case volumes (20% year on year) and board engagement, however it does still face similar challenges to other ambulance trusts: bullying, fear of retaliation, and leadership gaps being common concerns raised. Bullying/harassment & inappropriate behaviour made up 31% of concerns, whilst there are clear seasonal spikes with quarter 4 seeing more cases due to winter pressures and restructuring.

Conclusion: The Trust, with the support of the Guardian Services, has established mechanisms to encourage staff to raise concerns and help identify thematic concerns within the Trust. This is evidenced by an increase in the number of concerns raised. We noted that the Trust had clear communication channels in place to support staff in speaking up, including posters, leaflets, and dedicated intranet pages. A Freedom to Speak Up Policy was in place, and Guardian Services Limited provided the Trust with regular reports detailing the number of concerns raised, thematic trends, and case closure rates.

However, we identified areas of non-compliance that required attention. The Trust had two Directorates at organisational level five and 10 at level six that were below the Trusts 85% training compliance threshold. Further testing across the three training modules revealed multiple areas across the Trust's organisational levels that were below the compliance levels ranging from zero to 83% compliant.

Additionally, the Trust did not have defined and documented processes to capture lessons learned or the actions taken in response to concerns raised.

Internal audit opinion:

				<p>Taking account of the issues identified, the board can take reasonable assurance that the controls upon which the organisation relies to manage this risk are suitably designed, consistently applied and effective.</p> <p>However, we have identified issues that need to be addressed in order to ensure that the control framework is effective in managing the identified risk(s).</p>
Minimal Assurance	Partial Assurance	Reasonable Assurance	Substantial Assurance	

Audit themes: We identified the following issues and weaknesses resulting in the agreement of one high and one medium priority management action:

Staff Training

The Trust has established mandatory e-learning for Freedom to Speak Up, with all employees and workers with ESR access being required to complete the Speak Up module, all managers being required to complete the Listen Up module and all senior leaders being required to complete the Follow Up module. We confirmed through review of a compliance summary report that there were two Directorates at Organisational level five and 10 Directorates at Organisational level six that were below the 85% compliance target. **(Medium)**

Lessons Learnt

A biannual report is presented to the Trust which contained strategic recommendations which included the Trust improving awareness on neurodiversity, the requirement for staff to complete the Freedom to Speak up modules, and having a more timely response to employee relations concerns, to the Trust. However, the Trust does not have a defined process in place to capture any lessons learnt from the concerns raised and does not share the steps that have been put into place as a result of the concerns. **(High)**

We identified the following areas where controls were well-designed and consistently applied:

Communication Channels

The Freedom to Speak Up Policy documented the mechanisms in place for the Trust's staff to raise concerns which included speaking to the independent and confidential Guardians. We confirmed that the Guardians provided both print and digital posters, and leaflets to the Trust which documented the services offered. We also confirmed that the Trust maintained dedicated FTSU page on the intranet.

Promoting Freedom to Speak Up

Through review of the publication on the East24 communications page, we confirmed that the article documented that the FTSU Guardians offered three online drop in sessions during July and August 2025 to the Trust's staff so they could learn more about the GSL and reinforce that the Guardians were there to listen confidentially and without judgement. .

We were advised by the Head of Communications that there were 220 attendees within the June Senior Leaders briefing and 175 attendees within the Executive Q and A in August 2025.

Whilst we note this, as the Senior Leaders brief was not recorded or minuted, we could not confirm the contents of the meeting and how the Trust received the information presented by the guardians.

Raising Concerns

We were advised by the Chief of Staff that when a staff member has a concern that they wish to discuss, they have the ability to speak to one of the guardians from Guardian Service Limited who would then look to resolve the concern. This could be in the form of the guardian signposting the staff member to the correct Trust policy, raising the concern informally within the Trust, or introducing the staff member to another manager within the Trust.

The guardians hold touch point meetings with the staff member until the concern is resolved. Due to the concerns being outsourced we were unable to review evidence and therefore could not provide assurance over the processes in place.

Escalation of Concerns

Through review of the Freedom to Speak Up Policy we noted that it documented the steps that the Trust would take towards resolution which included referral to HR policies, referral to patient safety process and other types of appropriate investigation/mediation.

Through review of three sets of Guardian Activity Reports, June to August 2025, we noted that they documented how many cases had been raised and closed monthly, annually and if the case had been escalated back to the Trust. From review of the Guardian Service reports, we confirmed dates of contact and the job title of the person the concern was escalated to at the Trust where noted, with organisation response time, and any actions taken.

For a sample of ten cases that had been escalated to the Trust, we sought to obtain evidence to support the closure of the case and if the investigation had been reported to the Chief of Staff and Chief Executive as relevant, however we were not provided with evidence as a log of escalations is not kept centrally by the Trust. Through discussion with the Chief of Staff, we were advised that due to the concerns being outsourced to the GSL and the need for confidentiality and independence, the Trust did not wish to retain evidence to support the closure of the concerns.

Through discussion with the GSL, we were advised that evidence of the concerns were retained for six months due to data protection, and that the confidentiality and security of the communications with both the staff members and Trust leadership are of paramount importance to internal governance and policies. The evidence substantiating case closures primarily exists in the form of email correspondence and verbal discussions conducted through Teams meetings.

Additionally, the GSL do not provide the particular case number to the Trust whilst discussing the concerns to protect anonymity and confidentiality, and if the concern is not raised anomalously, the GSL liaises with the staff member to confirm that they feel that the Trust had dealt with the concern appropriately.

Due to this, we were unable to review evidence and therefore could not provide assurance over the processes in place.

Guardian Service Limited Reports

We reviewed three sets of Guardian Activity Reports, June to August 2025, and confirmed that they all documented key information in relation to FTSU.

We noted that within the August report, it documented that there had been a total of 84 cases year to date, with 61 marked as open and 23 as closed. Additionally, the report included thematic themes of the concerns broken down by month, year to date, cases by theme and by directorates.

We also confirmed that the GSL produced an annual report for the Trust. This report provided details on the number of cases, key themes, a breakdown on the confidentiality and escalation routes, an assessment of the themes, action taken to improve the FTSU culture and suggested areas for learning and improvements based on the concerns raised.

Trust Board

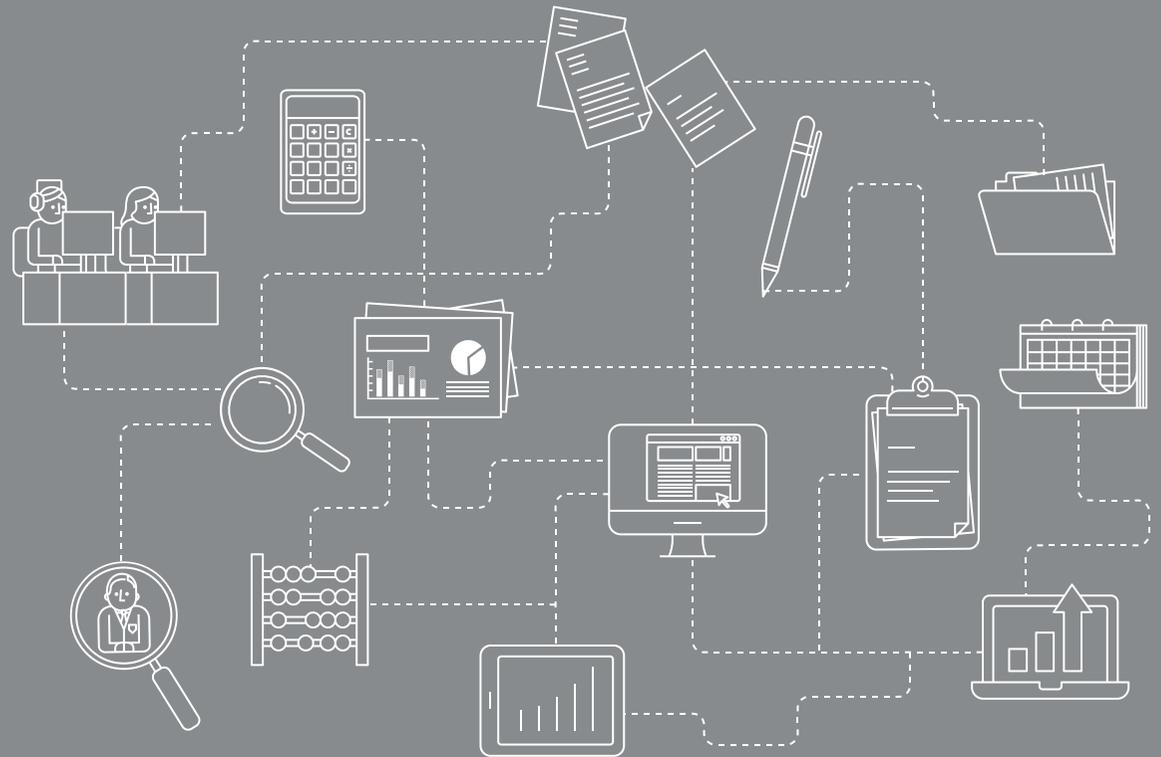
We reviewed three sets of minutes and reports, May to September 2025, and confirmed that FTSU was discussed and scrutinised in all three meetings. This included reviewing the Freedom to Speak Up Report, the number of cases raised, the thematic themes of the cases, challenging the response rates to concerns and if the guardians felt that they were being supported by the Trust.

We confirmed that within the September Freedom to Speak Up Report, it documented that there had been 63 concerns raised which was broken down into various themes which included system processes (26 concerns), management issue (18 concerns), behavioural/relationship (seven concerns), worker safety (three concerns), discrimination/inequality (three concerns) sexual misconduct (two concerns), other (two concerns), bullying and harassment (one concern) and patient and service user safety/quality (one concern)

Additionally, we noted that the minutes documented recommendations that had been raised by the guardians.

Summary of Actions for Management

01



SUMMARY OF MANAGEMENT ACTIONS

The action priorities are defined as*:

High

Immediate management attention is necessary.

Medium

Timely management attention is necessary.

Low

There is scope for enhancing control or improving efficiency.

Ref	Action	Priority	Responsible Owner	Date
1	The Trust will revise the Freedom to Speak Up Policy to clearly define the roles and responsibilities of staff involved in the Freedom to Speak Up process.	Low	Chief of Staff	31 December 2025
2	A monthly reminder email will be distributed to the Directorates that have not completed the Freedom to Speak Up training modules, with a summary of exceptions. Non-compliance will be escalated within the governance structure.	Medium	Chief of Staff	31 March 2026
3	The Trust will develop and implement a formal process for capturing and sharing lessons learned from concerns raised through the Guardian service, in alignment with the broader PSIRF.	High	Chief of Staff	31 March 2026

* Refer to Appendix B for more detail

Detailed Findings and Actions

02



DETAILED FINDINGS AND ACTIONS

This report has been prepared by exception. Therefore, we have included in this section, only those areas of weakness in control or examples of lapses in control identified from our testing and not the outcome of all audit testing undertaken.

Freedom to Speak Up Policy

Control	<p>The Trust has a Freedom to Speak Up Policy, dated October 2024 and due for review in October 2025, in place to provide a minimum standard to help normalise speaking up for the benefits of patients and workers, and ensure that all matters raised are captured and considered appropriately.</p> <p>The policy outlines the topics staff can raise concerns about, identifies who they can speak to, and explains the process for speaking up.</p>	Assessment:	
		Design	✓
		Compliance	×

Findings / Implications

We noted that the Policy documented what areas can be spoken about and the individuals who staff can speak to, which included the independent and confidential guardian service, the Patient Safety Team, the Governance Team, the Health and Safety Team, an HR representative and the executive lead and non-executive director responsible for FTSU.

We also confirmed that the policy outlined the processes that the Trust would undertake when a staff member speaks up, this included the signposting the individual to health and wellbeing support, the steps towards resolution, and the outcome of the concerns raised.

Additionally, we noted that the policy documented the training module Freedom to Speak up: Speak Up being made available to staff. However, we noted that the Policy did not document the roles and responsibilities of individuals within the Trust. Without documented roles and responsibilities, there is a risk of confusion, inconsistent handling of concerns, and weakened accountability.

Management Action 1	The Trust will revise the Freedom to Speak Up Policy to clearly define the roles and responsibilities of staff involved in the Freedom to Speak Up process.	Responsible Owner: Chief of Staff	Date: 31 December 2025	Priority: Low
----------------------------	---	---	----------------------------------	-------------------------

Training

Control	<p>The Freedom to Speak Up Policy details the three training modules, Freedom to Speak up: Speak Up, Listen Up and Follow Up, being available on OLM as part of the Trust staff compliance and competency.</p> <p>The policy details that all employees with ESR access are required to complete the Speak Up module. Additionally, all managers are required to complete the Listen Up module and senior leaders are required to complete the Follow Up module. The Trust have a compliance rate target of 85%. The ESR system is set up to automatically send reminders to staff.</p>	Assessment:	
		Design	✓
		Compliance	×

Training

Findings / Implications

We reviewed the Freedom to Speak Up training contents including the Speak Up, Listen Up, and Follow Up, which was developed by NHS England. We confirmed that the training content included how the Trust could foster a speak up and listen up culture, what speak up is and why its welcome, how to speak up and confidentiality and the role of the Guardian and the National Guardians Office and supporting speaking up and listening well.

Through review of the Freedom to Speak Up Compliance Summary Report, dated September 2025, which was derived from the Trust's training system, it documented both the overall and individual compliance rates for the Directorates across the four organisational levels within the Trust against the three Freedom to Speak Up training modules. The overall compliance rates for 292 Directorates within organisation three to four, five and six were above the Trusts compliance target of 85%.

However, we noted that the overall compliance rates for two Directorates at organisational level five and ten Directorates at organisational level six were below the 85% target. Through further testing of the Freedom to Speak Up Compliance Summary Report, we identified the following non-compliance:

- nine areas across organisational levels five and six were below the 85% target for the Speak Up module (ranging between 50% to 80%),
- 22 areas across organisational levels three, four, five and six were below the 85% target for the Listen Up module (ranging between 0% to 83%); and
- nine areas across organisational levels four, five and six were below the 85% target for the Follow Up module (ranging between 0% to 83%)

Through review the ESR Workflow Notifications Guide, which was last updated in June 2024, we noted that it documented that the ESR system is set up to send out employee learning certification reminders. We sought to confirm that staff have received the reminders however, we were advised that due to the notifications being private this would not be possible.

Without completing the Freedom to Speak Up training, there is a risk that individuals may not understand how to raise concerns or who to approach, leading to underreporting of issues. Additionally, there is a risk that managers and senior leaders may respond inappropriately to concerns, potentially discouraging staff from speaking up.

Management Action 2

A monthly reminder email will be distributed to the Directorates that have not completed the Freedom to Speak Up training modules, with a summary of exceptions. Non-compliance will be escalated within the governance structure.

Responsible Owner:

Chief of Staff

Date:

31 March 2026

Priority:

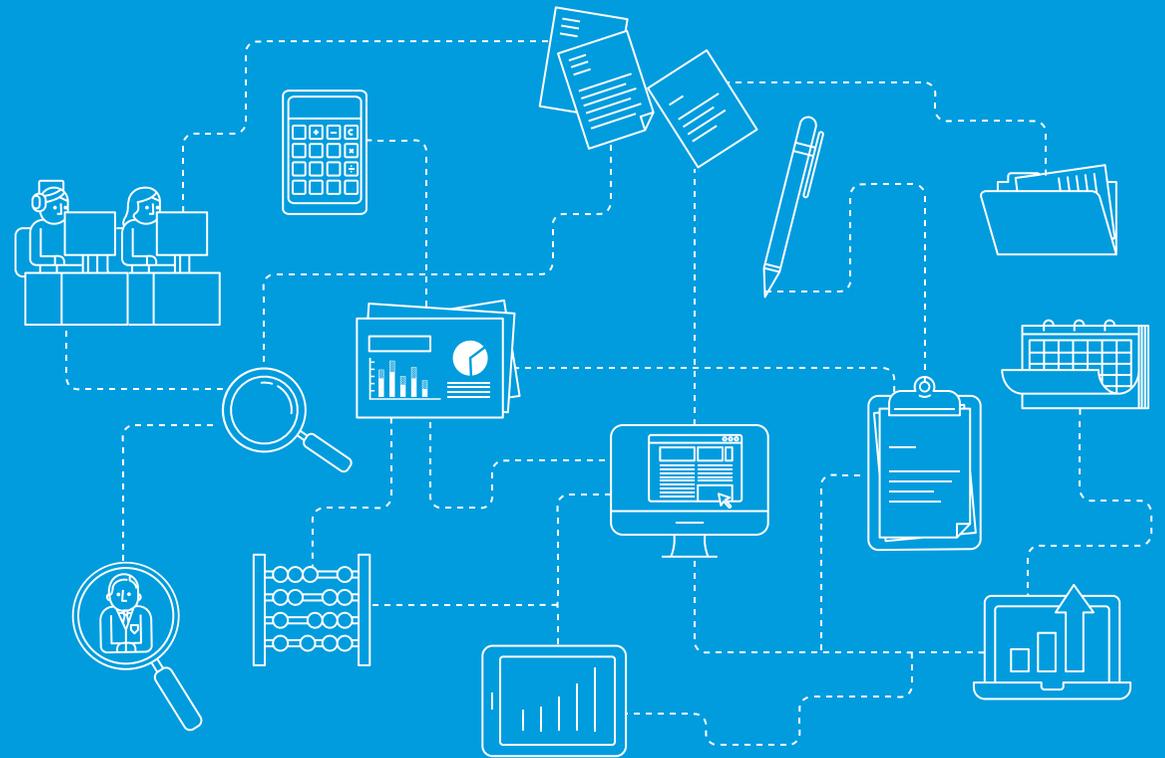
Medium

Lessons Learnt

Control	The Guardian Service Limited provide the Trust with reflections on the outcomes of concerns.	Assessment:		
		Design		×
		Compliance		N/A
Findings / Implications	<p>We were advised that in conjunction with the monthly board reports presented to the Trust, the guardian present a bi-annual report which contains strategic recommendations to the Trust. We were provided with an extract of the most recent recommendations which we were advised received full approval from the Chair of the meeting.</p> <p>However, whilst we note this, the Trust does not have a defined process in place to capture any lessons learnt from the concerns raised and does not share the steps that have been put into place as a result of the concerns.</p> <p>Noting the approach taken to not formally retain documentation to support the closure of cases, to ensure anonymity, this increases the need to illustrate how the Trust has addressed issues raised and lessons learnt. Without a defined and documented process for capturing and disseminating lessons learned from the Guardian Service reports, there is a risk that similar issues may recur, opportunities for organisational learning may be missed, and staff confidence may be affected.</p>			
Management Action 3	The Trust will develop and implement a formal process for capturing and sharing lessons learned from concerns raised through the Guardian service, in alignment with the broader PSIRF.	Responsible Owner:	Date:	Priority:
		Chief of Staff	31 March 2026	High

Appendices

03



APPENDIX A: CATEGORISATION OF FINDINGS

Categorisation of internal audit findings

Low

There is scope for enhancing control or improving efficiency.

Medium

Timely management attention is necessary. This is an internal control risk management issue that could lead to: Financial losses which could affect the effective function of a department, loss of controls or process being audited or possible reputational damage, negative publicity in local or regional media.

High

Immediate management attention is necessary. This is a serious internal control or risk management issue that may lead to: Substantial losses, violation of corporate strategies, policies or values, reputational damage, negative publicity in national or international media or adverse regulatory impact, such as loss of operating licences or material fines.

The following table highlights the number and categories of management actions made as a result of this audit.

Area	Control design not effective*	Non-compliance with controls*	Agreed actions		
			Low	Medium	High
Freedom to Speak Up	1 (8)	2 (8)	1	1	1
		Total	1	1	1

* Shows the number of controls not adequately designed or not complied with. The number in brackets represents the total number of controls reviewed in this area.

APPENDIX B: SCOPE

The scope below is a copy of the original document issued.

Scope of the review

The scope was planned to provide assurance on the controls and mitigations in place relating to the following risks and objectives

Objective of the risk under review	Risks relevant to the scope of the review	Risk source
<p>This review will consider the systems and processes that the Trust has in place to ensure ethical behaviours are followed and to ensure that diversity and inclusion standards are maintained across the organisation. The review will include an assessment of how robust, independent and transparent processes are with respect to the handling of grievances, complaints and Freedom to Speak Up (FTSU) concerns.</p> <p>We will use an E-questionnaire and issue to staff to obtain wide feedback on the operation of systems and processes.</p>	<p>Strategic Risk 1a: If we do not ensure our people are safe and their wellbeing prioritised, there is a risk that we will be unable to attract, retain and keep all our people safe and well.</p> <p>Strategic Risk 1b: If we do not ensure our leaders are developed and equipped, there is a risk that we will not be able to change our culture, and value, support, develop and grow our people.</p>	<p>Corporate risk register</p>

When planning the audit, the following were agreed:

Areas for consideration:

- Policies and procedures relating to freedom to speak up are in place. Policies and procedures provide clear roles and responsibilities for the Trust, are periodically updated and reflect current operating practises.
- Training is provided to all staff on the process of how to speak up along with the appropriate contacts.
- There are clear communication channels for staff members to speak up.
- Documented processes and systems are in place to raise and document staff concerns where they have spoken up.
- Investigations are undertaken by the Trust to assess the claim / issue raised. Evidence is gathered and documented detailing the outcomes.
- Outcomes of the investigations are documented, monitored and reported to senior management / the board as appropriate.
- Lessons learnt are captured, management discuss and place mitigations in place to prevent future mistakes.
- Governance and reporting arrangements provide oversight for senior management / the board on the concerns and experiences of staff that have spoken up.

Limitations to the scope of the audit assignment:

- The scope of this is limited to those areas examined and reported upon in the areas for consideration in the context of the objectives set out in for this review.

- Our review will not comment on the validity of allegations made or whether the right actions were implemented as a result.
- This review will involve speaking directly to staff that have raised issues via speak up procedures and anonymity will be respected throughout our work.
- We will not comment on the Trust’s culture and staff confidence in the process.
- We will not comment on the decisions and outcomes of matters and issues, only on whether due process has been followed.
- We did not complete a freedom to speak up questionnaire across a range of stakeholders to gauge their perceptions as part of this review.
- The results of our work are reliant on the quality and completeness of the information provided to us.
- Our work will not provide an absolute assurance that material errors, loss or fraud do not exist.
- Please note that the full scope of the assignment can only be completed within the agreed budget if all the requested information is made available at the start of our fieldwork, and the necessary key staff are available to assist the internal audit team. If the requested information and staff are not modules we may have to reduce the scope of our work and/or increase the assignment budget. If this is necessary we will agree this with the client sponsor during the assignment.
- To minimise the risk of data loss and to ensure data security of the information provided, we remind you that we only require the specific information requested. In instances where excess information is provided, this will be deleted, and the client sponsor will be informed.

Debrief held 22 October 2025

Draft report issued 27 October 2025

Responses received 31 October 2025

Final report issued 4 November 2025

Internal audit Contacts Sam Abbas, Head of Internal Audit
David Kershaw, Managing Consultant

Client sponsor Liz Cunnell, Chief of Staff

Distribution Liz Cunnell, Chief of Staff

We are committed to delivering an excellent client experience every time we work with you. If you have any comments or suggestions on the quality of our service and would be happy to complete a short feedback questionnaire, please contact your RSM client manager or email admin.south.rm@rsmuk.com.

FOR FURTHER INFORMATION CONTACT



Sam Abbas, Head of Internal Audit

Email: Samuel.Abbas@rsmuk.com

Telephone: 01908 689 937



David Kershaw, Managing Consultant

Email: David.Kershaw@rsmuk.com

Telephone: 01293 843128

rsmuk.com

The matters raised in this report are only those which came to our attention during the course of our review and are not necessarily a comprehensive statement of all the weaknesses that exist or all improvements that might be made. Actions for improvements should be assessed by you for their full impact. This report, or our work, should not be taken as a substitute for management's responsibilities for the application of sound commercial practices. We emphasise that the responsibility for a sound system of internal controls rests with management and our work should not be relied upon to identify all strengths and weaknesses that may exist. Neither should our work be relied upon to identify all circumstances of fraud and irregularity should there be any.

Our report is prepared solely for the confidential use of East of England Ambulance Service, and solely for the purposes set out herein. This report should not therefore be regarded as suitable to be used or relied on by any other party wishing to acquire any rights from RSM UK Risk Assurance Services LLP for any purpose or in any context. Any third party which obtains access to this report or a copy and chooses to rely on it (or any part of it) will do so at its own risk. To the fullest extent permitted by law, RSM UK Risk Assurance Services LLP will accept no responsibility or liability in respect of this report to any other party and shall not be liable for any loss, damage or expense of whatsoever nature which is caused by any person's reliance on representations in this report.

This report is released to you on the basis that it shall not be copied, referred to or disclosed, in whole or in part (save as otherwise permitted by agreed written terms), without our prior written consent.

We have no responsibility to update this report for events and circumstances occurring after the date of this report.

RSM UK Risk Assurance Services LLP is a limited liability partnership registered in England and Wales no. OC389499 at 6th floor, 25 Farringdon Street, London EC4A 4AB.