

Cover Sheet

Trust Board Meeting in Public: Wednesday 12 November 2025

TB2025.96

Title: Freedom to Speak Up [FTSU] Annual Report 2024/25

Status: For Information

History: TME2025.402 FTSU Annual Report 2024/25
TB2024.95 FTSU Annual Report 2023/24
TB2025.42 FTSU In Year Update, Q1, Q2, Q3 2024/25

Board Lead: Chief People Officer

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Confidential: No

Key Purpose: Assurance

Executive Summary

1. This paper presents the Freedom to Speak Up [FTSU] Annual Report 2024/25, to provide an overview of speaking up activity by all our people to the FTSU Guardians between 1 April 2024 and 31 March 2025, and to highlight some other relevant developments.
2. Under the OUH Freedom to Speak Up Policy¹ and to comply with national guidance², 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**” [[Freedom to speak up - Care Quality Commission](#)].

Recommendation

3. The Trust Board **is asked to:**
 - **Receive and consider** the Freedom to Speak Up Annual Report 2024/25 **attached** at Appendix 1, as previously considered and endorsed by the Trust Management Executive at its meeting held on 30 October 2025.

¹ [Freedom to Speak Up Policy](#) approved by the Trust Board in September 2025

² As required under s.5.10 [General Conditions of the NHS Standard Contract](#)

Freedom to Speak Up [FTSU] Annual Report 2024/25

1. Purpose

- 1.1. This paper presents the Freedom to Speak Up [FTSU] Annual Report 2024/25 as **attached** at **Appendix 1**.

2. Background

- 2.1. The OUH Freedom to Speak Up Policy requires that the Board receive an annual report providing a thematic overview of speaking up by staff to the Trust's FTSU Guardians.
- 2.2. Following [publication of the Government's 10 Year Plan for the NHS](#), and of Dr Penny Dash's [Review of patient safety across the health and care landscape - GOV.UK](#), it is understood that the distinct role of [The National Guardian's Office - Freedom to Speak Up](#) will no longer be required, but the requirement for every trust to appoint a Freedom to Speak Up Guardian is and will remain part of NHS Standard Contract 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”³.

3. Freedom to Speak Up Annual Report 2024/25

- 3.1. Consistent with previous years, the full Freedom to Speak Up [FTSU] Annual Report 2024/25, **attached** at **Appendix 1**, provides high level, anonymised data, some of the **key points** in which include:
 - **197** cases at OUH were opened by FTSU Guardians at OUH in 2024/25
 - more than double the 95 cases opened in 2023/24
 - **Staff safety and wellbeing** was the main reason why people spoke up at the OUH in 2024/25; being identified as an element in **140** cases (71%). Other elements identified were:
 - *Inappropriate attitudes or behaviours* – in **49** cases (25%)
 - *Bullying and harassment* - in a further **44** cases (22%)
 - *Patient safety and quality* – in **32** cases (16%)

NB multiple elements may be identified in any single case

 - The proportion of cases raised anonymously rose significantly, with **67** cases raised through the [WorkInConfidence \[WiC\] Anonymous 2-way Speak Up](#) platform channel, between its introduction in November 2024

³ See Page 90 of [Government's 10 Year Plan for the NHS](#)

and 31 March 2025. This external web-based platform provides an additional channel for reporting concerns anonymously at OUH;

- OUH recorded 7 cases in 2024/25 indicating experiences of “detriment”
 - defined by the NGO as “disadvantageous and/or demeaning treatment for speaking up”
 - (= 3% of cases at OUH, compared to a national average in 24/25 of 2.9% of cases indicating detriment)

3.2. The full FTSU Annual Report 2024/25 also highlights some examples of how speaking up has made a difference, including some case studies.

4. Ongoing development of FTSU at OUH

4.1. Applying NHS England’s [updated FTSU guidance and reflection and planning tool](#) , the FTSU Lead Guardian is developing an action plan to support the further strengthening of FTSU arrangements at OUH; ensuring that staff can access the support required to meet their needs in relation to raising concerns through **both**

- The removal the barriers to speaking up; **and**
- The guarantee that they will be listened to, and there will be follow up – to demonstrate that speaking up can make a difference, and is being seen to make a difference.

5. Conclusion

- 5.1. Great success has been achieved to deliver a significant increase in speaking up at OUH during 2024/25 (and since).
- 5.2. Progress has been made through the OUH FTSU team collaborating well with colleagues in teams across the Trust, and working in alignment with the Trust’s Strategy and the People Plan, 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.
- 5.3. Resources are required – both within the FTSU team, and across the organisation – to maintain an acceptable level of responsiveness **and** follow up.

Recommendation

The Trust Board **is asked to:**

- **Receive and consider** the Freedom to Speak Up Annual Report 2024/25 **attached** at Appendix 1.

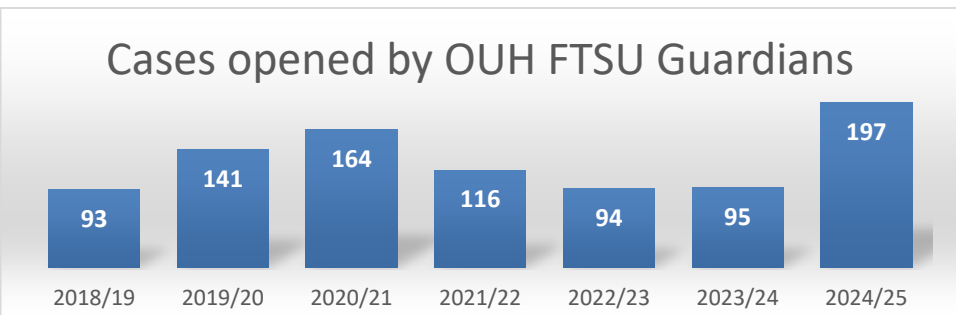
Freedom to Speak Up [FTSU] – Annual Report 2024/25

1. Purpose

1.1. This Annual Report provides the Board with an overview of the work of the Freedom to Speak Up [FTSU] Guardians, reporting on cases opened and other contacts made in the 12 months from April 2024 to March 2025, and outlining actions the Trust is taking to support a positive speaking up culture.

2. FTSU cases

2.1. The number of cases opened by OUH FTSU Guardians in 2024/25 – **including** cases raised anonymously through [WorkInConfidence](#) since its introduction in November 2024 - is **197**. This is more than double the 95 cases opened in 2023/24, and consolidates the turnaround from year-on-year decreases that had been seen between 2020/21 and 2022/23.

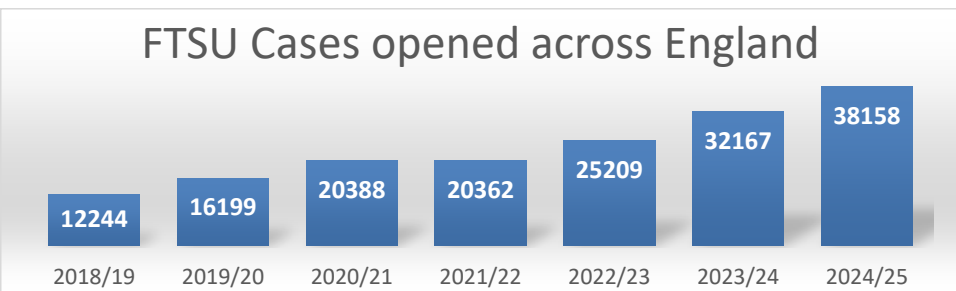


Graph 1 – Cases opened by OUH FTSU Guardians (Source: OUH Lead FTSU Guardian)

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. During national annual Speak Up month alone (October 2024), **1,313** staff members **dropped in on FTSU Roadshows** which were held on each of the four main hospital sites and at OUH Cowley (this compares with 1,007 in October 2023) and the FTSU Lead Guardian made night visits, to reach night shift workers too.

Comparison with national data

2.3. The [NGO Annual Report on Speaking Up Data 2024/25](#) (August 2025) showed that across the country, 38,158 cases were raised in 2024/25.



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

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 safety or wellbeing
- Bullying or harassment
- other inappropriate attitudes or behaviours

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

3.2. Data is also collected to identify

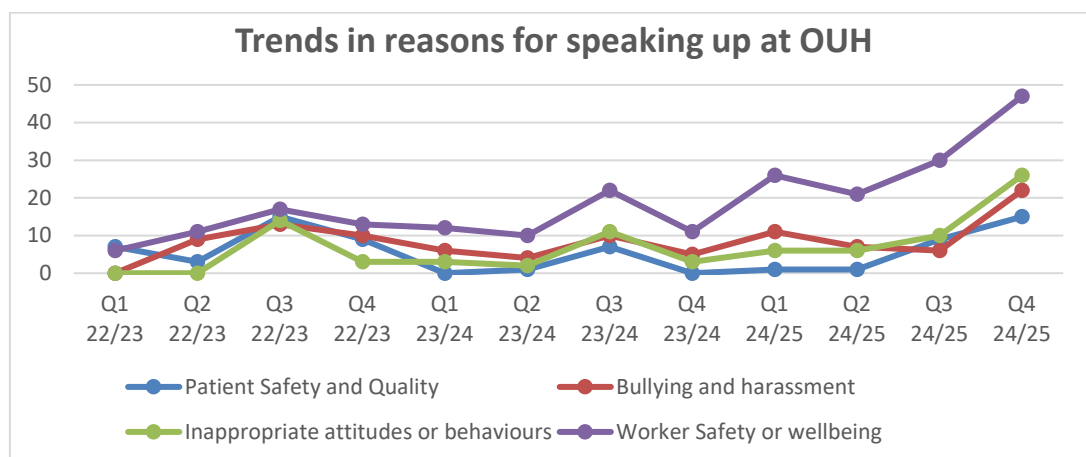
- How many cases have been raised anonymously; and
- if disadvantageous and/or demeaning treatment as a result of speaking up is indicated (“detriment”)

3.3. At OUH in 2024/25, most speaking up was about **worker safety and wellbeing**, which was identified as an element in **140** cases (71%).

3.4. People spoke up about **inappropriate attitudes or behaviours** in **49** cases (25%) in 24/25, and **bullying and harassment** was identified as an element in a further **44** cases (22%) at OUH in 24/25.

3.5. Throughout 24/25 at OUH, **32** cases (16%) reflected an element of **patient safety and quality**, but it may be noted that while there was only 1 case in each of Q1 and Q2, the number rose to 9 in Q3 and 21 in Q4.

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



3.7.

Graph 3 – Trends in reasons for speaking up at OUH (Source: OUH FTSU Guardians)

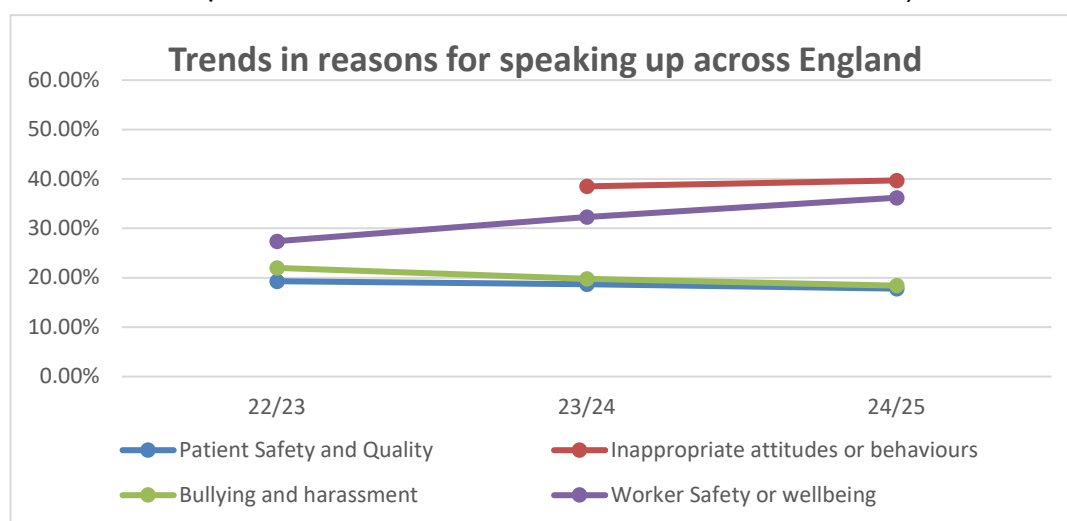
Comparison with national data

3.8. Nationally, [NGO Annual Report on Speaking Up 2024/25](#) confirms that the most reported element for the last two years has been *inappropriate attitudes or behaviour*, reported as an element in 39.7% of cases (up from 38.5% in 2023/24). *Bullying and harassment* was reported to be an element in a further 18.4% of cases (down from 19.8% in 23/24 and 22%

in 2022/23), meaning that at least one of these elements was present in over 58% of cases, nationally.

- 3.9. 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).
- 3.10. 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).
- 3.11. Trends in the reasons why people have been speaking up across England over the last 3 years are shown in Graph 4.

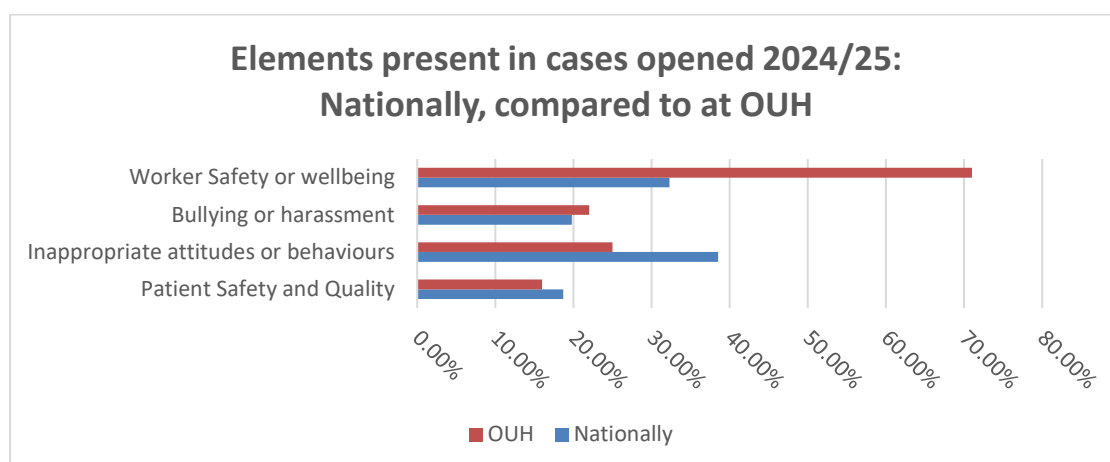
(Please note that this represents the elements reported as a % of the total number of cases reported across the country, whereas Graph 3 shows the elements reported in relation to the *number* of cases at OUH,).



Graph 4 – Trends in reasons for speaking up reported in cases nationally (Source: NGO Annual Reports)

NB *inappropriate attitudes or behaviours* was only introduced as a distinct theme for report, separate from *bullying and harassment* in Q3 of 22/23.

- 3.12. A comparison between national trends and the breakdown of reasons why people spoke up at OUH in 2024/25 is provided in Graph 5.

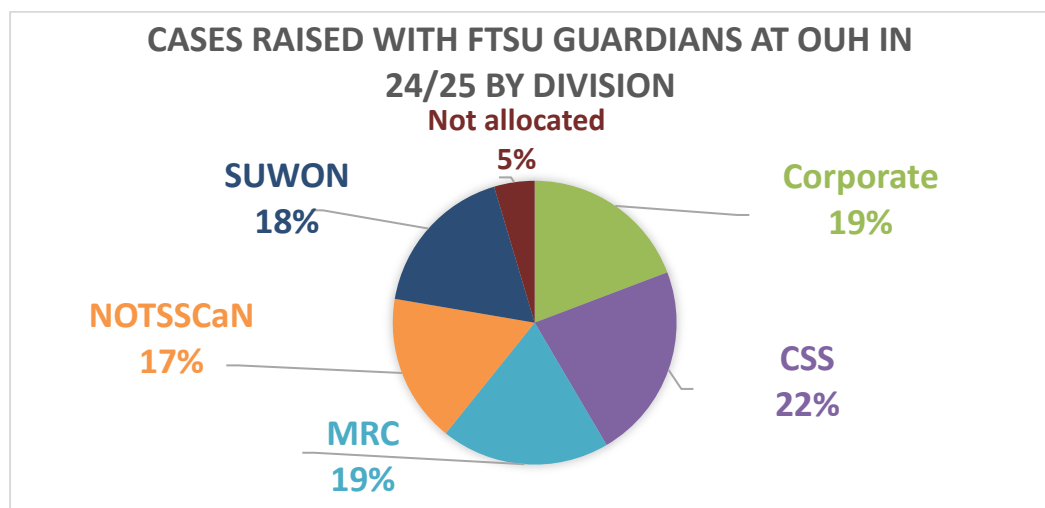


Graph 5 – Comparison of the elements present in cases nationally and at OUH (Source: The [NGO Annual Report on Speaking Up Data 2024/25](#) and OUH Lead FTSU Guardian)

Breakdown by Division at OUH

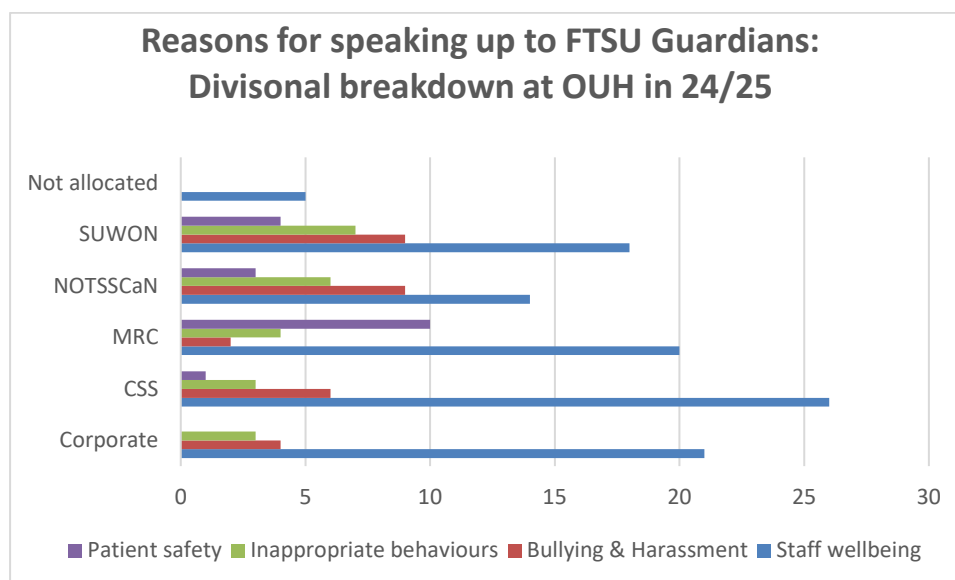
3.13. The OUH FTSU Guardians have collected and analysed data on the total number of **197 cases** opened in 2024/25; 130 of which were raised directly to the FTSU Guardians, and 67 of which were raised anonymously through [WorkInConfidence](#) between November 2024 and 31 March 2025.

3.14. Of the 130 cases raised directly with a FTSU Guardian, the breakdown by Division is shown in Graph 6.



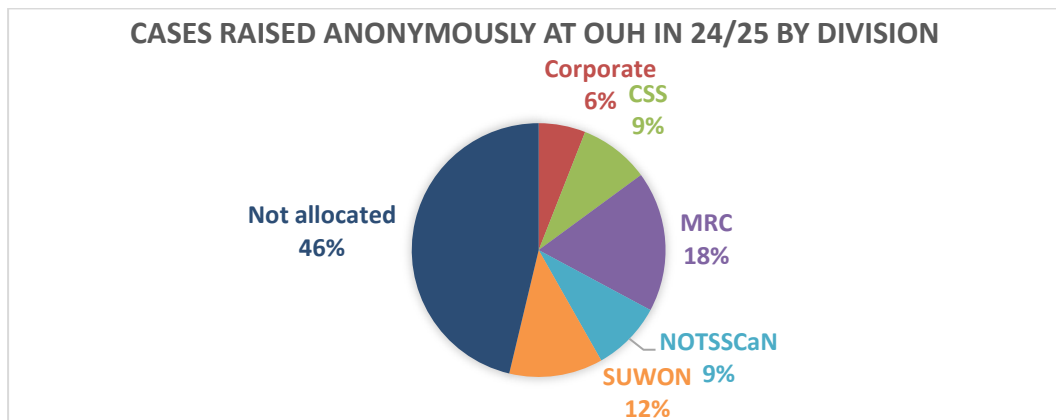
Graph 6 – Divisional breakdown of cases raised with FTSU Guardians (Source: OUH FTSU Guardians)

3.15. In those 130 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 7.



Graph 7 – Divisional breakdown of what people have spoken up about (Source: OUH FTSU Guardians)

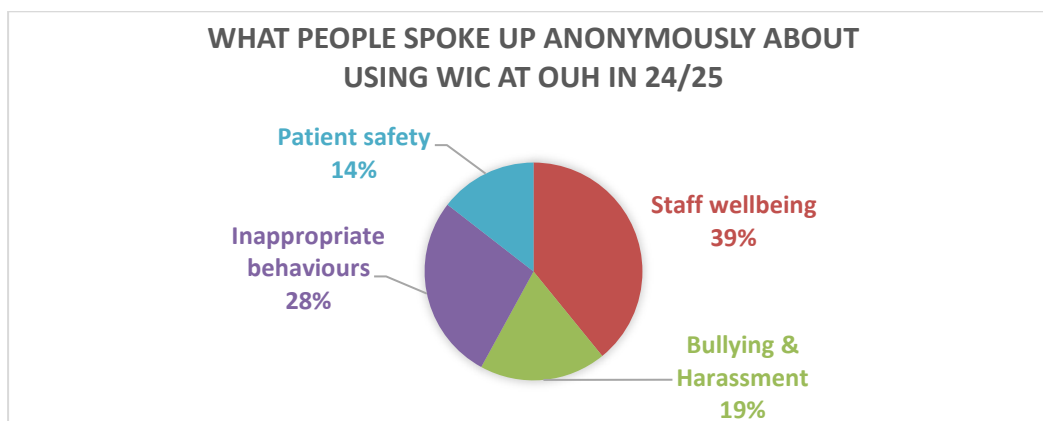
- 3.19. Capturing issues that were raised in addition to the categories stipulated in 2.4 above, **Appendix 1A** presents some *word clouds* produced by the FTSU Guardians, to reflect the frequency with which certain words have appeared in concerns raised with them, broken down by Division - and in concerns raised anonymously through WiC.
- 3.20. In the 67 cases raised anonymously through [WorkInConfidence](#) between November 2024 and 31 March 2025, 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 8.



Graph 8 – Divisional breakdown of anonymous speaking up (Source: OUH FTSU Guardians)

4. Anonymous reporting

- 4.1. OUH introduced [WorkInConfidence](#) 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. There were then **67** cases raised anonymously over Q3 and Q4, representing over a third of the annual total number of cases at OUH in 2024/25 (and over half of cases in the 2nd half of the year), This compares to the national average of 11.6% of cases being raised anonymously.
- 4.2. In the 67 cases raised anonymously through [WiC](#), the breakdown in what people spoke up about is shown in Graph 9.



Graph 9 –Breakdown of anonymous speaking up using WiC at OUH (Source: OUH FTSU Guardians)

- 4.3. It has not been 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.
- 4.4. 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. There is now 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, and it is proposed that staff will soon be able to raise a concern with a FTSU Guardian *via* WhatsApp.
- 4.5. It does seem that the introduction of an independent platform which makes it easier to raise concerns with a guarantee of anonymity has proved something of a catalyst to encouraging more people to speak up, and that it is one of the important tools for breaking barriers to speaking up.
- 4.6. The OUH FTSU Guardians will monitor:
 - the volume of concerns raised anonymously through WiC, including
 - the proportion of those where the reporter is subsequently happy to reveal their identity; and
 - the total number of concerns raised at OUH.

5. Detriment

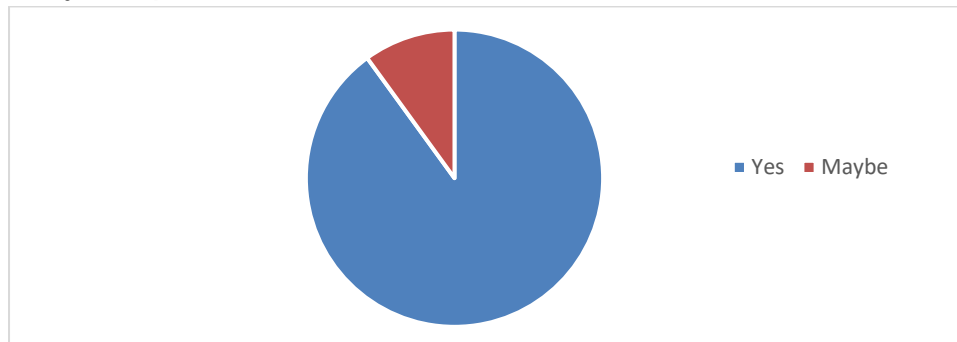
- 5.1. During 2024/25, the FTSU team at OUH recorded a total of 7 cases indicating "detriment", defined by the NGO as "disadvantageous and/or demeaning treatment for speaking up" (= 3% of cases at OUH, compared to a national average in 2024/25 of 2.9%).
- 5.2. Following publication in January 2025 of the [Detriment guide - National Guardian's Office](#), the provisions of 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.

6. Response times

- 6.1. Throughout 2024/25, the average time taken for FTSU Guardians to provide an initial response to contact made with them was between 24 and 72 hours.

7. Feedback on the experience of speaking up

- 7.1. In response to the question, "Given your experience, would you speak up again?", in 2023/24, only 10 people responded (0.5%), of whom:
 - 9 people answered "Yes"
 - 1 person answered "Maybe"
 - Nobody answered "No"



Graph 3 – Feedback on whether people will speak up again (Source: OUH Lead FTSU Guardian)

8. Making a difference

- 8.1. 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 2024/25 FTSU has:
- Stood together with the BAME Network and other colleagues in **opposition to racism and Islamophobia**, co-producing a message of support to staff following events in the UK in August 2024
 - Collaborated with the Women's Network to host a Freedom to Speak Up virtual Listening event on Thursday 10 July 2024 on **Understanding Sexual Misconduct in the Workplace**
 - Collaborated with colleagues to host a Freedom to Speak Up virtual Listening event on Thursday 13 June 2024 on **Reducing violence and aggression against our staff**
- 8.2. 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.
- 8.3. 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.

8.4. Divisional managers have provided some **case studies** to illustrate how they feel speaking up has made a difference, for example:

Case study 1

Four Ward Managers in one of the Divisions raised collective concerns with the Freedom to Speak Up (FTSU) Guardians regarding:

- Staffing levels
- Increased workload
- Associated stress and burnout

The catalyst for raising these concerns was the directive that Ward Managers should spend a specified percentage of their time working clinically on the wards. They felt this expectation was misaligned with the realities of their roles, which include managing complex patient needs, discharges, and supporting staff and families.

Initial Engagement:

Prior to the escalation to FTSU, the Divisional Director of Nursing (DDON) had met with the Ward Managers and Matron for two hours and committed to a follow-up meeting in 4–6 weeks. Despite this, the Ward Managers still felt unheard and undervalued, prompting further reflection and action.

Actions Taken:

1. Individual Stress Risk Assessments
 - Offered to each Ward Manager to identify specific stressors and support needs.
2. Flexible Clinical Hours
 - Clarification that clinical time could be managed ad hoc rather than being rigidly rostered.
3. Protected Non-Clinical Time
 - Dedicated time for administrative duties without interruptions from staff, patients, or relatives.
4. Follow-Up and Reflection
 - DDON acknowledged the impact of managing complex patients and families, which had significantly affected the Ward Managers' capacity to fulfil other aspects of their roles.
5. Support Mechanisms Introduced:
 - Commitment to clinical supervision
 - Evaluation of mutual support mechanisms
 - Emphasis on self-care and well-being

Key Insights:

- Involvement of the FTSU team was instrumental in surfacing the depth of the issue and enabling a more effective response.
- The cumulative impact of complex patient care and prolonged inpatient stays had significantly altered the dynamics of the Ward Managers' roles.

- There is a need for ongoing support, clear escalation routes, and recognition of invisible clinical contributions.

Commitment Moving Forward:

- Divisional Management is dedicated to supporting Ward Managers in delivering safe, compassionate care.
- Individualised support and regular evaluation of mental well-being will be prioritised.
- The Division acknowledges the importance of listening, adapting, and acting on staff concerns to foster a healthier working environment.

Case study 2

In another Division, a matter raised with the FTSU Guardians highlighted concerns regarding the management of a specialist nursing team, specifically focusing on the processes for recruitment and absence management.

Recruitment Process:

Advertisement of a Band 7 nursing post attracted multiple applicants, but only one applicant (a close friend of the appointing manager who worked within the department) was shortlisted and there was some concern that the process may not have been fair or sufficiently transparent, with the suggestion of potential bias and a lack of adherence to proper recruitment procedures.

Absence Management:

This applicant had subsequently been granted a period of long-term sickness absence, reportedly to accommodate the completion of a Masters degree.

The concern raised with FTSU Guardians questioned whether the correct procedures had been followed, suggesting that annual or unpaid leave might have been more appropriate, and expressing concern about the transparency and appropriateness of the advice apparently given by Occupational Health and management.

Response and Improvements put in place

The response to these concerns acknowledged the issues and included several actions and reflections.

Recruitment Process Review:

The vacancy had been advertised internally and externally to attract as many candidates as possible. Shortlisting was based on essential and desirable criteria, with the highest-scoring candidate invited to interview.

Upon review, it was recognised that, in retrospect, more attention should have been given to Trust recruitment procedures, and that the highest scoring eligible candidates should have been given the opportunity to interview, ensuring a competitive process.

To ensure clarity and consistency in future recruitment, selection criteria should be reviewed.

Actions to Improve Recruitment:

A thorough review and understanding of Trust resources and policies relating to recruitment will be undertaken by the appointing manager.

All staff involved in recruitment within the specialist nursing team will complete or revisit required Trust training which includes, inclusive recruitment training.

A supportive and transparent environment will be encouraged, enabling staff to raise concerns about potential bias.

Guidance will be sought from senior nurse leaders for a comprehensive review of job descriptions and person specification criteria.

Absence Management Review:

The absence was managed with input from HR, Occupational Health, and other relevant services, considering various options to support the staff member.

Confidentiality was maintained as appropriate regarding specific details.

Actions re Absence Management:

A meeting with Divisional HR has been requested to review the case and ensure alignment with Trust policy.

Commitment to Fairness and Reflection:

In considering the concern raised through the FTSU process, and providing a response to it, the opportunity has been taken to reinforce the Division's commitment to fairness, equity, and impartiality.

Feedback from the FTSU process is valued as an opportunity for reflection and improvement in leadership and management practices.

The Division considers it important to acknowledge the concerns raised by staff who speak up, and to take specific action to improve processes. Management is committed to ongoing review and reflection to ensure best practice and maintain staff confidence.

Case study 3

Background

In another Division, a concern was raised with the FTSU Guardians about sub-optimal staffing levels and skill mix on a particular ward, which staff felt was not being sufficiently well managed to avoid potential adverse impact on patient experience, and on staff wellbeing.

Division's Review and Response

1. Upon review, it was identified that the situation had been exacerbated by unavoidably late notice of sickness absence, resulting in sub-optimal staffing and skill mix. Although the ward manager and matron team had sought to mitigate this by taking all appropriate action prior to the shift beginning, it was acknowledged that this process had not been clearly communicated with the wider team on shift, only with the coordinator. It was further acknowledged that this may have

exacerbated the stress felt by those on shift (who remained unaware that all possible measures had been explored) and it is recognised that better communication may help to improve the situation in any future similar scenario.

2. With their express consent, the individual who had spoken up to the FTSU Guardians was contacted to talk through their concerns and several meetings were held with matron, and the nursing and clinical directors.
3. The Division has re-visited its robust staffing review process (chaired by a matron or deputy for the Division), under which after local review of staffing (by coordinator/senior nurse/ward manager) there is a route for escalation to the Division's staffing meeting, where the entire division's staffing is assessed and staff moved accordingly. (Issues are also escalated to the Trust safe staffing lead for declaration/escalation if further support is required).
4. A daily review of staffing is also undertaken by the matron of the directorate to explore if staff outside of the inpatient units can help support/mitigate/offload patients to ensure a particular ward remains safe. Ward managers, clinical educators, specialist nurses and other staff regularly support in the department to mitigate unplanned absences.
5. Since this concern was raised with the FTSU Guardians, there have been 5 beds closed on one particular ward, in order to support vacancies/skill mix issues. This has supported in the integration of new starters and developing nurses on the ward, and helped to reduce staff's anxiety regarding staffing and skill mix.
6. A review of staffing and the model of care is underway with the Trust's Chief Nursing Officer [CNO] in recognition of significant turnover and challenges in this particular inpatient unit over the last few years.

Learning

The Division acknowledges the importance of communicating information with wider members of the team when they are impacted by unforeseen circumstances. Improving communication in future scenarios has been identified as a priority.

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

- 9.1. 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)”**.

9.2. As was reported in the FTSU In Year Update [TB2025.42], the results of the [NHS Staff Survey 2024](#) showed that the OUH had an overall score of 6.76 out of 10 in relation to this People Promise Element. This is better than the national average of 6.67 and – while it is a deterioration on last year’s score of 6.84 for OUH - the general picture is one of slight deterioration in the scores of even the best performing trusts. OUH performance is still significantly better than poorly performing outliers, with room for improvement to match the best performing trusts.

9.3. Year on year comparison of the overall score is provided in Table 2.

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

Table 2 – Overall score for “We each have a voice that counts (relating to raising concerns)”

Source: NHS Staff Survey 2021 to 2024

9.6 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 2024 Survey, OUH responses to all four questions had deteriorated slightly, reflecting a nationwide downward turn in scores in relation to this element. In all cases, OUH responses were better than the national average. The four questions are:

- **“I would feel secure raising concerns about unsafe clinical practice”**
- 71.24% affirmative OUH responses in 2024 Survey (compared to 71.86% in 2023) and a national average of 70.44% in 2024;
- **“I am confident that my organisation would address my concern”**

- 56.73% affirmative OUH responses in 2024 Survey (compared to 58.5% in 2023) and a national average of 55.91% in 2024;
- **“I feel safe to speak up about anything that concerns me in the organisation”**
- 62.98% affirmative OUH responses in 2024 Survey (compared to 64.07% in 2023) and a national average of 60.29% in 2024; and
- **“If I spoke up about something that concerned me, I am confident my organisation would address my concern”**
- 50.15% affirmative OUH responses in 2024 Survey (compared to 52.41% in 2023) and a national average of 48.65 in 2024%.

10. The National Guardian’s Office

10.1. As well as the aforementioned [NGO Annual Report on Speaking Up 2024/25](#) (published in July 2024) and the [Detriment guide](#) (published in January 2025), the results of the [Listening to Guardians: FTSU Guardian Survey 2024](#) were published in September 2025, identifying that nationally:

- The level of support for and engagement with FTSU is generally high
 - 82% (of the 43% of FTSU Guardians who responded) do feel supported by senior management; **and** feel they have access and engagement with all parts of their organisation;
- The extent to which FTSU Guardians feel valued is also high
 - 95% feel valued by the individuals who come to them for support;
 - 74% feel valued by Senior Leaders;
 - 68% feel valued by managers.

10.2. Following [publication of the Government’s 10 Year Plan for the NHS](#), and of Dr Penny Dash’s [Review of patient safety across the health and care landscape - GOV.UK](#), it is understood that the distinct role of [The National Guardian’s Office - Freedom to Speak Up](#) will no longer be required, but the requirement for every trust to appoint a Freedom to Speak Up Guardian is and will remain part of NHS Standard Contract 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”⁴.

11. Learning and Improvement

11.1. Training modules (developed by Health Education England, working with the NGO) are available on *My Learning Hub*. Members of the Trust Board

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

have committed to undertake this training and, under the Trust's updated [Freedom to Speak Up Policy](#), broader take-up of these modules is to be promoted through the Divisional and Corporate management teams, with a particular emphasis on very strong encouragement for Senior leaders and managers to complete all 3 training modules.

- Module 1 "Speak Up" – available for all staff
- Module 2 "Listen Up" – for all leaders; and
- Module 3, "Follow Up" - for senior leaders including executive and non-executive directors, and governors; to be undertaken after completion of Modules 1 and 2

Uptake of the FTSU training modules will be monitored and reported in future FTSU Annual Reports to the Board.

12. Ongoing development of FTSU arrangements at OUH

12.1. The FTSU Lead Guardian and Deputy (neither of whom work full-time in the role) focus resources to support the needs of staff in relation to raising concerns, both:

- Proactively – continuing to remove barriers to speaking up;
- Reactively – responding in a timely way to all contacts made, opening cases and offering support as appropriate.

12.2. Great success has been achieved to deliver a significant increase in speaking up at OUH during 2024/25 (and since), through measures including:

- the introduction of [WorkInConfidence](#) in November 2024; and
- making it just as simple and accessible to raise a concern directly with the FTSU Guardians, as it is via WiC, *for example by*
 - developing a new streamlined form to book an appointment for a confidential chat available on the 'Contact us' page of the Freedom to Speak Up site on Sharepoint; and
 - exploring if staff will be able to raise a concern with a FTSU Guardian *via* WhatsApp.

12.3. Improvements in efficiency have been made possible through the Case Management tool on the [WorkInConfidence](#) platform. However, the scope for improved efficiency has been eclipsed by the significant increase in the volume of cases opened, and in the number of cases requiring active management. With this trajectory continuing to climb through 2025, the resultant strain on limited resources is expected to be reflected in a negative impact on staff experience.

12.4. Applying NHS England's [updated FTSU guidance and reflection and planning tool](#) which emphasises that:

“speaking up sits within the wider context of a compassionate and inclusive culture, ... all elements of [which] are closely linked to Freedom To Speak Up, and must be implemented alongside it” (see [pages 36-44 of the guidance 'Building widespread cultural change'](#) - the transformational information you need for culture and behavioural change)”

the FTSU Lead Guardian has undertaken a gap analysis and is developing an action plan to support the further strengthening of FTSU arrangements at OUH; ensuring that staff can access the support required to meet their needs in relation to raising concerns.

13. Conclusion

- 13.1. To ensure that staff can access the support required to meet their needs in relation to raising concerns, it is essential **both**
 - To remove the barriers to speaking up; **and**
 - To listen up **and** follow up – demonstrating that speaking up can make a difference, and is being seen to make a difference.
- 13.2. There is recognised to be a significant risk that current capacity – both within the FTSU team, and across the organisation – may not be sufficient to maintain an acceptable level of responsiveness **and** follow up.
- 13.3. In 2024/25, the OUH FTSU team collaborated well with colleagues in teams across the Trust, and will continue to do so, to consolidate improvements to the speaking up culture at OUH.
- 13.4. The FTSU Lead Guardian and team will continue to work in alignment with the Trust’s Strategy and the People Plan, 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.

Lindley Nevers

OUH Freedom to Speak Up Lead Guardian

Recurrence of words used in concerns raised at OUH
Corporate



Figure 1: Recurrence of words used in concerns raised with FTSU Guardians re Corporate Division 24/25

CSS

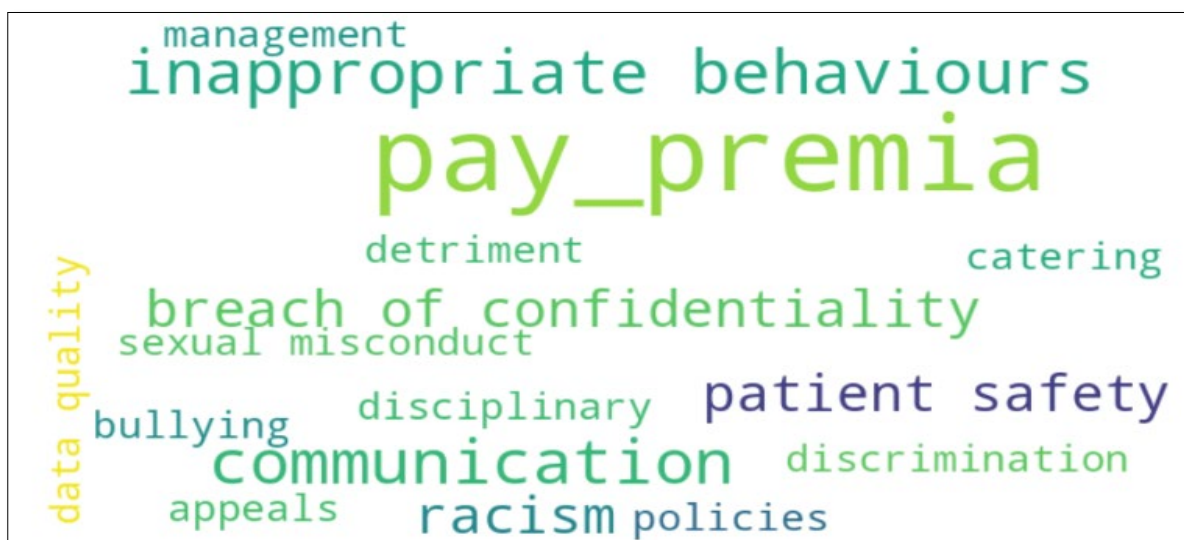


Figure 2: Recurrence of words used in concerns raised with FTSU Guardians re CSS Division 24/25

MRC



Figure 3: Recurrence of words used in concerns raised with FTSU Guardians re MRC Division 24/25

NOTTSCaN

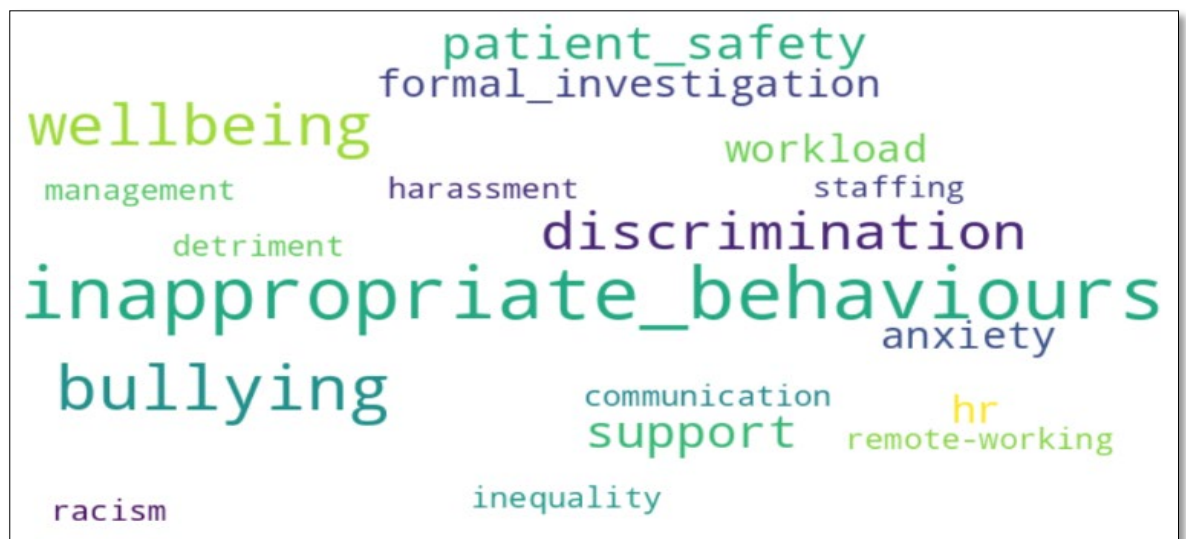


Figure 4: Recurrence of words used in concerns raised with FTSU Guardians re NOTSSCaN Division 24/25

SUWON

Figure 5: Recurrence of words used in concerns raised with FTSU Guardians re SUWON Division 24/25