



Cover Sheet

Trust Board Meeting in Public: Wednesday 27 May 2026

TB2026.46

Title: Freedom to Speak Up [FTSU] In-year Update Q1/Q2/Q3 2025/26

Status: For Information

History: TB2025.96 FTSU Annual Report 2024/25

Board Lead: Chief People Officer

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Confidential: No

Key Purpose: Assurance

Executive Summary

1. This paper presents an in-year update on activity undertaken by the Freedom to Speak Up [FTSU] team at OUH, since presentation of the Annual Report 2024/25. It includes data on cases opened in the nine-month period from 1 April to 31 December 2025 and highlights some other relevant developments.
2. Activity undertaken by the FTSU team at OUH work is pursued in collaboration with colleagues in teams across the Trust, always with the aim of further improving and embedding a healthy speaking up culture throughout the organisation.
3. The covering paper which follows (at pages 3 to 5 of 5) summarises the main points and key developments.
4. The full report is **attached** at Appendix 1.

Recommendation

5. The Trust Board **is asked to:**
 - **Note & discuss** this in-year update on activity undertaken by the FTSU team at OUH in Q1, Q2 and Q3 of 2025/26 (**Appendix 1**).
 - **Note** the 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)* (**Appendix 1A**)
and
 - **Note and support** the recommendations for proposed initial improvement actions (**Appendix 1B**) aimed at continuing to promote a healthy speaking up culture at the Trust and achieving improvement in the OUH score in relation to that element.

Freedom to Speak Up [FTSU] In-year Update Q1/Q2/Q3 2025/26

1. Purpose

- 1.1. This paper presents an in-year update, **attached** at Appendix 1, on FTSU activity at OUH from 1 April to 31 December 2025.

2. Update

- 2.1. Data is provided on the number of cases opened by OUH FTSU Guardians, with a breakdown of the reason(s) for contact in those cases. (**NB** Multiple reasons may be identified in relation to a single case).
- 2.2. Between 1 April and 31 December 2025, OUH FTSU Guardians opened **224 cases** (compared to 108 cases opened in the same period of 24/25 and 66 in the same period of 23/24).
- 2.3. The increase in concerns raised can be attributed in large part to the high level of engagement with the [WorkInConfidence anonymous reporting platform](#) [WiC], first introduced in November 2024 as an extension of the Trust's existing [Freedom to Speak Up](#) service, in response to staff feedback, and as part of the Trust's commitment to breaking barriers to speaking up. (*ref 2.18 – 2.26 of Appendix 1*)
- 2.4. Between 1 April and 31 December 2025, almost half of all cases (**106**) were initially raised anonymously, although the trend in the proportion of cases so raised has been downward since Q1 (*ref Graph 7*). A significant number of the cases raised anonymously relate to concerns which had not previously been known by the Divisions.
- 2.5. In addition to cases formally opened, the FTSU team has engaged with more than **1,600** staff members across the Trust over the nine-month period; at roadshows held around the time of the annual national Speak Up week (October 2025) and through monthly online Listening Events and other initiatives to raise awareness and remove barriers to speaking up, promoting the Trust's **#SpeakUpListenUpFollowUp** culture.
- 2.6. In the [NHS Staff Survey 2025](#), 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*) - further analysis is provided at *Appendix 1A*. While the score is slightly less than last year's score of 6.76, it is reflective of a nationwide downward turn. OUH has maintained a score that is still slightly above the national average (6.6), and significantly above the score of the worst performers (5.93). Recommendations have been made (*at s.4 below*) which aim to achieve improvement in the OUH score, towards that of the best performers (7.12).

- 2.7. In December 2025, in the belief borne out by earlier research undertaken¹ that completion of the FTSU e-learning modules is very likely to have a positive impact on the health of an organisation's speaking up culture, the OUH FTSU team re-launched their promotion of the FTSU e-learning training modules available on [My Learning Hub](#) (ref 5.1 – 5.4) of App 1).
- 2.8. A notable in-year development has been publication of the [Detriment guide - National Guardian's Office](#) (January 2025), in the light of which the provisions of the Trust's updated [Freedom to Speak Up Policy](#) have been strengthened to protect any member of staff who speaks up in good faith to raise a concern; specifically to protect them from experiencing any detriment, disadvantageous or demeaning as a result of having spoken up.
- 2.9. The Trust's Freedom to Speak Up Policy has further been updated expressly to reflect the change in legislation – effective from 6 April 2026² – that the list of disclosures qualifying for protection now includes 'that sexual harassment has occurred, is occurring or is likely to occur'.

3. Conclusion

- 3.1. The marked increase in the number of concerns raised at OUH represents real progress in breaking down barriers to speaking up and reflects the Trust's commitment to ensuring that staff do feel able to speak up, so that concerns raised about the quality of care, patient safety, and staff safety and wellbeing can be addressed (*see further at 7.3 – 7.5 of Appendix 1*).
- 3.2. To maintain staff confidence in the system, it is necessary to demonstrate **both** that it is not futile to raise a concern, and those who have spoken up will be supported **and** to remove the barrier of fear of detriment that may prevent speaking up. This depends upon the adequacy of resources to meet the challenges identified (*ref 6.1 and 6.2 of Appendix 1*).
- 3.3. The FTSU Lead Guardian and team will continue to work in alignment with the Trust's Strategy and the People Plan, contributing to the staff engagement programme and engaging with the Trust's programme for the *Eradication of Bullying and Harassment*, to help 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.

¹ As part of MBA Capstone Project undertaken by one of the FTSU Guardians (2022)

² Under the [Employment Rights Act 2025](#) s.23, amending the [Public Interest Disclosure Act 1998](#) (which amended the [Employment Rights Act 1996](#)) if a member of staff makes a 'protected disclosure', it is unlawful to dismiss them or treat them detrimentally. **NB** Beyond the protection afforded by law, it is the Trust's policy that - whenever a member of staff speaks up in good faith to raise a concern - they must be protected from experiencing detriment, disadvantageous or demeaning treatment as a result of having spoken up.

4. Recommendations

4.1. The Trust Board is asked to:

- **Note and discuss** this in-year update on activity undertaken by the FTSU team at OUH in Q1, Q2 and Q3 of 2025/26 (**Appendix 1**).
- **Note** the 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) (**Appendix 1A**)
and
- **Note and support** recommendations for proposed initial improvement actions (**Appendix 1B**) 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 more positive staff survey responses.
- **Support** the further development and implementation of targeted Trust-wide and divisional actions, aligned to the People Plan and the Eradication of Bullying and Harassment programme, with progress monitored through triangulation of staff survey results, FTSU data, and other patient safety and workforce intelligence.

Freedom to Speak Up – In-year Update Report Q1/Q2/Q3, 2024/25

1. Purpose

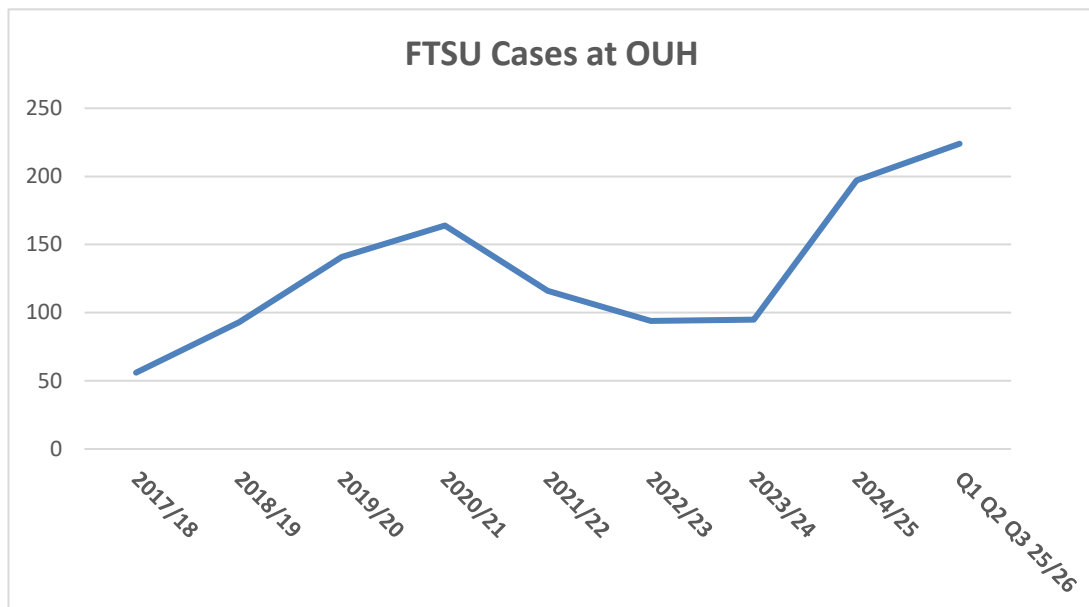
1.1. The purpose of the In-Year Update Report is to provide an overview of the work of the Freedom to Speak Up [FTSU] Guardians at OUH in the nine-month period from 1 April to 31 December 2025, providing data on cases opened and other contacts made, and highlighting relevant developments.

2. Recorded staff contacts and cases opened

2.1. There were **224** cases formally opened after staff contact with FTSU Guardians at OUH during the period covered by this report - **including 106** cases raised anonymously through [WorkInConfidence](#) (introduced in November 2024), further commentary on which is provided at 2.18 – 2.26. This compares to a total of 108 cases opened in the same period of 2024/25 and 66 in the same period of 2023/24.

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 **1,357 staff** over the nine-month period **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 (in October 2025).

2.3. Year on year data on the number of FTSU cases opened at OUH is represented in Graph 1 and in Table 1 below.



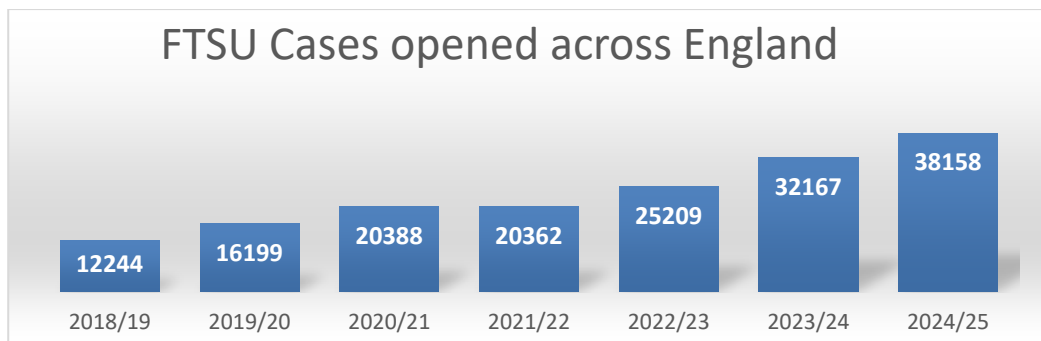
Graph 1 – FTSU cases Year on Year at OUH (Source: OUH Lead FTSU Guardian)

Year	Period covered	No of cases	
2017/18	8 months		56
		Half year	Full year
2018/19	Q1 and Q2	39	
	Q3 and Q4	54	
	12 months		93
2019/20	Q1 and Q2	86	
	Q3 and Q4	55	
	12 months		141
2020/21	Q1 and Q2	92	
	Q3 and Q4	72	
	12 months		164
2021/22	Q1 and Q2	38	
	Q3 and Q4	78	
	12 months		116
2022/23	Q1 and Q2	37	
	Q3 and Q4	57	
	12 months		94
2023/24	Q1 and Q2	30	
	Q3 and Q4	65	
	12 months		95
2024/25	Q1 and Q2	67	
	Q3 and Q4	130	
			197
2025/26	Q1 and Q2	149	
	Q3 (NB 1 Qtr only)	75	224 to date

Table 1 – FTSU cases Year on Year at OUH (Source: OUH Lead FTSU Guardian)

Some comparisons with national data

2.4. The most recent [NGO Annual Report on Speaking Up Data 2024/25](#) (published in August 2025), showed that across the country, 38,158 cases were raised with FTSU Guardians during the whole year 2024/25, and the general year on year rise in cases is represented in Graph 2.



Graph 2 – FTSU cases raised across England (Source: NGO Annual Reports)

2.5. This rate of year-on-year increase in the number of cases raised nationally was not being reflected in OUH data up to the end of 2024. However, as shown in Graph 1 and in Table 1 above, the number of FTSU cases at OUH in 2024/25 and in the first 3 quarters of 2025/26 has increased markedly.

Why people have spoken up

2.6. OUH follows national guidance on [Recording Cases and Reporting Data](#), under which the reasons why people have spoken up are categorised to identify whether the concern raised includes an element of

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

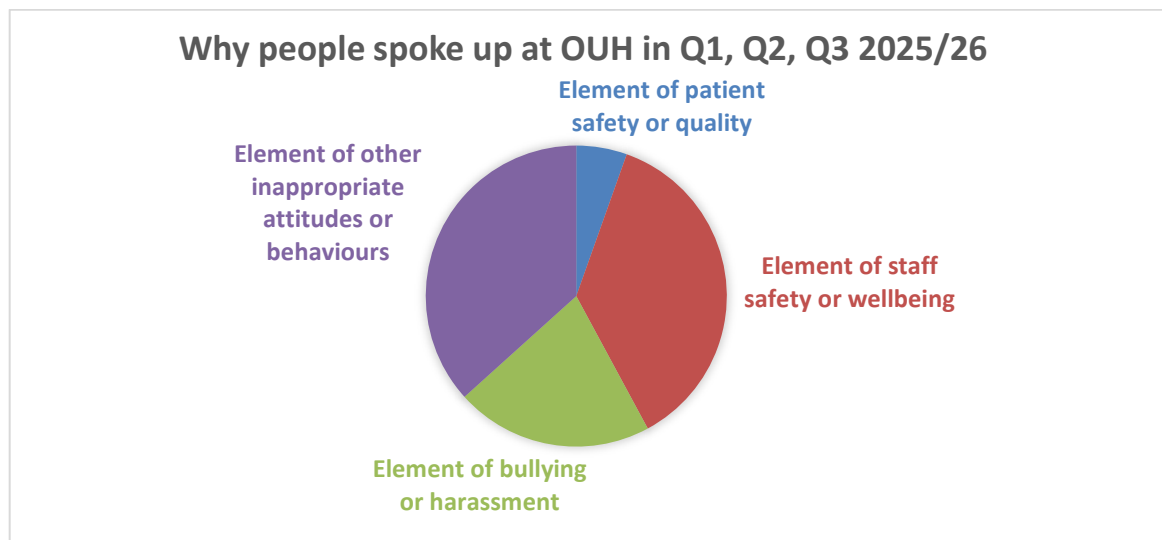
(NB multiple elements may be identified in any single case)

2.7. At OUH, the two elements most reported during Q1, Q2 and Q3 of 2025/26 have been “**staff safety or wellbeing**” and “**inappropriate attitudes or behaviours** (other than bullying and harassment)”, each of which **featured in 128 cases** (each element featuring in 57% of all cases).

2.8. During the same period, “**bullying and harassment**” was cited as the reason for contact with OUH FTSU Guardians in **74 cases** (33% of cases).

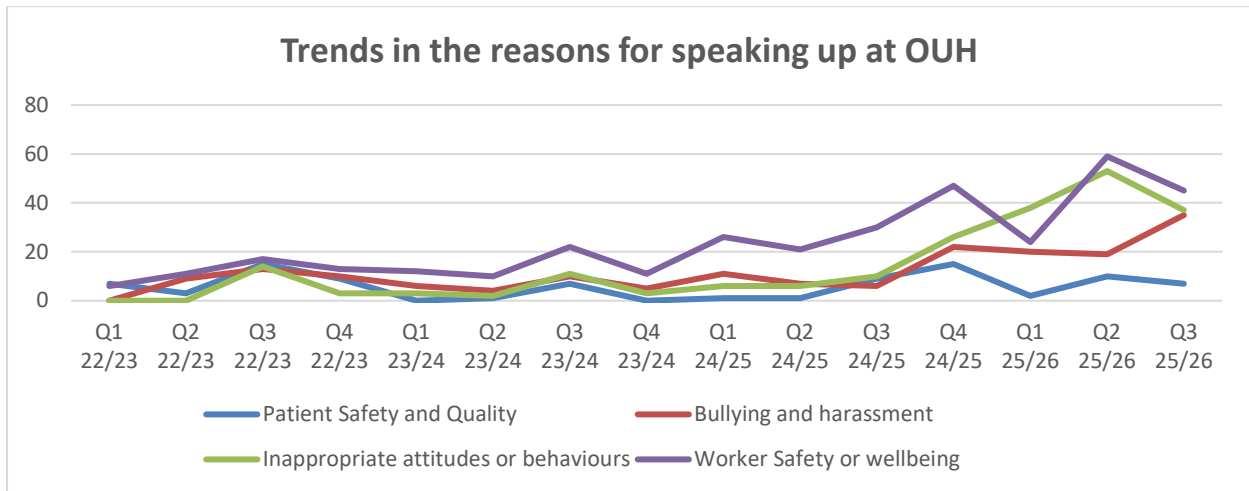
2.9. “**Patient safety and quality**” was an element in a further **19** out of the total of 224 FTSU cases formally opened at OUH during Q1, Q2 and Q3 of 2025/26 (8% of cases).

2.10. A breakdown of why people spoke up to FTSU Guardians at OUH in Q1, Q2 and Q3 of 2025/26 is shown in Graph 3.



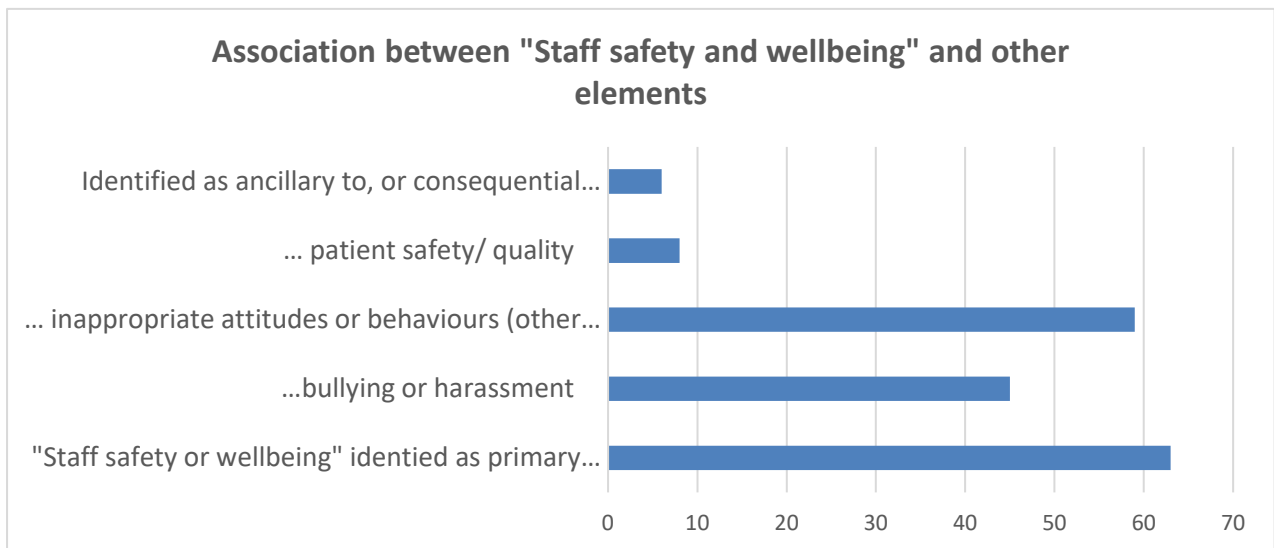
Graph 3 – Why people spoke up at OUH in Q1, Q2, Q3 2025/26 (Source: OUH Lead FTSU Guardian)

2.11. Trends in the reasons why people have spoken up to FTSU Guardians at OUH over the past four years are represented in Graph 4.



Graph 4 – Reasons for speaking up at OUH 22/23, 23/24, 24/25 and Q1/Q2/Q3 2025/26 (Source: OUH Lead FTSU Guardian)

2.12. Some further analysis has been undertaken of the total 128 recorded instances where an element of “**staff safety or wellbeing**” was identified. This reveals that in **more than half** of the cases (65), this element was identified as ancillary to or consequential upon one or more of the other elements, or in association with reported detriment. The results of that analysis are shown in Graph 5.

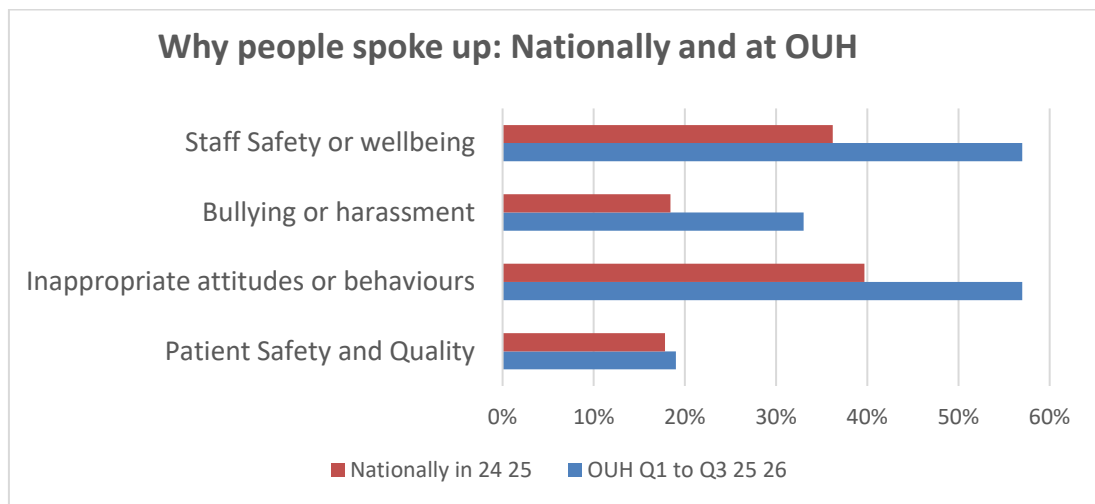


Graph 5 – Association between “Staff safety and wellbeing” and other elements (Source: OUH Lead FTSU Guardian)

2.13. Where “staff safety and wellbeing” is recorded as the sole or primary element (63 cases), this includes the distinct facets of both “safety” and “wellbeing”, 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”.

Some comparisons with national data

- 2.14. Nationally, the most reported element for the last two years has been *inappropriate attitudes or behaviour*, reported as an element in 39.7% of cases last year (up from 38.5% in 2023/24). *Bullying and harassment* was reported to be an element in a further 18.4% of cases last year (*down* from 19.8% in 23/24 and 22% in 2022/23), meaning that last year at least one of these elements was present in over 58% of cases, nationally.
- 2.15. Across England, the theme of *staff safety or wellbeing* was an element in 36.2% of cases in 24/25 (up from 32.3% in 23/24 and 27.4% in 22/23).
- 2.16. An element of *patient safety and quality* was reported in 17.8% of cases nationally (down from 18.7% in 2023/24 and 19.3% in 22/23).
- 2.17. A comparison of the breakdown in reasons why people spoke up nationally in 2024/25 and at OUH in the year to date is provided in Graph 6.



Graph 6 – Comparison of the distribution of elements present in cases nationally and at OUH (Source: The [NGO Annual Report on Speaking Up Data 2024/25](#) and OUH Lead FTSU Guardian)

Anonymous reporting

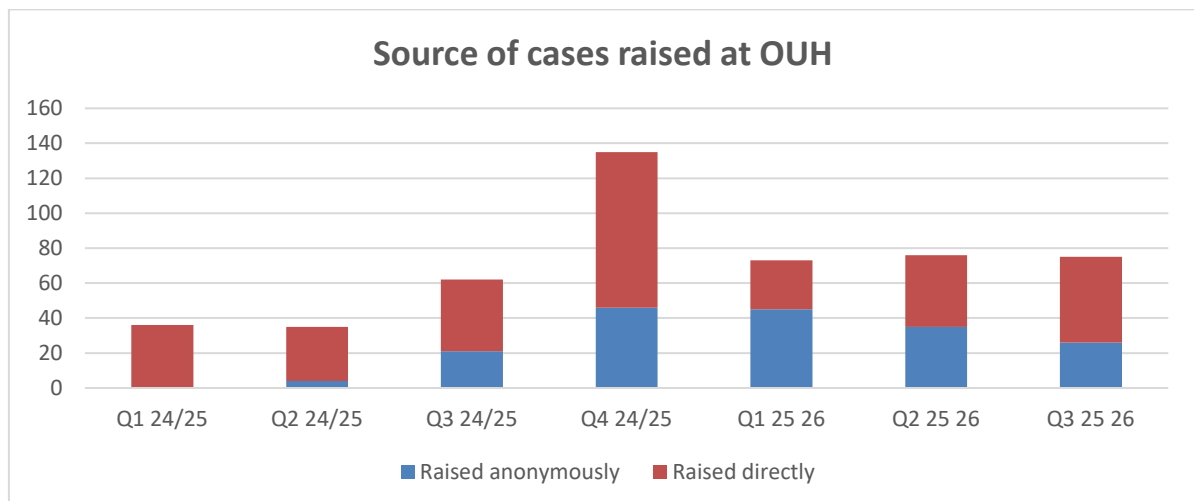
- 2.18. Following national guidance on [Recording Cases and Reporting Data](#), data is collected on how many cases have been raised anonymously.
- 2.19. In recent years, concerted efforts have been made to make it easier for OUH staff to raise concerns with a complete guarantee of anonymity. Acting on feedback received via the annual national NHS Staff Survey and at OUH People Plan listening events - which indicated that some colleagues are more likely to speak up anonymously – in November 2024, [WorkInConfidence](#) [WiC] was introduced as an extension to the Trust’s existing Freedom to Speak Up service. This platform provides a secure, anonymous 2-way communication system, completely independent of the Trust and 100% confidential; no-one at OUH can know which members of staff have registered or used the service.

2.20. There has been a high level of engagement with WiC and at the time of writing (April 2026) in the 16 months since it was launched:

- Over 1,500 OUH staff have activated a WorkInConfidence account
- 240 conversations have been started (concerns raised anonymously)
- 120 conversations have been closed (concerns resolved)
- 120 conversations remain open (concerns being explored)

2.21. Prior to the introduction of WiC, no cases had been raised anonymously at OUH in Q1 of 2024/25, and 4 were raised anonymously in Q2. There were then 67 cases raised anonymously over Q3 and Q4 of 2024/25, and in the first 3 quarters of 2025/26 there have been **106 cases raised anonymously**, representing **47%** of all cases in that 9-month period (national average for cases raised anonymously in 24/25 was 11.6%).

2.22. The incidence and proportion of cases being raised anonymously at OUH since the introduction of WiC is represented in Graph 7.



Graph 7 – Incidence and proportion of cases raised anonymously at OUH
(Source: OUH Lead FTSU Guardian)

2.23. Of the 106 people who initially raised a concern anonymously through WiC, several (as many as a third of them in Q1) were subsequently happy to waive their anonymity when contacted by a FTSU guardian.

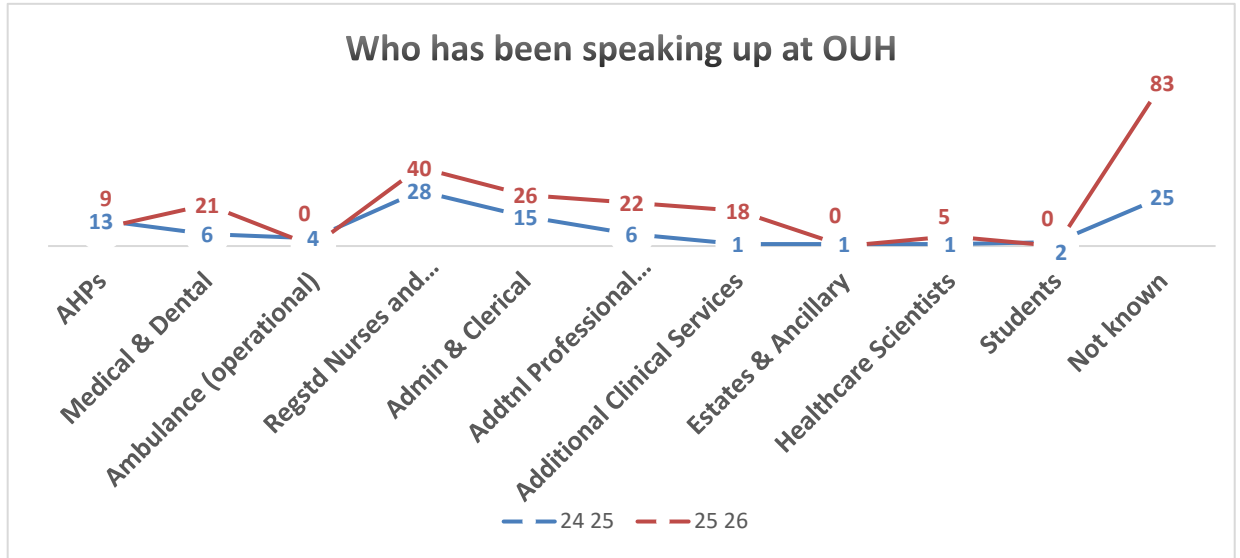
2.24. Importantly, the OUH FTSU Guardians have been working to ensure that it is just as simple and accessible to raise a concern directly with them, as it is via WiC, for example introducing a new streamlined form for staff to book an appointment for a confidential chat, available on the ‘Contact us’ page of the Freedom to Speak Up site on SharePoint.

2.25. The trend in the proportion of cases initially raised anonymously has been downward since Q1 of 25/26. Nonetheless, the introduction of WiC as an independent platform which makes it easier to raise concerns with a guarantee of anonymity does seem to have been a catalyst to encouraging

more people to speak up, and to be one of the important tools for breaking barriers to speaking up.

Who has been speaking up

Data is collected on the professional/staff group, where known and a comparison of the breakdown of who has been speaking up at OUH in the first 3 quarters of the past two years is shown in Graphs 8.



Graph 8 – Who has been speaking up at OUH 24/25 and 25/26 (Source: OUH Lead FTSU Guardian)

- 2.26. 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.
- 2.27. Of those speaking up who are identified in the “Medical & Dental” professional/staff group, the vast majority are identified as Consultants.
- 2.28. National guidance on [Recording Cases and Reporting Data](#) does **not** require data to be collected on the characteristics of people speaking up, for example ethnicity and gender, and it is important that any process to collect such information could not lead to the identity of those speaking up being revealed. Confidentiality must always be respected. Keeping this in mind, it is recognised that information about the characteristics of those who speak up can support assurance about the effectiveness of the speaking up culture, including whether it is reaching groups facing barriers to speaking up. The OUH FTSU team is exploring what further data analysis could be undertaken to gain assurance as to whether ethnicity and gender are proportionately represented amongst those who speak up.

Detriment

- 2.29. Following national guidance on [Recording Cases and Reporting Data](#), data is collected to identify

- if disadvantageous and/or demeaning treatment as a result of speaking up is indicated (“detriment”).
- 2.30. During Q1, Q2 and Q3 of 2025/26, the FTSU team at OUH recorded a total of 13 cases where someone reported experiencing “detriment” (= 4% of cases at OUH, compared to a national average in 2024/25 of 2.9%).
- 2.31. Following publication in January 2025 of the [Detriment guide - National Guardian's Office](#), the provisions of the Trust’s updated [Freedom to Speak Up Policy](#) have been strengthened to protect any member of staff who speaks up in good faith to raise a concern; specifically to protect them from experiencing any detriment, disadvantageous or demeaning as a result of having spoken up.

3. Learning from concerns raised; making a difference

- 3.1. The FTSU Guardians meet regularly with colleagues in divisional management, who confirm that this helps them to triangulate FTSU data with all other available sources of intelligence, so as to gain a better understanding of what key issues of concern need to be addressed.
- 3.2. Concerns raised in Q1, Q2 and Q3 of 2024/25 have highlighted a range of issues, including in relation to:
- Workplace culture and psychological safety
 - Some of the concerns raised about bullying and harassment (a total of 74 in the nine-month period), and about other inappropriate attitudes or behaviours (a further 128 cases) have reported discrimination, aggression, and racism.
 - Whatever the nature of their concern, some staff report experiencing a lack of compassion and poor psychological safety, fear of reprisal, and reluctance to speak openly, particularly in small teams.
 - Some doctors (below Consultant grade) who have raised concerns with FTSU have expressly requested that the matter not be escalated or referred any further, because of their perceived fear that it may harm their future career prospects.
 - Although the absolute number of those experiencing detriment is low (13 cases in total), this does represent an increase in reports of detriment or retaliatory behaviour after staff raised concerns.
 - Wellbeing, workload, and burnout
 - The number of concerns relating to “staff safety and wellbeing” (128 cases) includes recurrent reports of the emotional strain and impact on staff wellbeing of excessive workload, including clinical workload.
 - Amongst staff raising these concerns, some report feeling unsupported by their local management and/or by the organisation.

- Leadership, management, and HR issues
 - Concerns have also been raised that both the safety and wellbeing of staff - and patient safety - can be adversely impacted by:
 - weaknesses in the capability and capacity of leadership and management, and by weak governance; as well as by
 - a lack of appropriate support and training for managers to respond to concerns raised; and by
 - poor appraisals; and by
 - poor communication from HR, including around investigations, pay, leave, banding, and visa sponsorship.
- Fairness, trust, and transparency
 - Staff who have spoken up highlight that trust in the organisation's processes and support systems is crucial, and that this is eroded by
 - perceptions of unfairness in recruitment, promotion, and appraisal processes and by
 - perceptions of a lack of transparency in formal investigations.
- Patient safety and clinical governance
 - Some of the concerns raised about patient safety (19 cases) report
 - poor communication; and
 - power imbalances within a clinical team being allowed to lead to inconsistency in the application of clinical governance processes.

Case Study 1

3.3. After the experience of some difficult and distressing outcomes in their clinical area, staff tried to raise some issues with their managers, to consider whether any measures could be taken to help staff cope better with the impact of any future, similar scenarios. Feeling that the follow-up was inadequate - in particular, that they were not provided with adequate support, and were not reassured that the issues raised were being taken seriously - staff raised their concerns with the FTSU team. Divisional management acknowledged that support pathways had not been communicated as effectively as had been assumed and, in response to the FTSU concern raised, clearer communications and a revised staff support pathway was introduced. This aimed to improve staff understanding of how and when to access help, and early feedback is showing a positive impact for the members of staff who raised concerns.

Case Study 2

Overview

- 3.4. An anonymised concern was raised through the OUH FTSU service regarding previously reported inter-team working, behaviours, communication and governance within a corporate digital portfolio supporting a critical system. Anonymity was preserved to protect psychological safety and enable staff to raise concerns they did not feel able to raise through management channels.

Issues and Impact

- 3.5. The concern highlighted behaviours and working practices that were undermining collaboration, including inconsistent decision-making, constrained communication routes, and unclear accountability. These issues were reported to be affecting staff wellbeing, contributing to delivery delays and creating operational risk. This aligns with NGO learning that speaking up often surfaces **systemic and cultural issues** rather than isolated individual conduct.

Action and Response

- 3.6. In line with national guidance that leaders should “**listen, respond and learn**” from speaking up, the Service Director lead took clear ownership of the issues raised. Immediate actions included constructive management conversations focused on behaviour, communication and accountability, alongside engagement with affected teams and leaders. Longer-term improvement work was initiated, including listening events, clarification of roles and responsibilities, and process mapping to strengthen governance. Clear timescales for feedback and follow-up were provided, consistent with the NHSE model policy emphasis on timely response and learning.

Learning and Improvement

- 3.7. This case demonstrates how FTSU can act as an **early warning system**, supporting learning and improvement before issues escalate further. Key learning mirrors NGO and NHSE guidance:
- Psychological safety and anonymity enable staff to raise sensitive behavioural and cultural concerns.
 - Sustainable improvement requires addressing **system design and culture alongside individual behaviours**.
 - Visible executive leadership and ownership are critical to building confidence in speaking up arrangements.
 - Closing the feedback loop with those who speak up is essential to maintaining trust in the FTSU process.

- 3.8. The case exemplifies the importance of using FTSU insights to drive organisational learning, improve staff experience and strengthen governance, providing assurance to external stakeholders

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

- 4.1. Since 2021, the principal measure of the health of a trust’s speaking up culture is how well it scores in the annual NHS Staff Survey on the element of the **People Promise** that measures (out of 10) how well an organisation can demonstrate that **“We each have a voice that counts (relating to raising concerns)”**. This is intended to reflect how well the organisation as a whole demonstrably encourages all staff to have confidence that they will be listened to if they raise a concern about anything getting in the way of doing a good job, or of good patient care.
- 4.2. Staff responses to the four key questions that contribute to the overall score will be affected by how well everyone’s freedom to speak up is supported and embedded across the organisation’s culture. An appropriately resourced and effective FTSU service is a necessary component, but cannot on its own be sufficient, to achieve a healthy speaking up culture throughout the Trust.
- 4.3. Across the NHS, for the past 5 years there has been little variation in the national average score of between 6.6 and 6.7. The highest national average of 6.7 was seen in 2023, since when there has been a **slight deterioration** both in the national average, and in the scores of the best and worst performing trusts.
- 4.4. OUH performance also showed an upturn in 2023, when the Trust recorded its highest score of 6.84, but since then the OUH score has tracked the national slight downward trend and in the results of the [NHS Staff Survey 2025](#), OUH had an overall score of **6.65** out of 10. This means that OUH has maintained a score that is still slightly above the national average, and significantly above the score of the worst performers, though with room for improvement to match the best performers’ score.
- 4.5. Year on year comparison of the overall score is provided in Table 2.

		2021		2022		2023		2024		2025	
NHS Staff Survey National average	(Score 1-10)	6.67		6.65		6.7		6.67		6.60	
	Highest and lowest performers	Best 7.31	Worst 6.16	Best 7.14	Worst 6.15	Best 7.16	Worst 6.21	Best 7.14	Worst 5.95	Best 7.12	Worst 5.93
OUH Staff Survey Result		6.82		6.78		6.84		6.76		6.65	

Table 2: Year on Year Comparison of scores for *“We each have a voice that counts”* (relating to Raising Concerns) – Source: Annual NHS Staff Survey Results 2021-2025

- 4.6. Each trust’s score is based on responses to four key questions in the Staff Survey, with answers reflecting the experience of responders to the organisation as a whole, not specifically to the FTSU service. In the 2025 NHS Staff Survey, OUH responses to all four questions had deteriorated slightly, reflecting a nationwide downward turn in scores in relation to this element. Fuller analysis is provided at Appendix 1A.

5. Learning and Improvement

- 5.1. General take-up of the available FTSU e-learning modules has been disappointingly low. It is understood, and borne out by research previously undertaken³, that reasons for this include:

- lack of time,
- perceived poor promotion of the modules,
- low motivation, and
- limited access to computers/space.

With the uptake by senior staff seen to be particularly low due to

- ‘advantage blindness’, *i.e.* a false sense within the organisational senior staff that everyone is empowered to speak up; and

Uptake by junior staff also being low due to

- Not feeling adequately supported by middle management in raising concerns.

- 5.2. Evidence from national guidance, organisational studies and healthcare safety research indicates that structured Freedom to Speak Up training is strongly associated with improved confidence, psychological safety and speaking up behaviours, and is therefore very likely to make a positive contribution to the health of an organisation’s speaking up culture, particularly when reinforced by visible leadership, effective follow up and accountability. With that in mind in December 2025, the OUH FTSU team re-launched their promotion of FTSU training, encouraging all staff to:

- **Empower yourself:** Learn how to raise concerns safely.
- **Support each other:** Encourage a healthy speaking up culture
- **Improve patient care:** Create a safer environment! Spot and resolve issues early.
- **Grow professionally:** Build skills valued across the NHS.

- 5.3. With the support of Corporate Communications, all staff were directed to:

³ As part of MBA Capstone Project undertaken by one of the FTSU Guardians (2022)

- Module 1 “Speak Up” ([Speak Up](#)) – available for all staff
- Module 2 “Listen Up” ([Listen Up](#)) – for all leaders; and
- Module 3, “Follow Up” ([Follow Up](#)) - for senior leaders including executive and non-executive directors, and governors; to be undertaken after completion of Modules 1 and 2.

5.4. Efforts to improve the take-up of FTSU e-learning modules will continue, given evidence referred to in 5.2 and other research previously undertaken – in Focus Groups involving staff who had completed the modules and staff who had not done so – those who had completed the training exhibited significantly better:

- Receptive attitudes to speaking up
- Knowledge on how to raise concerns; and
- Positive engagement behaviours with the FTSU service

and they responded significantly more positively to the four key questions that contribute to the Trust’s score demonstrating that **“We each have a voice that counts (relating to raising concerns)”** than has been shown in OUH Staff Survey results over recent years, as shown in Table 3.

	Responses of those who had completed e-learning modules (2022)	OIUH 2021 Staff Survey	OUH 2025 Staff Survey
“I would feel secure raising concerns about unsafe clinical practice”	92.4%	74%	69.65%
“I am confident that my organisation would address my concern”	76.9%	60.9%	53.9%
“I feel safe to speak up about anything that concerns me in the organisation”	69.3%	63.8%	60%
“If I spoke up about something that concerned me, I am confident my organisation would address my concern”	69.3%	52%	47%

Table 3: Comparison of responses to the four key questions contributing to score for **“We each have a voice that counts”** (relating to Raising Concerns) – Source: Annual NHS Staff Survey Results 2021-2025 and FTSU Guardian MBA Capstone Project (2022)

6. Ongoing development of the FTSU service at OUH

6.1. Having completed the National [Freedom-to-speak-up-reflection-and-planning-tool.docx](#), the FTSU team were joined by the Trust Chair, and by the Executive and Non-Executive Leads for FTSU at an Away Day held in

February 2026. A high-level Action Plan is now in development, to address the key matters of:

- Improving the effectiveness of FTSU Case Management
- Protecting staff from Detriment (based on detriment risk assessment)
- Role-modelling and promoting a **#SpeakUpListenUpFollowUp** culture.

6.2. There are recognised to be some challenges, including in relation to:

- Providing sufficient ring-fenced time for the FTSU Guardians
 - to respond in an appropriate and timely way to concerns raised;
 - to undertake robust detriment risk assessments; and
 - to support the promotion of a healthy speaking up culture across the organisation;
 and in relation to:
- Supporting appropriate training for managers across the Trust

7. Conclusion

- 7.1. OUH FTSU Guardians continue to collaborate with colleagues in teams across the Trust, to further improve and embed a healthy speaking up culture throughout the organisation; in particular through engagement with the Trust's programme for the *Eradication of Bullying and Harassment*.
- 7.2. The marked increase in the number of concerns raised at OUH represents real progress in breaking down barriers to speaking up.
- 7.3. We must continue to ensure that staff feel able to speak up, so that concerns raised about the quality of care, patient safety, and staff-wellbeing can be addressed. As identified in [the Government's 10 Year Plan for the NHS](#), "many of the NHS' worst scandals happened - or lasted longer -because staff were ignored, or did not feel able to speak up"⁴ . Every trust is required⁵ to appoint a Freedom to Speak Up Guardian and *"as part of its wider inspection responsibilities a core function of CQC will be to assess whether every provider (and in time, ICB) has effective freedom to speak up functions, and the right skills and training in place"*⁶.
- 7.4. As further emphasised in Dr Penny Dash's [Review of patient safety across the health and care landscape - GOV.UK](#)⁷ there is a *"need to strengthen the importance of listening to and acting on staff voice"* and *"for greater confidence in the system"*, under which *"[s]taff should be supported and encouraged to share concerns"*.

⁴ See Page 90 of [Government's 10 Year Plan for the NHS](#)

⁵ Under [NHS Standard Contract General Conditions 5.10](#)

⁶ See Page 90 of [Government's 10 Year Plan for the NHS](#)

⁷ See Recommendation 6

- 7.5. To maintain staff confidence in the system, it is necessary to demonstrate **both** that it is not futile to raise a concern, *and* that no-one will suffer detriment as a result of speaking up. This will depend upon the adequacy of resources to meet the challenges identified.
- 7.6. The FTSU Lead Guardian and team will continue to work in alignment with the Trust's Strategy and the People Plan, contributing to the staff engagement programme, to help 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.

8. Recommendation

- 8.1. It is recommended that the **Trust Board**
- **Note and discuss** this in-year update on activity undertaken by the FTSU team at OUH in Q1, Q2 and Q3 of 2025/26 (**Appendix 1**).
 - **Note** the 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*) (**Appendix 1A**)
 - **Note and support** recommendations for proposed initial improvement actions (**Appendix 1B**) 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.
 - **Support** the development and implementation of targeted Trust-wide and divisional actions, aligned to the People Plan and the Eradication of Bullying and Harassment programme, with progress monitored

through triangulation of staff survey results, FTSU data, and other workforce intelligence.

Lindley Nevers

OUH Freedom to Speak Up Lead Guardian

Freedom to Speak Up [FTSU]: Analysis of responses to NHS Staff Survey 2025

The results of the annual NHS Staff Survey are measured against the seven elements of the *People Promise*, and in gauging how well a trust measures up to the element: *“We each have a voice that counts” (relating to raising concerns)*, the responses to four key questions contribute to a score out of 10.

The responses to those four key questions are taken to be a reflection of the health of a trust’s speaking up culture, and of how well the organisation as a whole demonstrably encourages all staff to have confidence that they will be listened to if they raise a concern about anything getting in the way of them doing a good job, or of good patient care. In a healthy speaking up culture, it should be part of “business as usual” to raise concerns (and/or suggest improvements that might be made) in relation to any issue, including *for example* experience of poor behaviours, or a sub-optimal environment adversely affecting staff wellbeing, as well as instances of poor clinical practice.

Staff responses to the four key questions will be affected by how well everyone’s freedom to speak up is supported and embedded across the organisation’s culture. An appropriately resourced and effective FTSU service is a necessary component, but cannot on its own be sufficient, to achieve a healthy speaking up culture throughout the Trust.

In the [NHS Staff Survey 2025](#), OUH had an overall score of **6.65** out of 10 in respect of the element *“We each have a voice that counts” (relating to raising concerns)*.

		2021		2022		2023		2024		2025	
NHS Staff Survey National average	(Score 1-10)	6.67		6.65		6.7		6.67		6.60	
Highest and lowest performers		Best 7.31	Worst 6.16	Best 7.14	Worst 6.15	Best 7.16	Worst 6.21	Best 7.14	Worst 5.95	Best 7.12	Worst 5.93
OUH Staff Survey Result		6.82		6.78		6.84		6.76		6.65	

Table 1: Year on Year Comparison of scores for *“We each have a voice that counts” (relating to Raising Concerns)* – Source: Annual NHS Staff Survey Results 2021-2025

Across the NHS, **for the past 5 years there has been little variation in the national average score**, which has been between 6.6 and 6.7. The highest national average of 6.7 was seen in 2023, since when there has been a **slight deterioration** both in the national average, and in the scores of the best and worst performing trusts.

OUH performance also showed an **upturn in 2023**, when the Trust recorded its highest score of 6.84, but since then the OUH score has tracked the national picture, with further **slight deterioration in 2025** to a score of **6.65**.

OUH has maintained a score that is still slightly **above the national average**, and significantly above the score of the worst performers, though with room for improvement to match the best performers’ score.

OUH responses to each of the four key questions which contribute to the score are analysed here:

“I would feel secure raising concerns about unsafe clinical practice”

(Q20a in 2025 Staff Survey)

	2021		2022		2023		2024		2025	
NHS Staff Survey National average	74.22%		70.95%		70.47%		70.44%		69.82%	
Highest and lowest performers	Best 83.2%	Worst 66.4%	Best 79.4%	Worst 61.8%	Best 77.96%	Worst 63.2%	Best 79.71%	Worst 60.03%	Best 79.16%	Worst 57.41%
OUH Staff Survey Result	74.25%		71.48%		72.04%		71.26%		69.65%	

Across the NHS, the national average for responses to “*I would feel secure raising concerns about unsafe clinical practice*” has shown some deterioration over the past 5 years, though only by around 1 % point since 2022.

OUH performance in relation to staff feeling secure raising concerns about unsafe clinical practice – having bucked the national trend to show an upturn in 2023 at 72.04% – has **deteriorated slightly in 2025** to **69.65%** (down by just under 2 % points from 2022). This is **slightly below the national average**, but significantly above the score of the worst performers, with room for improvement to match the best performers’ score.

“I am confident that my organisation would address my concern” (Q20b)

	2021		2022		2023		2024		2025	
NHS Staff Survey National average	57.69%		55.78%		55.93%		55.88%		53.94%	
Highest and lowest performers	Best 76.2%	Worst 44.15%	Best 69.1%	Worst 42.2%	Best 69.34%	Worst 43.6%	Best 68.8%	Worst 40.4%	Best 68.23%	Worst 37.97%
OUH Staff Survey Result	60.9%		57.64%		58.5%		56.73%		53.94%	

Across the NHS, the national average for responses to “*I am confident that my organisation would address my concern*” – which had been at or around 55% since 2022 - has deteriorated to 53.94% in 2025; with the worst result worsening further at only 37.97%.

OUH performance in relation to staff confidence that their concern will be addressed – having last shown an upturn in 2023 at 58.5% - has **deteriorated in 2025** to **53.94%**, which **matches the national average**. Again, this is significantly above the score of the worst performers, but with room for improvement to match the best performers’ score.

“I feel safe to speak up about anything that concerns me in the organisation”

(Q25e)

	2021		2022		2023		2024		2025	
NHS Staff Survey National average	60.69%		60.38%		60.95%		60.31%		53.85%	
Highest and lowest performers	Best 75.5%	Worst 47.6%	Best 73.6%	Worst 49.0%	Best 73.98%	Worst 50.35%	Best 72.15%	Worst 43.57%	Best 71.81%	Worst 42.11%
OUH Staff Survey Result	63.8%		62.58%		64.14%		63.01%		60.07%	

Across the NHS, the national average for responses to **“I feel safe to speak up about anything that concerns me in the organisation”** – which had been at or around 60% since 2021 - has deteriorated to 53.85% in 2025; with the worst result worsening further at only 42.11%.

OUH performance in relation to staff feeling safe to speak up about anything that concerns them – having last shown an upturn in 2023 at 64.14% - has **deteriorated in 2025** to **60.07%** but is **significantly better than the national average**, and well above the score of the worst performers, though clearly there is room for improvement to match the best performers’ score.

“If I spoke up about something that concerned me, I am confident my organisation would address my concern” (Q25f)

	2021		2022		2023		2024		2025	
NHS Staff Survey National average	47.96%		47.24%		48.68%		48.24%		46.18%	
Highest and lowest performers	Best 67.4%	Worst 32.01%	Best 63.83%	Worst 33.6%	Best 66.16%	Worst 35.23%	Best 63.62%	Worst 29.95%	Best 63.99%	Worst 29.15%
OUH Staff Survey Result	52.04%		50.09%		52.42%		50.15%		47.23%	

Across the NHS, the national average for responses to **“If I spoke up about something that concerned me, I am confident my organisation would address my concern”** – which had been between around 47-48% since 2021 - has deteriorated a little further to 46.18% in 2025; with the worst result worsening further at only 29.15%.

OUH performance on this supplemental question relating to staff confidence that their concern will be addressed – having last shown an upturn in 2023 at 52.42% - has **deteriorated in 2025** to **47.23%**. This is **better than the national average**, and significantly above the score of the worst performers, but again clearly leaves room for improvement to match the best performers’ score.

There are of course other questions in the NHS Staff Survey that may factor into the health of a trust's speaking up culture (including *e.g.* responses relating to staff experience of wellbeing support).

Responses related to staff experience of harassment, bullying or abuse at work are analysed here:

"The last time I experienced harassment, bullying or abuse at work, I or a colleague did report it" Q14d)

	2021		2022		2023		2024		2025	
NHS Staff Survey National average	46.65%		47.56%		49.9%		51.81%		52.88%	
Highest and lowest performers	Best 54.28%	Worst 40.6%	Best 57.12%	Worst 42.04%	Best 59.37%	Worst 43.56%	Best 60.49%	Worst 45.19%	Best 60.86%	Worst 44.24%
OUH Staff Survey Result	46.36%		48.21%		50.35%		51.13%		50.96%	

Across the NHS, the national average for responses to "The last time you experienced harassment, bullying or abuse at work, **did you** or a colleague **report it?**" has shown year on year improvement since 2021, although the worst result in 2025 did worsen further at only 44.24% (down from 45.19% in 2024).

OUH performance in responses relating to the report of harassment, bullying or abuse had also shown year on year improvement up until last year, but there has been a **slight deterioration in 2025** from to 50.96% (down from 51.13%), compared to a national average of 52.88%.

"In the last 12 months I have personally experienced at least one incident of harassment, bullying or abuse at work from Managers" (Q14b)

	2021		2022		2023		2024		2025	
NHS Staff Survey National average	11.94%		11.52%		10.35%		10.0%		9.2%	
Highest and lowest performers	Best 5.72%	Worst 17.83%	Best 6.48%	Worst 17.88%	Best 5.5%	Worst 16.64%	Best 5.22%	Worst 14.86%	Best 5.07%	Worst 13.85%
OUH Staff Survey Result	10.10%		10.62%		10.01%		9.51%		9.23%	

Across the NHS, the national average for responses to "In the last 12 months **I have personally experienced** at least one incident of **harassment, bullying or abuse at work from Managers**" has shown year on year improvement since 2021.

OUH performance in responses relating to the experience of **harassment, bullying or abuse at work from Managers** has also shown year on year improvement, with further **slight improvement in 2025** to 9.23% (down from 9.51%), almost matching the national average of 9.2%.

“In the last 12 months I have personally experienced at least one incident of harassment, bullying or abuse at work from other colleagues” (Q14c)

	2021		2022		2023		2024		2025	
NHS Staff Survey National average	19.54%		20.05%		18.74%		18.47%		17.86%	
Highest and lowest performers	Best 12.5%	Worst 27.38%	Best 12.35%	Worst 25.97%	Best 11.78%	Worst 24.43%	Best 11.65%	Worst 23.52%	Best 10.89%	Worst 23.63%
OUH Staff Survey Result	18.49%		19.69%		19.75%		18.05%		17.33%	

Across the NHS, the national average for responses to “In the last 12 months I have personally experienced at least one incident of **harassment, bullying or abuse at work from other colleagues**” has shown some improvement year on year since 2022.

OUH performance relating to the experience of **harassment, bullying or abuse at work from other colleagues** showed a turnaround last year, and there has been further **slight improvement in 2025 to 17.33%** (down from 18.05% in 2024), bettering the national average of 17.86%.

This is significantly above the score of the worst performers (23.63%), while clearly falling short of the best performers’ score (10.89%).

Susan Polywka

Freedom to Speak Up Project Manager

23 April, 2026

PROPOSED INITIAL IMPROVEMENT ACTIONS to promote a healthy speaking up culture at the Trust

Appendix 1B

	Objective	Key tasks	Lead responsibility	How measured?	Timeframe	Comments
1	<p>Increase awareness and improve accessibility</p> <p>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</p>	<p>Continue to promote the WorkInConfidence (WiC) anonymous reporting platform AND all other means by which staff may raise concern with OUH FTSU Guardians</p> <p>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 Patient Safety Incident Response Plan (PSIRP)</p>	<p>OUH FTSU Guardians <i>Supported by</i> Corporate Communications</p> <p>OUH FTSU Guardians <i>In liaison with</i> Assistant Director of Workforce (Nona Stevenson) <i>And in liaison with</i> Head of Clinical Governance (Helen Cobb)</p>	<p>-Number of WiC accounts activated by OUH staff; -Total number of concerns raised with OUH Guardians <i>in the context of</i> all contacts made</p> <p>Triangulation of FTSU cases with -Number of formal employee concerns raised with Workforce and -Number of Patient Safety Incidents reported</p>	<p>Renew promotion in June 2026 with refreshers in September and December</p> <p>Review numbers in March 2027</p> <p>Initiate liaison June to September 2026</p> <p>Review triangulation December 2026 – March 2027</p>	<p>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</p>

	Objective	Key tasks	Lead responsibility	How measured?	Timeframe	Comments
2	<p>Enhance confidence in the process</p> <p>Demonstrate that those who speak up are listened to; and that leaders are accountable for follow-up</p>	<p>Ensure feedback is documented on closed FTSU cases</p> <p>Develop standardised “You said – We did” feedback framework for FTSU cases</p> <p>Liaise with Divisional Management to introduce regular learning reviews (triangulating FTSU data with other relevant data, including eg workforce, patient safety, complaints etc)</p> <p>Explore scope for embedding key FTSU metrics (incl responsiveness, learning, feedback) in Divisional Performance Reviews</p>	<p>OUH FTSU Guardians</p> <p>OUH FTSU Guardians</p> <p>OUH FTSU Guardians <i>in liaison with</i> Divisional Management Teams Chief Officers with Divisional Directors</p>	<p>FTSU data on documented feedback provided</p> <p>FTSU data on number of ‘You said – We did’ reports generated</p> <p>Documentation of reviews undertaken and actions arising</p> <p>Incorporation of FTSU metrics into performance cycle</p>	<p>Already implemented; data to be reviewed and reported on in Q3 26/27 onwards</p> <p>Standardised feedback to be developed by September 2026 and reported on by Q4 26/27</p> <p>Liaise June – October; launch pilot of reviews by January 2027</p> <p>Assess feasibility for inclusion of FTSU metrics by Q4 2026/27 performance cycle</p>	

	Objective	Key tasks	Lead responsibility	How measured?	Timeframe	Comments
3	<p>Reinforce detriment prevention and protection</p> <p>Staff should feel psychologically safe to speak up and raise concerns; and should not fear recriminations or adverse impact on their career progression</p>	<p>Undertake formal detriment risk assessment and monitoring</p> <p>Review all high-risk cases at executive level</p> <p>Develop Trust-wide detriment prevention standard</p>	<p>OUH FTSU Guardians</p> <p>OUH FTSU Guardians <i>with</i> Chief People Officer (as Exec Lead for FTSU)</p> <p>OUH FTSU Guardians <i>working with</i> HR and Chief People Officer</p>	<p>95% of new cases to include documented detriment risk assessment</p> <p>100% of cases assessed to be high risk referred for review at executive level</p> <p>(Over time) measurable reduction in the need for escalation of detriment themes</p>	<p>Embed process for risk assessment by August 2026 and review quarterly (include in Annual Report)</p> <p>Rollout referrals for executive review by October 2026</p> <p>Agree Trust-wide standard by December 2026; embed by March 2027</p>	<p>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</p>

	Objective	Key tasks	Lead responsibility	How measured?	Timeframe	Comments
4	<p>Recognise the value of senior leaders role-modelling #SpeakUpListenUpFollowUp and improve the visibility of that role-modelling</p> <p>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</p>	Strongly encourage an increased uptake of FTSU e learning, particularly among managers and senior leaders	OUH FTSU Guardians <i>Supported by</i> Corporate Communications	50% improvement in the current completion rate by managers	<p>Target promotion of the e-Learning modules June – September 2026</p> <p>Assess take-up rates October – December 2026 and continue to monitor</p>	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