



FEAR AND FUTILITY

What does the Staff
Survey tell us about
speaking up in the NHS?

June 2023



**National
Guardian**

Freedom to Speak Up

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About the National Guardian's Office

The National Guardian's Office works to make speaking up become business as usual to effect cultural change in the NHS.

The office leads, trains and supports a network of Freedom to Speak Up guardians in England and provides learning and challenge on speaking up matters to the healthcare sector.

The role of Freedom to Speak Up guardians and the National Guardian were established in 2016 following the events at Mid-Staffordshire NHS Foundation Trust and recommendations from Sir Robert Francis' Freedom to Speak Up Inquiry.

There are now over 1,000 Freedom to Speak Up guardians in NHS primary and secondary care and independent sector organisations, national bodies and elsewhere that ensure workers can speak up about any issues impacting on their ability to do their job.

www.nationalguardian.org.uk

Foreword



I am publishing this analysis of the speaking up questions in the NHS Staff Survey results to highlight how much more needs to be done to improve the speaking up culture in the healthcare sector.

It is not acceptable that two in five workers in the NHS do not feel able to speak up about anything which gets in the way of them doing their job.

Speaking up can only bring improvements if leaders and managers listen up and follow up. When people speak up, there is an expectation that something will happen as a result.

While the results have improved since the 2015 Freedom to Speak Up Review and resulting actions, I am disappointed that we have seen another fall in people's confidence to speak up, a trend since the pandemic.

Of particular concern is the marked fall in how safe people feel to raise a clinical concern. This will have a direct impact on patient safety, and I have already spoken to the NHS England and Care Quality Commission Boards to ask what more can be done to improve this perception.

The NHS is complex and multifaceted, made up of many organisations. There are some organisations within the NHS where speaking up is welcomed and celebrated as a tool for improvement. This is reflected in the confidence their workers express in the NHS annual staff survey; although even in those scoring highest there is no room for complacency as one in five respondents report not feeling safe to speak up. But there are other organisations where as many as one in two respondents do not feel safe to speak up. For them the risks do not outweigh the benefits, often because they feel nothing changes when they do speak up or they fear experiencing negative consequences if they do.

The continuing pressures on the workforce, with high NHS vacancy rates¹; the continuing impact of Covid; and a crumbling infrastructure² across the health and care system, often leaves workers feeling disempowered and overwhelmed. Ongoing disputes about pay and terms and conditions have brought this into even sharper focus. I would add my voice to that of others that this urgently needs to be addressed.

Failing to do so risks compounding this sense that workers do not have the resources they need to deliver the high-quality care they want for their patients. These survey responses show us that there is a growing feeling that speaking up in the NHS is futile – that nothing changes as a result. When they speak up about

¹ <https://digital.nhs.uk/data-and-information/publications/statistical/nhs-vacancies-survey/april-2015---march-2023-experimental-statistics>

² <https://www.nhsconfed.org/articles/crumbling-buildings-and-creaking-systems-nhs-capital-investment>

matters including the impact of understaffing, their leaders themselves may struggle to be heard when trying to address these concerns.

People choose to work in the NHS to make a difference. They continue to speak up, especially when they see the impact of poor culture on colleagues and patients. And if they do not receive a satisfactory response internally, they are speaking up to the regulators.

In our recent [Speak Up Review of Ambulance Trusts](#), we urged the Care Quality Commission (CQC) to treat workers' voices on a par with patients' voices. Recent inspections by the CQC, and the downgrading of previously outstanding organisations because of leadership concerns, including poor speak up culture, should be the warning that leaders and boards need to take speaking up seriously.

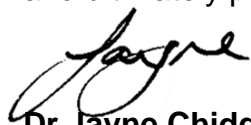
But it is in my nature to prefer benefits, rather than penalties. The best organisations embrace speaking up because it is the right thing to do, for worker engagement, for inclusion, for learning and improvement, and ultimately, for patient safety and high quality services.

Previously, the National Guardian's Office published the [FTSU Index](#) to encourage those at the top of the Index, to reach out and share learning with those organisations locally who were not scoring as well. Rather than publishing this table, we have instead included in the Annex, a table of the ten organisations whose Freedom to Speak Up sub-score³ is most improved. These Trusts and their leaders are to be congratulated, and we hope to learn from them and the interventions that have supported this improvement.

I encourage leaders to be curious about your results and benchmark your organisation's culture against the Freedom to Speak Up sub-score. If your organisation is not part of the NHS Staff Survey, then please consider incorporating into your own staff surveys the questions asking whether people feel safe to speak up about anything, and confident that their concerns will be addressed.

If your organisation is above the national average, congratulations. But there is no room for complacency. Improving speak up culture is an ongoing priority, requiring attention in every action like building trust. Reach out to colleagues in other organisations to share your learning. If you are a Freedom to Speak Up Guardian, buddy up with a neighbouring guardian. Please share your learning with us so that we can share nationally as a case study on our website for benefit of all.

It is only by being curious about these results, by working together to improve, that we can make speaking up business as usual, for benefit of workers and colleagues and ultimately patient safety.



Dr Jayne Chidgey-Clark
National Guardian for the NHS

³ More information about the Freedom to Speak Up sub-score (called the Raising Concerns sub-score in NHS Staff Survey reports) can be found [here](#)

Acknowledgements

Thank you to everyone who completed the 2022 NHS Staff Survey and shared their perceptions of speaking up in the NHS. We are grateful to the NHS Staff Survey team for their continued support of speaking up in the staff survey, and for their work around the inclusion of the speaking up questions in the Bank Staff Survey.

Key Findings

- The Freedom to Speak Up sub-score declined from 6.5 in 2021 to 6.4 in this year's NHS Staff Survey⁴. This fall equates to a 1.5% change. Given the size of the survey (over 600,000 workers) this equates to a declining perception of over 9,000 workers.
- There was a marked fall for raising concerns relating to clinical practice (following 2021 when there was a marked improvement).
- For the first time, bank staff completed a bank staff survey. The results were in line with the core survey results for all four speak up questions.
- By sector, ambulance trusts continue to score least well (and are continuing to worsen) whereas community trusts continue to perform best.
- The gap between community and ambulance/acute trust results is widening, potentially indicating the impact of pressures on frontline services.
- The Freedom to Speak Up sub-score positively correlates with Care Quality Commission ratings.
- There is a marked disparity between the highest and lowest scoring organisations, and this has increased for three out of the four Freedom to Speak Up questions since the 2021 survey.
- The North East and Yorkshire, North West and South East regions scored the highest. East of England scored least well for all four Freedom to Speak Up questions. In particular, the results for both questions about workers feeling that their organisations will address concerns were markedly low.

⁴ See [below](#) for more information about the Freedom to Speak Up sub-score

Introduction

The NHS Staff Survey is an essential tool for assessing the experiences and opinions of NHS workers in Trusts in England. It provides valuable insights into various aspects of working conditions, organisational culture, and overall job satisfaction. One crucial area it focuses on is the voice of workers, in line with the People Promise: we each have a voice that counts.

The staff survey results are a valuable resource for understanding the speaking up culture for the National Guardian's Office, NHS leaders and regulators. It is one of only a few datasets which provides current, reliable information on workers' current perceptions of how it feels to speak up in their organisations.

From 2019-2021 the National Guardian's Office brought together the questions in the staff survey relating to speaking up to form a 'FTSU Index'⁵. The four questions used in the FTSU Index were clinical and incident focused and did not have applicability to all staff groups and trust types. While they gave an indication of Freedom to Speak Up culture, a healthy speaking up culture is about more than speaking up about clinical matters. It is about anything which gets in the way of people doing their job, including suggestions for improvement or non-clinical concerns.

In 2020, an additional question was added to the staff survey "I feel safe to speak up about anything that concerns me in this organisation". This - together with the addition of the question: "[...] I am confident my organisation would address my concern" - gives a fuller picture of the perceptions of speaking up.

In the 2022 Staff Survey, 612,129 workers (48% response rate) shared their experience of working within the NHS. The results are representative of those who answered the 2022 NHS Staff Survey, not the full workforce in these organisations. The Staff Survey is not available to all organisations in the NHS, and therefore does not give a full picture of the speaking up culture in other organisations within the healthcare sector, for example, primary and independent healthcare.

The four questions used as an indicator of speaking up culture from the 2022 survey are:

- Q19a - I would feel secure raising concerns about unsafe clinical practice
- Q19b - I am confident that my organisation would address my (clinical practice) concern
- Q23e - I feel safe to speak up about anything that concerns me in this organisation
- Q23f - If I spoke up about something that concerned me I am confident my organisation would address my concern

⁵ <https://nationalguardian.org.uk/learning-resources/speaking-up-data/ftsui-index/>

A [survey for bank workers](#) was also piloted this year and included the same four questions relating to speaking up as in the core survey. 17,702 bank workers completed the survey (18% response rate), from 115 Trusts.

The Freedom to Speak Up sub-score

A Freedom to Speak Up sub-score (called the Raising Concerns sub-score in NHS Staff Survey reports) has been calculated for both the 2021 and 2022 surveys and can be used as a benchmark.

The Freedom to Speak Up sub-score calculated from 605,926 worker responses in the 2022 NHS Staff Survey

Responses for the questions are rescored to achieve a scale of 0-10. Table 1 below details the scores allocated to each response option. The scores are assigned based on outcome, so the most favourable response will be scored 10, while the least favourable will be scored 0.

The sub-score is calculated as the mean where at least three of the four questions are answered. A higher score indicates a more favourable result.

Table 1. Scoring used to calculate the Freedom to Speak Up sub-score

Question		Score for response option...				
		Strongly Disagree	Disagree	Neither agree or disagree	Agree	Strongly Agree
q19a	I would feel secure raising concerns about unsafe clinical practice	0	2.5	5	7.5	10
q19b	I am confident that my organisation would address my (clinical practice) concern	0	2.5	5	7.5	10
q23e	I feel safe to speak up about anything that concerns me in this organisation	0	2.5	5	7.5	10
q23f	If I spoke up about something that concerned me I am confident my organisation would address my concern	0	2.5	5	7.5	10

Summary of results

The Freedom to Speak Up sub-score declined from 6.5 in 2021 to 6.4 in this year's NHS Staff Survey⁶. This fall equates to a 1.5% change. Given the size of the survey (over 600,000 workers) this equates to a decrease in over 9,000 workers' confidence to speak up. There were declines on all measures relating to raising concerns, both relating to raising concerns about clinical safety and speaking up more generally.

Staff perceptions of speak up culture continued to decline, with a marked fall for raising concerns relating to clinical practice (following 2021 when there was a marked improvement). The bank survey results were in line with the core survey results for all four speak up questions.

The Freedom to Speak Up sub-score – as with the [FTSU Index](#) previously - once again showed a positive correlation between higher scores and ratings received by the Care Quality Commission (CQC). Trusts with higher Freedom to Speak Up sub-scores were more likely to be rated 'good' or 'outstanding' by the CQC.

The only organisations where CQC ratings did not correlate as closely were the ambulance sector. By sector, ambulance trusts continue to perform worst (and are continuing to worsen). The ambulance sector also performs worst at a more granular level, for example when breaking down results by occupation group; Paramedics, Emergency Care Assistants and Control Staff are some of the lowest across all groups and are deteriorating. Bank survey results for the ambulance sector are also worse than for other sectors. This correlates with the findings from the recent Speak Up Review conducted by the National Guardian's Office – Listening to Workers⁷.

In contrast, community trusts continue to perform best. The gap between community and ambulance/acute trust results is widening. This could potentially be an indication of the impact of pressures on frontline services.

Eight out of the ten best scoring organisations were the same across the 2021 and 2022 surveys and seven out of the ten worst scoring were also the same indicating that there has been little movement in the organisations doing well and those who are not doing so well. This consistency in performance patterns may indicate underlying factors or characteristics contributing to their performance outcomes.

The disparity between the highest and lowest scoring organisations has increased for three out of the four Freedom to Speak Up questions. The only question where the disparity has reduced is 'If I spoke up about something that concerned me I am confident my organisation would address my concern'.

⁶ Freedom to Speak Up sub-score calculated from 605,926 worker responses in the 2022 NHS Staff Survey

⁷ <https://nationalguardian.org.uk/case-review/speak-up-review-of-ambulance-trusts-in-england/>

The National Speaking Up Picture

The national picture which the Staff Survey results paints is that the confidence workers feel to speak up has declined for the second year in a row.

The four questions which make up the Freedom to Speak Up sub-score can be mapped against two key barriers to speaking up:

1. the fear of detriment, that speaking up is a risky thing to do (questions 19a and 23e); and
2. the belief that speaking up is futile – that nothing will happen as a result (questions 19b and 23f)

If people fear that speaking up may lead to retaliation or threaten their job, they may stay quiet when they see matters which need addressing, and things that could have been resolved at an early stage could potentially lead to harm. If people believe that nothing will be done if they raise a matter, then speaking up is futile and not worth the risk.

Do workers feel safe to speak up?

There is a three percent drop in respondents who feel able to address unsafe clinical practice. This has worrying implications for patient safety. This equates to approximately 53,000 workers now reporting they do not feel able to speak up about unsafe clinical practice.

Although the question relating to whether people feel safe to speak up about anything which concerns them remains the same as last year, the national average is still 10 percentage points lower than for workers being comfortable to raise unsafe clinical practice concerns, a difference of over 60,000 workers.

These findings echo the types of cases which are raised with Freedom to Speak Up guardians. In 2021/22 ~20% of cases include an element of patient safety and ~30% include an element of worker safety or wellbeing.⁸

Q19a - I would feel secure raising concerns about unsafe clinical practice:

The national average has dropped from 75.0% to 71.9% (figure 1) with a corresponding deterioration seen across all sectors with the largest decrease in ambulance trusts (5.1 percentage points). The disparity between the highest and lowest scoring organisations for this question has increased from 25.1% to 25.7%.

Despite the current fall in confidence, levels remain higher than in 2017.

⁸ Find out more about the data which Freedom to Speak Up guardians submit to the National Guardian's Office on our website <https://nationalguardian.org.uk/learning-resources/speaking-up-data/>

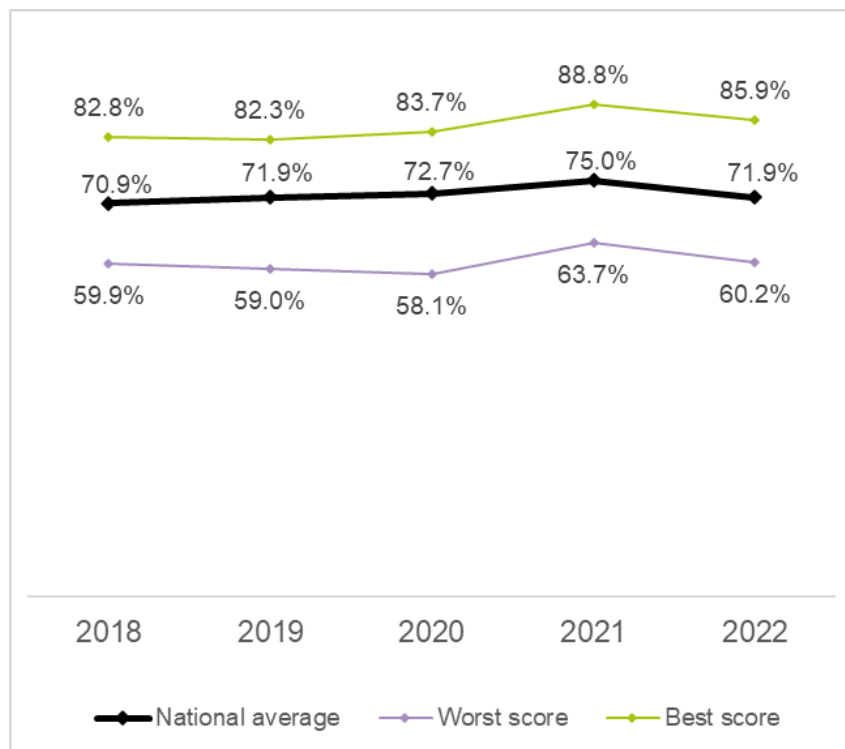


Figure 1: Change over time in the national average for question 19a

Q23e – I feel safe to speak up about anything that concerns me in this organisation

The deterioration in results between 2020 and 2021 – from 65.7% to 62.1% - continued with a further drop in the 2022 survey results, although a smaller drop this time, to 61.5% (figure 2).

The disparity between the highest and lowest scoring organisations for this question has increased from 36.3% to 38.0%.

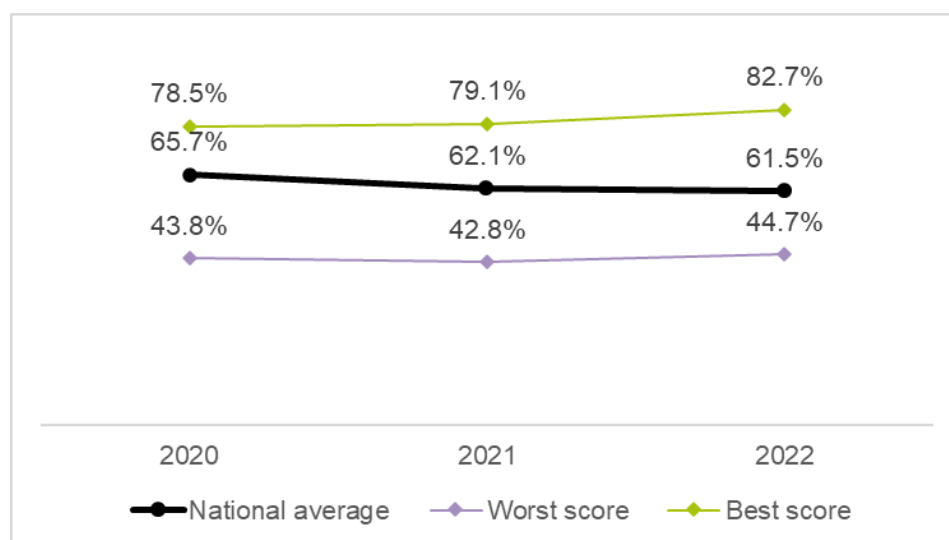


Figure 2: Change over time in the national average for question 23e

Do workers feel that what they raise will be addressed?

The corresponding question about whether people feel that if they spoke up, their concerns would be addressed has also shown a deterioration. This creates a worrying picture of potentially increasing disillusionment and a feeling that speaking up is futile.

The difference between perceptions of acute services and community services highlights a potential area for concern (figure 3). Is this a further indication of the impact of the pressures on the service.? Systemic concerns over safe staffing levels, infrastructure, ambulance wait times may be raised, but their solution may be harder to find in a service stretched to its limits.

Q19b – I am confident that my organisation would address my concern

The national average has dropped from 59.5% to 56.7% with a corresponding deterioration seen across all sectors but the largest decrease being seen for ambulance trusts (3.5 percentage points) (figure 3).

The disparity between the highest and lowest scoring organisations for this question has increased from 43.3% to 43.9%.

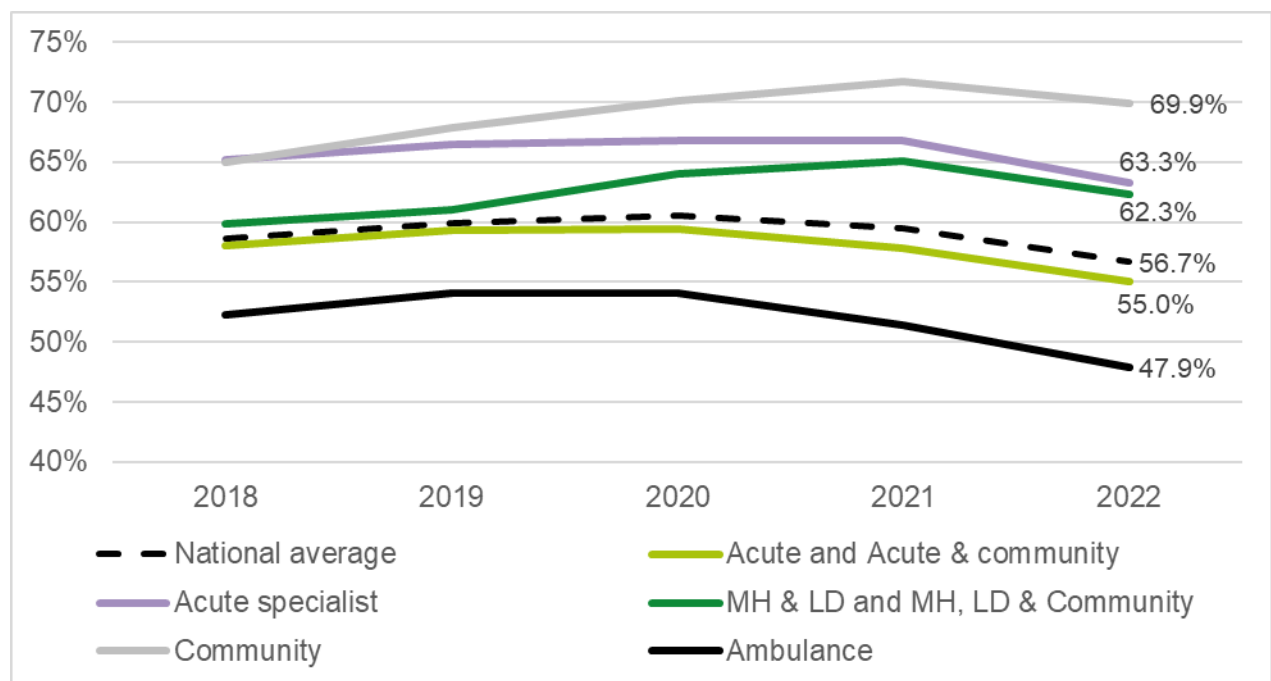


Figure 3. Change over time for question 19b by sector

Q23f – If I spoke up about something that concerned me I am confident my organisation would address my concern

The response to this question, new in 2021, has also seen a deterioration nationally (figure 4).

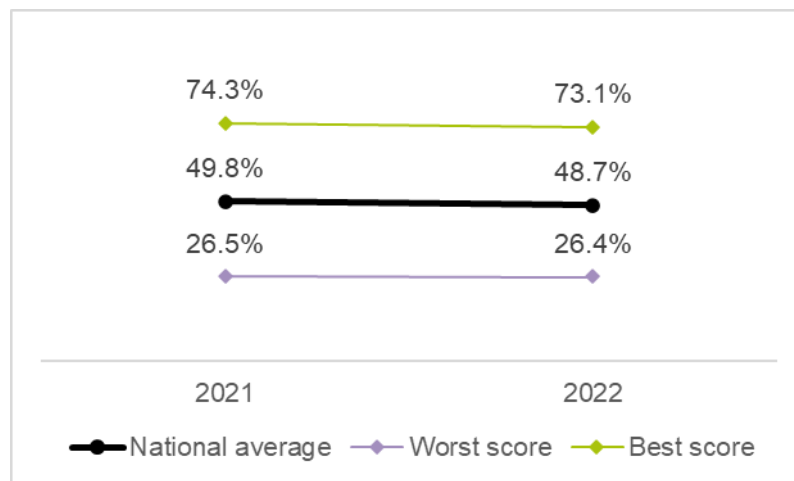


Figure 4. Change over time in national average for question 23f

This question has the biggest disparity between the highest and lowest scoring organisations. However, this disparity has slightly decreased from 47.8% in 2021 to 46.7% this year.

The regional picture

The Freedom to Speak Up sub-score worsened for all NHS regions in the 2022 Staff Survey (figure 5).

The North East and Yorkshire, North West and South East regions scored highest in both the 2021 and 2022 surveys. East of England is the worst performing region nationally for all four Freedom to Speak Up questions. In particular, the results for both questions about workers feeling that their organisations will address concerns are markedly lower.

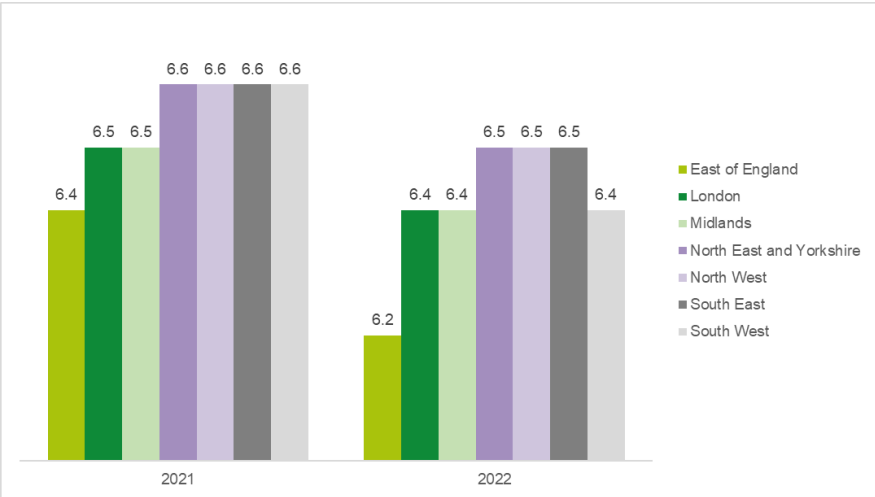


Figure 5. Freedom to Speak Up sub-score by region

Speaking up in Organisations

We have analysed the responses to the speaking up questions by type of trust. The table below shows the range in Freedom to Speak Up sub-scores by sector and the mean sub-score. Ambulance services have the lowest sub-score (5.9) and Mental Health & Learning Disabilities and Mental Health, Learning Disabilities & Community have the largest disparity (1.7) indicating the widest range in sub-score for this organisation type.

Sector	Lowest sub-score	Highest sub-score	Mean sub-score
All Trusts	5.3	7.6	6.5
Acute specialist	6.4	7.3	6.8
Acute and Acute Community	5.7	7.1	6.4
Ambulance	5.3	6.9	5.9
Community	6.5	7.6	7.0
Mental Health & Learning Disabilities and Mental Health, Learning Disabilities & Community	5.7	7.4	6.7

It is interesting to observe that different trust types have different responses to the four speaking up questions. Mental Health services and community services performance tends to be better than acute services, especially around feeling able to raise concerns.

The pressures on acute services have been well documented in the media. This may be having an impact on workers' confidence to speak up.

Our experience tells us that staff survey results reflect cultural issues within organisations. Previously, we have identified a correlation between organisations rated Good or Outstanding by CQC and above average speaking up scores.⁹ Where we have noticed an anomaly between a Trust rated Outstanding and a poor or marked deterioration of performance in speaking up responses we have made CQC aware.

A table detailing the organisations with the most improved Freedom to Speak Up sub-score is in the Annex. Two organisations stand out:

1. First Community Health and Care who ranked first across all speak up questions and in some cases their scores are improving where most organisations are deteriorating.
2. Encouragingly there has been a positive shift for Yorkshire Ambulance Service, who had the second largest improvement across all organisations for

⁹ See <https://nationalguardian.org.uk/learning-resources/speaking-up-data/ftsu-index/> See <https://nationalguardian.org.uk/learning-resources/speaking-up-data/ftsu-index/>

workers feeling safe to raise anything that concerns them (6.9 percentage points).

Eight out of the ten best scoring organisations were the same across the 2021 and 2022 surveys and seven out of the ten worst scoring were also the same indicating that there has been little movement in the organisations doing well and those who are struggling.

Other survey questions indirectly related to speaking up

While the Freedom to Speak Up sub-score comprises of the four core speaking up questions, there are other responses in the staff survey which, directly or indirectly, relate to speaking up culture.

These additional survey questions also paint a picture of how it feels to speak up in the NHS about anything which gets in the way of doing a great job. These questions ask how much people feel able to make suggestions or improvements in their work; how line managers listen up; and the safety of workers and patients.

Ideas for improvement

Freedom to Speak Up is about being able to speak up about anything which gets in the way of doing a great job. That means being able to speak up about ideas for improvement. Feeling able to make suggestions is an indicator of psychological safety.

Ambulance trusts perform markedly worse than other types of organisation for positive responses to these questions (figure 6)

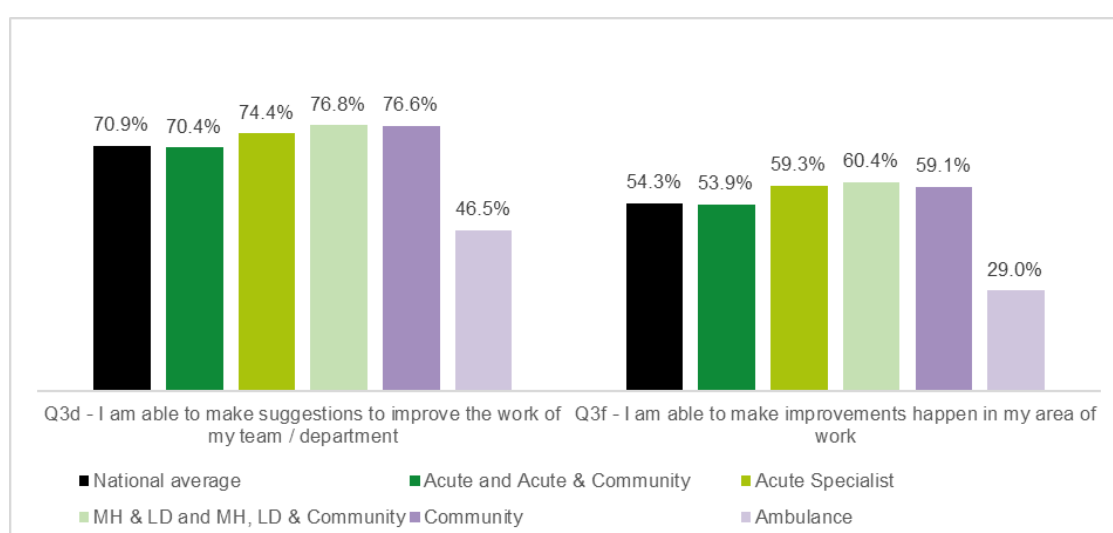


Figure 6. 2022 results for questions about making improvements - by sector

Support of managers

Managers play a key role in fostering a culture where speaking up is encouraged and valued. Although tone from the top is important and sends a message throughout the organisation of what behaviours are expected, it is the line manager who has the strongest influence on workers' psychological and physical environment.¹⁰

For speaking up to be effective, it requires listening and following up by leaders and managers. This is why the National Guardian's Office has developed Freedom to Speak Up eLearning, with modules specifically aimed at managers and leaders to promote a consistent and effective Freedom to Speak Up culture which enables workers to speak up and be confident they will be listened to and action taken.¹¹

Three questions in the NHS Staff Survey ask about how supported and listened to workers feel by their line managers (figure 7).

Workers in ambulance trusts report a markedly less positive response from their managers. Acute trusts also perform below the national average as well. This may indicate that managers in organisations where the ongoing pressures are keenest felt need more support so that they in turn can support their direct reports.

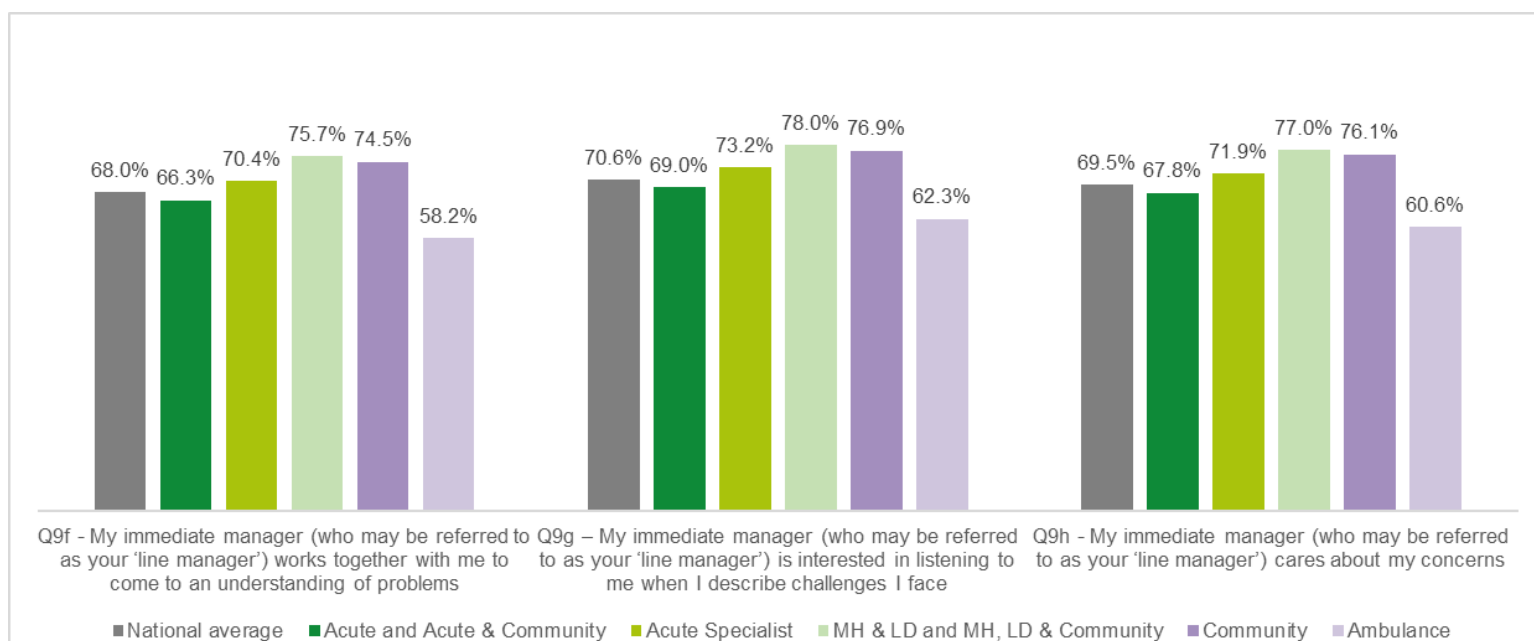


Figure 7. 2022 results for questions about managers - by sector

¹⁰ CIPD, The importance of people management: Analysis of its impact on employees (2023) <https://www.cipd.org/uk/knowledge/reports/importance-of-people-management/> CIPD, The importance of people management: Analysis of its impact on employees (2023) <https://www.cipd.org/uk/knowledge/reports/importance-of-people-management/>

¹¹ <https://nationalguardian.org.uk/speaking-up/training-for-workers/>

Worker wellbeing and patient safety

Freedom to Speak Up guardians share the themes of the speaking up cases brought to them with the National Guardian's Office.

- In 2021/22 nineteen per cent (19.1%) of cases raised included an element of patient safety/quality.
- 13.7% of cases had an element of worker safety.
- The highest proportion of cases – a third (32.3%) – including an element of behaviours, such as bullying/harassment.

We will shortly be publishing the 2022/23 Annual Data Report which analyses the speaking up data shared with the National Guardian's Office by Freedom to Speak Up guardians. For previous reports, [please see our website](#).

Worker wellbeing

Around a third of cases raised with Freedom to Speak Up guardians have an element of behaviours, including bullying and harassment.

Five years ago, in the 2018 survey, only 42.3% who experienced harassment or bullying said that they or a colleague had reported it, whereas in the current survey just less than half now say it has been reported (49.7%) (figure 8).

There is no place for bullying and harassment in any workplace and poor behaviour remains a cause for concern. The highest proportion of cases raised to Freedom to Speak Up guardians in 2021/22 including an element of behaviours, such as bullying/harassment (32.3%). This is a rise from 30.1% last year.¹²

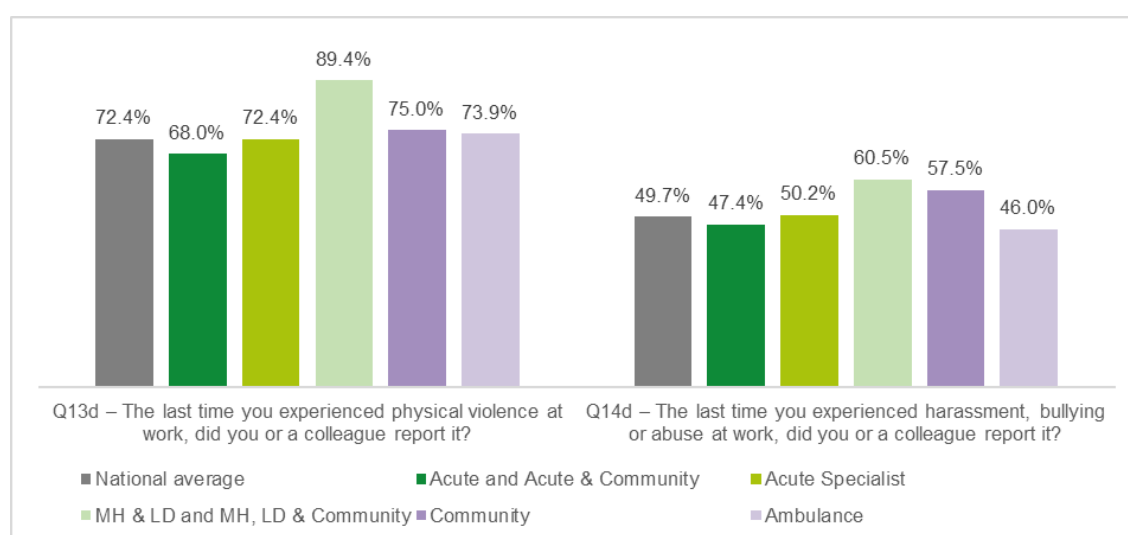


Figure 8. 2022 results for questions about worker safety - by sector

¹² <https://nationalguardian.org.uk/learning-resources/speaking-up-data/>

Patient/worker safety

Of concern are the responses to the questions about whether workers have witnessed an incident which could harm patients or colleagues and whether they feel they will be treated fairly or that preventative action would be taken if they do report it (figure 9).

There is a disconnect between the encouragement which workers feel in reporting (very high) and the perception of how fairly those involved are treated.

Compared to their counterparts in other trust-types, a larger proportion (40.6%) of ambulance trust workers reported seeing one or more errors, near misses and/or incidents. Ambulance trust workers were also the least likely to feel that those involved in errors, near misses and/or incidents would be treated fairly, or that lessons would be learned so that they did not happen again.

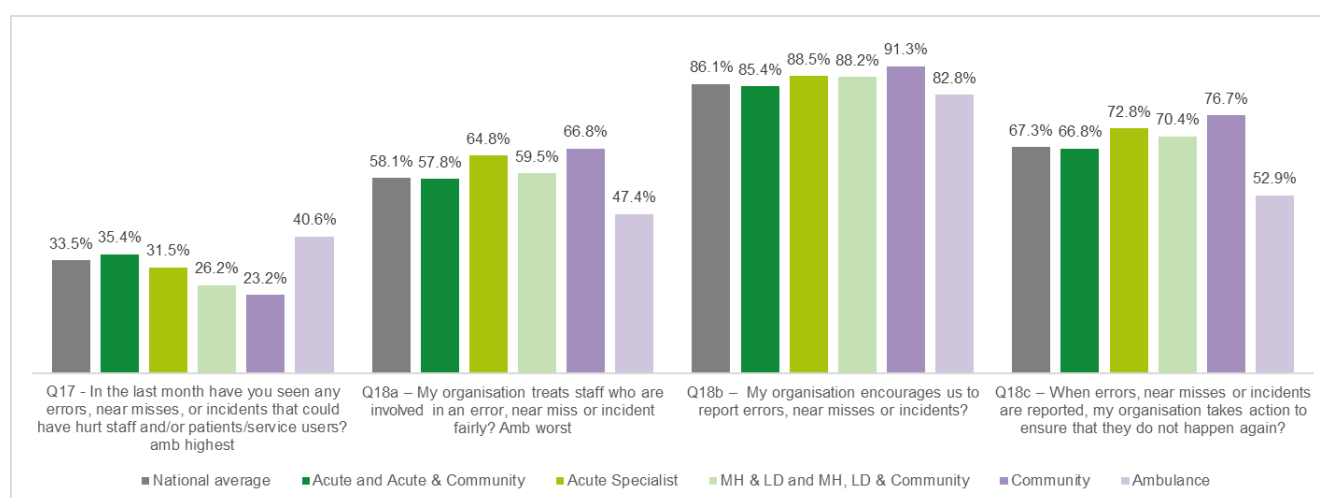


Figure 9. 2022 results for questions about errors, near misses or incidents - by sector

How do different groups of workers feel about speaking up?

The NHS Staff Survey is able to be analysed according to response from different groups of people. We would encourage all organisations to look at their own responses in this way to see the different levels of confidence in speaking up and if particular groups are fearful or silent.

Sir Robert Francis called these groups ‘vulnerable’, because they can feel particularly fearful of speaking up, for example, because of their ethnicity or contract terms.

Examining the speaking up confidence of different groups is especially beneficial when it comes to tackling the barriers to speaking up. By understanding the perceptions and confidence of people in particular occupations or with protected characteristics, more targeted approaches can be made to ensure that these groups feel supported and listened to.

Occupational Groups

In looking at the responses to the speaking up questions by occupational groups (figure 10), there are some particular areas of concern. These findings should highlight areas of work for organisations to look into how they can best support these occupational groups.

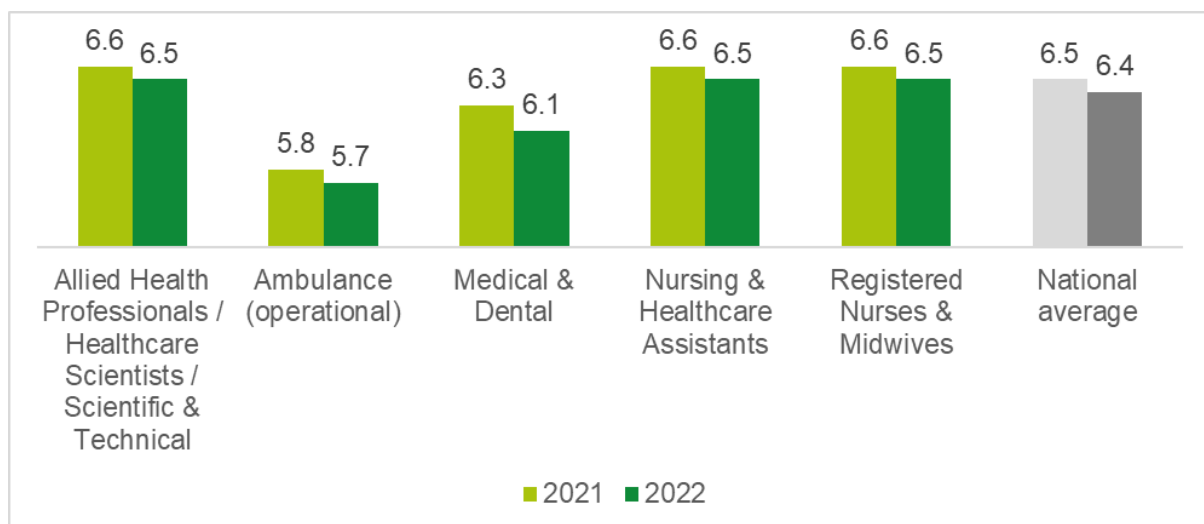


Figure 10. Freedom to Speak Up sub-score by occupational group

Medical/dental - in training

Trainees' confidence in speaking up is a significant area of concern. The results for this group have deteriorated markedly. Results are also markedly below national average and have deteriorated for all questions.

This represents a large proportion of workers and has a direct impact on patient safety. In addition, NHS Resolution's Being Fair 2¹³ identifies medics as one of the groups with significant workforce shortages.

Results for other medical/dental staff groups, for example consultants, are also deteriorating faster than other occupational groups for questions about whether they feel their organisation will address concerns (both clinical and more generally).

Looking at other questions in the NHS Staff Survey, only a quarter of those medics who had experienced harassment, bullying or abuse said that they or a colleague had reported the incident. This is a particular issue in acute services (figure 11).

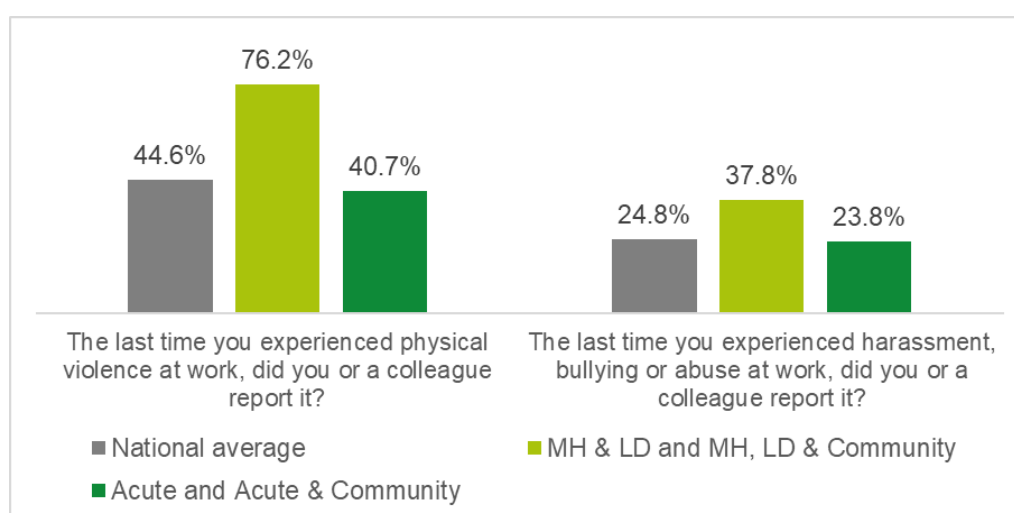


Figure 11. Results for medics in training occupational group

This paints a worrying picture of the confidence to speak up in this group of workers.

Freedom to Speak Up guardians report a smaller proportion of cases brought to them are from medics compared to the proportion of the healthcare workforce they represent. While there are other routes for clinicians to raise matters, for example via Datix or in the case of trainees, their medical supervisor, this may indicate more work needs to be done to understand why this is the case and encourage more to feel confident to come forward.

Midwives

The speaking up culture in maternity services has been a focus following the independent reviews into Shrewsbury and Telford¹⁴ and East Kent Maternity Services¹⁵. Both described a lack of psychological safety in maternity services, engendering fear among midwives to speak up to consultants because they found them intimidating.

¹³ https://resolution.nhs.uk/resources/being-fair-2/?utm_source=NGO&utm_medium=Link&utm_campaign=Being+Fair+2

¹⁴ <http://www.ockendenmaternityreview.org.uk/>

¹⁵ <https://www.gov.uk/government/publications/maternity-and-neonatal-services-in-east-kent-reading-the-signals-report>

Perhaps as a reflection of the work which has been done to improve the awareness and facility for midwives to speak up, midwives answers to the speaking up questions see some of the largest improvements across the board (figure 12). Despite this improvement, however, they are still below the national average for three out of four questions, indicating that more work still needs to be done.



Figure 12. Change over time for the four Freedom to Speak Up questions for midwives

Allied health professionals

There are 15 allied health professional roles, ranging from emergency response and radiography to podiatry and speech therapy.

Allied health professionals work within multi-disciplinary teams across multiple services in organisations. They can provide insight and may notice issues that workers who work in the same service have accepted as normal. They can provide an independent voice where workers who always work in the same service may not feel secure to speak up. Their voice contributes to a positive speaking up and learning culture.

Several of the allied health professional occupation groups have markedly deteriorated in this year's survey compared to 2021 (figure 13). NHS Resolution's Being Fair 2¹⁶ identifies allied health professionals as one of the groups with significant workforce shortages.

Historically, occupational therapists were one of the better performing groups for the raising concerns questions but this year there was a marked deterioration for three

¹⁶ https://resolution.nhs.uk/resources/being-fair-2/?utm_source=NGO&utm_medium=Link&utm_campaign=Being+Fair+2

out of four questions. The proportion of staff responding positively is still above national average but the deterioration is a potential early warning sign.

Physiotherapists show a similar trend to occupational therapists for the two questions regarding feeling that their organisation will address concerns (an indicator of futility - questions 19b and 23f).

Operating department practitioners are the only allied health professional group that has shown improvement, however, their results are still below the national average for feeling as though concerns will be addressed (futility).

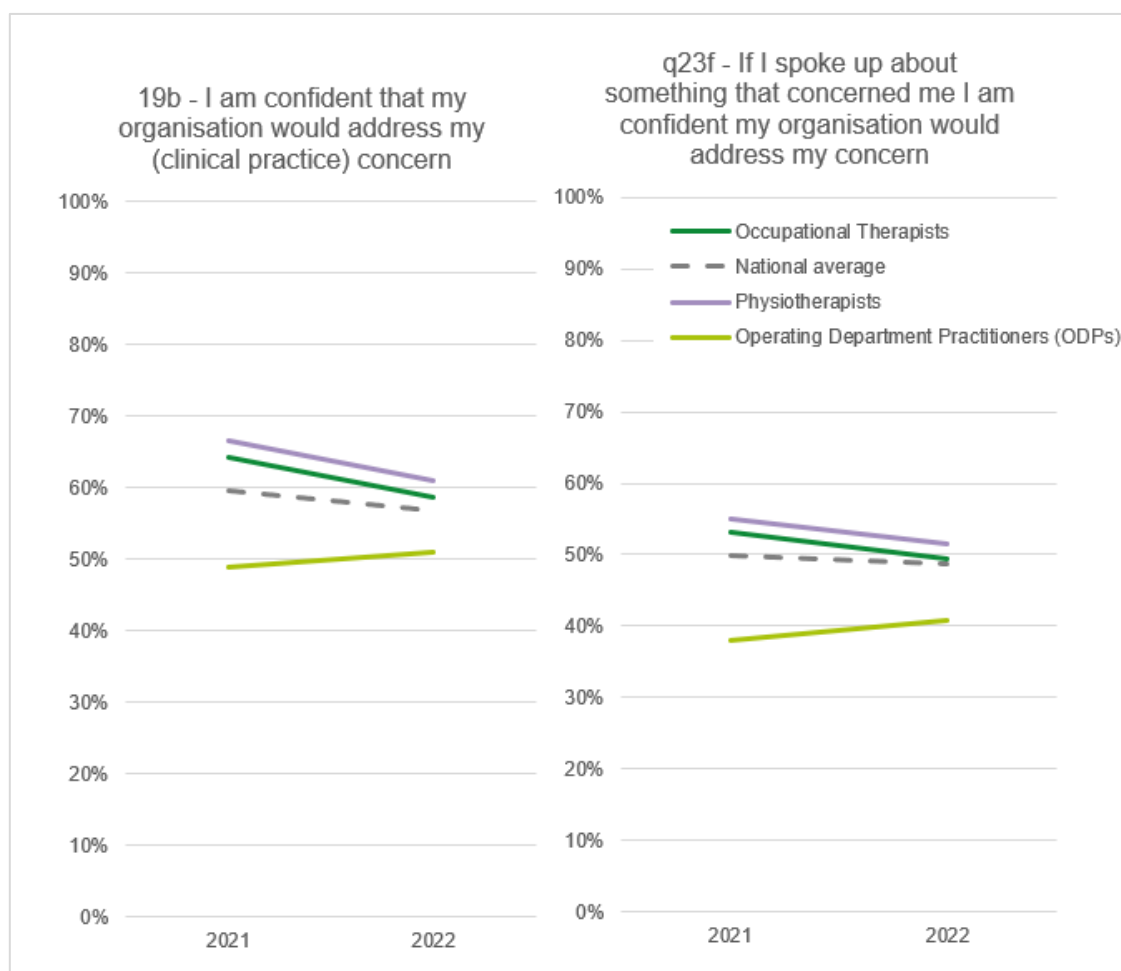


Figure 13. Change over time for the Freedom to Speak Up questions about futility for AHP groups

Urgent and Emergency Care (E&UC) Workers

There have been widely publicised issues with urgent and emergency care services, particularly ambulance services. These services have faced significant pressures, staffing issues, and the impact of ambulance service delays.

Occupational groups who work within these services had some of the worst results for the raising concerns questions (figure 14). This correlates with the findings of the National Guardian's Office's [Speak Up Review into ambulance trusts](#). Ambulance worker results were markedly below the national average and continue to deteriorate.

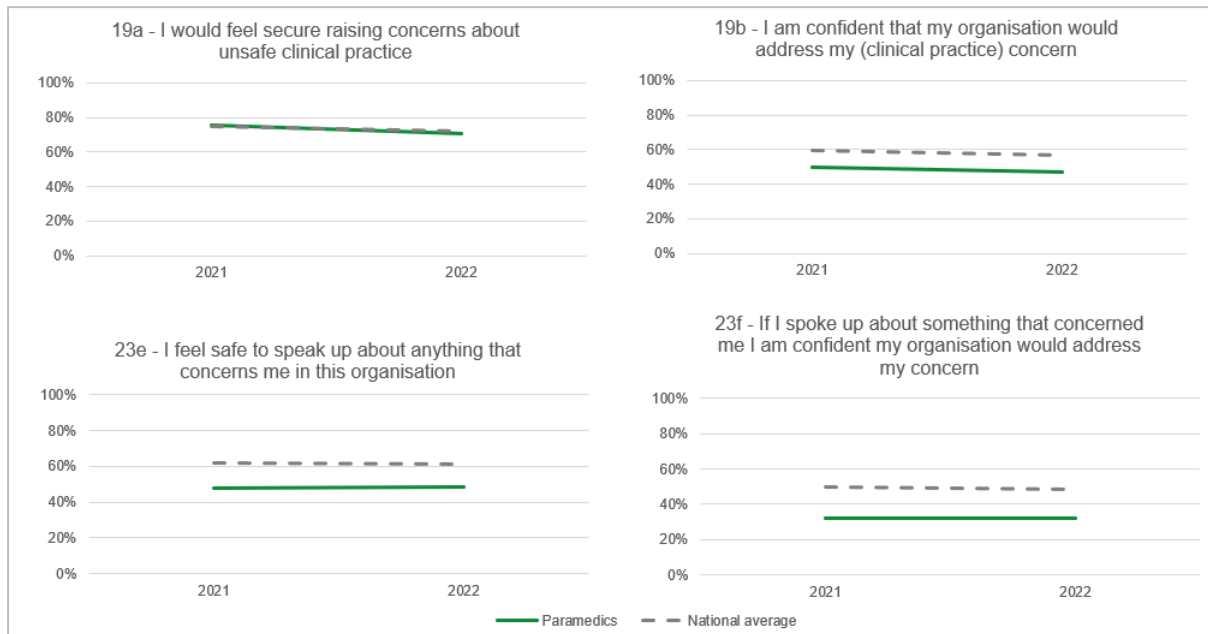


Figure 14. Change over time for the Freedom to Speak Up questions for Paramedics

For other questions indirectly linked to speaking up, more ambulance workers said that in the last month they had seen errors, near misses, or incidents that could have hurt staff and/or patients/service users when compared to other sectors. Ambulance workers were also the worst performing for feeling as though their organisation treats staff who are involved in an error, near miss or incident fairly.

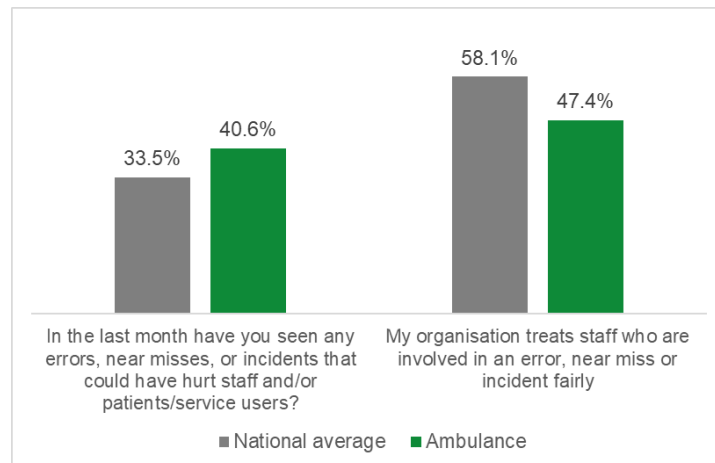


Figure 15. Results for questions about errors, near misses or incidents for Ambulance workers

Protected characteristics

Protected characteristics can have a significant impact on confidence to speak up. People with certain protected characteristics have been historically marginalized and subjected to discrimination, prejudice, and exclusion and people who belong to these groups may have experienced a lack of representation, systemic bias, and limited opportunities to voice their concerns, and fear facing negative consequences if they do.

There has been little research into the impact a person's protected or other characteristics have on speaking up.¹⁷ An accompanying report from the NGO provides additional data collated by the NGO and details our next steps in response to this research.

Ethnicity

The disproportionate impact of the pandemic on Black and minority ethnic health workers has highlighted how vital inclusion is for worker safety and wellbeing. Inclusion is essential for a healthy speak up, listen up and follow up culture. Being heard increases a sense of belonging.

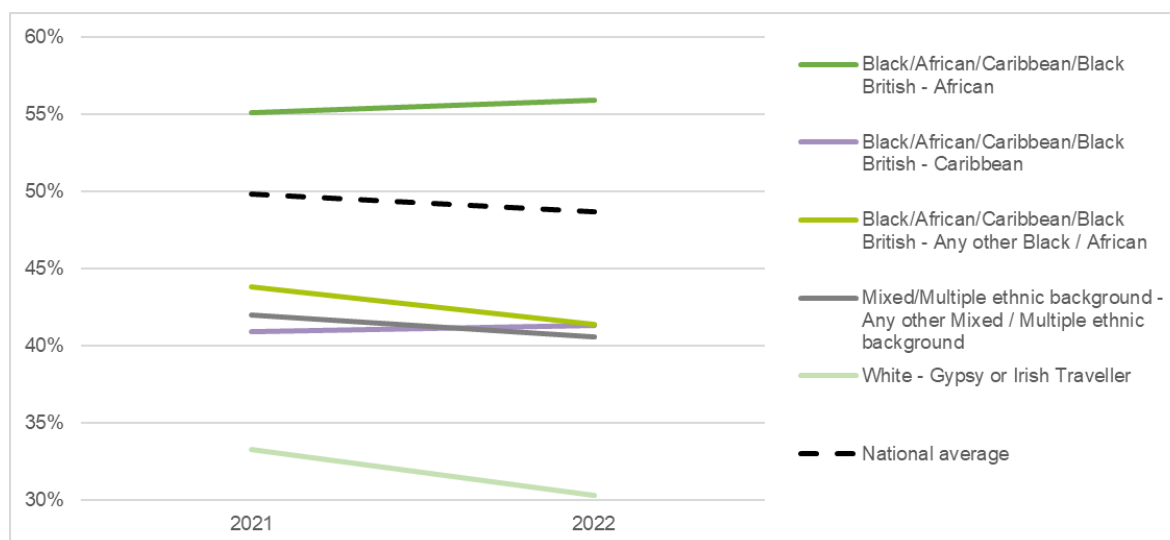


Figure 16. Change over time for the question 'If I spoke up about something that concerned me I am confident my organisation would address my concern' – responses by ethnic backgrounds

Black/African/Caribbean/Black British - Any other', 'Black/African/Caribbean/ Black British – Caribbean' and 'Mixed/Multiple ethnic background - any other' are some of the worst performing groups, markedly below national average and have either remained stable or deteriorated further in the 2022 survey (figure 16).

Improvements in results for 'Black/African/Caribbean/Black British – African' and this group performs above national average. (Note: This is one of the largest cohorts that make up 'staff from all other ethnic groups combined' (more than 20,000 workers).

- 'White staff' group of workers has deteriorated more than 'staff from all other ethnic groups combined' for feeling as though organisation will address unsafe clinical practice concerns (futility).
- 'Mixed/Multiple ethnic background - any other' markedly below national average for both questions related to the futility of speaking up (19b and 23f).

¹⁷ In 2021, we commissioned research looking at people's experiences of accessing their Freedom to Speak Up Guardian and whether ethnicity has an impact. The research was produced by brap – the equalities charity – and Roger Kline OBE. <https://nationalguardian.org.uk/2021/09/30/difference-matters-the-impact-of-ethnicity-on-speaking-up/>

- The 'White - Gypsy or Irish Traveller' group of workers is very small in number (less than 400 workers) but are an outlier, consistently performing the worst of all ethnic background groups for all raising concerns questions.

Gender and gender identity

From the Staff Survey results it appears that men feel slightly less secure to raise concerns compared to women. However, non-binary workers and those who prefer to self-describe are least secure to raise concerns and there has been a deterioration since 2021 for both of these groups.

Encouragingly there has been an improvement in the scores for raising and addressing any concerns (questions 23e and 23f) for non-binary workers.

Workers with the same gender identity as that registered at birth were more likely to feel secure to raise concerns (19a) compared with workers who described themselves as not the same as the sex registered at birth. However, more positively, there has been an improvement for this cohort's results for Q23f, feeling as though concerns will be addressed.

Sexual orientation

Workers who identify as bisexual or prefer not to say showed a deterioration in their belief that if that spoke up about something that concerned them, their concern would be addressed (figure 17).

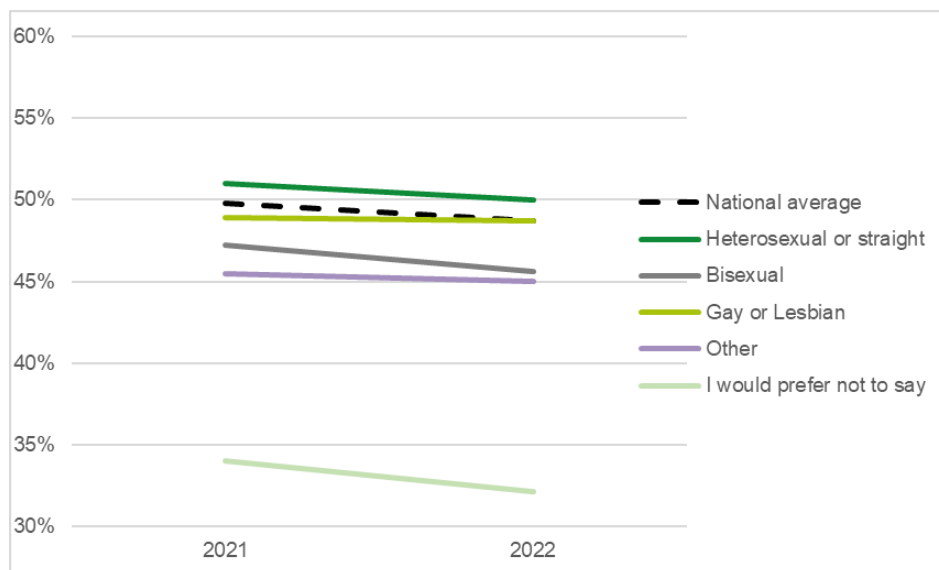


Figure 17. Change over time for the question 'If I spoke up about something that concerned me I am confident my organisation would address my concern' – responses by sexual orientation

Workers with a long-lasting condition or illness

Over 140,000 workers who responded to the core survey said that they had a long-lasting condition or illness. It is estimated that over 10,000 NHS workers have long Covid¹⁸ because of increased exposure during the pandemic (figure 18).

Workers with a long-lasting condition or illness scored markedly below the national average and lower than workers without a long-lasting condition for both questions relating to feeling that their organisation will address concerns. This suggests there is a greater perception of futility within this cohort.

Any improvements to speaking up culture for this cohort has the potential to have a big impact, as approximately 70,000 workers did not respond positively to the speaking up questions.

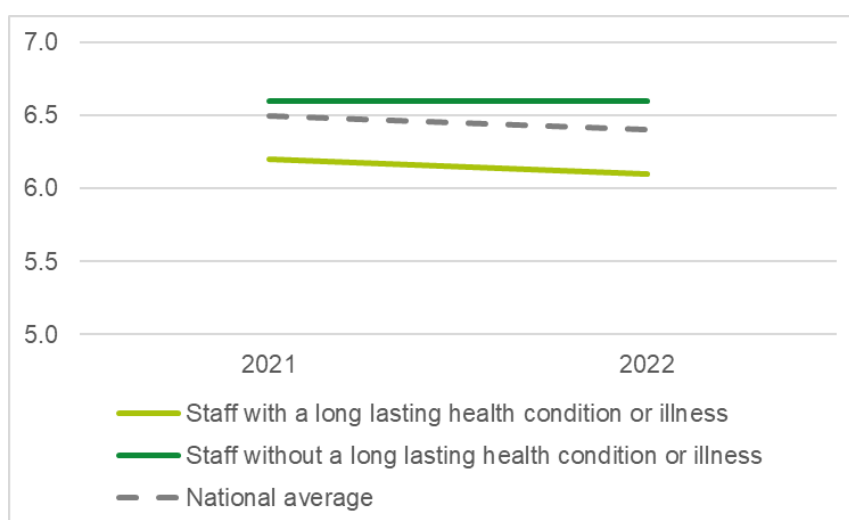


Figure 18 Change over time for the Freedom to Speak Up sub-score for staff with and without long term conditions

Bank workers

For the first time in 2022, eligibility to participate in the NHS Staff Survey was extended to bank workers who do not have a substantive contract at their organisation but work for the NHS via an in-house bank (bank only workers). Where organisations chose to extend participation to their in-house bank only workers, these workers were surveyed using a tailored version of the core NHS Staff Survey questionnaire via an online only survey.¹⁹

We welcome the inclusion of the voices of bank workers as they are essential to the service. Because they may work in different departments, wards or organisations, they can be a fresh pair of eyes and alert to matters of patient safety or see ideas for

¹⁸ <https://www.nursingtimes.net/news/workforce/up-to-10000-nhs-staff-could-be-off-sick-with-long-covid-31-01-2023/>

¹⁹ <https://www.nhsstaffsurveys.com/results/bank-worker-results/>

improvement. However, Sir Robert Francis²⁰ identified bank workers as a group who could be vulnerable to detrimental treatment, or fear of detrimental treatment, if they spoke up because of the temporary nature of their contracts.

17,702 bank workers completed the survey (An 18% response rate vs. 46% in core NH Staff survey), from 115 Trusts. The Freedom to Speak Up sub-score is 6.4 which mirrors the 6.4 sub-score in the core survey (figure 19).

Two thirds of bank workers who responded feel secure raising concerns about unsafe clinical practice (69.0%) compared with 71.9% in core survey.

A smaller proportion agree they are confident their organisation will address any concerns about unsafe clinical practice (56.3%) compared with 56.7% in core survey.

Two thirds feel safe to speak up about anything that concerns them (61.3%) compared with 61.5% in core survey.

Around half are confident if they spoke up about something more generally that concerned them that their organisation would address their concern (49.5%) compared with 48.7% in core survey.



Figure 19. Bank worker results for the four questions relating to Freedom to Speak Up

Listening to the silence

Some smaller groups (in terms of survey respondents) were identified as poor-performing outliers for the four speak up questions compared to nationally. These are:

- Non-binary (~1200 respondents)
- White - Gypsy or Irish Traveller (~400 respondents)


²⁰ <http://freedomtospeakup.org.uk/the-report/#:~:text=Report%20on%20the%20Freedom%20to%20Speak%20Up%20review&text=In%20his%20report%20Sir%20Robert,things%20go%20wrong%20in%20future> .

- Jewish (religion) (~1800 respondents)

It is unclear how many workers from these vulnerable groups did not respond to the core and bank surveys. Some worker groups, for example volunteers, are not invited to participate in the national survey.

It is essential that these missing voices are identified and sought out, as they too can contribute to learning and improvement for the benefit of patients and colleagues. That they do not feel able to participate is of concern. This is a knowledge gap for us at the National Guardian's Office and we will be looking into how we can understand better these missing voices.

The inclusivity at the heart of Freedom to Speak Up is why we ask leaders to look at their staff survey results and use them to listen to the silence. Who is not represented? Do particular groups, however small, face particular barriers to speaking up? What more can you do to tackle these barriers?



“The silence of missing voices costs careers, relationships and lives”

- Professor Megan Reitz

Conclusions and next steps

This analysis of the parts of the NHS Staff Survey relating to speaking up culture reveals that there is still so much more to be done to ensure that all workers feel it is safe to speak up about clinical concerns or anything that gets in the way of them doing their role.

The National Guardian Office will use this analysis to help inform our work programme and to encourage others in positions of leadership to do the same.

More work is needed to improve the confidence of people who experience racism, as well as others who face particular barriers to speaking up. Understanding these barriers, and how they can be overcome, is a core focus of both our work at the National Guardian's Office, and of Freedom to Speak Up guardians locally.

We will work in partnership with others to understand the reasons for the lack of movement of those organisations who continue to be the worst performing in terms of the Freedom to Speak Up sub-score. As we mentioned above, this consistency in performance patterns may indicate underlying factors or characteristics contributing to their performance outcomes. Understanding why some organisations consistently excel, or struggle can provide valuable insights. It facilitates the identification of good practices, successful strategies, or potential challenges that may contribute to their performance. This knowledge can then inform decision-making processes, benchmarking efforts, and the development of improvement initiatives. We will look to understand the reasons behind the lack of movement and how these organisations can be effectively helped to improve their speaking up culture.

We will also learn from the organisations who have demonstrated most improvement in the Speak Up sub-scores and use this intelligence to offer support to Freedom to Speak Up guardians and their leaders and to encourage sharing and learning of successful practices throughout the Freedom to Speak Up guardian community.

We will also be sharing our analysis with the CQC and NHS England as their role as regulators is vital in supporting improvement in speak up culture.

We will be shortly publishing the results of our 2022 Freedom to Speak Up Guardian survey which looks at the perceptions of Freedom to Speak Up guardians of the speaking up culture of the sector and in their organisations.

We continue to use the data from the NHS Staff Survey and our Freedom to Speak Up Guardian survey to inform our intelligence and learning about speaking up in the sector.

Annex: Top 10 most improved organisations

Organisation	Benchmarking group	Freedom to Speak Up sub-score 2022	Change from 2021 sub-score	CQC well-led rating*
Dudley Integrated Health and Care Trust	Community	7.1	+0.3	Good
First Community Health and Care	Community	7.6	+0.2	Good
East of England Ambulance Service NHS Trust	Ambulance	5.5	+0.2	Requires improvement
Pennine Care NHS Foundation Trust	Mental Health & Learning Disabilities and Mental Health, Learning Disabilities & Community	6.8	+0.2	Requires improvement
Harrogate and District NHS Foundation Trust	Acute & Acute Community	6.6	+0.2	Good
CSH Surrey	Community	6.9	+0.2	Good
Tameside and Glossop Integrated Care NHS Foundation Trust	Acute & Acute Community	6.4	+0.2	Good
Yorkshire Ambulance Service NHS Trust	Ambulance	6.1	+0.2	Good
United Lincolnshire Hospitals NHS Trust	Acute & Acute Community	5.9	+0.2	Good
Liverpool Women's NHS Foundation Trust	Acute Specialist	6.8	+0.2	Requires improvement

*CQC well-led ratings correct as of 4th April 2023