Oxford University Hospitals
NHS Foundation Trust

Cover Sheet

Trust Board Meeting in Public: Wednesday 25 November 2026

TB2026.103

Title:	**Freedom to Speak Up [FTSU] Annual Report 2025/26**

Status:	**For Information**
History:	**TME2026.376 FTSU Annual Report 2025/26**
	TB2026.46 FTSU In Year Update, Q1, Q2, Q3 2025/26
	TB2025.96 FTSU Annual Report 2024/25

Board Lead:	**Chief People Officer**
Presented by:	**Lindley Nevers, Freedom to Speak Up Lead Guardian**
Co-authored by:	**Susan Polywka, Freedom to Speak Up Project Manager**
Confidential:	**No**
Key Purpose:	Assurance

Executive Summary

1. This paper presents the Freedom to Speak Up [FTSU] Annual Report 2025/26, to provide an overview of speaking up activity by all our people to the OUH FTSU Guardians between 1 April 2025 and 31 March 2026, and to highlight some other relevant developments.
2. Under the OUH Freedom to Speak Up Policy[1] and to comply with national guidance[2], the full Annual Report as **attached** at Appendix 1 must be submitted to the Board, to provide assurance that the Trust continues to be committed "**to foster a positive culture where people feel that they can speak up and that their voice will be heard**" [CQC].
3. The covering paper and full Annual Report have been considered by the Trust Management Executive [TME] and by the People Committee.

Recommendation

4. The Trust Board **is asked to:**

   - **Receive and consider** the covering paper and the Freedom to Speak Up Annual Report 2025/26 **attached** at Appendix 1 (with sub-appendices 1A and 1B)**.**

[1] Freedom to Speak Up Policy approved by the Trust Board in September 2025
[2] Required under s.5.10 of NHS Standard Contract General Conditions 25 26 and see Technical Guidance on NHS Standard Contract 26 27

Freedom to Speak Up [FTSU] Annual Report 2025/26

1. Purpose

1.1. This paper presents the Freedom to Speak Up [FTSU] Annual Report 2025/26 as **attached** at **Appendix 1** (with sub-appendices 1A and 1B)**.**

2. Background

2.1. The OUH Freedom to Speak Up Policy requires that the Trust Board receive an annual report providing a thematic overview of speaking up by staff to OUH FTSU Guardians.

2.2. Nationally, commitment to Freedom to Speak Up remains strong, and the vital role that FTSU Guardians play in fostering safe speaking up cultures is recognised. Their role remains a requirement in the NHS Standard Contract[i].

2.3. Changes have been made to the national framework for FTSU and, with effect from the end of June 2026, The National Guardian's Office - Freedom to Speak Up functions are transferring into NHS England. This implements the recommendation made in Dr Penny Dash's Review of patient safety across the health and care landscape that these responsibilities should be taken up by providers, with related national activities delivered alongside other staff voice functions; an approach that was confirmed in the 10 Year Health Plan . With effect from April 2027, oversight will fall within the remit of the Department of Health and Social Care [DHSC].

3. Freedom to Speak Up Annual Report 2025/26

3.1. The full Freedom to Speak Up [FTSU] Annual Report 2025/26, **attached** at **Appendix 1**, provides high level, anonymised data. **Key points** include:

- **290** cases were opened by FTSU Guardians at OUH in 2025/26
  - representing a threefold rise in cases over the last 3 years, and
  - a rise of more than 47% in the last year alone
- For the 2nd year running – within the 4 nationally defined categories of 'elements' - the main reason why people spoke up at OUH in 25/26 was:
  - ***Staff safety and wellbeing –*** identified in **169** cases (58%) – further analysis has found that in **more than half** of such cases, the element of "staff safety or wellbeing" was ancillary to or consequential upon one or more of the other elements such as bullying and harassment and other inappropriate behaviours *[see further commentary on this at 3.3 – 3.4 in the full Annual Report].*
- The other three nationally defined elements are:
  - *Inappropriate attitudes/behaviours* – identified in 161 cases (56%)

- *Bullying and harassment* - identified in a further 85 cases (29%) – *[see further commentary on how this relates to responses in the NHS Staff Survey at s.3.6 in the full Annual Report].*
- *Patient safety and quality* – identified in 26 cases (9%) is a lot lower than is seen nationally and should be considered alongside data on patient safety incidents reported through other routes, such as Ulysses and the Patient Safety Incident Response Framework at OUH to better understand reporting trends and learning outcomes. *[see further commentary on this at 3.7 – 3.8 of Annual Report].*

NB multiple elements may be identified in any single case

- These are the four nationally defined categories of 'elements' against which all NHS trusts in England are required to submit data every quarter. OUH FTSU Guardians can also record further sub-categories or 'tags', where identified, *e.g.* if *'bullying and harassment'* is identified or experienced as being related to racism or to other discriminatory behaviour, or if a concern about *'staff wellbeing'* is related to sub-optimal staffing levels or skills mix, or if a concern about *'patient safety'* is related to poor communication. (This data is not collected nationally).
- At OUH in 25/26, FTSU Guardians have seen an increase in the reported number of concerns identified as relating to racism. Further analysis of that data is included in the full Annual Report *[at 3.18 – 3.22]*.
- In the time since OUH introduced the third-party anonymous platform WorkInConfidence in November 2024, there has been a significant increase in the number of concerns raised anonymously at OUH, alongside a significant increase in the number of concerns raised directly with FTSU Guardians. In 2025/26:
  - 54% of concerns were raised directly with FTSU Guardians
  - 46% of concerns were initially raised anonymously through WiC
- In 25/26, OUH recorded 14 cases indicating experiences of "detriment"
  - defined as "disadvantageous and/or demeaning treatment ***as a result of*** speaking up"
  - (= 4% of cases at OUH, up from 3% of cases at OUH in 24/25 and above national average in 25/26 of 2.9% reporting detriment)

  [Examples of some of the behaviour experienced and reported as 'detriment' is provided at s.7 of the Annual Report, along with proposals for strengthening further the protection against detriment].
- Positively, for the 2nd year running, Registered Nurses and Midwives were the largest professional group speaking up nationally and at OUH, broadly proportionate to their share of the OUH workforce.
- Medical and Dental reporting was broadly proportionate to workforce share, but cases were predominantly raised by consultants, with few

from resident doctors. This may indicate that professional hierarchies influence reporting behaviour.

- At OUH, there has been a noticeable rise in the number of cases where the professional/staff group is unknown, which would seem to be associated with the rise in the incidence and proportion of cases raised anonymously.

3.2. The importance of regular engagement with Divisional Directors to provide division-level tracking and intelligence is recognised, and there is a plan to strengthen this further in 26/27 *[see Action Plan at* **Appendix 1B***].* The full FTSU Annual Report 2025/26 includes some divisional breakdown of the data.

3.3. Examples are provided of how speaking up has made a difference *[see s.9]*, and anonymised case studies are included at **Appendix 1A**. Further consideration is being given to how we may more clearly demonstrate that we are **"closing the loop",** and show evidence of the difference made.

4. Ongoing development of FTSU at OUH

4.1. The FTSU In-Year Update for 2025/26 [TB2026.46] reported on those sections of the NHS Staff Survey 2025 which reflect how well the organisation as a whole is demonstrably encouraging all staff to have confidence that they will be listened to if they raise a concern about something getting in the way of them doing a good job, or delivering good patient care.

4.2. In the principal measure relating to the freedom to speak up – reported under the People Promise Element: *"We each have a voice that counts" (relating to Raising Concerns)* - OUH had an overall score of **6.65** out of 10 in 2025.

4.3. The FTSU In-Year Update for 2025/26 proposed some initial improvement actions, aimed at further promoting a healthy speaking up culture at OUH and improving that score over time. To discharge the role and responsibilities of healthcare leaders in creating a safe speaking up environment, the actions were focused in particular on:

- increasing **awareness** and **accessibility** of **all** channels through which staff may speak up to raise concerns
- enhancing **confidence** in the process, through demonstrating
  - those who speak up are listened to
  - leaders are accountable for follow-up
- reinforcing **detriment prevention and protection**, through implementing
  - formal detriment risk assessment and monitoring
  - review of all high-risk cases at executive level
  - development of Trust-wide detriment prevention standard

- recognising the value of senior leaders **role-modelling #SpeakUpListenUpFollowUp** and improving its visibility initially through
    - encouraging an increased uptake of FTSU e learning, particularly among managers and senior leaders, given its strong association with better staff survey responses.

4.4. A Business Case for investment in the OUH FTSU service, necessary to support successful implementation of the actions proposed, has now been approved and the Action Plan attached at **Appendix 1B** has been updated to include additional actions aimed at improving mechanisms for:

- tracking the progress of cases,
- recording closure (bearing in mind that concerns may sometimes be pursued through multiple channels simultaneously), and
- recording and reporting on outcomes reached (whether or not a concern can be regarded by the person who raised it as having been "resolved").

as the basis for more clearly demonstrating that we are **"closing the loop",** and can show evidence of the difference made.

4.5. Trust-wide and divisional actions will be pursued in alignment with the People Plan and the Eradication of Bullying and Harassment programme and it is intended that progress will be monitored over the longer term through triangulation of staff survey results, FTSU data, and other workforce intelligence.

5. Conclusion

5.1. Great success has been achieved to deliver a significant increase in speaking up at OUH over the past three years, and to sustain the number of those willing and able to speak up and raise concerns at OUH in 2025/26.

5.2. Approval of the Business Case for investment in the OUH FTSU service should help the Trust to meet the on-going challenge to promote, create and sustain an open and transparent culture of speaking up, listening up and following up at OUH.

Recommendation

The Trust Board **is asked to:**

- **Receive and consider** the covering paper and the Freedom to Speak Up Annual Report 2025/26 **attached** at Appendix 1 (with sub-appendices 1A and 1B)**.**

Appendix 1

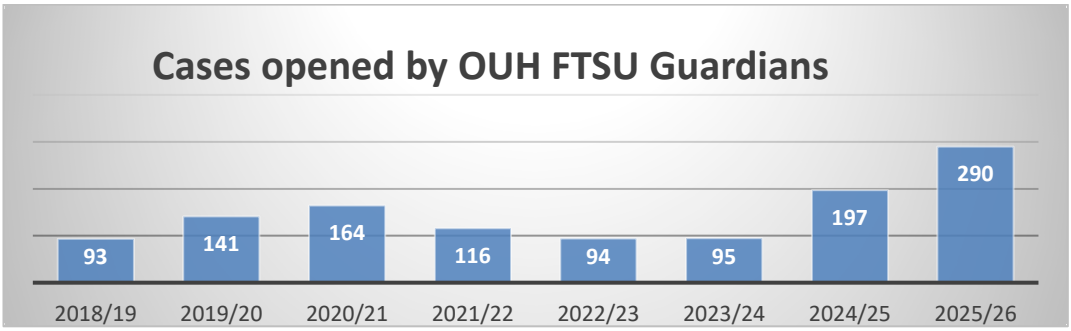
Freedom to Speak Up [FTSU] – Annual Report 2025/26

1. Purpose

1.1. This Annual Report provides the Board with an overview of the work of the Freedom to Speak Up [FTSU] Guardians at OUH, reporting on cases opened and other contacts made between April 2025 and March 2026, and outlining actions the Trust is taking to support a positive speaking up culture.

2. Total number of FTSU cases

2.1. There have been **290 cases** opened by OUH FTSU Guardians in 2025/26 – ***including*** cases raised anonymously through WorkInConfidence (first introduced in November 2024). This means that **cases** have **risen threefold over the last 3 years**, with a rise of more than 47% in the last year alone.

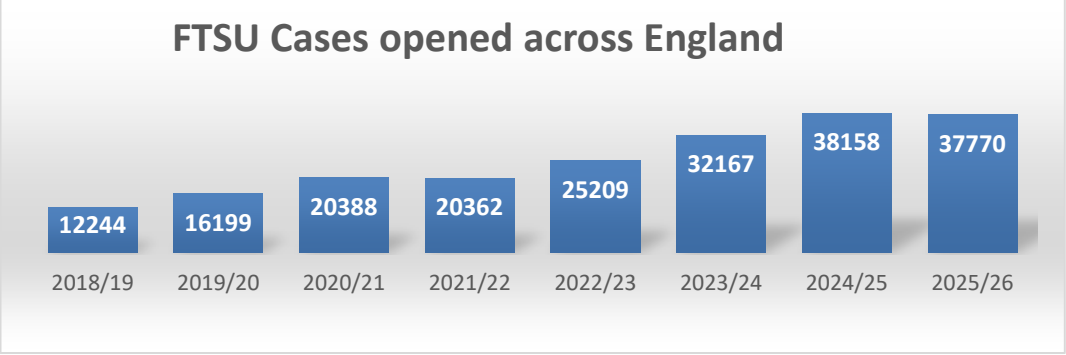


Graph 1 – Cases opened by OUH FTSU Guardians (*Source: OUH FTSU Guardians)*

2.2. The OUH FTSU team has also engaged with a much larger number of staff through a range of initiatives aimed at raising awareness and removing barriers to speaking up. Through online Listening Events, induction sessions, walkabouts, and other events held, the OUH FTSU team recorded contact with **2,113 staff** during 2025/26, and a **further 300** who **dropped in on FTSU Roadshows** which were held on each of the four main hospital sites and at OUH Cowley for the national annual Speak Up week (Oct 2025).

Comparison with national data

2.3. The Speaking Up Data - National Guardian's Office (Jun 2026) shows that **across England, 37,770 cases** were raised in 2025/26.



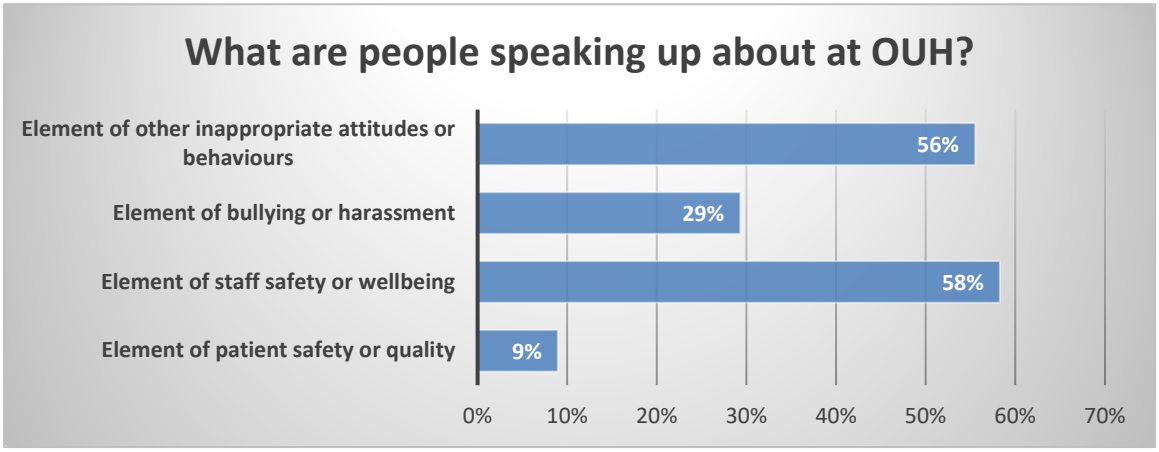
Graph 2 – FTSU cases raised across England (*Source: NGO Annual Reports and Case Data)*

3. What are people speaking up about?

3.1. OUH follows national guidance on Recording Cases and Reporting Data, under which cases are categorised to identify whether there is an element of

- Patient safety/quality
- Worker (staff) safety or wellbeing
- Bullying or harassment
- other inappropriate attitudes or behaviours

(**NB *multiple elements may be identified in any single case***)

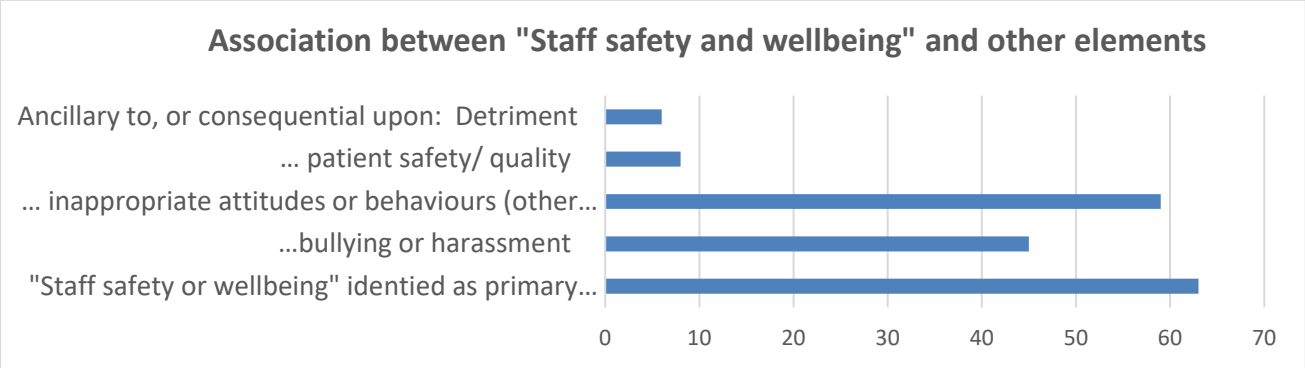


Graph 3: Elements of cases raised at OUH in 25/26 (*Source: OUH FTSU Guardians)*

Concerns raised about staff safety and wellbeing

3.2. At OUH in 2025/26, most speaking up was about ***staff safety and wellbeing***, which was identified as an element in **169** cases (or 58% of all cases); this compares to 140 cases in 2024/25 (71%).

3.3. Some further analysis has been undertaken of all instances where an element of "***staff safety or wellbeing***" was identified, focusing on data collected in Q1 to Q3 of 2025/26 as a representative 'snapshot'. During that period, in **well over half** of such cases, the element of "staff safety or wellbeing" was ancillary to or consequential upon one or more of the other elements, *or* experienced in association with reported detriment. The results of that analysis are shown in Graph 4.



Graph 4 – Association between "Staff safety and wellbeing" and other elements in Q1 to Q3 of 2025/26 (*Source: OUH Lead FTSU Guardian)*

3.4. Where ***"staff safety and wellbeing"*** was recorded as the sole or primary element, it should be noted that this includes the distinct facets of both "safety" and "wellbeing" as experienced by staff, with examples including:

- "burnout as a result of mandate to carry out 20% clinical duties as well as management tasks",
- "lack of hand sanitiser dispensers at main entrance",
- "fear of violent and aggressive patient" and
- "lack of support in interview process following organisational reorganisation for those for whom English is not first language".

Concerns raised about bullying and harassment or other inappropriate behaviours

3.5. At OUH in 2025/26, people spoke up about ***inappropriate attitudes or behaviours*** in **161** cases (56%), compared to 48 cases in 2024/25 (25%), and ***bullying and harassment*** was identified as an element in a further **85** cases (29%), compared to 44 cases (22%) in 24/25. This means that ***bullying and harassment*** or ***other inappropriate attitudes or behaviours*** was present in almost half of all cases at OUH in 2025/26.

3.6. This data should be considered alongside that which was reported in the FTSU In-Year Update for 2025/26 [TB2026.46] - [*at its Appendix 1A]* – where the sections of the NHS Staff Survey 2025 which reflected staff responses to questions about their experience of harassment, bullying or abuse at work showed that those who had

- "personally experienced at least one incident of harassment, bullying or abuse at work *from Managers*" had **decreased** from 9.51% in 2024 to 9.23% in 2025,

and those reporting that they had

- "personally experienced at least one incident of harassment, bullying or abuse at work *from other colleagues*" had also **decreased** from 18.05% in 2024 to 17.33% in 2025

though it is also noted that those responding to indicate that

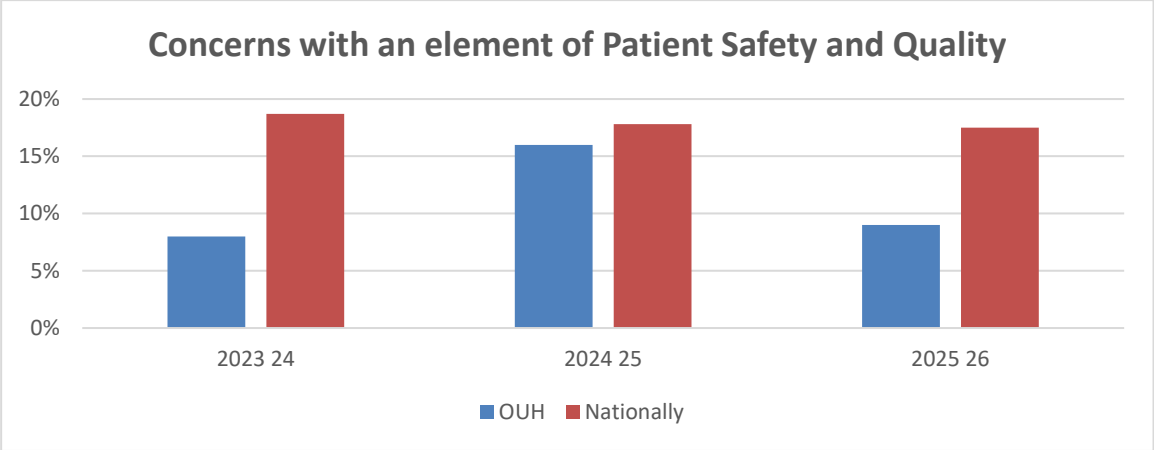
- "the last time I experienced harassment, bullying or abuse at work, I or a colleague did report it" had **slightly deteriorated** from 51.13% in 2024 to 50.96% in 2025.

Concerns raised about patient safety and quality

3.7. Throughout 25/26 at OUH, **26** cases (9%) reflected an element of ***patient safety and quality***.

3.8. The data on cases reflecting an element of ***patient safety and quality*** over the last 3 years has been subjected to some further interrogation. In 2024/25, the number of such cases was the same as in 25/26 (26 cases),

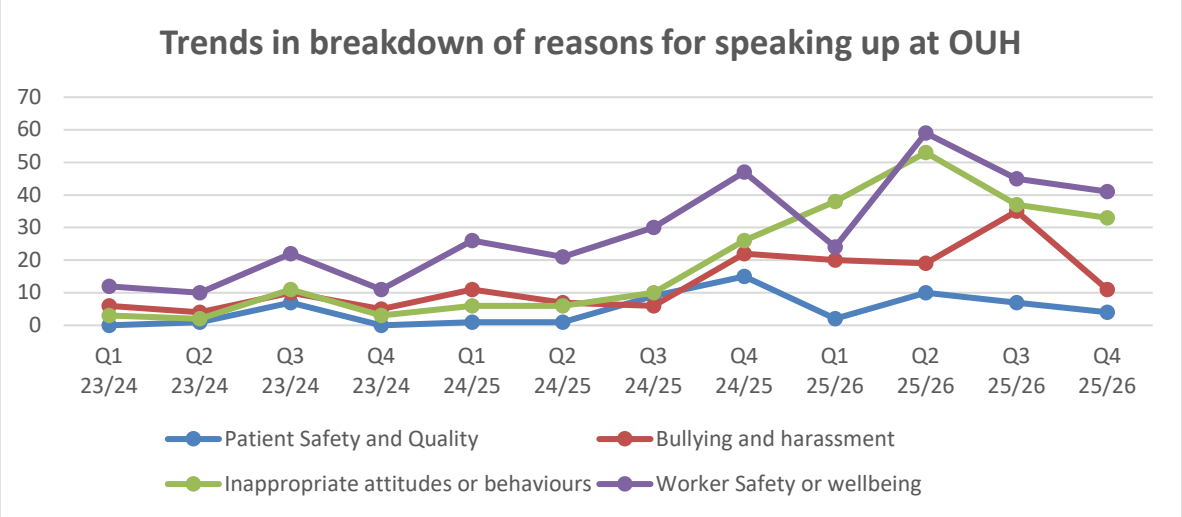
although this represented a higher proportion (16%) of what was a smaller total number of cases. In 23/24, the number of cases was 8 (out of a total of 95). Thus, it can be seen that the absolute number – and relative proportion - of concerns raised at OUH which are identified as reflecting an element of ***patient safety and quality*** is lower than is seen nationally. (Graph 5). Of course, this data should be considered alongside data on patient safety incidents reported through other routes, such as Ulysses and the Patient Safety Incident Response Framework at OUH.



Graph 5 – Concerns with an element of Patient Safety and Quality: OUH compared to national data

Trends in concerns raised over past 3 years at OUH

3.9. Trends in the breakdown of reasons why people have been speaking up at OUH over the last 3 years are shown in Graph 6.



Graph 6 – Trends in reasons for speaking up at OUH (*Source:* OUH FTSU Guardians)

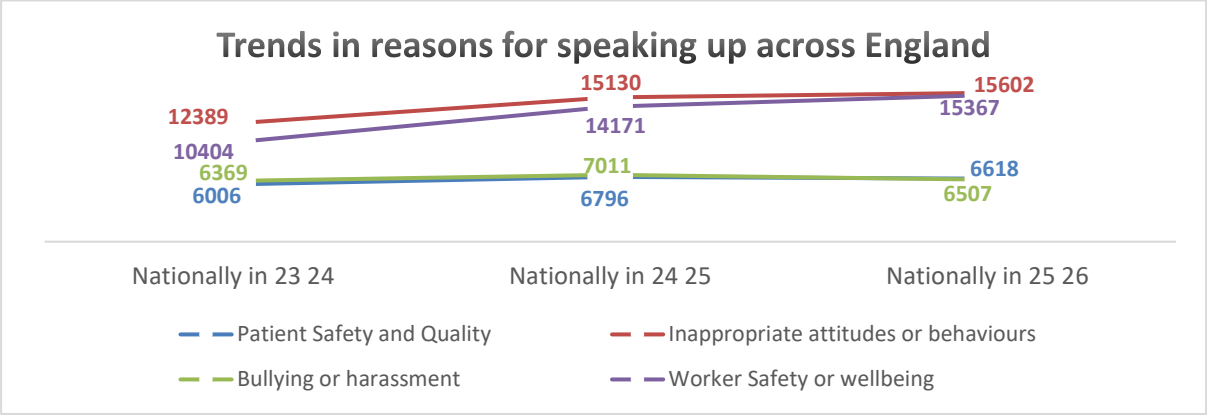
Comparison with national data

3.10. Nationally, Speaking Up Data - National Guardian's Office confirms that the most reported element for the last three years has been *inappropriate attitudes or behaviour*, reported as an element in 41.3% of cases in 25/26 (up from 39.7% in 24/25 and 38.5% in 2023/24). *Bullying and harassment* was reported to be an element in a further 17.2% of cases (*down* from 18.4% in 24/25 and 19.8% in 23/24), At least one of these elements was present in over 58% of cases, nationally in 25/26.

3.11. Across England in 2025/26, the theme of *staff safety or wellbeing* was an element in 40.7% of cases (up from 36.2% in 24/25 and 32.3% in 23/24).

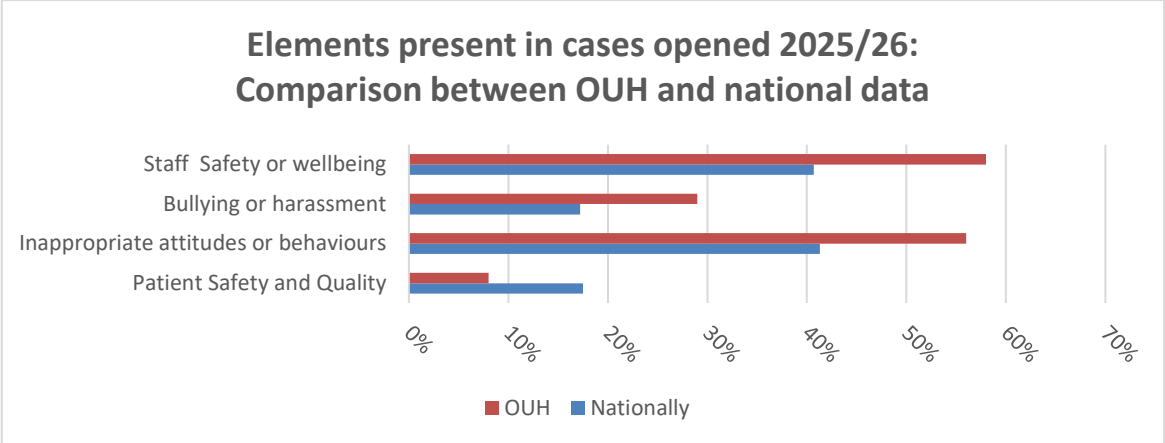
3.12. An element of *patient safety and quality* was reported in 17.5% of cases nationally in 2025/26 (*slightly down* from 17.8% in 2024/25 and 18.7% in 2023/24).

3.13. Trends in the reasons why people have been speaking up across England over the last 3 years are shown in Graph 6.



Graph 6 – Trends in reasons for speaking up reported in cases nationally (*Source:* NGO Case Data*)*

3.14. A comparison between national trends and the breakdown of reasons why people spoke up at OUH in 2025/26 is provided in Graph 7.

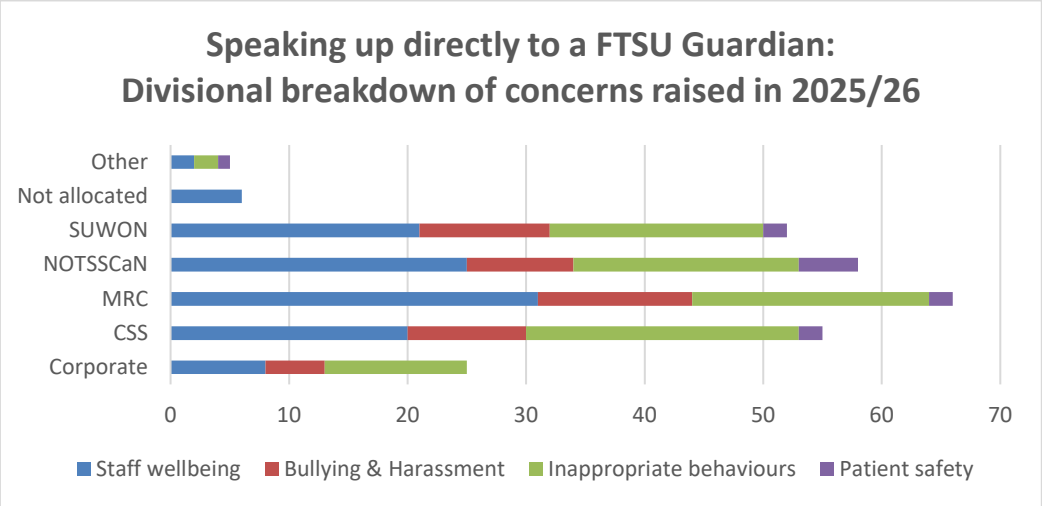


Graph 7 – Comparison of elements present in cases nationally and at OUH (*Source:* NGO Case Data *and OUH FTSU Guardians)*

Divisional breakdown of what people are speaking up about at OUH

Speaking up directly to a FTSU Guardian

3.15. In the 158 cases raised directly with a FTSU Guardian (remembering that multiple elements may be identified in any single case), a breakdown of what people spoke up about within each Division is shown in Graph 8.

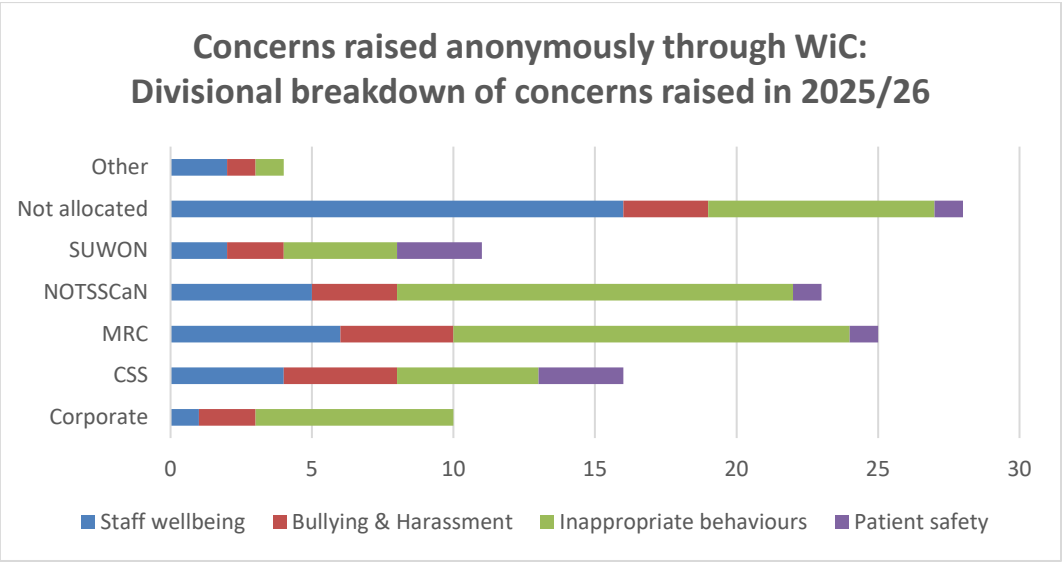


Graph 8 – Divisional breakdown of what people have spoken up about directly to FTSUG in 25/26

(*Source:* OUH FTSU Guardians*)*

Speaking up anonymously through Work in Confidence

3.16. In the 132 cases raised anonymously through Work in Confidence (remembering that multiple elements may be identified in any single case), a breakdown of what people spoke up about within each Division (where the Division was known) is shown in Graph 9.



Graph 9 – Divisional breakdown of what people have spoken up about anonymously in 25/26
(*Source:* OUH FTSU Guardians*)*

Some further understanding of what people are speaking up about at OUH

3.17. The four nationally defined elements constitute the categories against which all NHS trusts in England are required to submit data every quarter.

3.18. OUH FTSU Guardians do also record further sub-categories or 'tags', where identified, *e.g.* if *'bullying and harassment'* is identified or experienced as being related to racism or to other discriminatory behaviour, or if a concern about *'staff wellbeing'* is related to sub-optimal staffing levels or skills mix, or if a concern about *'patient safety'* is related to poor communication. (This data is not collected nationally).

Speaking up about racism

3.19. At OUH in 25/26, there has been an increase in the reported number of concerns identified as relating to racism, and some further analysis of that data has been undertaken.

3.20. Concerns raised which were identified as relating to racism increased from 2 cases in 2024–25 to 21 cases in 2025–26. Analysis of the concerns raised identifies some recurring themes, including:

- perceived race-related differential treatment
- racial inequity
- microaggressions
- social isolation
- barriers to progression, and
- concerns regarding the consistency and effectiveness of organisational responses.

3.21. Collectively, these concerns highlight challenges that may adversely affect staff wellbeing, psychological safety, engagement and retention, and reinforce the importance of continuing to foster an inclusive and equitable workplace culture.

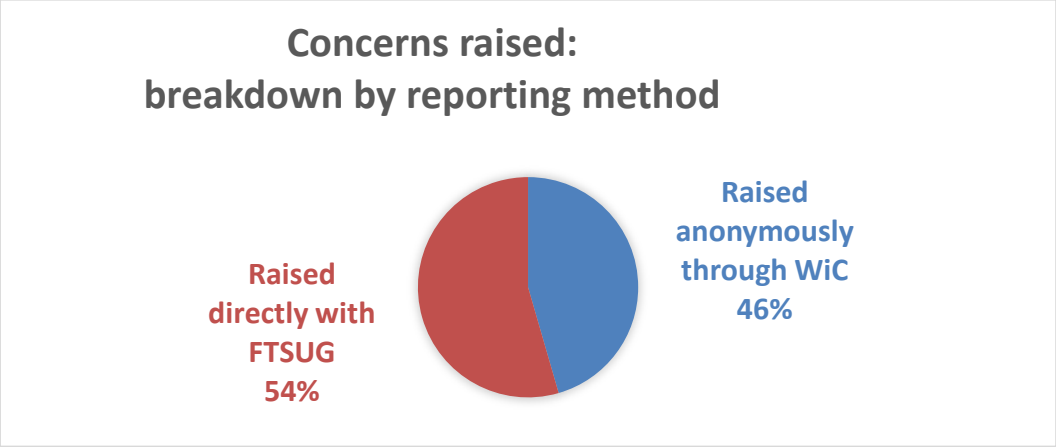
3.22. While the increase in the number of concerns identified as relating to racism may reflect greater confidence among staff to speak up about this issue, underlying reasons for the rise in the number of reports must be addressed. Efforts to promote equity and strengthen inclusive leadership must be sustained, and those who have spoken up should experience consistent, effective response and follow up to the concern raised.

3.23. In line with the Trust's response to the Amos report[3], there is a need to ensure that staff who speak up can see meaningful action, learning and accountability. This is particularly important where concerns relate to racism, microaggressions or perceived race-related differential treatment, as a lack of visible response can further undermine trust, psychological safety and confidence in organisational processes.

[3] NHS England » Publication of Baroness Amos' independent investigation into maternity and neonatal services in England July 2026

4. How have people spoken up?

4.1. The OUH FTSU Guardians have collected and analysed data on the total number of **290 cases** opened in 2025/26; 158 of which were raised directly to the FTSU Guardians, and 132 of which were raised anonymously through WorkInConfidence (first introduced at OUH in November 2024).

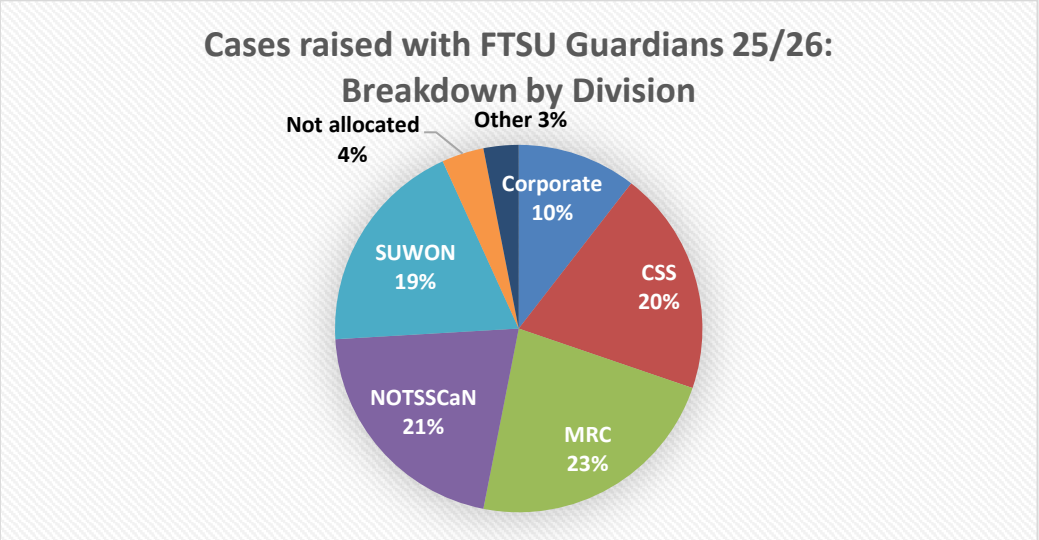


Graph 10 – Concerns raised at OUH in 2025/26: Breakdown by reporting method (*Source: OUH FTSU Guardians)*

Divisional breakdown of how people have spoken up

Speaking up directly to a FTSU Guardian

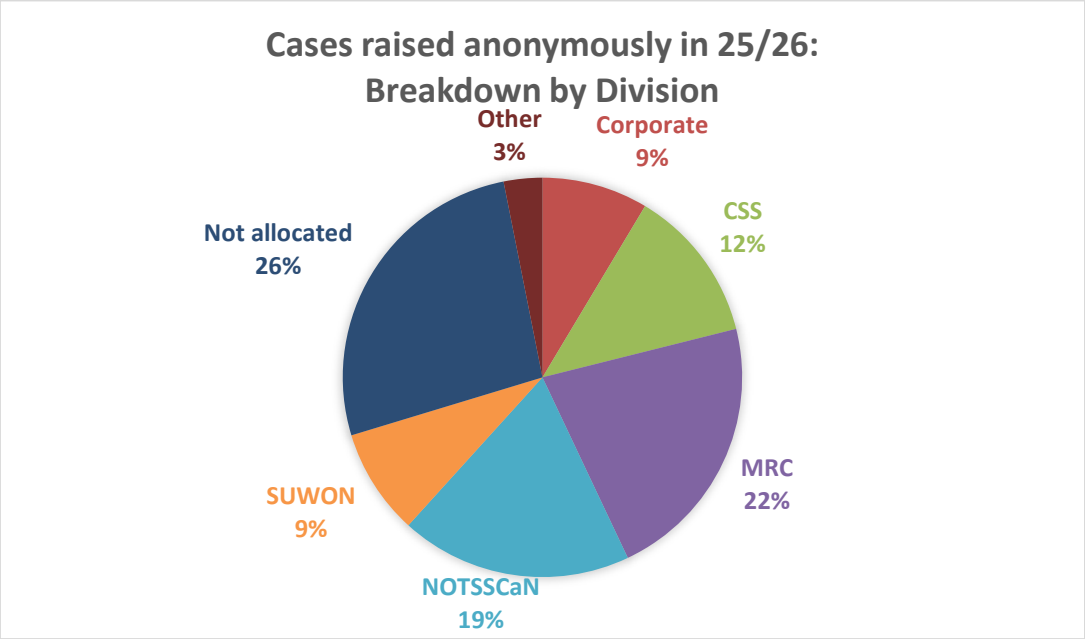
4.2. Of the 158 cases raised directly with a FTSU Guardian at OUH in 2025/26, the breakdown by Division is shown in Graph 11.



Graph 11 – Divisional breakdown of cases raised with FTSU Guardians (*Source:* OUH FTSU Guardians*)*

Speaking up anonymously through Work in Confidence

4.3. In the 132 cases raised anonymously through WorkInConfidence 25/26, it was not always possible to identify the Division to which the issue relates, but the breakdown by Division where known is shown in Graph 12.

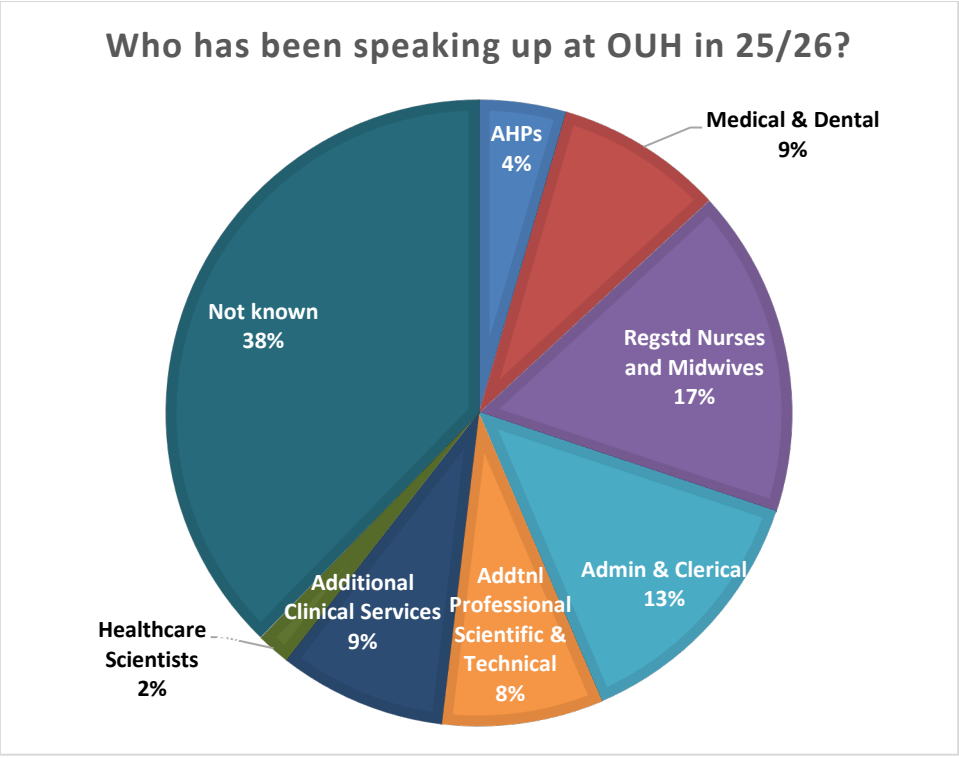


Graph 12 – Divisional breakdown of anonymous speaking up (*Source:* OUH FTSU Guardians*)*

5. Who is speaking up?

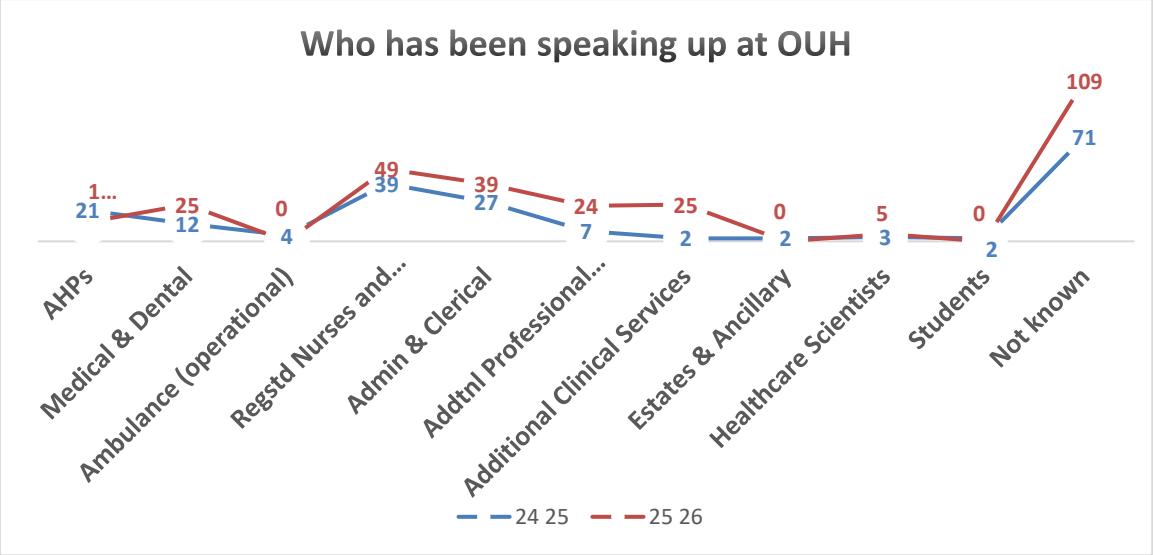
5.1. OUH follows national guidance on Recording Cases and Reporting Data, under which the professional group of the person raising the concern (where known) is recorded.

5.2. A breakdown of the professional group of those raising concerns at OUH in 2025/26 is shown in Graph 13.



Graph 13 – Who has been speaking up at OUH in 25/26 (*Source: OUH Lead FTSU Guardian)*

5.3. A comparison of the breakdown of who has been speaking up at OUH over the past two years is shown in Graph 14.

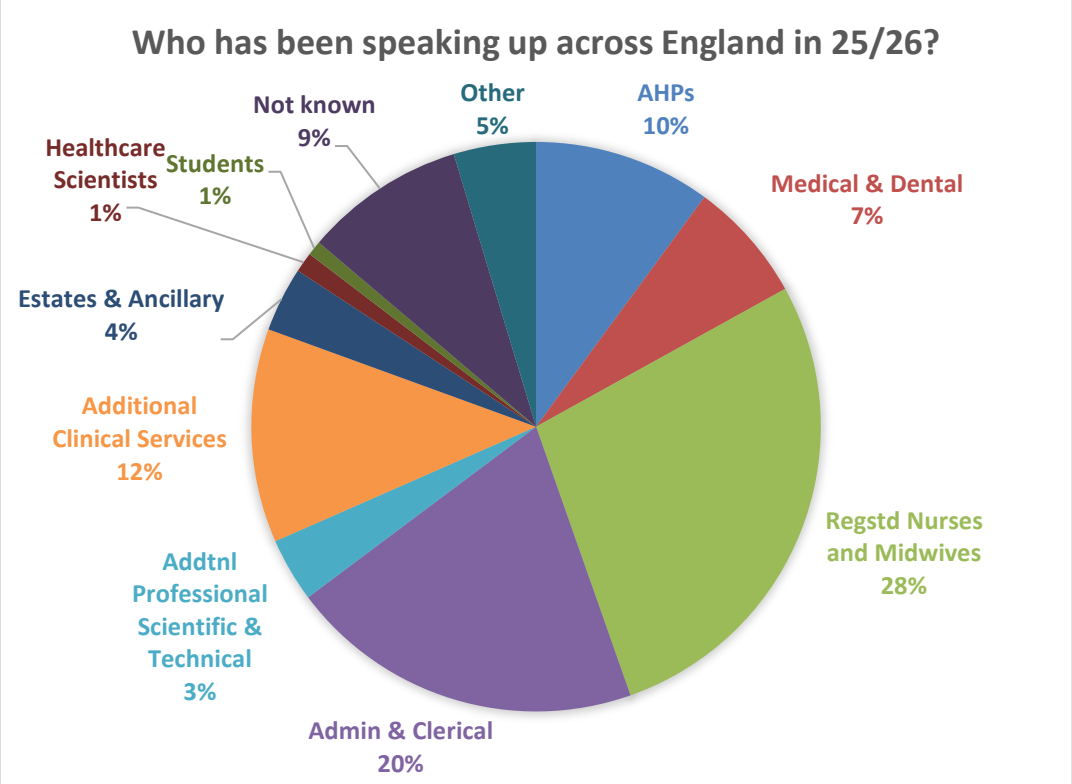


Graph 14 – Who has been speaking up at OUH 24/25 and 25/26 (*Source: OUH Lead FTSU Guardian)*

5.4. The rise in the number of cases where the professional/staff group is unknown would seem to be associated with the rise in the incidence and proportion of cases raised anonymously.

Comparison with national data

5.5. Graph 15 shows the breakdown of who has been speaking up across England in 2025/26 as reported in [Speaking Up Data - National Guardian's Office](#).

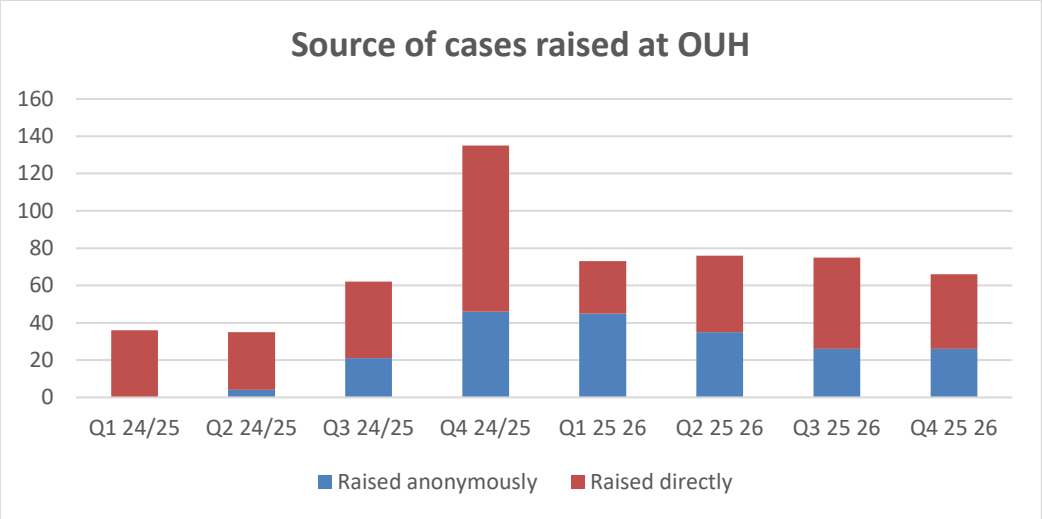


Graph 15 – Who has been speaking up across England in 25/26 (*Source: OUH Lead FTSU Guardian)*

6. Anonymous reporting

6.1. All NHS Trusts in England report on how many cases have been raised anonymously, and the national average in 2025/26 was reported at 12.4% in Speaking Up Data - National Guardian's Office, compared to 46% of cases raised anonymously at OUH in 2025/26.

6.2. At OUH, the third-party anonymous platform WorkInConfidence was introduced in November 2024. Prior to its introduction, there had been no cases raised anonymously at OUH in Q1 of 2024/25, and four cases raised anonymously in Q2 24/25. In the time since the introduction of WiC, there has been a significant increase in the number of concerns raised anonymously at OUH, alongside a significant increase in the number of concerns raised directly with FTSU Guardians. The continued use of both routes underlines the importance of maintaining and promoting multiple accessible channels for speaking up. The profile of how people have been speaking up at OUH over the past two years is shown in Graph 16.



Graph 16 – Source of cases raised at OUH (*Source:* OUH FTSU Guardians)

6.3. It is not possible to identify how many conversations were started on the WiC platform because of its ready accessibility and simplicity; and how many might not otherwise have been raised at all, without the guarantee of anonymity.

6.4. Nor is data readily available on the number of cases where someone, who has initially raised their concern anonymously, subsequently develops sufficient trust and confidence in the FTSU Guardians to waive their anonymity. Subject to resource capacity, the FTSU team will be aiming to collect this data, recognising that a waiver of anonymity can help investigation and resolution of the concern raised, thereby improving the chance for organisational learning.

7. Detriment

7.1. All NHS Trusts in England report on cases of "detriment", which is specifically defined as disadvantageous and/or demeaning treatment experienced ***as a result of speaking up***.

7.2. These cases are distinct from instances where someone raises a concern which is in itself about allegedly disadvantageous treatment; both are important, but the issue of staff experiencing negative consequences as a result of speaking up is indicative of victimisation – which is obviously a matter of concern over and above whatever original concern was raised - and it is the experience of negative consequences as a result of speaking up that tends to 'feed' the fear in others that is known to act as a barrier to raising concerns. It is important that the Trust both:

i. protects any individual member of staff who speaks up in good faith to raise a concern against suffering disadvantageous or demeaning treatment as a result (defined as "detriment"); and

ii. demonstrates to all staff that

- we want to hear if anyone thinks they have experienced "detriment"; and
- all reported experiences of "detriment" will be taken seriously.

7.3. "Detriment" can be experienced as a deliberate act or a failure to act or omission[4], and the Trust has a responsibility to protect from 'detriment' any staff member who speaks up in good faith to raise a concern.

7.4. Not all disadvantageous treatment experienced after speaking up may in fact amount to 'detriment' *e.g.* if just cause can be shown for a negative performance appraisal which happened after speaking up, but the negative assessment of performance was **not** made "as a result of speaking up".

7.5. The national average of cases indicating "detriment" in 25/26 was reported at 2.9% in Speaking Up Data - National Guardian's Office

7.6. This compares to 4.8% of cases indicating "detriment" at OUH in 25/26.

7.7. During 2025/26, the FTSU team at OUH recorded a total of 14 cases indicating "detriment", compared to 7 cases recorded at OUH in 2024/25.

7.8. As will be appreciated, it is crucial that due and fair process is followed when looking into all reported experiences of "detriment", and care must be taken to avoid the risk that any of the individuals involved could be identified from anonymised case studies, but some examples of the behaviour reported as having been experienced ***as a result of speaking up*** at OUH during 25/26 have included:

[4] A non-exhaustive list of examples is provided in the Detriment guide - National Guardian's Office, as cited in the provisions of OUH's updated Freedom to Speak Up Policy

- A negative employment reference provided for an individual who had spoken up to raise concerns about departmental culture;
- Worsening of bullying behaviour and harassment[5] experienced by an individual who had spoken up to raise concerns about inappropriate behaviour of a Consultant colleague;
- Unfounded allegations of sexual misconduct levelled against an individual who had spoken up to raise concern that a colleague had breached confidentiality;
- Feelings of isolation experienced by an individual who was then also subjected to formal investigation after speaking up to raise concerns about patient safety and operational management;
- Unreasonable refusal to consider a request for flexible working after an individual had raised concern about inappropriate behaviour of line manager.

It is important to note that the examples above represent reported or perceived detriment following speaking up and do not, in themselves, constitute findings that detriment has occurred. Reported detriment cases are subject to appropriate oversight and follow-up, including investigation where required, escalation and action to address outstanding issues. Developing Trust arrangements will provide greater visibility of reported detriment from the point it is raised through to conclusion, including appropriate remedial and organisational action where detriment is established.

7.9. Following publication in January 2025 of the Detriment guide - National Guardian's Office, the provisions of OUH's updated Freedom to Speak Up Policy were strengthened to protect any member of staff who speaks up in good faith to raise a concern from experiencing any detriment, disadvantageous or demeaning as a result of having spoken up.

7.10. The FTSU Lead Guardian has reviewed the effectiveness of the provisions for protection against "detriment", and is now working with the Chief People Officer to implement further improvements through the introduction of a Trust-wide framework for detriment prevention, risk assessment and response (under appropriate Executive oversight). *[see Appendix 1B]*

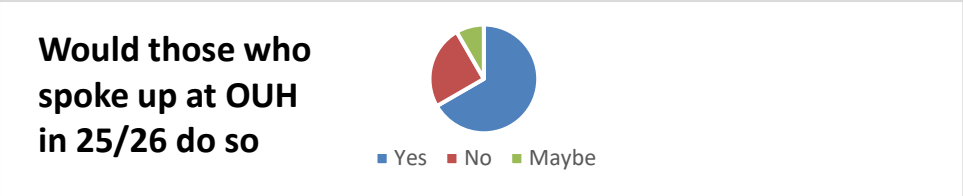
8. Feedback on the experience of speaking up

8.1. Nationally, the rate of response to provide feedback sought in response to the question ***"Would you speak up again?"*** has generally been low, ranging between 6.1% and 14.3% over the last 7 years. As is shown in

[5] National Guidance on definition of bullying and harassment : "Bullying and harassment means any unwanted behaviour that makes someone feel intimidated, degraded, humiliated or offended."

Graph 13, at OUH in 2025/26 only 12 people responded (around 4% of all those who spoke up) of whom:

- 8 people answered “Yes”
- 3 people answered “No”
- 1 person answered “Maybe”



Graph 17 – Feedback on whether people will speak up again (*Source: OUH Lead FTSU Guardian)*

9. Making a difference

9.1. The FTSU Guardians collaborate with colleagues in teams across the Trust, and with the Staff Networks, to make a positive difference in the support available for staff. For example, during 2025/26 a total of **483 staff** have attended virtual Listening Events held:

- Two virtual **Listening Events, held jointly with Staff BAME Network** in September 2025; and further Listening Events on
- ***Understanding Bullying and Harassment in the Workplace*** (May 2025; series of events addressing *Incivility in the Workplace*)
- ***Understanding Sexual Misconduct in the Workplace*** (July 2025)
- ***Violence and aggression against our staff*** (March 2026)

9.2. The FTSU Guardians also meet regularly with colleagues in divisional management, who confirm that this helps them to triangulate FTSU data with other available sources of intelligence, including *e.g.* data from Ulysses on patient safety incidents, Employee Relation cases and the annual NHS Staff Survey, so as to gain a better understanding of what are the key issues of concern for staff.

9.3. The FTSU Guardians have developed regular quarterly reports to provide colleagues in divisional management with more granular data on what concerns are being raised at service level within each division, and are responsive to requests for further analysis, *e.g.* to relate the number of concerns raised to headcount. Feedback from colleagues in the divisions has confirmed that when staff are encouraged to speak up and raise a concern through the Freedom to Speak Up service, this has been found to:

- overcome communication breakdown, misunderstanding, and relationship tensions;
- allow staff to demonstrate that they are not happy with a process or change; and

- provide an alternative route to resolution when ongoing, long-standing concerns are not resolved by Directorate/Divisional colleagues.

9.4. Anonymised **case studies** are provided at **Appendix 1A,** helping to illustrate how staff feel that speaking up does make a difference, from the perspective of both:

- **those who have spoken up** to FTSU Guardians: and
- **those who have listened** to concerns raised.

10. Assessing our speaking up culture: We each have a voice that counts

10.1. Results of the NHS Staff Survey 2025 – in which OUH had an overall score of **6.65** out of 10 in relation to the People Promise Element: *"We each have a voice that counts" (relating to Raising Concerns)* – were reported in full in the FTSU In-Year Update [TB2026.46].

10.2. Development and implementation of targeted Trust-wide and divisional actions which might improve that score were approved by the Board and are now underway.

11. National oversight and support

11.1. Changes have been made to the national framework for FTSU and, with effect from the end of June 2026, The National Guardian's Office - Freedom to Speak Up functions are transferring into NHS England. This implements the recommendation made in Dr Penny Dash's Review of patient safety across the health and care landscape that these responsibilities should be taken up by providers, with related national activities delivered alongside other staff voice functions; an approach that was confirmed in the 10 Year Health Plan . With effect from April 2027, oversight will fall within the remit of the Department of Health and Social Care [DHSC].

12. Learning and Improvement

12.1. FTSU training modules, developed by Health Education England with the National Guardian's Office, are available on My Learning Hub. Trust Board members have committed to undertake the training and the Trust's updated Freedom to Speak Up Policy promotes wider participation, particularly by senior leaders and managers. Participation is an initial step in building awareness and capability; the intended outcome is sustained behavioural and cultural change that strengthens psychological safety and confidence to speak up.

- Module 1, "Speak Up" – for all staff

- Module 2, “Listen Up” – for all leaders
- Module 3, “Follow Up” – for senior leaders, including executive and non-executive directors and governors, following completion of Modules 1 and 2

12.2 Uptake remains low, although completion increased in Q4 2025/26. Increased participation should support improvement, but does not in itself demonstrate cultural change. Impact should be assessed through evidence of leader behaviour, staff psychological safety, confidence to speak up, effective listening and follow-up, and reduced fear of detriment.

- “Speak Up” – 168 completions, including a 45% increase in Q4
- “Listen Up” – 67 completions, including a 34% increase in Q4
- “Follow Up” – 18 completions, including a 38% increase in Q4

13. Ongoing development of FTSU arrangements at OUH

13.1. The FTSU In-Year Update for 2025/26 proposed some initial improvement actions, aimed at further promoting a healthy speaking up culture at OUH. To discharge the role and responsibilities of healthcare leaders in creating a safe speaking up environment, the actions were focused in particular on:

- increasing **awareness** and **accessibility** of **all** channels through which staff may speak up to raise concerns
- enhancing **confidence** in the process, through demonstrating
  - those who speak up are listened to
  - leaders are accountable for follow-up
- reinforcing detriment prevention and protection, through implementing
  - formal detriment risk assessment and monitoring
  - review of all high-risk cases at executive level
  - development of Trust-wide detriment prevention standard
- recognising the value of senior leaders **role-modelling** **#SpeakUpListenUpFollowUp** and improving its visibility initially through
  - encouraging an increased uptake of FTSU e learning, particularly among managers and senior leaders, given its strong association with better staff survey responses.

13.2. A Business Case for investment in the OUH FTSU service, necessary to support successful implementation of the actions proposed, has now been approved and an updated Action Plan is attached at **Appendix 1B**.

13.3. The Action Plan has been expanded to include measures to strengthen regular engagement with Divisional Directors, and to provide division-level tracking and intelligence.

13.4. Further consideration is also being given to how the progress of cases can be more closely tracked, how to record closure (bearing in mind that concerns may sometimes be pursued through multiple channels simultaneously), and how to record and report on outcomes reached (whether or not a concern can be regarded as having been “resolved”).All of the Trust-wide and divisional actions will be pursued in alignment with the People Plan and the Eradication of Bullying and Harassment programme, with progress to be monitored over the longer term through triangulation of staff survey results, FTSU data, and other workforce intelligence.

14. Conclusion

14.1. Great success has been achieved to deliver a significant increase in speaking up at OUH over the past three years, and to sustain the number of those willing and able to speak up and raise concerns at OUH in 2025/26.

14.2. Approval of the Business Case for investment in the OUH FTSU service should help the Trust to meet the on-going challenge to promote, create and sustain an open and transparent culture of speaking up, listening up and following up at OUH.

Lindley Nevers
OUH Freedom to Speak Up Lead Guardian

Freedom to Speak Up [FTSU] Annual Report 2025/26

Some anonymised Case Studies

Case study 1 Repeated requests for help and support within the department were not being heard

after speaking up to a FTSU Guardian, the member of staff said:

"I would tell anyone who is worried about speaking up to trust the FTSU Guardian to support them. For me, it was worth it: I felt listened to, valued and supported to make a positive change."

Context

"Feeling trapped and upset, I had reached the point where I did not want to come to work. Contacting FTSU was the first time I felt that someone listened to me and took my experience seriously.

The experience of speaking up

I was incredibly nervous about speaking up. I worried that colleagues in my department might identify me and that there could be a negative response. Although this caused me considerable anxiety, the [FTSU] service was easy to access: I sent one email, received a prompt response and was offered opportunities to meet. My confidentiality was handled carefully throughout, which reassured me and helped me to feel safe.

Support provided

What mattered most was being listened to and taken seriously. The Guardian gave me time to explain what had happened, responded with compassion and communicated openly with me. I was kept informed through meetings and emails, helped to understand my options and given realistic updates at each stage. We agreed an action plan at the end of each meeting, so I was always clear about what would happen next. I never felt like a burden, and I valued the prompt updates and continued support.

Outcome and impact

As a result of speaking up, the issues I raised were escalated to a more senior level, examined and addressed. I felt that speaking up led to change and appropriate accountability. Just as importantly, I felt heard and valued. The experience made a significant improvement to my working life and overall wellbeing, and I would feel able to speak up again.

Learning for the FTSU service

I would like the FTSU service to be more visible so that colleagues know where to turn when they need support. I also think face-to-face appointments should take place somewhere discreet. Meeting near a busy entrance can make someone who is already anxious feel exposed or worried that others may see them. Reviewing the privacy and location of appointments would help make speaking up feel safer."

Case study 2 Lack of confidence in receiving a fair review, given feeling that an initial request for flexible working had been unfairly refused

after speaking up to a FTSU Guardian, the member of staff said:

"If you are worried about speaking up, starting a confidential conversation can be a helpful first step. You do not need to have worked out the solution before asking for support. In my experience, the Guardian helped me understand my options and feel more confident about taking the matter forward. Speaking up helped me feel heard, access senior management support and reach a practical solution when I had felt unfairly treated."

Context

"I felt that my request for flexible working had been unfairly refused, and this was causing me significant stress. I wanted support to raise concerns about how the matter had been handled and to seek a fair review. Feeling stressed and deflated, my confidence in raising concerns within my usual management arrangements had been affected. I was worried that challenging the decision or raising concerns could lead to further negative treatment. I was also uncertain about what I could reasonably ask of my managers and how to access support beyond my immediate management team.

The experience of speaking up

It was easy to start a conversation through WorkInConfidence and being able to begin a confidential conversation anonymously was reassuring.

Support provided

The Guardian picked up my concerns very quickly, which reassured me that someone was available to listen and help. The confidential route and the Guardian's prompt response helped me feel able to explain what was happening and how it was affecting me, and their discussion with me made me feel that my perspective mattered. The Guardian listened carefully and took my concerns seriously, responding promptly and helping me understand my options. I felt supported and heard.

Outcome and impact

I received guidance about what I was within my rights to request from my management team and how to seek a fair consideration of my concerns.

Our discussions helped me understand my options and clarify that I wanted a fair review and a workable arrangement that took account of service needs and my wellbeing. I felt better able to explain my position during the appeal process. I felt that my concerns about unfair treatment and possible negative consequences were taken seriously, and that the support respected my perspective and protected me from possible detriment as a result of raising my concerns.

The Guardian also raised equality, diversity and inclusion concerns with senior management and encouraged them to explore these.

Gaining access to senior management support, a practical solution was agreed.

Learning for the FTSU service

It was only after I raised my concerns through FTSU that I was helped with issues I felt unable to resolve through my immediate management team.

Having my concerns taken seriously and gaining access to senior management support mattered most. The ability to begin in confidence was particularly reassuring. Without the WorkinConfidence platform and the Guardian's involvement, I believe I would have missed that support and continued to experience treatment I felt was unfair."

Case study 3 Focusing on listening rather than defending or justifying the outcome of a review of staffing establishment - to improve understanding of the team's experiences and challenges

after listening to concerns raised with FTSU, a senior leader said:

"Feedback raised through FTSU revealed that some managers felt they were not sufficiently seen or heard during an Establishment Review. Although this was difficult feedback to receive, I saw it as an important opportunity to reflect on my leadership, and concluded that I needed to engage with and listen to staff, to understand the experiences behind those perceptions.

Approaching conversations with an open mind, the honest, respectful and constructive dialogue allowed us better to understand each other's perspectives; developing a genuine connection and greater mutual understanding. It demonstrated to me that trust and connection are built through genuine engagement and that taking the time to listen can transform perceptions on both sides. As a leader, I want to continue prioritising these opportunities to strengthen relationships, improve understanding, and ensure colleagues feel valued, heard, and supported."

Case study 4 Regaining confidence through speaking up

after speaking up to a FTSU Guardian, the member of staff said:

*"My advice to others is simple: **speak up**. Speak up rather than keeping your concerns to yourself, because being heard can make a real difference."*

Context

I was feeling very stressed about a situation when a senior colleague encouraged me to contact the Freedom to Speak Up service. At that point, I wanted someone who could listen to my concerns and guide me through the options available.

The experience of speaking up

The Guardian was approachable, compassionate and non-judgemental. They listened carefully, showed understanding and created a supportive environment in which I felt heard, valued and able to explain my concerns openly and honestly.

Support provided

Before this experience, I did not fully understand the role of FTSU or realise that the service could support staff experiencing discrimination, bullying, disrespect or other workplace concerns. Contacting the service helped me understand that FTSU provides a safe and supportive route for staff who may be uncertain about where to turn.

Outcome and impact

As a result of speaking up, my concerns were escalated to an appropriate senior manager for further review. A meeting was arranged to consider the issues I had raised and explore how they might be resolved. This reassured me that my concerns had been taken seriously and were being considered through the appropriate channels. Although some of my concerns were not resolved in the way I had hoped, speaking up still made an important difference to me personally. The support I received helped me rebuild my self-esteem and confidence. I felt empowered and proud of myself for finding the courage to raise the issues that mattered to me.

The most valuable part of the experience was feeling heard, acknowledged and understood. I was able to speak openly without feeling judged or criticised, which gave me confidence that my concerns were being handled appropriately and with respect.

I would now feel confident speaking up again. The experience has increased my awareness of the FTSU service and shown me that support is available when I need it. I also feel better able to encourage colleagues who may be uncertain about raising a concern or contacting FTSU.

Learning for the FTSU service

What mattered most to me was knowing that the support did not stop after I raised my concern. The regular reassurance, follow-up and guidance helped me feel safe, listened to and supported throughout my speaking-up journey, particularly while I was waiting for my concerns to be considered."

Case study 5 Finding support and a clearer way forward

after speaking up to a FTSU Guardian, the member of staff said:

"I felt listened to without being judged. The FTSU team showed empathy and compassion, made the process clear and helped me feel safer to speak up."

Context

I contacted Freedom to Speak Up after experiencing bullying, harassment and discrimination in the workplace. At the time, I felt worried and scared. I was uncertain whether anyone would listen to me or provide the help I needed, and I was concerned about what might happen as a result of raising my concerns.

The experience of speaking up

Before making direct contact, I attended an online Listening Event to understand more about the service. The session was clear and helpful, and it gave me greater confidence to approach the team. When I shared my experience, I felt listened to without being judged. The Guardian showed empathy, compassion and patience, paying close attention as I explained what had happened.

Support provided

The FTSU team helped me understand the options available and provided clear guidance about the routes through which I could raise my concerns. They explained the process and helped ensure that my concerns were considered by the appropriate people. I felt that my confidentiality, preferences and concerns about possible detriment were taken seriously.

Outcome and impact

My concerns were managed through the Respect and Dignity at Work procedure, with support involving HR. I was also supported through Occupational Health and my GP, which supported my wellbeing. Although the formal outcome was still awaited when I provided this feedback, I had seen some improvement within the service and in the care being provided to patients.

One particularly important aspect of the support was that I felt able to express concerns about the management of my case. The FTSU team helped address this, and a change was made that helped me feel safer and more able to trust the process.

Learning for the FTSU service

My experience of the FTSU service showed me that speaking up is the right thing to do when something is wrong. The support I received made a difference and helped me feel heard, but I remain apprehensive about how speaking up may affect me within my department. For me, this highlights the importance of not only having someone who will listen and guide you, but also ensuring that staff continue to feel safe and protected after they have raised a concern.

To anyone who is worried or uncertain about speaking up, I would say: do not assume that you will be judged or left without help. I wish I had known earlier that support was available and that there was a safe place where I could be heard."

ACTION PLAN to promote a healthy speaking up culture at the Trust [*Updated upon approval of Business Case] Appendix 1B

	Objective	Key tasks	Lead responsibility	How measured?	Updated Timeframe	Progress – *as at Oct/Nov 26*
1	**Increase awareness and improve accessibility** Staff should feel **encouraged to speak up** to raise concerns; and should **know how** they can speak up to raise concerns; and should find it **easy** to do so [**NB** Notwithstanding increased awareness and improved accessibility, there may come a point where the numbers (of WiC accounts and of concerns raised through all channels) reaches a plateau].	Continue to promote the WorkInConfidence (WiC) anonymous reporting platform **AND** all other means by which staff may raise concern with OUH FTSU Guardians Liaise with Assistant Director of Workforce to raise awareness of *Signposting formal employee concerns - Oxford University Hospitals* and with the Head of Clinical Governance to raise awareness of the *Patient Safety Incident Response Plan (PSIRP)*	OUH FTSU Guardians *Supported by* Corporate Communications OUH FTSU Guardians *In liaison with* Assistant Director of Workforce (Nona Stevenson) *And in liaison with* Head of Clinical Governance (Helen Cobb)	-Number of WiC accounts activated by OUH staff; -Total number of concerns raised with OUH Guardians *in the context of* all contacts made Triangulation of FTSU cases with -Number of formal employee concerns raised with Workforce and -Number of Patient Safety Incidents reported	Renew promotion of WiC in **Sept** and **Dec 26** Review numbers in **March 2027** Initiate liaison **Oct to Dec 26** Review triangulation **Jan – March 2027**	*1731* accounts activated 2025/26 has seen a further (47%) rise in the overall number of concerns raised – and there is a healthy split (46%:54%) between those raised anonymously, and those raised directly with FTSU Guardians Development of an agreed process for triangulation of data has been hampered by limited workforce capacity, but will be pursued further

	Objective	Key tasks	Lead responsibility	How measured?	Updated Timeframe	Progress – *as at Aug/Sept*
2	**Enhance confidence** in the process Demonstrate that **those who speak up are listened to**; and **that leaders are accountable for follow-up**	Ensure feedback is documented on closed FTSU cases	OUH FTSU Guardians	FTSU data on documented feedback provided	Already implemented; data to be reviewed and reported on **in Q4 26/27** onwards	
2A	**Improve process** for demonstrably **"closing the loop"** Including **Tracking progress** of cases **Recording closure** of cases (on FTSU system, may remain open in another process, *e.g* as Employee Relations) **Recording and reporting on outcomes** (NB outcome may not be able to provide a resolution to the complete satisfaction of the person who raised concern)	Develop standardised **"You said – We did" feedback framework** for FTSU cases Liaise with Divisional Management to introduce regular learning reviews (triangulating FTSU data with other relevant data, including *eg* workforce, patient safety, complaints etc) Explore scope for embedding key FTSU metrics (incl responsiveness, learning, feedback) in Divisional Performance Reviews	OUH FTSU Guardians OUH FTSU Guardians *in liaison with* Divisional Management Teams Chief Officers with Divisional Directors	FTSU data on number of **'You said – We did'** reports generated Documentation of reviews undertaken and actions arising Incorporation of FTSU metrics into performance cycle	Standardised feedback to be developed by **Dec 2026** and reported on **by Q4 26/27** Liaise **Oct – Dec 26**; launch pilot of reviews **Jan - March 2027** Assess feasibility for inclusion of FTSU metrics in **2027/28 performance cycle**	

	Objective	Key tasks	Lead responsibility	How measured?	Updated Timeframe	Progress – *as at Aug/Sept*
3	**Reinforce detriment prevention and protection** Staff should feel **psychologically safe** to speak up and raise concerns; and **should not fear recriminations or adverse impact** on their career progression Introduce **Trust-wide Framework** under Executive leadership of Chief People Officer, for Detriment Prevention, Risk Assessment and response [**NB** Increased awareness and enhanced process for preventing and protecting against detriment ***may*** – at least in the short to medium term - result in a greater number of reported cases of detriment].	Undertake formal detriment risk assessment and monitoring Review all high-risk cases at executive level – nominate Executive Lead as appropriate Consider recruitment and career safeguards as may be necessary AND Professional, regulatory and counter-concern risks Develop Trust-wide detriment prevention standard Require Managers to monitor re Team isolation, backlash and welfare support Ensure timely investigation and communication **Board oversight and independent challenge**	OUH FTSU Guardians OUH FTSU Guardians *with* CPO (Exec Lead for FTSU) then other Chief Officers/Divisional or Corporate Director as appropriate CMO/CNO OUH FTSU Guardians *working with* HR and Chief People Officer FTSU Guardians with NED and Exec FTSU Lead	95% of new cases to include documented detriment risk assessment 100% of cases assessed to be high risk referred for review at executive level (Over time) measurable reduction in the need for escalation of detriment themes	Embed process for risk assessment **by Dec 2026** and review quarterly (aim to include in Annual Report for 2026/27) Rollout referrals for executive review **Oct - Dec 26** Agree Trust-wide standard **by Mar 27**; embed **in 27/28**	

	Objective	Key tasks	Lead responsibility	How measured?	Updated Timeframe	Progress – *as at Aug/Sept*
4	**Recognise the value of senior leaders role-modelling #SpeakUpListenUpFollowUp and improve the visibility of that role-modelling** Staff confidence in the process is hugely influenced by there being a visible demonstration that senior leaders themselves Speak Up, Listen Up and Follow Up [It is proposed that those who complete the e-Learning Modules should be asked to respond to the key questions included in the NHS Staff Survey, to assess whether this cohort demonstrates an improvement in affirmative responses].	Strongly encourage an increased uptake of FTSU e learning, particularly among managers and senior leaders	OUH FTSU Guardians *Supported by* Corporate Communications	50% improvement in the current completion rate by managers	Target promotion of the e-Learning modules **June – Dec 2026** Assess take-up rates **in 26/27;** include in Annual Report 26/27 and continue to monitor	Improvement in take-up of e-Learning modules in Q4 25/26: Speak Up by 45% Listen Up by 34% Follow Up by 38%

[ii] NHS Standard Contract General Conditions 25 26 and Technical Guidance on NHS Standard Contract 26 27