

**Speaking up in the NHS in England**  
**2018/19**

A summary of speaking up to Freedom to Speak  
Up Guardians in NHS trusts and foundation trusts

A report by the National Guardian's Office

January 2020

# Foreword



I am delighted to publish this second report on speaking up data in trusts and foundation trusts in England. It shows that Freedom to Speak Up Guardians continue to provide a valuable service that enables workers to speak up.

Anyone working in the NHS should be able to speak up about anything that gets in the way of delivering high quality patient care or that affects their working lives. Freedom to Speak Up Guardians provide a route to enable workers to do this when they feel unable to speak to their line manager or use other established processes. This report shows that speaking up is happening and that the feedback received when workers are supported by a Freedom to Speak Up Guardian continues to be positive. I am really grateful for the hard work that

Freedom to Speak Up Guardians and those supporting them are doing to make this happen.

There has been a **73% rise in the number of cases reported as raised to guardians this year compared to last**. I would suggest that, rather than showing that there are more things for workers to speak up about this year, this indicates that this new route for speaking up is just finding its feet. We are a long way from speaking up becoming business as usual.

This year **more than 1 in 10 cases were reported as being raised to guardians anonymously**. This concerns me. Cases that are raised anonymously can sometimes be difficult to investigate and difficult to provide feedback on. Equally, they can be an indicator that there is a general lack of trust or fear associated with speaking up. I would like guardians and leaders in trusts to carefully consider what factors may be at play in their organisation that mean workers feel that they cannot put their name to an issue that they are raising, even with the assurance that their details will be held in confidence. Over the coming year, I would like confidence in speaking up arrangements to grow and for that to be reflected in a reduction in the level of cases that are raised anonymously.

**Five percent of cases raised to guardians indicate that workers fear detriment as a result of speaking up**. When I ask trusts what action they are taking when detriment is reported, I am disappointed in the responses I get which are usually general and vague. Workers fear that speaking up will result in negative

consequences for them, and trusts need to be able to do more than simply say that this is not acceptable. They need to take action.

I will undertake a programme of work with the Freedom to Speak Up Guardian network so that I can properly understand what action guardians are taking when detriment is being reported to them. CQC colleagues are already working towards giving more prominence to speaking up when they carry out their well-led assessments. I have asked them to use this as an opportunity to gain assurance that action is taken when detriment for speaking up happens, wherever this occurs in an organisation.

**I am pleased that this year all trusts reported that they had received at least some cases.** I think this is a reflection of how this route for speaking up is becoming established and how the work of Freedom to Speak Up Guardians is becoming normalised. When we first started requesting data on the number of cases guardians were handling and making this publicly available there was some resistance. However, this has become business-as-usual for trusts and foundation trusts. They are using our data sets to compare the use of their Freedom to Speak Up Guardian arrangements with other trusts. Other organisations are also eager to submit their data to us so that they can demonstrate the transparency of their guardian arrangements. To enable any organisation with a Freedom to Speak Up Guardian in place to submit data, my office has developed a new portal that allows any trained guardian to submit data for the organisation that they are working in.

**However, there is wide variation in the number of cases that are being recorded.** The highest number of cases in a single trust is 270, the lowest number is 1 case. I would urge those trusts that consistently report lower case numbers to ask themselves why that might be. It may be that guardians are not recording all cases that are being raised with them. All cases raised with a guardian should be recorded – there is no ‘threshold’ for what constitutes a speaking up case. The fact that someone feels that they need to approach a Freedom to Speak Up Guardian, rather than escalate an issue by a ‘regular’ route, provides valuable insight in itself. I would therefore like to remind all guardians to record all cases that are raised with them and ensure that they use this information to help build up a picture of speaking up in their organisations, and the potential barriers that workers are encountering.

Low numbers may be an indicator of either a lack of trust in the guardian arrangement itself, or may indicate some even more deeply-rooted issues. I ask organisations that are reporting low numbers compared to others providing similar services to assure themselves that this does not indicate a lack of trust in their guardian arrangements or other ingrained barriers to speaking up.

Our recently published [‘Freedom to Speak Up Index’ report](#), based upon a subset of questions in the NHS staff survey, shows trusts with the highest index score are rated as good or outstanding by CQC . This is a pattern we have seen when

[Freedom to Speak Up Guardians themselves are asked about the culture in their organisation](#).

These two sources of data tell us the same thing - the best organisations have the best speaking up cultures. When this relationship is looked at in terms of a Freedom to Speak Up Guardian's case load this report suggests that guardians in trusts rated most poorly by the CQC are reporting the most number of cases. But I am also struck by the fact that the trust reporting the highest number of cases has been rated as outstanding, whilst the trust with the lowest number of cases is rated as inadequate. For now, I think it is too soon to conclude that there may be a relationship between guardian case load and CQC rating but this may be an area worthy of further investigation.

Whilst this report focusses on speaking up to Freedom to Speak Up Guardians, I am mindful that this is only one route available to workers. All staff need the skills and confidence to speak up and to respond when people speak up to them. My office has recently issued [guidance on training for workers on speaking up](#) and I urge all trusts to ensure that training they are already providing is in line with this guidance. My office is also working with Health Education England to develop a training package on speaking up that is in line with this guidance and that we will make as widely available as possible.

It is still early days and there is no room for complacency, but I believe that continued investment into Freedom to Speak Up Guardians and support for the positive change they can bring, will have a long-term positive impact on patient safety and the experience of everyone who works in the NHS.

**Dr Henrietta Hughes OBE FRCGP**  
**National Guardian for the NHS**  
**January 2020**

# Summary

- Between 1 April 2017 and 31 March 2019, **19,331** cases were raised to Freedom to Speak Up (FTSU) Guardians in trusts and foundation trusts.
- **12,244** cases were raised to FTSU Guardians in trusts and Foundation trusts between 1<sup>st</sup> April 2018 and 31<sup>st</sup> March 2019.
- The total number of cases raised in 2018/19 was **73% higher** than that raised in the 2017/18 reporting period
- The number of cases raised in Q4 of 2018/19 was **38%** higher than that raised in Q1 of the same year
- In 2018/19:
  - the average number of cases per trust was largest amongst **combined acute and community trusts** (an average of **75** cases per trust reported over the year). This is the same trend as was observed in 2017/18.
  - More cases (**3,728**, 30% of the total) were raised by **nurses** than other professional groups.
  - **1,491** cases (12%) were raised anonymously, compared to 18% of cases the previous year.
  - **3,523** cases (29%) included an element of patient safety / quality
  - **4,969** cases (41%) included an element of bullying / harassment
  - **564** cases (5%) indicated that detriment as a result of speaking up may have been experienced
  - The highest number of cases in a single trust reported over the year was **270**. The lowest number of cases reported was **1**.

# Acknowledgements

We would like to thank all the Freedom to Speak Up Guardians and everyone in NHS trusts involved in providing and verifying the data that has made this report possible. We would also like to acknowledge and thank those who have contributed to the analysis underlying the observations that this report makes.

# Introduction

The appointment of a Freedom to Speak Up (FTSU) Guardian is a requirement of the NHS Standard Contract in England.

The National Guardian's Office (NGO) provides leadership, support and guidance to FTSU Guardians.

Guidance on recording data was originally issued in January 2017 and guardians in trusts and foundation trusts have been asked to provide quarterly reports on the number of cases they have received since April 2017. These quarterly reports have been published on the NGO's webpages.

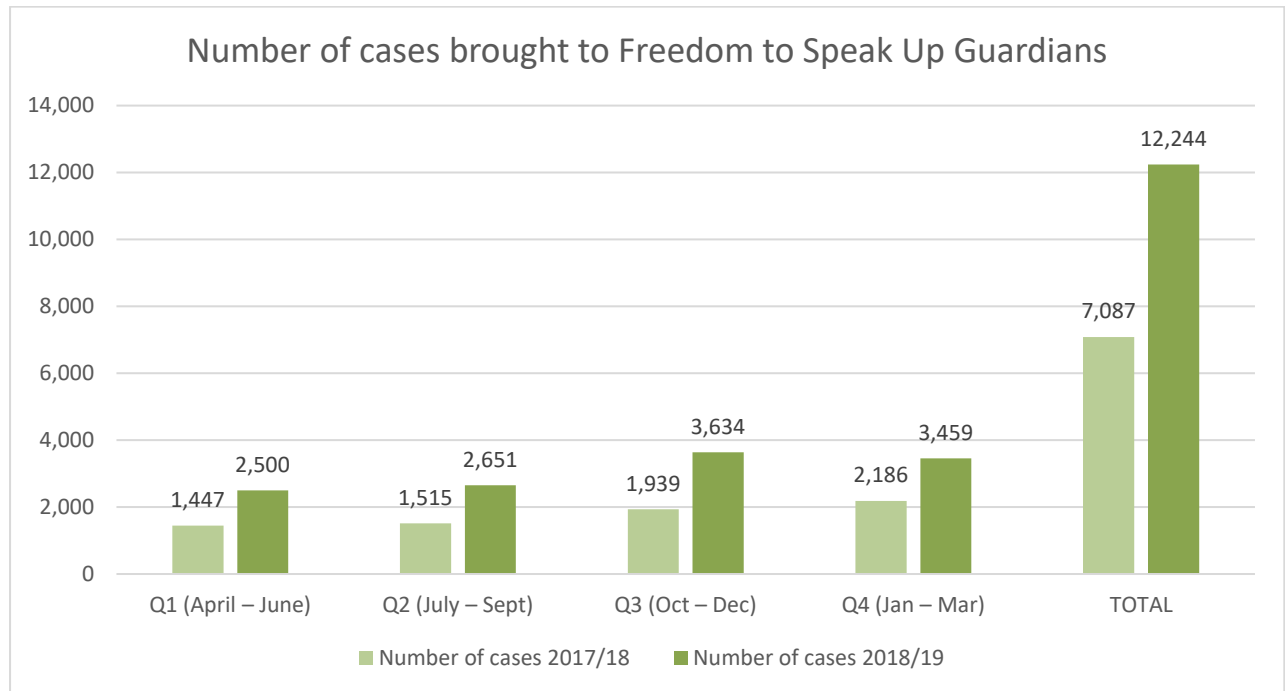
This end of year report represents a summary and analysis of the second year's return and compares across the two years for which data is available.

Trusts were given the opportunity to reconcile and update their data at the end of the 2018/19 financial year, and this report is based on that data set.

# Overall picture

Between 1 April 2017 and 31 March 2019, **19,331** cases were raised to Freedom to Speak Up (FTSU) Guardians in trusts and foundation trusts.

## Overall figures

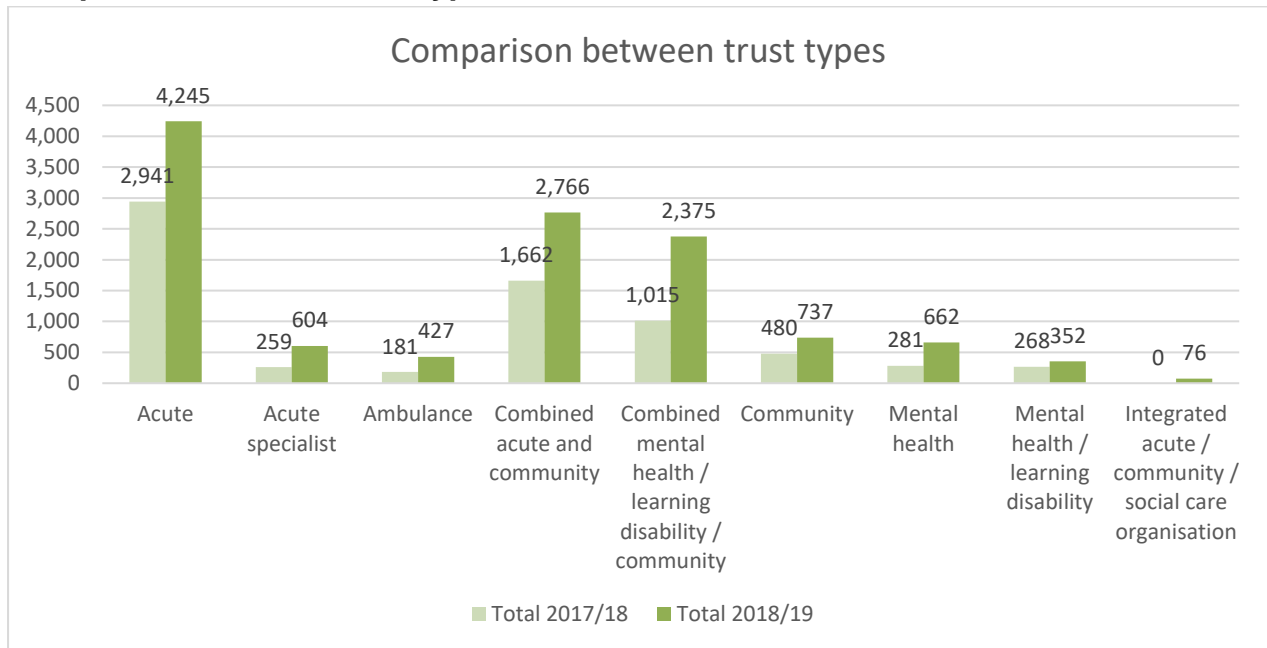


A total of **12,244** cases was recorded during 2018/19 giving an average of **52.5** cases per trust (based on 233 trusts). This compared to a total of **7,087** cases giving an average of **30** cases per trust (based on 234 trusts) recorded in 2017/18. This means that **5,157** more cases were recorded, compared to the previous year, an increase of **73%**. This is clear evidence of increased uptake of this channel as a means of speaking up.

The number of cases recorded spiked in Q3 (Oct – Dec 2018). During October, the National Guardian’s Office launched the first ‘Speak Up Month’. This saw a range of national and local activity to promote speaking up and communicate the Freedom to Speak Up Guardian role. The spike in cases may reflect the impact of those activities, with an increase of **37%** in cases on the previous quarter. The National Guardian’s Office repeated ‘Speak Up Month’ in 2019 with a view to achieving greater awareness of speaking up and encouraging even more people to do so.

*“I doubt I would have had the same outcome without the involvement of the Freedom to Speak Up Guardian.”*

## Comparison between trust types

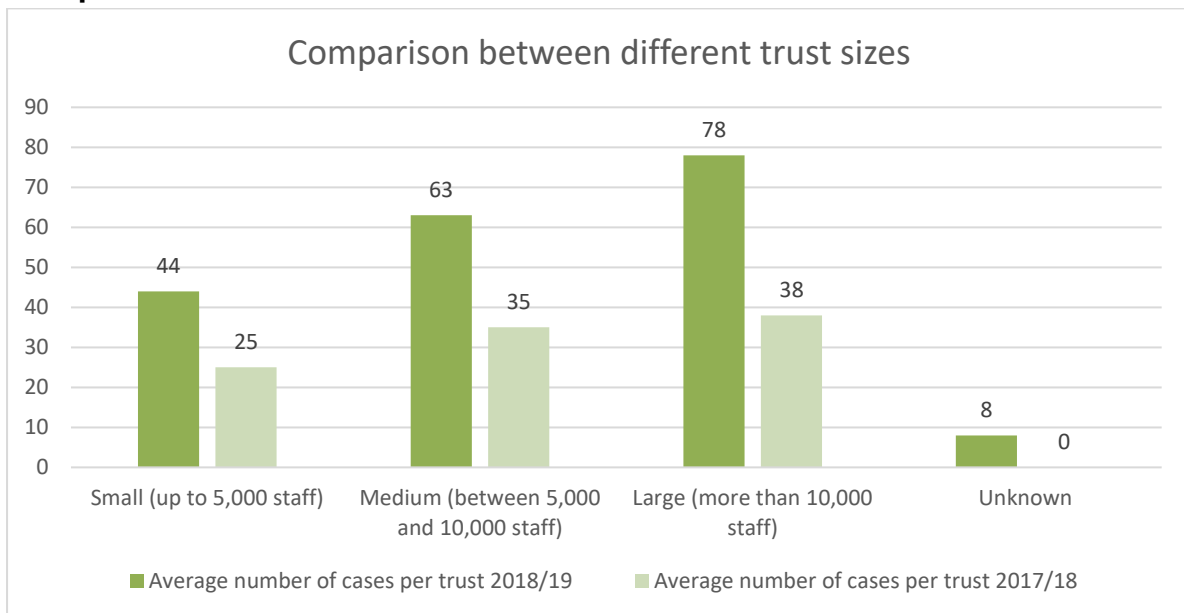


In 2017/18 more cases per trust were recorded in combined acute and community trusts and this trend was repeated in 2018/19. There may be many reasons behind this pattern. These trusts may be larger than other trusts, with more workers and/or with a greater geographical footprint. They may have proportionally more patient interactions than other trust types or generally manage more activity. This result may reflect, either positively or negatively, on the Freedom to Speak Up culture in these organisations. These figures may be helpful for organisations to compare their data with similar trusts. Further work is needed if we are to understand properly any relationship between the services a trust provides, and the number of cases that Freedom to Speak Up Guardians handle.

*"I am a strong supporter of the concept that staff have a responsibility to raise concerns, and this is a route that can be very useful. I am glad we have got this process and I feel safe".*

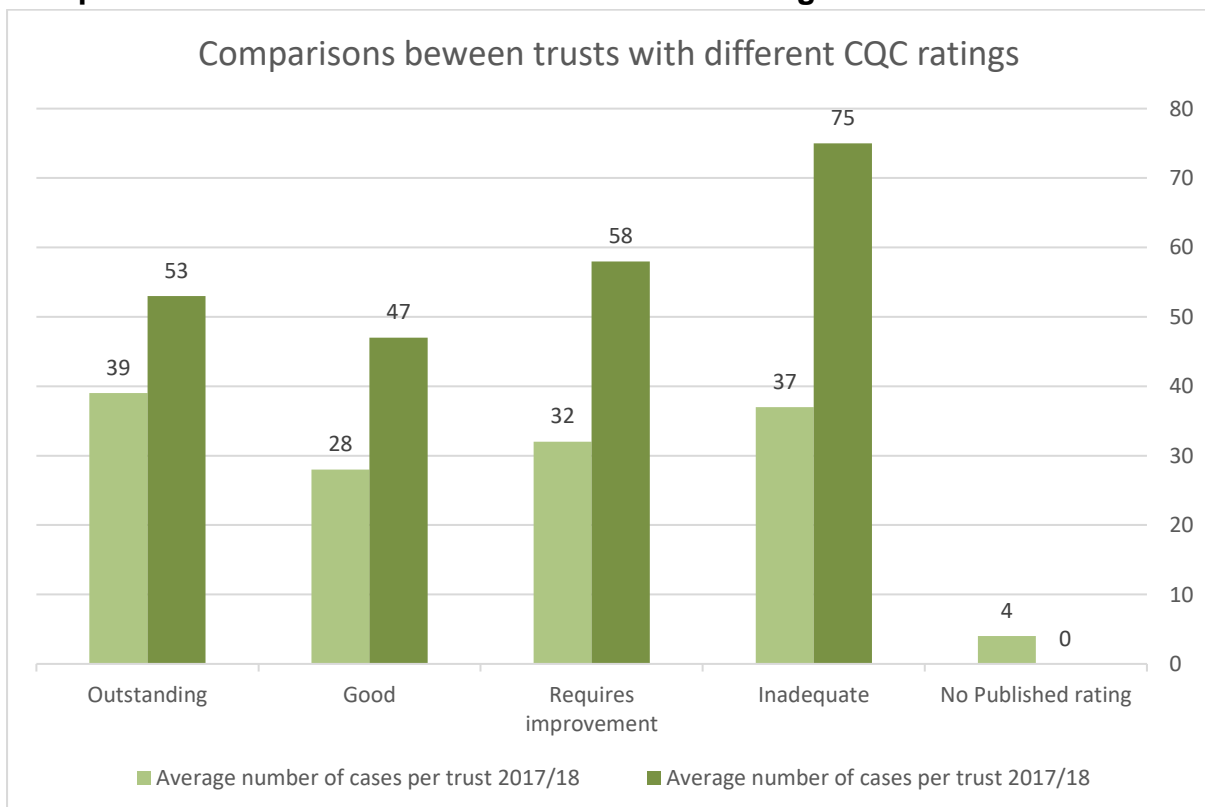


### Comparison between trust sizes



As might be expected, while the fewest nominal number of cases occurred in large trusts, large trusts experienced the highest rate of cases per trust with a rate of cases per trust **80% higher than** that of small trusts in 2018/19.

### Comparison between trusts with different CQC ratings




In 2017/18 there was no obvious correlation between the CQC rating of a trust and the number of cases that a Freedom to Speak Up Guardian might be expected to handle.

In 2018/19 we have seen a divergence in the number of cases reported by guardians in trusts rated inadequate by the CQC. This may be a point worthy of further investigation. However it should be noted that, given the wide variation in the number of cases reported per trust over the year (which varies between 270 cases and 1) it may be too early to suggest a link between CQC rating and the number of cases reported. While number is no indicator of an open culture, it does show that even in trusts rated inadequate, speaking up is occurring.

Many factors can influence quality of care and worker experience and, at any point, an organisation may experience a situation in which change can have a negative effect on these. It is at those times that a Freedom to Speak Up Guardian can bring particular support to workers who may be feeling particularly stressed, pressured or vulnerable.

### **Levels of cases reported**

Number of cases is not necessarily an effective measurement of success - just one case could save lives and make a difference. Low numbers may be an indication of suppressed concerns or, conversely, that workers feel comfortable using other channels, like their managers or other established reporting mechanisms. Higher numbers may also demonstrate openness and trust, where workers feel supported and speaking up is welcomed.



*“[I] felt supported by the Freedom to Speak Up Guardian but this can only work if the organisation is willing to learn and listen.”*

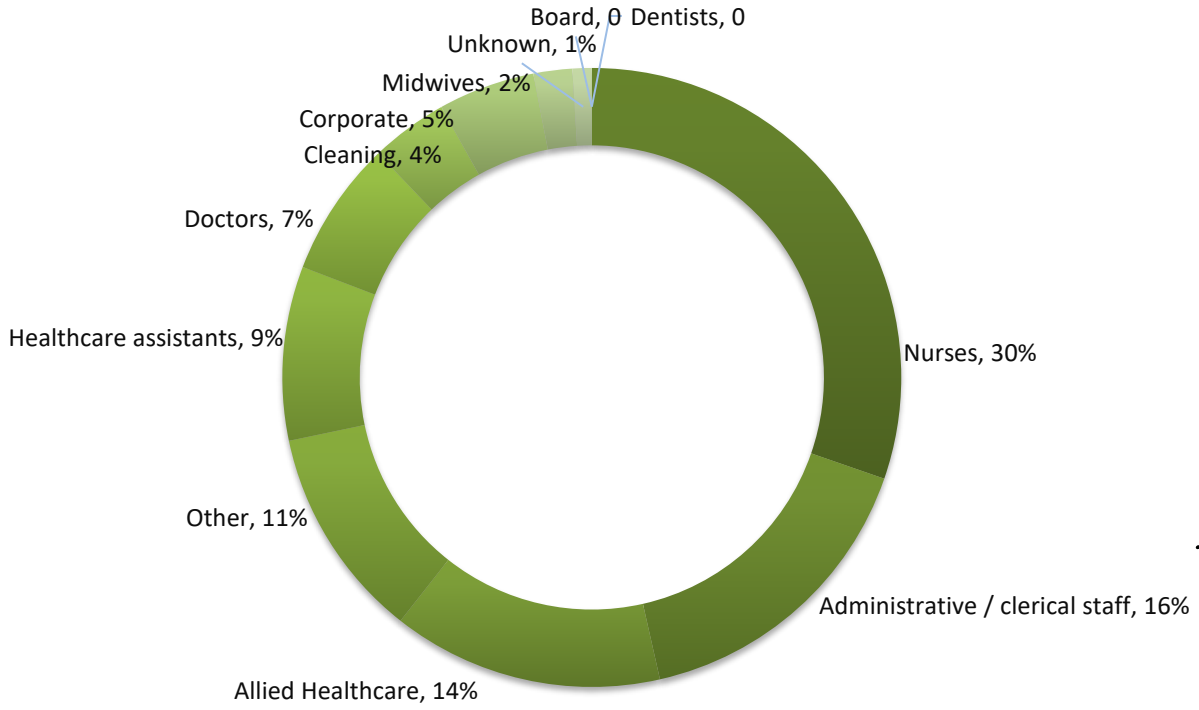
In 2017/18, six trusts did not report any cases. In 2018/19, all trusts and foundation trusts reported cases during the year. Yet there is a wide variation in reporting levels. While one trust reported 270 cases over the year, another reported only a single case.

We will look into this variation further but it is worth noting that, in our experience, guardians do not always seem to be recording all the cases that have been raised with them. We would like to remind guardians that all cases raised with a guardian should be recorded – there is no ‘threshold’ for what constitutes a speaking up case. Any case that is raised with them, even if it results in what might seem quite simple or routine action, should be recorded. The fact that someone feels that they need to approach a Freedom to Speak Up Guardian, rather than escalate an issue by a ‘regular’ route, provides valuable insight in itself.



# Who is speaking up?

Who is speaking up? Percentage of cases 2018/19

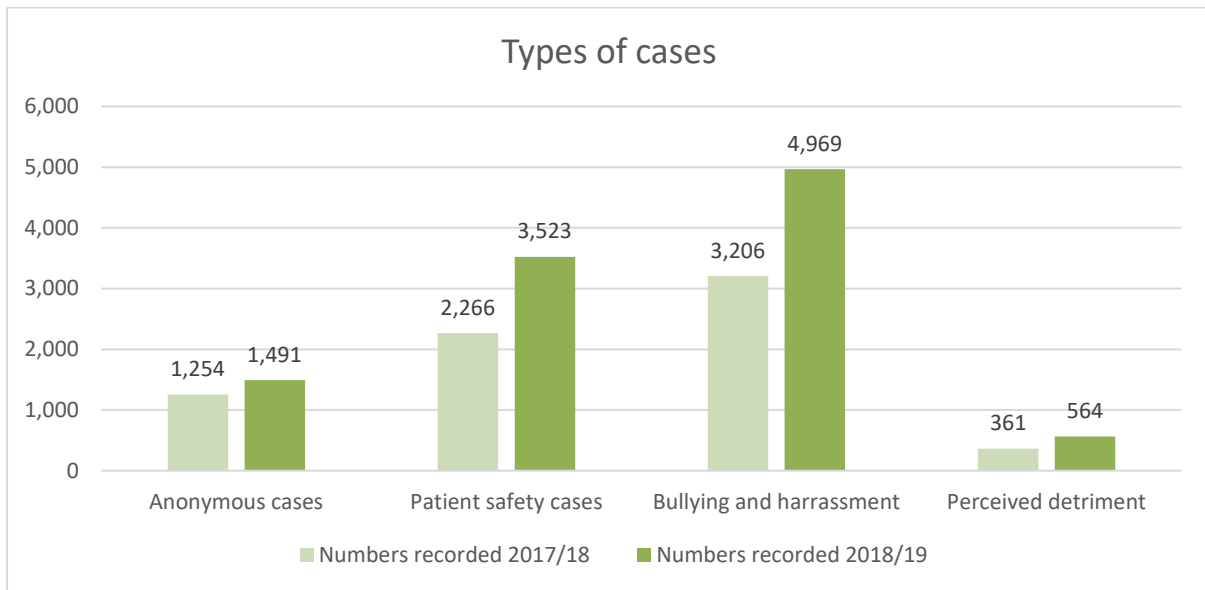


Workers representing a very broad range of professional groups speak up to Freedom to Speak Up Guardians. Most cases are raised by nurses, reflecting the prominence of this group within the overall population of NHS workers. While the proportion of cases raised by individual professional groups remains consistent over the two years being compared, it is worth noting that some groups have a professional duty to speak up in addition to the general obligations and expectations that anyone working in an organisation would be subject to.

We would encourage guardians and leaders to continue to be curious about the groups that are speaking up, and sensitive to the barriers that some groups may particularly face. Where it appears that particular groups of workers are not speaking up, trusts should take action so that they can assure themselves that this is not a sign that a barrier to speaking up exists.



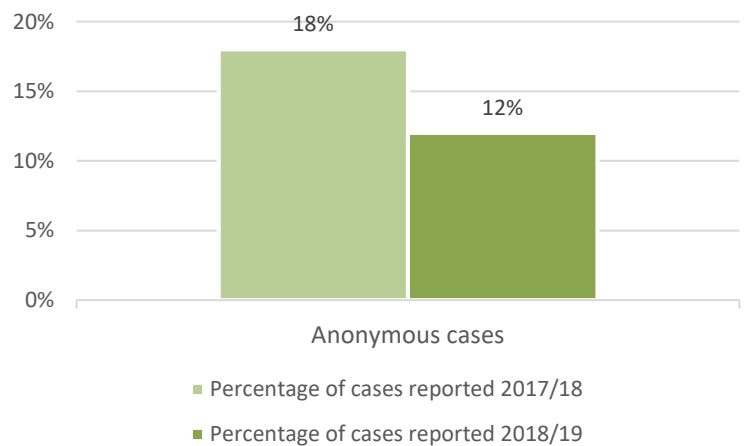
# Types of cases



1

Overall, the proportion of anonymous cases raised has fallen (from **18%** of cases to **12%**). This may indicate some progress in workers gaining more confidence in the freedom to speak up process. However, more than **1 in 10** cases are being raised anonymously.

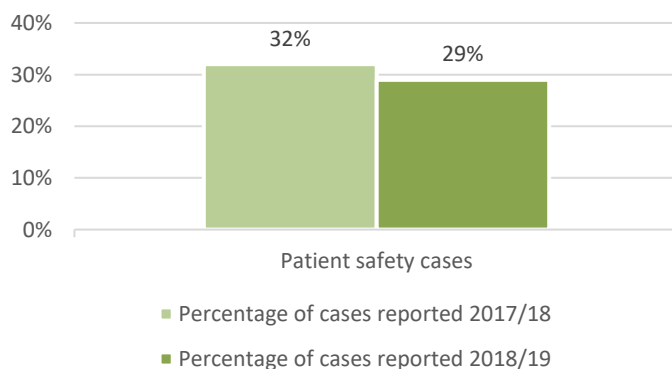
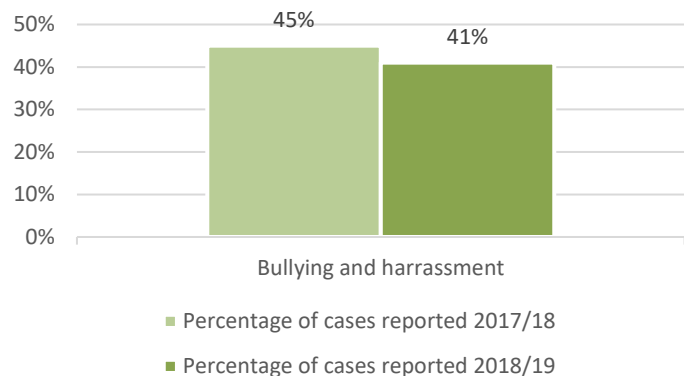
Cases that are raised anonymously can present a number of practical difficulties: they can be difficult to investigate (particularly where information may be missing or there is a lack of clarity about a situation); there can be no protection from detriment; and it is difficult to ensure that the individuals who raise such cases receive feedback on how the matter is handled. More importantly, requests for anonymity can be an indicator of lack of trust in speaking up arrangements and fear of reprisals for speaking up. We would like to see trusts take action so that workers have more confidence in their organisation's speaking up arrangements and feel less need to remain anonymous.



<sup>1</sup> A single case can relate to any or all of the categories. For example, it can be reported anonymously, the person speaking up can perceive they have suffered detriment, and it can have an element of bullying and harassment and an element of patient safety/quality of care. Some cases may not fall into any category.

Anecdotally, we are aware that there is still some confusion about cases reported to guardians ‘in confidence’ and cases that guardians receive that are truly ‘anonymous’. In some cases, reporting systems appear to be promoting the recording of cases as anonymous when, in fact, this is not the case. We ask all guardians to check that they are recording cases correctly, and to work within their organisations to ensure that recording systems allow for a proper distinction to be made between anonymous cases of speaking up, and cases where individuals wish their identities to be kept confidential.

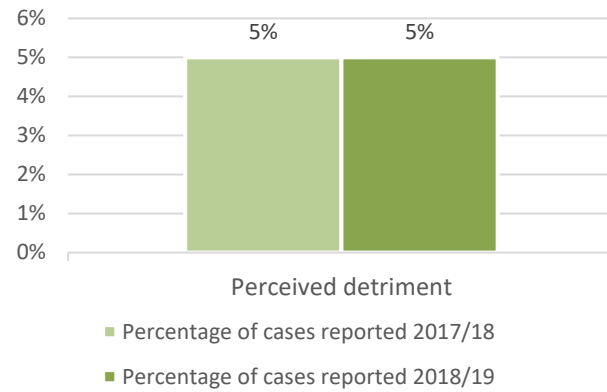
The overall proportion of cases related to bullying and harassment and patient safety has also reduced, though only by a few percentage points. Like the previous year, around **3 in 10** cases raised to Freedom to Speak Up Guardians are related to patient safety issues, and around **4 in 10** involve an element of bullying or harassment. Although there are well established channels for speaking up about these matters, the fact that workers are speaking up to guardians reflects the barriers that exist in using these channels. While guardians to continue to provide an alternative route for speaking up, we would like to see leaders taking more action, with input from their guardian, to assure themselves that barriers to other channels for speaking up are lowered as far as possible.



Ultimately, any matter raised to a guardian has a relationship to the quality of care that a trust provides. Our [‘100 voices’ campaign](#) has started to bring together some of the illuminating stories that lie behind the cases that this report summaries. Every time a worker speaks up, an opportunity for learning and

improvement is presented. We will be publishing a selection of these stories shortly.

The number of cases which involved perceived detriment for speaking up has increased, in line with the increased number of cases, but the percentage of cases raised to Freedom to Speak Up Guardians which indicate perceived detriment for speaking up remains consistent at **five percent**. This is never acceptable. We expect trusts to develop credible ways of responding to any suggestion that workers receive detriment for speaking up and to demonstrate the action they take to tackle this. The NGO will explore this matter further with guardians and CQC will work towards giving this particular aspect of speaking-up more prominence in its inspections.



*“I felt very vulnerable speaking up and although my issue was resolved I fear for future repercussions. However, it was good to feel I had someone beside me and supporting me and I have to trust in that process as I move forward ...”*

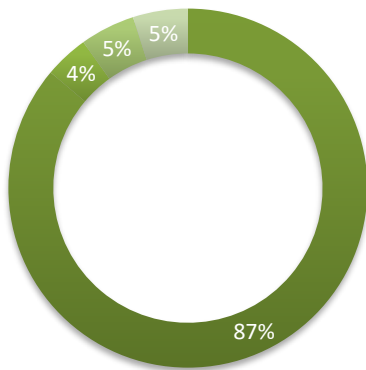
# Feedback

Freedom to Speak Up Guardians are expected to collect feedback from individuals who speak up to them. The following standard question and response is used:

“Given your experience, would you speak up again?”<sup>2</sup>

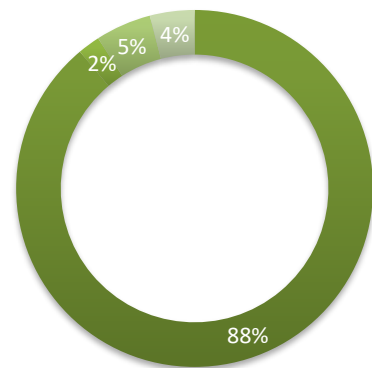
Options for response: Yes / No / Maybe / Don't know

**Would you speak up again? 2017/18**  
Feedback received from 2,407 cases



■ Yes ■ No ■ Maybe ■ Don't know

**Would you speak up again? 2018/19**  
Feedback received from 3,815 cases



■ Yes ■ No ■ Maybe ■ Don't know

Although all guardians should ask for feedback from those who speak up to them, not all receive it. When feedback is given, the majority give a positive response of their experience. This illustrates the added value that Freedom to Speak Up Guardians can bring and we are hopeful that the positive experience workers are having will encourage them to speak up again, through other channels as well via the guardian route. We hope that they will also encourage others to do the same.

Common themes to the feedback summarised by guardians include: workers feeling listened to; guardians being able to expedite matters that cause concern in a more effective way than other routes allow; and gratitude for guardians providing support at time of stress and anxiety. Less positive feedback indicates that workers still feel that there may be negative consequences for them as a result on speaking up, and that they do not trust that learning will be actioned.

*"Even though the outcome wasn't what I hoped for, having this support has given me the courage to speak up in my team to my managers and colleagues in a constructive way..."*

Illustrative feedback quotes have been included in this report.

<sup>2</sup> Feedback does not correlate to the quarter in which cases were raised



## Next steps

This report summarises information on the cases that Freedom to Speak Up Guardians in trusts and foundation trusts handle. Guardians exist in other organisations and their role is much the same whether they are in a provider organisation, a professional body, a regulator, an arm's length body, an educational establishment, a charity or a business. We have recently introduced a [new 'portal'](#) that enables any organisation with a guardian to submit data to us. We would encourage all organisations with guardians to do so.

The National Guardian's Office has recently published [guidelines on speaking up training for all workers](#). As these guidelines are implemented we hope that speaking up to line managers and through other 'regular' routes will increasingly become the norm. This will bring us one step closer to making speaking up business as usual.

The relationship between the [perceptions of speaking up culture amongst staff and guardians](#) and [how well-led an organisation is](#), as measured by CQC rating, continues to assert itself. We will continue to work with CQC to support them in their inspection of freedom to speak up as part of the well-led domain.

Speaking up has always been a relational exercise. Speaking up can only result in change if what is being said is listened to and acted on.

The tone for this is set from the top of an organisation. We have published, with NHS Improvement, [guidance on speaking up for boards in trusts and foundation trusts](#). This is a good starting point for leaders of trusts to make an assessment of their freedom to speak up culture and identify the actions they need to take to ensure that speaking up happens, is listened to, and acted on, at every level in their organisation. While this guidance is directed at trusts, we would encourage all organisations to use it as a starting point to assess their own speaking up cultures and develop plans for improvement.

Freedom to Speak Up Guardians continue to play a critical part in both supporting individuals who feel unable to use other channels for speaking up, and their organisations, to use speaking up as a means of improving their culture, and the quality of the services they provide. We would like to see trusts continuing to care for their Freedom to Speak Up Guardians. They, and the workers they support, are giving the NHS thousands of opportunities to learn and improve.

# Appendix

## Data tables referenced in this report

### Overall figures

Quarter	Number of cases
Q1 (April – June 2017)	1,447
Q2 (July – Sept 2017)	1,515
Q3 (Oct – Dec 2017)	1,939
Q4 (Jan – Mar 2018)	2,186
<b>Total 2017/18</b>	<b>7,087</b>
Q1 (April – June 2018)	2,500
Q2 (July – Sept 2018)	2,651
Q3 (Oct – Dec 2018)	3,634
Q4 (Jan – Mar 2019)	3,459
<b>Total 2018/19</b>	<b>12,244</b>
<b>Total 2017/18 + 2018/19</b>	<b>19,331</b>

### Comparison between trust sizes

Trust size	2017/18		2018/19	
	Number of cases	Average per trust	Number of cases	Average per trust
<b>Small</b> (up to 5,000 staff)	3,088	25	5,450	44
<b>Medium</b> (between 5,000 and 10,000 staff)	2,960	35	5,100	63
<b>Large</b> (more than 10,000 staff)	1,039	38	1,648	78
<b>Unknown</b>	-	-	46	8
<b>Total</b>	<b>7,087</b>	<b>30</b>	<b>12,244</b>	<b>52.5</b>

### Comparison between trust types

Trust type	2017/18		2018/19	
	Total	Average per trust type	Total	Average per trust type
<b>Acute</b>	2,941	30	4,245	44
<b>Acute specialist</b>	259	15	604	38
<b>Ambulance</b>	181	18	427	43

<b>Combined acute and community</b>	1,662	43	2,766	75
<b>Combined mental health / learning disability / community</b>	1,015	34	2,375	68
<b>Community</b>	480	28	737	46
<b>Mental health</b>	281	22	662	55
<b>Mental health / learning disability</b>	268	27	352	39
<b>Integrated acute / community / social care organisation</b>	-	-	76	38
<b>Total</b>	<b>7,087</b>	<b>30</b>	<b>12,244</b>	<b>52.5</b>

### Comparison between trusts with different CQC ratings

<b>Trust Rating</b>	<b>2017/18</b>		<b>2018/19</b>	
	<b>Number of cases</b>	<b>Average per trust</b>	<b>Number of cases</b>	<b>Average per trust</b>
<b>Outstanding</b>	626	39	1,331	53
<b>Good</b>	3,057	28	5,199	47
<b>Requires improvement</b>	3,103	32	5,414	58
<b>Inadequate</b>	297	37	300	75
<b>No Published rating</b>	4	4	-	-
<b>Total</b>	<b>7,087</b>	<b>30</b>	<b>12,244</b>	<b>52.5</b>

### Who is speaking up?

<b>Professional Group</b>	<b>2017/18</b>		<b>2018/19</b>	
	<b>Cases</b>	<b>%</b>	<b>Cases</b>	<b>%</b>
<b>Nurses</b>	2,223	31%	3,728	30%
<b>Administrative / clerical staff</b>	1,152	16%	1,969	16%
<b>Allied Healthcare</b>	896	13%	1,696	14%
<b>Other professional group</b>	774	11%	1,294	11%
<b>Healthcare assistants</b>	502	7%	1,052	9%
<b>Doctors</b>	459	6%	837	7%
<b>Cleaning</b>	340	5%	517	4%
<b>Corporate</b>	360	5%	667	5%
<b>Midwives</b>	190	3%	204	2%
<b>Unknown</b>	137	2%	66	1%
<b>Dentists</b>	29	<0.5%	26	<0.5%
<b>Board</b>	25	<0.5%	22	<0.5%
<b>Total</b>	<b>7,087</b>		<b>12,244</b>	

## Anonymous cases

Quarter	Numbers recorded	% of cases reported
Q1 (Apr – Jun 2017)	266	18%
Q2 (Jul – Sep 2017)	292	19%
Q3 (Oct – Dec 2017)	308	16%
Q4 (Jan – Mar 2018)	388	18%
<b>Total 2017/18</b>	<b>1,254</b>	<b>18%</b>
Q1 (Apr – Jun 2018)	285	11%
Q2 (Jul – Sep 2018)	254	10%
Q3 (Oct – Dec 2018)	436	12%
Q4 (Jan – Mar 2019)	516	15%
<b>Total 2018/19</b>	<b>1,491</b>	<b>12%</b>

## Patient safety cases

Quarter	Numbers recorded	% of cases reported
Q1 (Apr – Jun 2017)	464	32%
Q2 (Jul – Sep 2017)	529	35%
Q3 (Oct – Dec 2017)	614	32%
Q4 (Jan – Mar 2018)	659	30%
<b>Total 2017/18</b>	<b>2,266</b>	<b>32%</b>
Q1 (Apr – Jun 2018)	772	31%
Q2 (Jul – Sep 2018)	811	31%
Q3 (Oct – Dec 2018)	992	27%
Q4 (Jan – Mar 2019)	948	27%
<b>Total 2018/19</b>	<b>3,523</b>	<b>29%</b>

## Bullying and harassment cases

Quarter	Numbers recorded	% of cases reported
Q1 (Apr – Jun 2017)	566	39%
Q2 (Jul – Sep 2017)	630	42%
Q3 (Oct – Dec 2017)	929	48%
Q4 (Jan – Mar 2018)	1,081	49%
<b>Total 2017/18</b>	<b>3,206</b>	<b>45%</b>
Q1 (Apr – Jun 2018)	1,046	42%
Q2 (Jul – Sep 2018)	1,104	42%
Q3 (Oct – Dec 2018)	1,489	41%
Q4 (Jan – Mar 2019)	1,330	38%
<b>Total 2018/19</b>	<b>4,969</b>	<b>41%</b>

## Cases involving perceived detriment

Quarter	Numbers recorded	% of cases reported
Q1 (Apr – Jun 2017)	97	7%
Q2 (Jul – Sep 2017)	72	5%
Q3 (Oct – Dec 2017)	100	5%
Q4 (Jan – Mar 2018)	92	4%

<b>Total 2017/18</b>	<b>361</b>	<b>5%</b>
<b>Q1 (Apr – Jun 2018)</b>	117	5%
<b>Q2 (Jul – Sep 2018)</b>	133	5%
<b>Q3 (Oct – Dec 2018)</b>	177	5%
<b>Q4 (Jan – Mar 2019)</b>	137	4%
<b>Total 2018/19</b>	<b>564</b>	<b>5%</b>

### Feedback received

<b>Quarter</b>	<b>Feedback received</b>	<b>Yes</b>	<b>No</b>	<b>Maybe</b>	<b>Don't know</b>
<b>Q1 (Apr – Jun 2017)</b>	404	343	8	18	27
<b>Q2 (Jul – Sep 2017)</b>	511	446	21	33	15
<b>Q3 (Oct – Dec 2017)</b>	729	634	31	26	34
<b>Q4 (Jan – Mar 2018)</b>	763	654	24	31	38
<b>Total 2017/18</b>	<b>2,407</b>	<b>2,077</b>	<b>84</b>	<b>108</b>	<b>114</b>
<b>% of total</b>		<b>87%</b>	<b>4%</b>	<b>5%</b>	<b>5%</b>
<b>Q1 (Apr – Jun 2018)</b>	800	703	20	36	41
<b>Q2 (Jul – Sep 2018)</b>	802	698	12	49	43
<b>Q3 (Oct – Dec 2018)</b>	1,089	982	19	43	45
<b>Q4 (Jan – Mar 2019)</b>	1,124	983	32	68	41
<b>Total</b>	<b>3,815</b>	<b>3,366</b>	<b>83</b>	<b>196</b>	<b>170</b>
<b>% of total</b>		<b>88%</b>	<b>2%</b>	<b>5%</b>	<b>4%</b>