LISTENING TO THE SILENCE

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

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National Guardian

Freedom to Speak Up

Listening to the silence: Freedom to Speak Up in the NHS Staff Survey 2023

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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, including through its Speak Up Reviews.

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 1,200 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.

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Foreword

I read the headlines of the Freedom to Speak Up sub-score for the 2023 NHS Staff Survey with a heavy heart. Given the large numbers of workers who complete the NHS Staff Survey, it gives us a valuable snapshot of what it feels like to work in the NHS today. I was disappointed at the lack of improvement in worker perceptions of how safe they feel to speak up.

This is despite Freedom to Speak Up guardians handling a record number of cases. The results from the Staff Survey highlight that their role has never been more important. Guardians offer an alternative way to speak up when you do not feel able to in other ways, for example by talking to your line manager. They are also there when people have tried to speak up but feel that their concern has not been listened to.

There are pockets of excellent practice. Some organisations are bucking the national trend, showing improved staff survey results, not just for the speaking up questions, but also for questions relating to People Promise themes like 'We are a team'. Following the Ockenden Reports and our own Speak Up Review and the subsequent cultural review into ambulance trusts, the improvement in results for ambulance workers and the perceptions of midwives shows what can be done to improve workers' experience when focused attention is brought to it.

However, this excellence does not seem to be being replicated across the sector. All NHS organisations are expected to have adopted the national Freedom to Speak Up Policy by now. All are required to have a Freedom to Speak Up Guardian in place – although there remains inconsistencies of how the role is being implemented.

In this report we delve deeper into the results, and I reflect that there are two key messages for me in this data.

The say/do gap

Firstly, there appears to be a say/do gap, where organisations are saying one thing, but workers are experiencing another. For example, although the majority (86%) felt their organisation encouraged them to report errors, near misses or incidents, almost 50,000 respondents felt that workers are not treated fairly if involved in this type of incident.

What changed from 2021, when the Freedom to Speak Up sub-score was at its highest? This was a time during the COVID-19 pandemic when NHS workers were experiencing more stress, more distress than any time in the NHS's history. And yet, workers felt more supported to speak up and raise issues than they do now. This year, those who feel confident to speak up about unsafe clinical practice is at a five-year low.

To compound this, the confidence of medical professionals to raise clinical safety concerns has declined by around six percentage points since 2021 (69.4% in 2023 compared to 75.1% in 2021). Results are worsening for medics at all stages of their career (both those in training and consultants). The largest drops are for confidence in raising clinical practice concerns and feeling they will be addressed, suggesting that patient safety concerns are less likely to be addressed. This echoes a survey by the British Medical Association (BMA) of its members which found that 26 per cent did not feel confident speaking up, compared with 10 per cent in 2018, because they were afraid they would be unfairly blamed or suffer adverse consequences.[1]

The ongoing industrial action has given these professionals a sense that they are not listened to – my hope is that the new government will model the behaviour we seek from NHS leadership, and listen to the voices of all our colleagues who give so much to us as a society. Was that the difference in 2021?

We ask people to speak up, and yet, when they do, often nothing changes.

Are leaders listening?

This deterioration in confidence has implications for patient safety. These figures must focus the minds of those who lead healthcare organisations. If your people feel they cannot speak up about matters affecting patient care, how can you be assured that you are delivering your best for patients?

Freedom to Speak Up guardians are expected to be reporting to their senior leadership or boards on themes and issues which are arising in the cases which come to them. But are senior leaders listening? Freedom to Speak Up must never be stuck at the end of board meeting discussions and filed under ‘too fluffy’ or ‘too difficult’.

We have identified a gap in the understanding of some non-executive directors, specifically those tasked with the responsibility of Freedom to Speak Up. To that end, we have developed a short informational video to sign post non-executive directors to further information about Freedom to Speak Up and their role. We will be working in partnership with others to contribute to the development of all leaders and managers.

The importance of belonging

My second take-away is the importance of belonging when thinking about speaking up. We cannot have the confidence that we will be listened to if we feel we do not belong. There is a strong correlation between results for the question about inclusion (‘I think that my organisation respects individual differences (e.g. cultures, working styles, backgrounds, ideas, etc)’ and the speak up question, ‘if I spoke up about something that concerned me I am confident my organisation would address my concern’. Those organisations which people feel are more inclusive, are also those

[1] https://www.bma.org.uk/bma-media-centre/doctors-are-under-attack-financially-professionally-and-morally-and-calling-an-election-does-not-get-the-government-off-the-hook-the-leader-of-the-bma-will-say-in-a-major-speech-to-doctors-from-across-the-uk

where people feel more confident their concerns will be addressed. We are also seeing improvements in the confidence of some ethnic minority workers who respond to the survey.

That is an important point to make - it is only the experiences of those who fill in the survey, and although that number is large – some half a million workers – there still remains an equally large cohort whose views are not captured. I am pleased that bank only workers are now included in the survey, and would like to see it extended to others including agency and locums, and volunteers; after all, every voice should matter.

When I visit organisations, I ask senior leaders to look at these results, but also to listen to the silence. Who are you not hearing from? Why are you not hearing from them? Are they fearful, disenfranchised, disillusioned? What more can you be doing?

Speaking up starts with a conversation. That is why the success of Freedom to Speak Up relies on the supportiveness of line managers to listen and follow up. There is a positive correlation between the line-management and Freedom to Speak Up sub-scores indicating that where workers have good relationships with their line managers, this has an impact on perceptions of speaking up in organisations. This year, we have seen an improvement in the results of the line management and team working questions, which makes me optimistic for the future.

Another cause for optimism is the perspectives of new workers and the younger generations who are entering the workforce. Those with less than one year's service (approximately 72,000 workers) have their highest ever results for the Freedom to Speak Up sub-score and all underlying questions. However, after the first year in post, confidence in speaking up declines with length of service.

When someone speaks up, we have one opportunity to get our response right. Let us apply the principles of Getting It Right First Time. Within this report you will be able to see the national picture of speaking up, and use it to examine the data in your own organisations to reflect and identify opportunities for improvement[2]. So that when someone speaks up, we respond appropriately, first time.

As leaders we should ask ourselves daily: "What have I said today to reinforce the message that anyone's voice can make a difference and I want to hear it?" If workers have a good experience when they speak up, they will share that experience and we will start to change the conversation of what it means to speak up in healthcare. The NHS may be broken, but by listening to our people, we can begin to fix it.

Dr Jayne Chidgey-Clark
National Guardian for the NHS

[2] The Freedom to Speak Up self-reflection and planning tool is available here: https://nationalguardian.org.uk/wp-content/uploads/2022/06/B1245_iii_Freedom-To-Speak-Up-A-reflection-and-planning-tool_060422.docx-RC_RW_Final_Arial12.docx

Key findings

The national picture indicates that there has been minimal change in the perceptions of workers about Freedom to Speak Up.

In the 2023 survey the clinical practice questions are showing signs of decline or remain unchanged with 'I would feel secure raising concerns about unsafe clinical practice' now being at a five-year low. 71.3 per cent of respondents said they felt safe to speak up about unsafe clinical practice and 56.8 per cent thought that their organisation would address such concerns.

Questions about any concerns have stabilised and are starting to show improvements. 62.3 per cent of respondents said they felt safe to speak up about anything and 50.1 per cent thought that their organisation would address such concerns. This figure (50.1%) is the highest in the three years this question has been asked.

There were some parts of the NHS workforce where improvement in worker perceptions of speaking up was identified:

- Ambulance services The Freedom to Speak Up sub-score has markedly improved from 5.83 in 2022 to 5.96 in 2023.
- The sub-score has also markedly improved for the past two years for midwives, from 5.94 in 2021 to 6.30 in 2023.

There were some parts of the workforce where perceptions of speaking up seem to be declining:

- Acute specialists are showing early warning signs of a declining speak up culture with the Freedom to Speak Up sub-score at the lowest since 2021 when the measure was introduced.
- There are signs of reducing confidence in speaking up for workers at Integrated Care Boards with 26 out of the 37 organisations that participated in both 2022 and 2023 surveys Freedom to Speak Up sub-scores deteriorating.
- Medical and dental worker confidence in raising clinical safety concerns has declined by around six (5.7) percentage points since 2021.
- The Freedom to Speak Up sub-score for the 'general management' occupational group has worsened for the past two years. This is despite workers indicating that they feel more supported by their immediate managers.
- The Freedom to Speak Up sub-score for workers with a long-lasting condition or illness (6.08) is markedly lower than for those workers who do not have a long-lasting condition or illness (6.60).

Freedom to Speak Up results in the 2023 bank survey mirrored the trends seen in the core survey.

Introduction

The NHS Staff Survey is an essential tool for assessing the experiences and opinions of NHS workers 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[3].

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

The National Guardian's Office's new strategy aims to ensure workers are confident to speak up, going beyond being safe to speak up, but also feeling supported and encouraged to do so, in the knowledge that they will be listened to. When organisations value worker voice, they benefit from higher productivity and innovation, and reduced workplace conflict and absenteeism[4]. Furthermore, it is just the right thing to do.

In the 2023 Staff Survey, 678,676 workers (49.7% response rate) shared their experience of working within the NHS. The results are representative of those who answered the 2023 NHS Staff Survey, not the full workforce in these organisations. The Staff Survey is not available to all organisations that provide NHS services, 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. A national General Practice Staff Survey (GPSS) was rolled out for the first time in 2023. Results are not published but are released directly to organisations and ICBs.

For the second year, a survey for bank only workers was also undertaken and included the same four questions relating to speaking up as in the core survey. 25,865 bank workers from 152 Trusts[5] completed the survey in 2023, an 18 per cent response rate.

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 since 2021 and can be used as a benchmark. For the 2023 NHS Staff Survey the sub-score was calculated from 670,306 worker responses.

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

[3] The NHS People Promise outlines behaviours and actions that staff can expect from NHS leaders and colleagues, over seven themes, to improve the experience of working in the NHS for everyone.
[4] Employee Voice | CIPD
[5] Five NHS trusts participated on a voluntary basis due to having fewer than 200 eligible bank workers. The data from these trusts are not included in the national results.

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.

		Score for response option…				
Question		Strongly disagree	Disagree	Neither agree or disagree	Agree	Strongly agree
q20a	I would feel secure raising concerns about unsafe clinical practice	0	2.5	5	7.5	10
q20b	I am confident that my organisation would address my [clinical practice] concern	0	2.5	5	7.5	10
q25e	I feel safe to speak up about anything that concerns me in this organisation	0	2.5	5	7.5	10
q25f	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

Table 1: Questions that make up the Freedom to Speak Up sub-score in the 2023 NHS Staff Survey and how scores are allocated

The National Speaking Up Picture

The national picture indicates that there has been minimal change in the perceptions of workers about Freedom to Speak Up. The Freedom to Speak Up sub-score was stable this year, remaining more or less unchanged from 6.44 in 2022 to 6.46 in 2023.

The sub-score is comprised of two sets of questions:

1. Raising and addressing concerns about **unsafe clinical practice** (questions 20a and 20b)
2. Raising and addressing concerns about **anything** (questions 25e and 25f)

Unsafe clinical practice includes anything that can reduce the standard of care for patients and impacts patient safety and, in some cases, the safety of workers too. What classes as 'any concern' can be less clear but should include anything that stops workers from being able to carry out their role effectively, for example cultural issues like incivility and work pressures.

Freedom to Speak Up guardians are just one route for workers to speak up, alongside line managers, HR, patient safety and safeguarding teams, union representatives, and named individuals across trusts. Workers should feel confident to raise any concerns and these concerns should be welcomed, with organisations taking all concerns seriously.

There are clear, system-wide processes set up for reporting patient safety concerns and these have been updated as part of the NHS Patient Safety Strategy[3]. A more streamlined route for raising and learning from safety concerns is welcomed, however there are still requirements for organisations to report specific incident types to multiple national bodies, for example UK Health Security Agency, MHRA and CQC, which can complicate processes and can act as a barrier to reporting. Routes for raising non-clinical concerns tend to be more informal with less well-defined processes.

NHS Patient Safety Strategy: Reporting patient safety concerns[6]

From Autumn 2023, patient safety events across the NHS must be recorded on the new Learn from Patient Safety Events (LFPSE) service, rather than the National Reporting and Learning System (NRLS) and Strategic Executive Information System (StEIS).

Workers are encouraged to record information about things that could have, or did, affect the safety of patients, or pose a future risk to patient safety. It is also possible for workers and organisations to report things that have gone well to better support learning and safety improvement.

[6] NHS England » The NHS Patient Safety Strategy

LFPSE aims to improve national, regional and organisational learning from patient safety incidents. Organisations can use the service to better understand their local recording practices and culture, and to support improvement work.

In the 2023 survey the clinical practice questions are showing signs of decline or remain unchanged with 'I would feel secure raising concerns about unsafe clinical practice' now being at a five-year low, whereas questions about 'any' concerns have stabilised and are starting to show improvements.

Nevertheless, the results for any concerns are still markedly lower than for clinical practice, suggesting that workers feel less confident to raise other types of concerns and feel that these will be addressed. This has been the case since questions 25e and 25f were first introduced in 2020 and 2021 respectively (Figure 1).

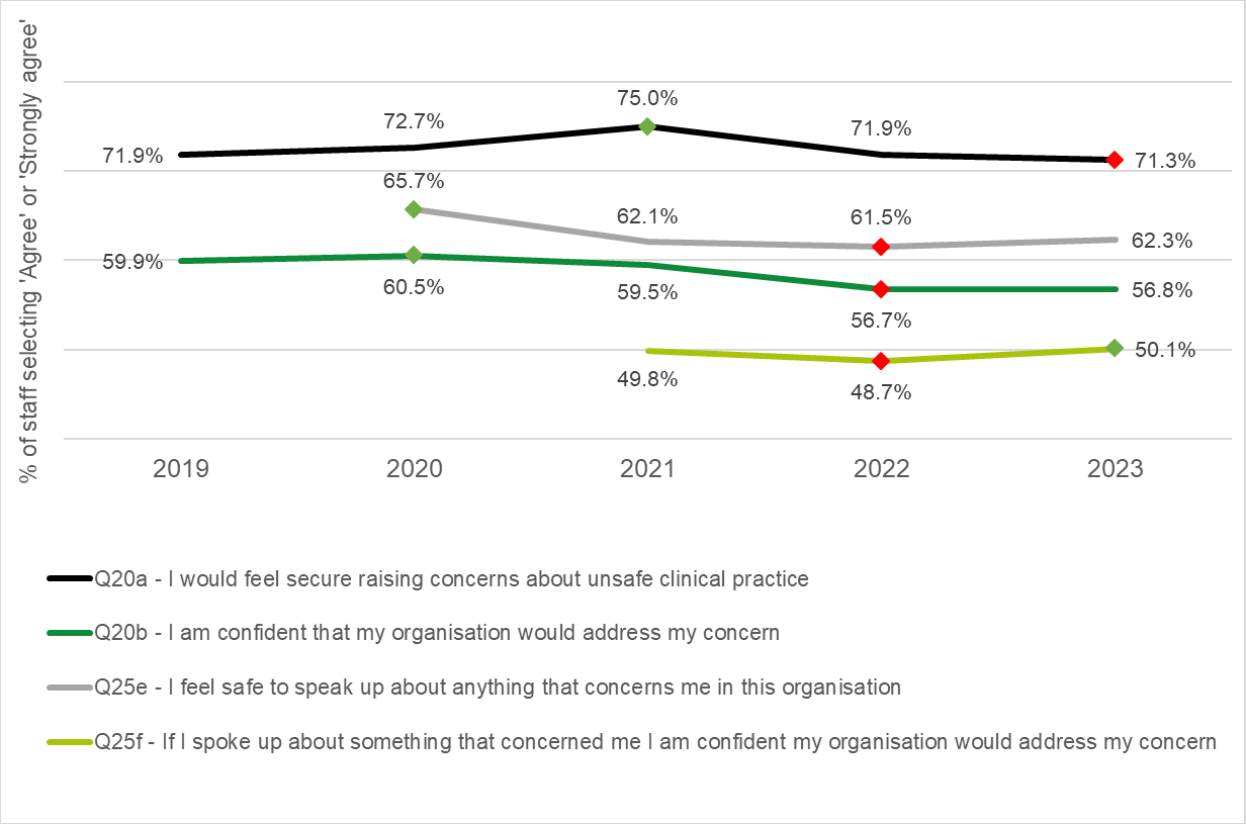


Figure 1: Change over time in national average for Freedom to Speak Up questions. The minimum and maximum results for each question are highlighted.

A healthy speaking up culture empowers workers to speak up about anything that can improve their work environment and do a great job. This includes not only clinical matters but also non-clinical concerns and suggestions for improvement, in turn supporting worker safety and wellbeing, and patient safety.

There are many barriers as to why people do not speak up, but these results suggest that there may be a hierarchy regarding the types of issues that people feel more confident to raise. Clinical concerns are given more weight than broader cultural concerns and may be less impacted by barriers. For leaders, understanding the barriers that are preventing workers from raising all concerns, including non-clinical concerns, at their organisations is vital. Are workers encouraged to raise all

concerns? Do they know how to? Are these concerns taken seriously? Supporting cultures where workers feel able to raise only certain issues leads to missed learning opportunities and a less-engaged workforce.

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 issues that could have been resolved at an early stage could potentially lead to harm. This silence of front-line workers forms an 'iceberg of ignorance', where front-line problems are known to front-line employees but knowledge diminishes further up the organisation, with a small fraction known to middle management and a tiny amount reaching top management. As Megan Reitz and John Higgins write in *Speak Out, Listen Up, "When we find ourselves in senior roles, we can know comparatively little of what is going on at the sharp end."*[7]

High levels of anonymous reporting can be an indication of workers being fearful to speak up openly and a perceived lack of psychological safety in speak up routes. In order to ensure that vital information is shared for the safety of patients, organisations must have routes available where workers can raise concerns anonymously. Although anonymous reports make investigations more difficult, and it may not be possible to support the person speaking up, anonymous reporting can be the first step to speaking up openly. By demonstrating that actions are taken on the information received – not on the person raising it – this can be a step towards changing perceptions of the Speak Up culture.

The National Guardian's Office collect data on the number of cases that have been raised anonymously. In 2023/24, 8.4 per cent (2,458) of cases were raised anonymously in NHS trusts and 8.5 per cent in 2022/23. Anonymous reporting levels have remained stable and, on a national level, do not indicate reduced confidence in raising concerns with guardians openly. Guardians can provide a psychologically safe alternative mechanism for workers to speak up.

The Learn from Patient Safety Events (LFPSE) service allows for anonymous reporting and asks why a worker has not chosen to record an issue openly. This information could help to inform the system about the volume of NHS workers that fear detriment and other barriers to speaking up openly. We would like to work with the LFPSE team to better understand why workers are raising patient safety concerns anonymously and how much fear of detriment plays a part.

Speaking up and patient safety

There is minimal change nationally for three out of the four Freedom to Speak Up questions, however, results for raising concerns about clinical practice are at their lowest since 2019.

In the 2021 NHS Staff Survey, which took place during the COVID-19 pandemic, there was a marked improvement in worker perceptions of speaking up about clinical

[7] Reitz, M. and Higgins, J. (2024). Speak Out, Listen Up London: Financial Times Publishing

practice. These results were not sustained and have not recovered to the 2021 level in the following two years post-pandemic.

For the second year there has been a drop in the proportion of respondents who feel secure to speak up about clinical practice (75.0% positive responses in 2021, 71.9% in 2022 and 71.3% in 2023). Furthermore, almost 60,000 workers either disagreed or strongly disagreed with the statement 'I would feel secure raising concerns about unsafe clinical practice'. Confidence levels are lower than in 2019 nationally, in acute and acute/community trusts, and in acute specialist trusts. We should all feel secure to speak up about unsafe clinical practice, and it is concerning to see another year of decline in those who feel secure to do so, following last year's decrease. Given the number of respondents in this survey, this trend potentially has significant implications for patient safety[8].

There was minimal change for workers feeling that their organisation would address unsafe clinical practice (56.7% positive responses in 2022 and 56.8% in 2023). The national average for workers feeling that these concerns will be addressed is still markedly lower (14.5 percentage points) than for worker confidence in raising clinical concerns, a difference that equates to almost 100,000[9] workers. Over 80,000 respondents either disagreed or strongly disagreed with the statement, 'I am confident that my organisation would address my concern'.

Q20a - I would feel secure raising concerns about unsafe clinical practice

The national average for worker confidence in raising clinical practice concerns has dropped from 71.9 per cent to 71.3 per cent (Figure 2) with deterioration seen across all sectors except ambulance trusts. The largest decrease was for acute specialist trusts (1.8 percent points).

Although 86.3 per cent of respondents felt their organisation encouraged them to report errors, near misses or incidents, only 59.5 per cent thought the organisation treated those involved with these events fairly, with 7.4 per cent (almost 50,000 workers) feeling that workers are not treated fairly. Patient Safety Learning's report *We are not getting safer*[7] highlighted this, suggesting there is a gap between what NHS organisations say to employees about raising patient safety concerns and creating the conditions where workers feel safe to do so.

[8] We are not getting safer: Patient safety and the NHS staff survey results (Patient Safety Learning, March 2024)

[9] In the 2023 survey, there was a difference of 98,186 positive responses (people who agreed or strongly agreed) for 'I would feel secure raising concerns about unsafe clinical practice' and 'I am confident that my organisation would address my [unsafe clinical practice] concern'.

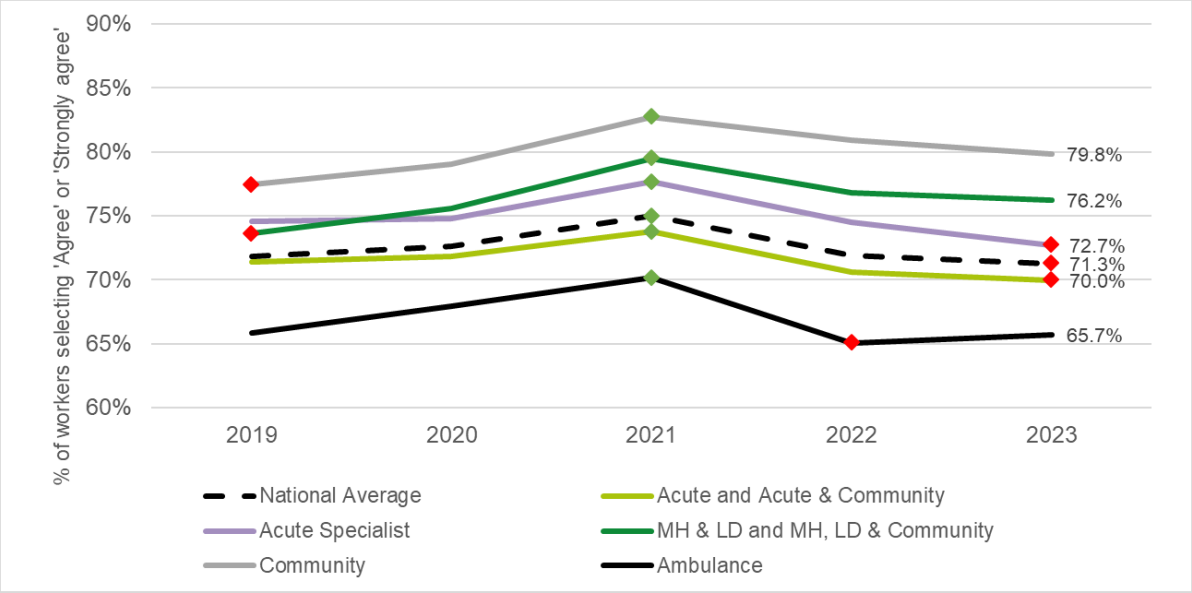


Figure 2: Change over time for Q20a by sector with minimum and maximum results are highlighted

Although the total cases raised with Freedom to Speak Up guardians is increasing year on year, the proportion of cases raised that include an element of patient safety has remained consistent, making up about a fifth of all cases raised in NHS trusts (5,484, 18.8% in 2023/24) for the last four years. With confidence in raising clinical concerns declining, it is more important than ever that all workers know how to contact their Freedom to Speak Up Guardian, how to speak up through other routes and that these routes are effective.

Several organisations are outliers from the national trend and have shown gradual improvement for question 20a and a small number of organisations have scored the highest they ever have whilst the national average is at an all-time low[10]. The National Guardian's Office are engaging with these organisations to identify good practice that can be shared.

Q20b – I am confident that my organisation would address my *[unsafe clinical practice]* concern

The national average for confidence that clinical practice concerns will be addressed has remained stable, with a marginal improvement from 56.7 per cent to 56.8per cent. Ambulance services have shown the largest improvements for this question (1.9 percent points) (Figure 3). However, there have been declining results in three of the better performing sectors; community, acute specialist and, mental health/learning disability/community (-0.9, -1.7 and -0.5 percent points respectively).

[10] The Rotherham NHS Foundation Trust, Leeds and York Partnership NHS Foundation Trust, Pennine Care NHS Foundation Trust and Royal Berkshire NHS Foundation Trust had their highest ever result for question 20a (raising unsafe clinical practice concerns) in the 2023 NHS Staff Survey.

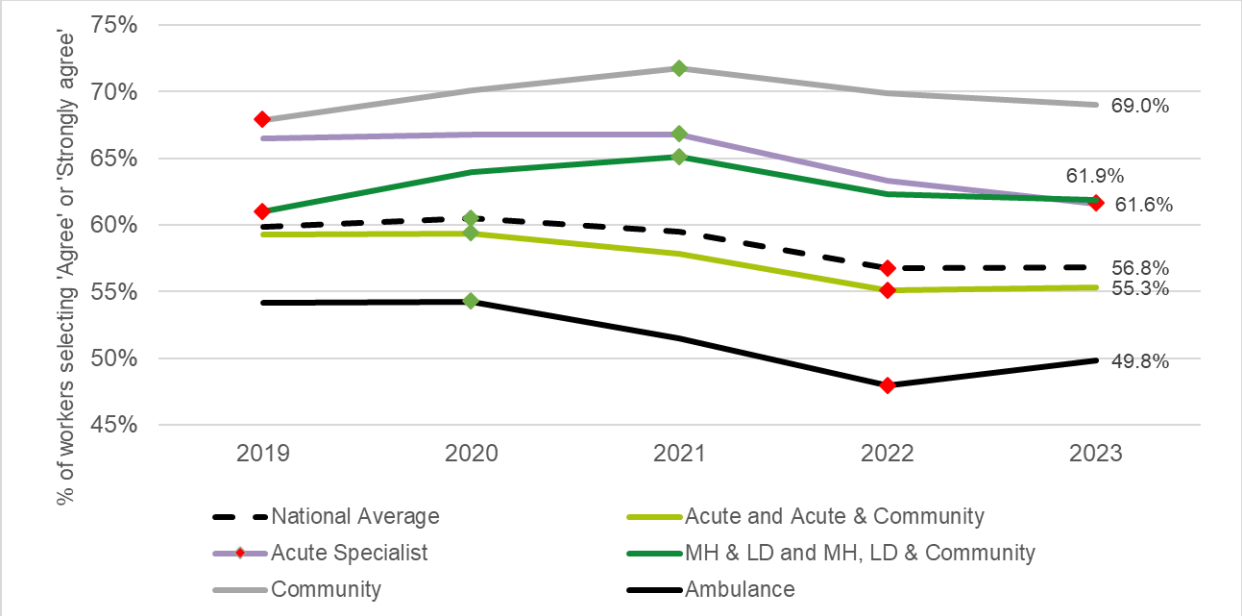


Figure 3: Change over time for Q20b by sector, with minimum and maximum results highlighted

There has been a slight improvement in the percentage of workers feeling that their organisations will take action to ensure that reported errors, near misses or incidents do not happen again (67.4% in 2022 to 68.2% in 2023), although over 50,000 respondents felt that organisations would not act. If people believe that nothing will be done, then speaking up feels futile and not worth doing.

Workers who described their role as being frequently patient facing have the lowest results for feeling that action will be taken (67.9%) compared to those in roles with occasional patient contact (70.0%). This is particularly concerning as those with frequent patient contact are the largest cohort (410,000 workers responded to this question in the 2023 survey) and are more likely to be exposed to patient safety issues.

Conversely, results for 'we are given feedback about changes made in response to reported errors, near misses and incidents' showed that results improved as the level of patient contact increased (Table 2). This suggests that despite being given feedback on actions taken in response to safety events, these workers are still less likely to feel that their concerns are being addressed.

Patient facing role	2022	2023
Yes, frequently	60.6%	61.9%
Yes, occasionally	60.0%	60.4%
No	56.7%	57.6%

Table 2: Proportion of respondents selecting agree or strongly agree for 'We are given feedback about changes made in response to reported errors, near misses and incidents' in the 2022 and 2023 surveys.

Demonstrating effective change that results from speaking up can help increase confidence and encourage speaking up in the future. The ethos of engaging workers who were involved with issues to lead to better outcomes has been incorporated into

the new Patient Safety Incident Response Framework (PSIRF)[11]. Once the framework is successfully embedded, we would expect to see an improvement in worker perceptions for addressing concerns.

NHS Patient Safety Strategy: Patient Safety Incident Response Framework

The new Patient Safety Incident Response Framework (PSIRF) launched as part of the NHS Patient Safety Strategy offers a more flexible approach for how NHS organisations should respond to patient safety incidents.

The framework recommends that responses are conducted for the sole purpose of learning and identifying improvements that reduce risk and/or prevent or significantly reduce recurrence rather than assigning blame. A key area is engaging compassionately with patients, families and workers involved in patient safety incidents. Workers affected by patient safety incidents should be given time and are supported to participate in learning responses.

An accompanying learning response toolkit[12] has been developed in collaboration with human factors experts and the Health Services Safety Investigations Body (HSSIB). All NHS secondary care organisations should be using the framework and the toolkit to respond to patient safety events and inform improvement.

Speaking up about anything that concerns me

Worker confidence in raising and addressing anything which concerns them has stabilised and in some areas is starting to show improvement.

Despite these signs of improvement, the results for workers feeling able to raise anything remains markedly lower than for clinical practice concerns.

Q25e – I feel safe to speak up about anything that concerns me in this organisation

There has been a slight improvement in the national average, from 61.5 per cent (the lowest result ever) in 2022 to 62.3 per cent in the 2023 survey (Figure 4). However, there are still over 90,000[13] people (14.3%) who did not feel safe to speak up about anything that concerned them.

Most sector results were stable or showed very slight improvements. Largest improvements were for ambulance trusts where there was a three-percent point increase in positive responses (54.8% in 2023).

[11] NHS England » Patient Safety Incident Response Framework and supporting guidance
[12] NHS England » Patient safety learning response toolkit
[13] 422,886 workers agreed or strongly agreed with the statement ‘I feel safe to speak up about anything that concerns me in this organisation’, 93,944 workers either disagreed or strongly disagreed.

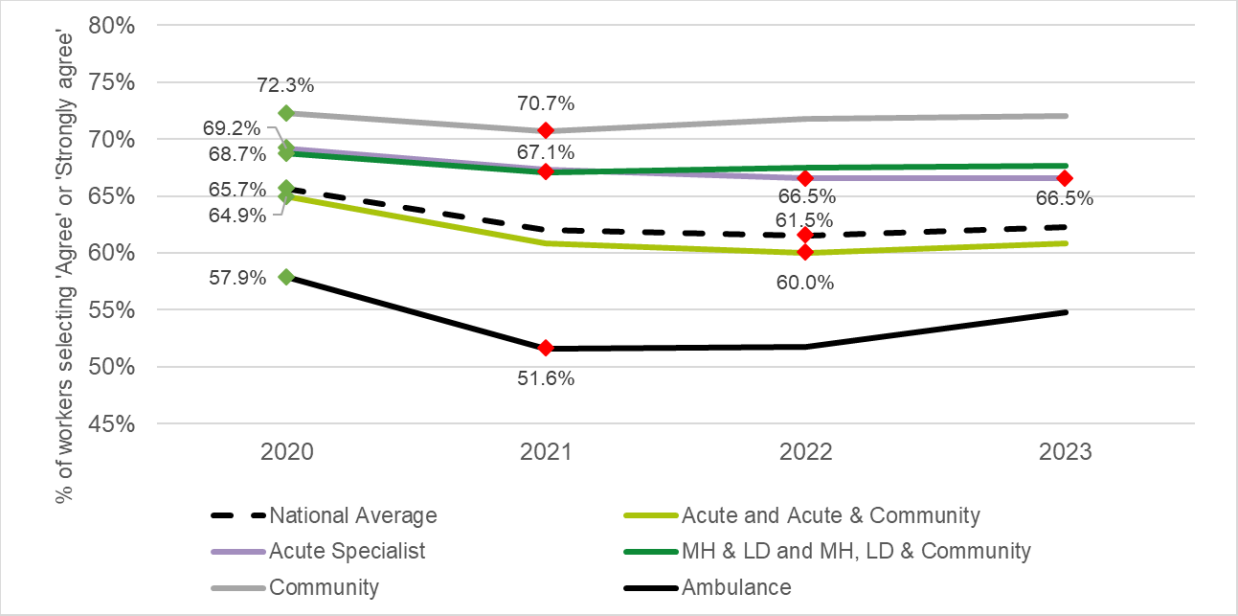


Figure 4: Change over time for Q25e by sector, minimum and maximum results are highlighted

The 2023 staff survey indicates that the proportion of workers experiencing harassment, bullying or abuse at work is reducing and the proportion of workers able to report these incidents is also improving (49.8% in 2022 to 51.8% in 2023). However, this is still only half of all respondents and over 100,000[14] workers said that they did not report their experience. It is important that cultural change to encourage reporting of these incident types must continue in order to support organisations in understanding the extent of issues and particular areas where focus is needed.

There is a growing body of evidence showing that a civil work environment is essential for patient safety and quality of care[15]. It is therefore vital that workers can speak up about these types of concerns. A large proportion of cases raised with Freedom to Speak Up guardians are about these issues, for example bullying and harassment (19.8% of NHS trust cases in 2023/24) or inappropriate attitudes and behaviours (38.9% of NHS trust cases in 2023/24), such as incivility. Guardians can be an alternative route to speak up when workers do not know where else to go or when they have felt they have not been listened to through other channels, such as line managers or HR.

The National Guardian's Office recommend that leaders in organisations that are not improving in question 25e - worker confidence to raise any concerns - review their levels of anonymous reporting, cases of detriment and listen to their workers to better understand if there is a culture of fear around openly raising concerns at their organisation and what can be done to reduce it.

[14] 101,715 workers responded 'No' to the question, 'The last time you experienced harassment, bullying or abuse at work, did you or a colleague report it?'. Survey documents related to conducting the survey | NHS Staff Survey (nhsstaffsurveys.com)

[15] Civility Saves Lives campaign

Q25f – If I spoke up about something that concerned me I am confident my organisation would address my concern

In the 2023 survey only half of respondents felt their organisations would address any concerns (50.1%) (Figure 5), equating to 340,000 workers. However, 17.6 per cent felt their organisation would not address their concerns, over 115,000 workers[16].

The biggest improvement on this question was for ambulance trusts, with a 3.6 percentage point increase (see section on Ambulance services for more detail).

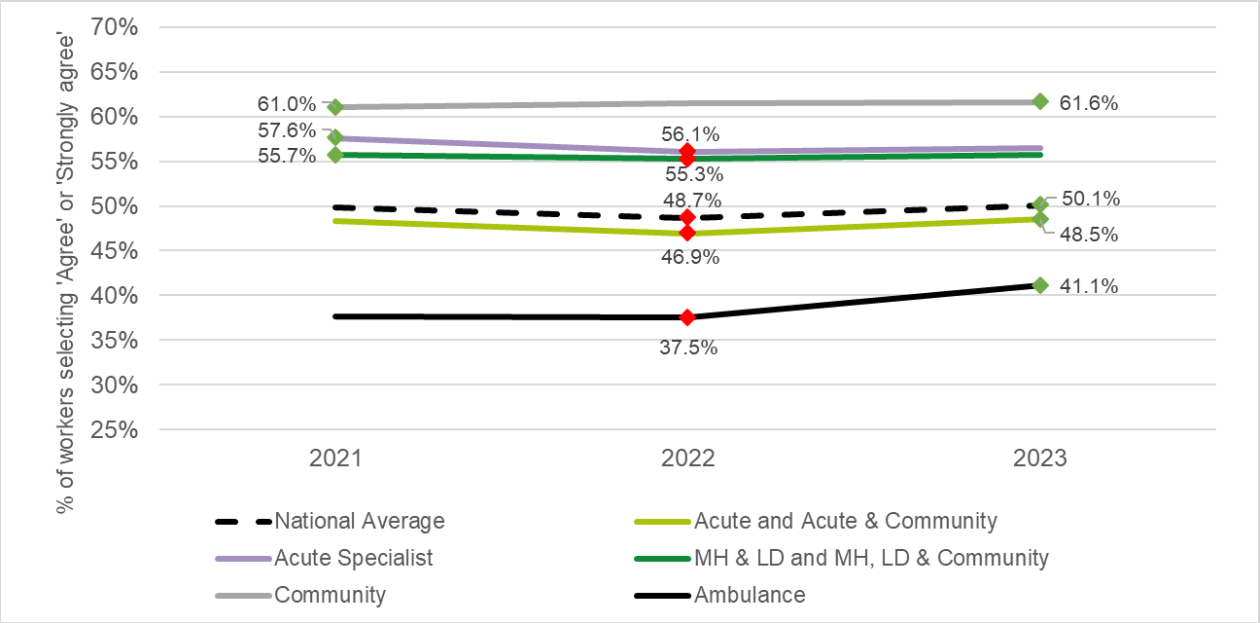


Figure 5: Change over time for Q25f by sector, minimum and maximum results are highlighted

Despite 50.1% being the highest result in the three years this question has been asked this is the worst performing Freedom to Speak Up question and has been since its introduction in 2021. Workers have more confidence in raising concerns than feeling that they will be addressed but workers have an even greater sense of futility that matters other than clinical practice will be acted on. If organisations have a culture where only some types of concern can be spoken up about, worker satisfaction drops and opportunities for learning are missed.

The *Too Hot to Handle*[17] report published in January 2024 brought together learning from over 1,000 NHS workers who had raised allegations of racism in their organisations. The findings highlighted that typical organisational responses to race equality concerns included denial, reluctance or refusal to acknowledge race as an issue, minimising of harm and a lack of empathy. The most common outcome was nothing happening (42.7% of cases).

[16] 341,415 respondents agreed or strongly agreed with the statement 'If I spoke up about something that concerned me I am confident my organisation would address my concern', 115,454 disagreed or strongly disagreed.

[17] Too Hot to Handle? Why concerns about racism are not heard or acted on – R. Kline & J. Warmington (Feb 2024)

This is just one example of the types of concerns that organisations appear to be less proficient in addressing successfully. Cases that include an element of inappropriate attitudes and behaviours are the highest reported type of case to Freedom to Speak Up guardians (38.9% of 11,358 NHS trust cases reported to the National Guardian's Office in 2023/24) suggesting that these concerns are common and effective action must be taken for organisations to better address these issues.

These broader types of concern are difficult to resolve through transactional, formal processes and cannot be treated the same as any other concern. A study into why systems for responding to concerns so often fail patients, families and healthcare workers[18] identified that problems can arise from following processes that are designed to achieve narrowly defined objectives. Instead, informal ways of addressing broader concerns should be used and in a timely manner, with a focus on communication over procedure. The Freedom to Speak Up guardians can play a part in supporting this process as their role is independent, but it is not isolated. A Guardian's role is person-centred and requires strong partnership working at all levels within the organisation to identify appropriate contacts and escalation routes as sources of support for anything that might be spoken up about.

The National Guardian's Office call on NHS England and the Department of Health and Social Care to put equal emphasis on culture as for performance and finance. We will continue to work with NHS England's cultural team to support effective interventions and will share learning from the organisations that seem to be better at hearing and addressing all types of concerns.

[18] Why do systems for responding to concerns and complaints so often fail patients, families and healthcare staff? A qualitative study (Graham P. Martin)

Speaking up in different organisation types

Table 3 shows the range in Freedom to Speak Up sub-scores by sector and the trends for each organisation type over the three years for which it has been calculated. Community continues to have the highest sub-score (7.03) and ambulance the lowest (5.96) however the biggest decline is for acute specialists whose average sub-score is now below mental health trusts for the first time.

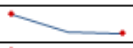
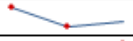
Organisation type	2021	2022	2023	Trend
Community	7.11	7.05	7.03	
MH & LD and MH, LD & Community	6.84	6.76	6.75	
Acute Specialist	6.90	6.76	6.73	
National Average	**6.54**	**6.44**	**6.46**	
Acute and Acute & Community	6.46	6.35	6.38	
Ambulance	5.92	5.83	5.96	

Table 3: Freedom to Speak Up sub-score by sector

Acute specialist trusts

Acute specialist trusts (and to a lesser extent, community and mental health & learning disability trusts) are showing early warning signs of a declining speak up culture with the Freedom to Speak Up sub-score at the lowest since 2021 when the measure was introduced. The declines are more notable for questions about clinical practice, however for all four Freedom to Speak Up questions the proportion of respondents that disagreed or strongly disagreed also increased. The declines for acute specialists are the largest changes for the Freedom to Speak Up questions across all trust types.

Freedom to Speak Up Question	Change in positive responses (percent points)	Change in negative responses (percent points)
Q20a - I would feel secure raising concerns about unsafe clinical practice	-1.8	+0.8
Q20b - I am confident that my organisation would address my concern	-1.7	+0.4
Q25e - I feel safe to speak up about anything that concerns me in this organisation	0.0	+0.6
Q25f - If I spoke up about something that concerned me I am confident my organisation would address my concern	+0.4	+0.5

Table 4: Changes in positive responses (those who agreed or strongly agreed) and negative responses (those who disagreed or strongly disagreed) for acute specialist trusts between the 2022 and 2023 surveys.

There are also early signs of decline for acute specialists in other questions that indirectly relate to speaking up. The proportion of respondents witnessing errors, near misses and incidents is similar (31.4% to 31.7%) and the proportion who felt their organisation encouraged them to report these events has not improved (88.5%

to 88.3%) along with the proportion who felt that staff involved were treated fairly (64.9% to 64.6%).

There was a reduction observed for the proportion of workers who said that they had reported incidents of physical violence (72.6% to 71.1%)[19]. This also indicated a potential drop in confidence in speaking up in acute specialist services.

However, confidence in concerns being addressed is stable. For example, 73.1 per cent of respondents felt their organisation acts so that errors, near misses and incidents do not happen again (72.8% in 2022) and 63.7 per cent said that they are given feedback about these events (63.5% in 2022).

Despite overall national decline in this sector, there are organisations which have shown strong performance in measures around Freedom to Speak Up. Liverpool Heart and Chest Hospital NHS Foundation Trust, for example, has the highest Freedom to Speak Up sub-score of all trusts and the sub-score for acute specialist trusts is still above the national average.

When examining which organisations have the smallest differences between results for raising and addressing clinical practice concerns compared to raising and addressing any concerns, four of the best performing organisations are acute specialist trusts[20]. These organisations have small workforces (under 2,000 workers at the time of 2023 survey completion) and are based on one site. The National Guardian's Office will be engaging with these organisations to better understand what may have impacted these results and identify good practice.

We recommend that all leaders at acute specialist trusts examine their Freedom to Speak Up questions and triangulate with other available data to check for indications of a declining speak up culture. The Freedom to Speak Up reflection and planning tool[21] is a resource designed to support the development of Speak Up action plans and helps organisations to identify areas for improvement.

Ambulance services

Ambulance services are showing marked improvements in worker perceptions of speak up culture with an improvement from 5.83 to 5.96 in their Freedom to Speak Up sub-score this year.

Ambulance trusts were the only sector to show any improvement for worker confidence in raising clinical concerns (65.1% 2022 to 65.7% in 2023) but even

[19] The NHS Staff Survey Team identified a data collection issue with the set of questions relating to experience of physical violence (Q13a-d), For detail: Survey documents related to conducting the survey | NHS Staff Survey (nhsstaffsurveys.com)

[20] Liverpool Heart and Chest Hospital NHS Foundation Trust, Queen Victoria Hospital NHS Foundation Trust, The Royal Orthopaedic Hospital NHS Foundation Trust, and The Walton Centre NHS Foundation Trust are in the highest performing organisations for overall differences between questions 20a and 25e (raising clinical practice and raising anything), and questions 20b and 25f (addressing clinical practice and addressing anything).

[21] Freedom to Speak Up: a reflection and planning tool

larger improvements were seen for raising and addressing any concerns (+3.0 and +3.5 percent points respectively). See Figure 6 below for detail.

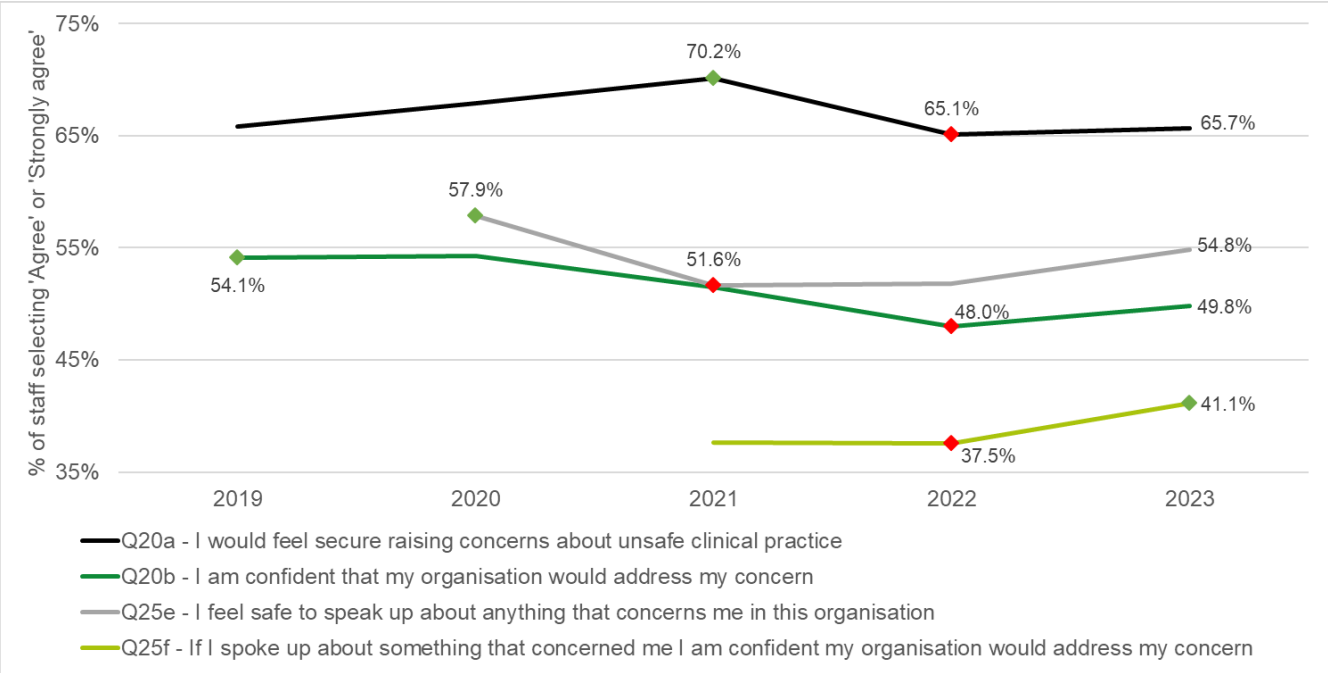


Figure 6: Change over time in ambulance sector results for Freedom to Speak Up questions. The minimum and maximum results for each question are highlighted.

In February 2023, the National Guardian's Office published a Speak Up Review of ambulance trusts in England[22] where we highlighted cultural issues that had led to a fear of detriment and sense that speaking up was futile across the workforce. The report made recommendations and called for a cultural review into ambulance services which was commissioned by NHS England and published in February 2024[23]. This report backed up the findings from the Speak Up review and made further recommendations on how trusts, their boards and partner organisations can strengthen and support the Speak Up culture.

The Staff Survey results indicate that the improvement work following this spotlight on ambulance trusts may be starting to be reflected in improved perceptions among workers of the speaking up culture in their organisations. However, ambulance trust results remain the lowest across all sectors and pressures on these frontline services continue. In this year's survey, a quarter (23.8%) of respondents said they rarely or never have unrealistic time pressures and half (51.2%) reported feeling unwell because of work-related stress (compared to a national average of 41.7%).

Cultural change takes time, and it is important that these initial improvements are sustained and built upon. The National Guardian's Office will continue to track progress against the recommendations from the Speak Up review, and work with NHS England on their oversight of the wider cultural review.

[22] Listening-to-Workers-Speak-Up-Review-of-Ambulance-Trusts.pdf (nationalguardian.org.uk)
[23] NHS England » Culture review of ambulance trusts

Integrated Care Boards

Integrated care boards (ICBs) replaced clinical commissioning groups (CCGs) in the NHS in England from July 2022. They work with local providers of NHS services, such as hospitals and GP practices to plan health services for their local population and decide how the NHS budget for their area is spent.

ICBs have participated in the NHS Staff Survey for the past two years on a voluntary basis, their results are unweighted and are not benchmarked.

There are signs of reducing confidence in speaking up for workers at Integrated Care Boards (ICBs) with 26 out of the 37 organisations that participated in both 2022 and 2023 surveys Freedom to Speak Up sub-scores deteriorating. The Freedom to Speak Up questions across most ICBs are also worsening. This is more prominent for worker confidence in organisations addressing their concerns than in raising concerns, suggesting that workers feel an increasing sense of futility that concerns will be acted on.

Furthermore, no ICBs showed significant improvements in engagement, morale or the *We each have a voice that counts* area of the People Promise. In contrast, almost a quarter of trusts have shown significant improvements for *We each have a voice that counts* further highlighting challenges that ICB workers are experiencing.

In 2023 the National Guardian's Office and NHS England co-produced guidance for ICBs requesting that they ensure their own workers have access to routes for speaking up including a Freedom to Speak Up guardian(s) by January 2024. There are still some ICBs without a registered guardian on the National Guardian's Office's directory.

The National Guardian's Office welcome the inclusion of ICBs in the staff survey and would encourage a move to mandatory rather than voluntary participation to improve data quality and benchmarking. We also call for NHS England to issue further guidance for ICBs to support them to develop their Speak Up arrangements both internally and for the primary care services they support.

We recommend that ICB leaders ensure they have adopted the national policy[24] and use the reflection and planning tool[25] to consider their internal culture and develop improvement plans.

[24] Freedom to Speak Up Policy for the NHS
[25] Freedom to Speak Up: a reflection and planning tool

Other questions that can inform us about 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 paint a picture of how it feels to speak up in the NHS. These questions include those that 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.

Significance tests looking at the difference between the most recent two years' data for the People Promise theme *We are a team* have shown large improvements. This score considers worker perceptions of line management and team-working cultures. Of the 209 trusts eligible, results from 96 (45.9%) had significantly increased and only three (1.4%) had significantly decreased.

This year's survey shows that workers feel more positive about their working relationships with their line managers, and teams. However, this does not seem to be having an impact on the perceptions of speaking up cultures which are mostly stabilising rather than showing improvement.

The role of the line manager

Line managers are a key route for workers in the NHS to speak up. When workers want to speak up, it is often their line managers who they first approach.

The NHS Staff Survey asks respondents about their working relationships with line managers and this year there has been marked improvement for the 'Line management' sub-score, with results for all underlying questions at a five-year high.

There is a positive correlation between the line-management and Freedom to Speak Up sub-scores (Figure 7) suggesting that where workers have good relationships with their line managers, this may have an impact on perceptions of speaking up in organisations.

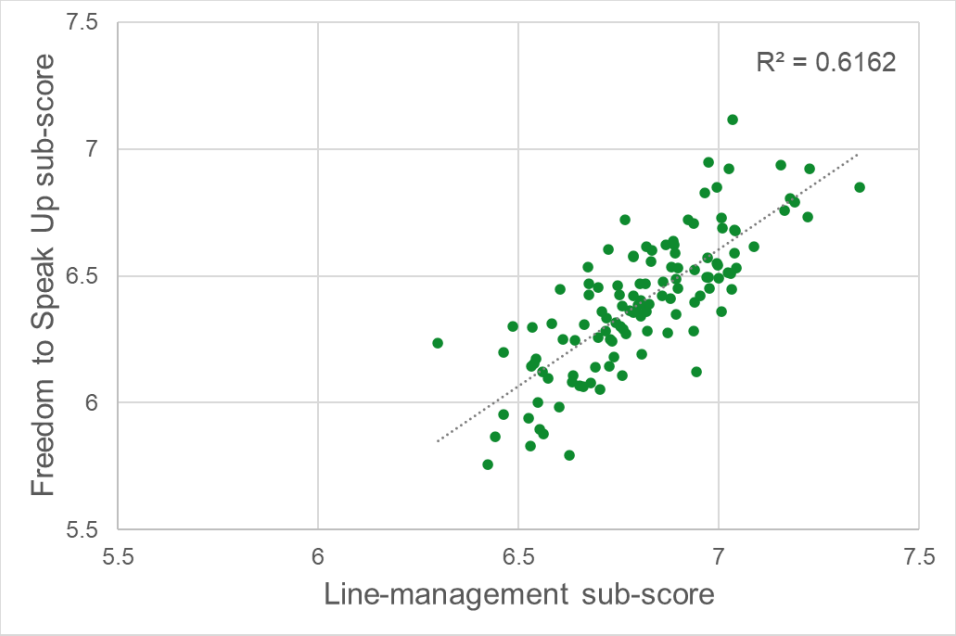


Figure 7. Freedom to Speak Up sub-score plotted against line-management sub-score for all NHS Trusts in the 2023 NHS Staff Survey.

There are several questions that do not contribute to the line-management sub-score that also inform us about worker perceptions of speaking up to line managers:

- Q9f – my immediate manager works together with me to come to an understanding of problems.
- Q9g – My immediate manager is interested in listening to me when I describe challenges I face.
- Q9h - My immediate manager cares about my concerns.
- Q9i - My immediate manager takes effective action to help me with any problems I face.

The proportion of positive responses improved for all questions in the latest survey, suggesting workers feel more supported to work through problems and concerns with their immediate managers. The results for, 'My manager cares about my concerns' have shown improvement for the past two years, 68.6 per cent in 2021 to 71.0 per cent in 2023.

In a 2023 survey of Freedom to Speak Up guardians only half (52%) of respondents felt that workers in their organisation were supported to speak up by managers. It is therefore crucial that managers at all levels receive support and training to enable them to effectively listen to workers that speak up, take appropriate action, and use the received information for learning and improvement. Without this support, managers may respond poorly when workers speak up, especially if the feedback feels personal or challenges their role. This in turn deters workers from raising concerns in the future. The Messenger review[26] from June 2022 further evidenced

[26] Health and social care review: leadership for a collaborative and inclusive future - GOV.UK (www.gov.uk)

the view that effective training and development is essential to strengthening leadership and management across health and social care in the future.

The National Guardian's Office recommend that all those with line management responsibility undertake Listen Up training[27] and are provided with ongoing support and supervision to upskill and empower individuals to be able to respond to any concern effectively. Further training in responding to difficult conversations or wider management training should also be considered.

The NHS Staff Survey does not collect information on whether workers have management responsibilities or allow for breakdowns by seniority. However, it does provide a breakdown of responses for workers describing their occupation group as general management[28]. The Freedom to Speak Up sub-score for this group of workers has worsened for the past two years, showing a reduced confidence in speaking up. This is despite workers indicating that they feel more supported by their managers. Organisations must support their managers to feel empowered to speak up, with senior leaders demonstrating that they value and take concerns seriously.

NHS managers have faced criticism in the media, however, NHS Confederation data[29] shows that the NHS is under-managed compared to international health systems and other parts of the UK workforce, with managers accounting for only 3% of workers in the NHS.

Team and organisational cultures

Inclusion is essential for a healthy speak up, listen up and follow up culture. Being heard and feeling valued by your organisation and your team increases a sense of belonging and promotes a psychologically safe environment. High-performing teams exist within cultures where workers can openly challenge and share ideas and, in turn, productivity and innovation thrives[30]

There is a positive correlation between the inclusion and Freedom to Speak Up sub-scores (Figure 8). At 6.92 out of 10, the Inclusion sub-score has marginally improved from that reported for 2022 (6.89), a similar change to that observed for the Freedom to Speak Up sub-score. The results for most of the underlying questions that comprise the inclusion sub-score are stable and similar to those reported in previous years.

[27] Freedom to Speak Up Training - Listen Up - For managers of all levels

[28] Respondents are encouraged to choose a group from elsewhere in the list over general management where possible and therefore this group does not include all workers with line management responsibility.

[29] Are there too many NHS managers? | NHS Confederation

[30] The Fearless Organization: Creating Psychological Safety in the Workplace for Learning, Innovation, and Growth - Book - Faculty & Research - Harvard Business School (hbs.edu)

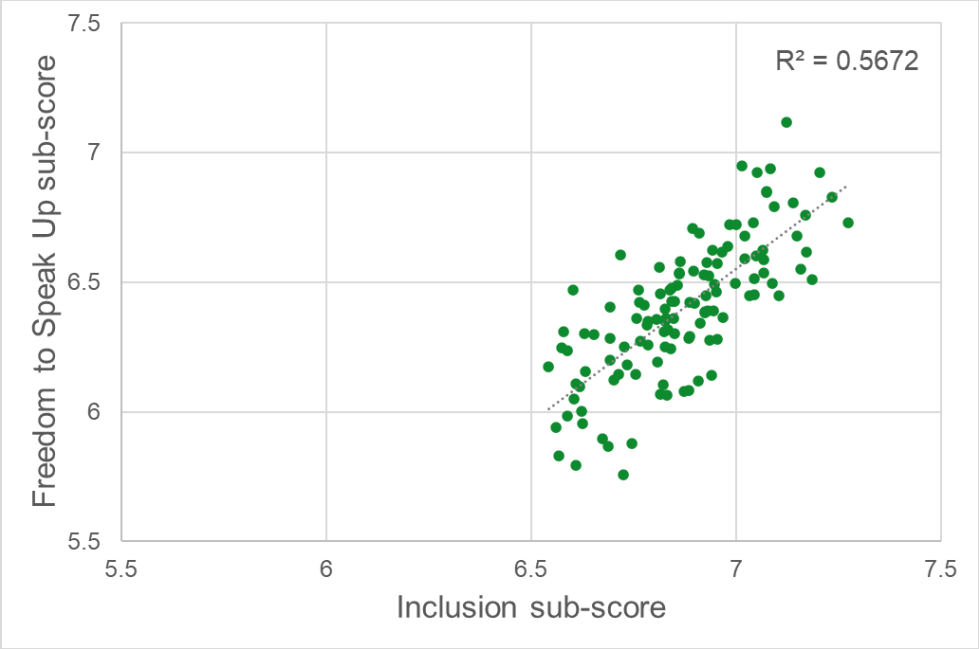


Figure 8: Freedom to Speak Up sub-score plotted against the inclusion sub-score for all NHS Trusts in the 2023 NHS Staff Survey .

The *Health Service Journal*[31] identified that the strongest correlation in survey questions is for the inclusion question 'I think that my organisation respects individual differences (e.g. cultures, working styles, backgrounds, ideas, etc)' and the speak up question, 'if I spoke up about something that concerned me I am confident my organisation would address my concern'. This further suggests a relationship between workers' sense of inclusion within an organisation and their confidence to speak up, as well as their confidence that any issues they raise will be addressed appropriately.

The team-working sub-score has also markedly improved this year (from 6.61 to 6.70) indicating that workers feel more positively about their own team dynamics as well as cross-team working. Of the eight questions which contribute to the 'Team-working' sub-score, six of the eight are now at a three-year high. There are improvements in the proportions of workers saying their team often meets to discuss their effectiveness (59.0% to 62.2%), that the team has enough autonomy in how to do its work (57.5% to 60.0%), and that teams within their organisation work well together to achieve their objectives (51.4% to 54.2%).

With the improvements in team cultures (and relationships with line managers as described previously) we would expect there to be more notable improvements for Freedom to Speak Up.

The Staff Survey results indicate that nationally there has been a positive shift in worker satisfaction with improvements for all People Promise themes. However, 'We each have a voice that counts', and the underlying Freedom to Speak Up sub-score have the smallest improvements compared to other themes. Although metrics we would expect to have an impact on speaking up culture are improving, for example,

[31] Raising concerns and being inclusive | Health Service Journal (hsj.co.uk)

team-working and line management, this does not seem to be having an influence at this stage.

Cultural transformation by its very nature takes time, and improvements are just starting to be reflected at a national level in the staff survey. The National Guardian's Office will continue to review the annual survey results to monitor changes.

How do different groups of workers feel about speaking up?

The NHS Staff Survey can be analysed according to response from different groups of people.

We possess a range of characteristics. Our unique combination of these means that we all bring something special to the workplace. However, these characteristics may also impact on how we speak up, and how and whether colleagues speak up to us. When training Freedom to Speak Up guardians, the National Guardian's Office emphasise how various characteristics may influence the speaking up dynamic.

In June 2023 the National Guardian's Office published a report[32] with insights into what the Staff Survey can tell us about speaking up, highlighting fear and futility as two of the main barriers for workers. This report identified groups that were showing signs of deterioration in their confidence to speak up and those where confidence was improving.

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.

Bank workers

For the second time, 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). These workers were surveyed using a tailored version of the core NHS Staff Survey questionnaire.

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

One in ten (10.5%) of bank workers had personally experienced discrimination from managers, team leaders or other colleagues and 13.1 per cent from patients/service users, their relatives or other members of the public. The proportion of bank workers experiencing discrimination at work, as in the core survey, varies by ethnicity, with white staff less likely to have experienced discrimination in the last twelve months

[32] Fear and Futility: what does the staff survey tell us about speaking up in the NHS? - National Guardian's Office

from both patients/the public and from managers/colleagues than workers from other ethnic groups. It is therefore vital that these workers voices are heard, and concerns taken seriously.

The Freedom to Speak Up results in the 2023 bank survey mirror the trends seen in the core survey with workers feeling more confident to raise clinical practice concerns (68.2%) over any concerns (62.1%) and feeling more confident to raise concerns over feeling that they will be addressed (Figure 9). The national Freedom to Speak Up sub-score for bank workers in the 2023 was 6.45.

However, less than two thirds of bank workers in nursing and healthcare assistant roles (66.3%) and medical and dental roles (65.4%) said they would feel secure raising concerns about clinical practice.

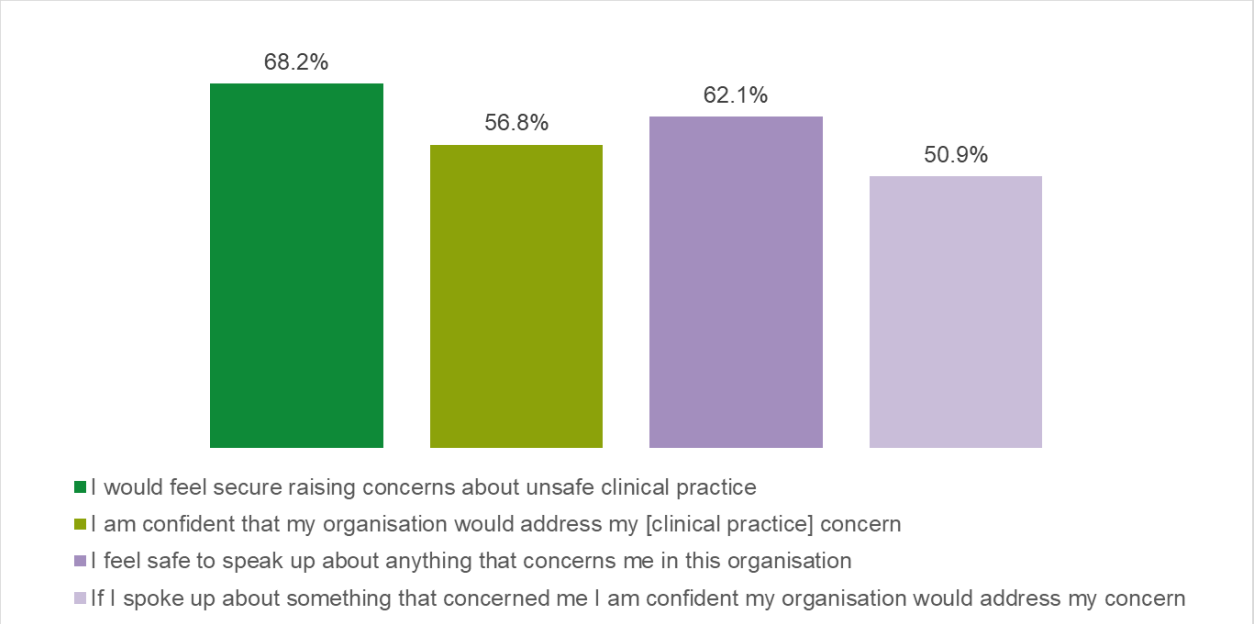


Figure 9: % of respondents selecting agree or strongly agree for the speak up questions in the 2023 bank survey

Three quarters of respondents (76.0%) who had experienced physical violence said that they or a colleague reported it, however, only half who had experienced harassment, bullying or abuse said the incident was reported.

Just over six in ten (61.7%) bank workers felt their line manager cares about their concerns and just under six in ten (58.9%) said that their line manager takes effective action to help them with problems they face. Again, nursing and healthcare assistants had the worst results with less than half (48.1%) feeling effective action would be taken.

The results are similar for feeling able to make suggestions to improve the work they do. Nationally, 57.7 per cent of bank workers said that they felt able to make suggestions; for nursing and healthcare assistants, 49.0 per cent say they feel able to make suggestions to improve the work they do.

Occupational Groups

When looking at the responses to the speaking up questions broken down by occupational group (Figure 10), there are some areas of concern as well as areas of improvement. We recommend that organisations examine their local results split by occupation group to investigate which groups need more support.

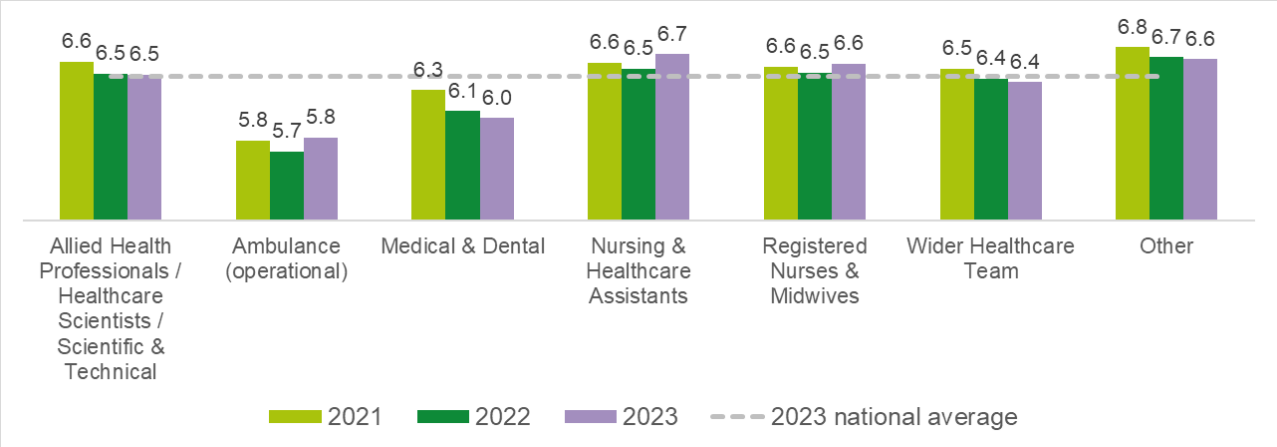


Figure 10: Change over time for Freedom to Speak Up sub-scores by occupational group (summary)

Medical and dental

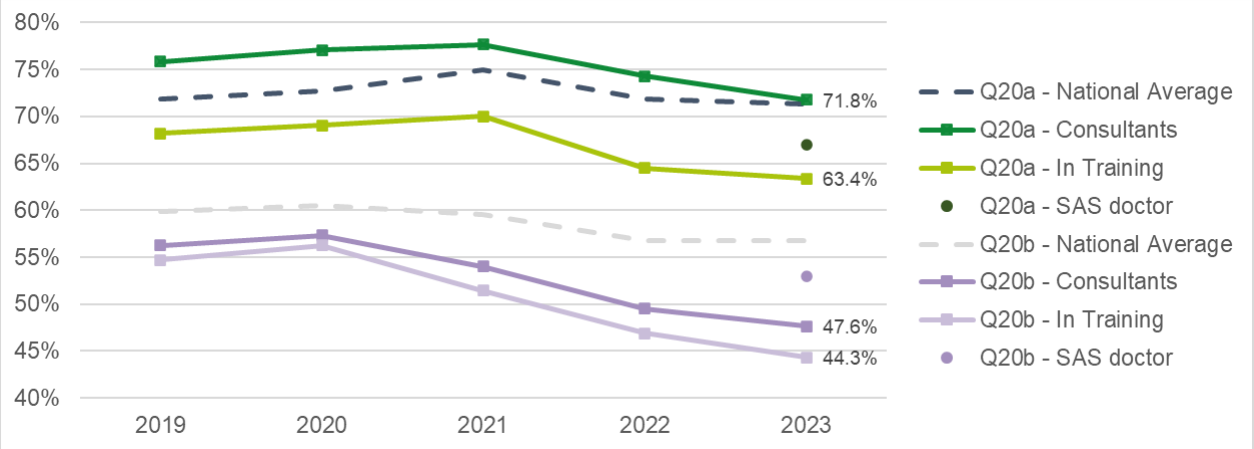
Nationally, the Medical and Dental group's Freedom to Speak Up sub-score has declined for two years in a row and is markedly lower than the national average (6.04 compared to 6.46). Confidence to raise clinical safety concerns has declined by around six percentage points amongst medical and dental workers since 2021 (69.4% in 2023 compared to 75.1% in 2021). Results are worsening for medics at all stages of their career (both those in training and consultants).

Concerningly, the largest drops are for confidence in raising clinical practice concerns and feeling they will be addressed, suggesting that patient safety concerns are less likely to be raised by this large cohort of workers in mainly patient facing roles.

A 2024 survey undertaken by the BMA to examine doctors' attitudes to raising concerns about patient safety further backs up the findings of the NHS Staff Survey[33]. When doctors were asked if they would feel confident in raising concerns about patient care, a quarter (26%) said 'Not at all' compared with only 10 per cent who responded to the survey in 2018. The main reason given was workers being afraid that themselves or colleagues would be unfairly blamed or suffer adverse consequences (61% in 2024 compared to 50% in 2018). In the 2018 survey the main reason given for not speaking up was workload pressures making it difficult to find time to report concerns (43% in 2024 compared to 59% in 2018).

[33] Doctors are under attack financially, professionally and morally, and calling election doesn't get Government off the hook, BMA leader warns - BMA media centre - BMA

Furthermore, based on the size of the occupational group, Medical and Dental workers raise fewer concerns than expected with Freedom to Speak Up guardians.



Q20a =I would feel secure raising concerns about unsafe clinical practice
Q20b = I am confident that my organisation would address my concern

Figure 11: Proportion of consultants, SAS doctors, and doctors in training selecting agree or strongly agree for questions about unsafe clinical practice concerns between 2019 and 2023.

The declining results for medical and dental workers in training[34] were noted in last year's Fear and Futility report and have dropped again this year. Their results are the lowest for all medical and dental groups. The BMA and General Medical Council (GMC) have guidance[35] to support doctors on how to speak up and there are legally binding protections in place to ensure junior doctors are protected if they suffer detriment from raising concerns, but this does not seem to be making a difference to improving confidence in speaking up.

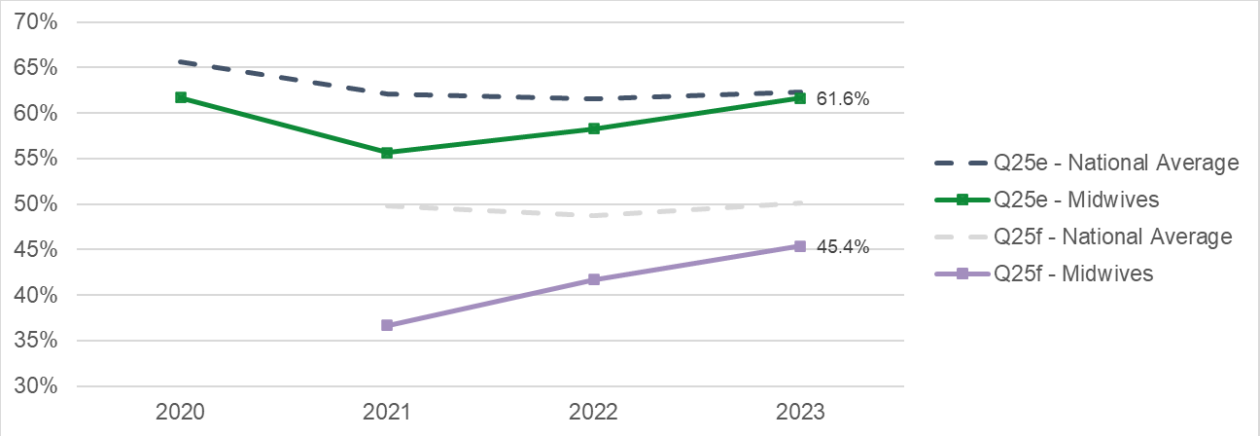
Of the 27,000 consultants who responded to the NHS Staff Survey, less than half (47.3%) of those who had frequent contact with patients felt that their organisation would address unsafe clinical practice, whereas those with occasional patient contact felt slightly more confident (51.4%) that concerns would be actioned.

For the first time Specialist and Associate Specialist (SAS) doctors were able to describe their role in a new occupational group, 'Medical/Dental – SAS Doctor'[36]. Like Consultants and Doctors in training, results for SAS Doctors were also below the national average for both raising and addressing unsafe clinical practice. The National Guardian's Office welcome the inclusion of the new occupational group. However, we note that Locally Employed Doctor voices are missing from the survey and recommend that NHS England consider how to include these workers in future surveys. This is a worker group that may be more fearful of detriment because of the temporary nature of their contracts.

[34] Includes Foundation Y1, Foundation Y2, Core Trainees, Specialty Trainees (inc. GPs)
[35] Raising a concern: guide for doctors (bma.org.uk)
[36] Academy of Medical Royal Colleges, Strengthening the SAS workforce (December , 2023) https://www.aomrc.org.uk/wp-content/uploads/2023/12/Strengthening_the_SAS_workforce_071223.pdf

Midwives

The Freedom to Speak Up sub-score for midwives has improved for the past two years, from 5.94 in 2021 to 6.30 in 2023, however is still below the national average (6.46). Largest improvements were for worker confidence in raising any concerns, which is now in line with the 2020 result (61.7% in 2020 compared to 61.6% in 2023) and feeling that they will be addressed (36.7% in 2021 up to 45.4% in 2023) (Figure 12).



Q25e = I feel safe to speak up about anything that concerns me in this organisation
Q25f = If I spoke up about something that concerned me I am confident my organisation would address my concern

Figure 12: Proportion of midwives selecting agree or strongly agree for questions about any concerns between 2020 and 2023

Work to improve the awareness and facility for midwives to speak up has been ongoing for several years, and particularly since the publication of the Ockenden review[37] in March 2022. The review included several recommendations regarding workers in maternity services:

- Investigations must be meaningful and include engaging with workers with lessons learned and implemented in practice in a timely manner.
- Mandated annual human factor training for all workers in a maternity setting, this training should include principles of psychological safety and upholding civility in the workplace, ensuring workers are enabled to escalate clinical concerns.

The recommendations had a focus on patient safety, but it is encouraging to see that it is not just clinical practice concerns that midwives feel more confident to raise but also any concerns, indicating a cultural shift in speaking up amongst some of the workforce in maternity services.

[37] Final report of the Ockenden review - GOV.UK (www.gov.uk)

Protected characteristics

Protected characteristics can have a significant impact on confidence to speak up. Because people with certain protected characteristics have been historically marginalised and subjected to discrimination, prejudice, and exclusion, they may have experienced a lack of representation, systemic bias, and limited opportunities to voice their concerns, and fear facing negative consequences if they do[38].

When analysing demographic breakdowns, we noted a trend that those workers who selected 'Prefer not to say' for the demographic questions consistently had the lowest confidence in speaking up and in feeling that organisations would address concerns. These are not small numbers, with about 40,000 workers selecting 'prefer not to say' for some characteristics (Table 5). What is it about this group that means that their perceptions of speaking up are so much worse? What could organisations do to make these workers feel psychologically safe?

Demographic	Number who selected 'Prefer not to say'
Gender	~21,000
Gender identity	~20,000
Recruited from outside of the UK	~7,000
Religion	~40,000
Sexual identity	~40,000

Table 5: Number of workers who selected 'prefer not to say' for demographics questions

It may be that the workers from marginalised groups who responded to the survey have more confidence in speaking up than those who did not participate. Some of the workers who chose not to participate - and those who did not feel comfortable to share their demographics - will be people who do not feel able to speak up, maybe due to fear of detriment or futility. Each voice that goes unheard is a missed opportunity to learn and improve.

Ethnicity

Of the 660,000 workers who completed the Freedom to Speak Up questions and shared their ethnicity in the 2023 survey, 25 per cent belonged to an ethnic group other than 'White'. In autumn 2023, when the NHS Staff Survey was undertaken, 27 per cent[39] of the NHS workforce belonged to a Black, Asian, Chinese, mixed or other ethnic group and therefore there is good representation of workers from ethnic backgrounds, other than white, in this year's survey.

[38] There has been little research into the impact characteristics have on speaking up. In 2021, the National Guardian's Office commissioned research looking at people's experiences of accessing their Freedom to Speak Up Guardian and whether ethnicity has an impact. An accompanying report from the National Guardian's Office provides additional data and details our next steps in response to this research: Difference Matters: the impact of ethnicity on speaking up - National Guardian's Office

[39] NHS Workforce Statistics - September 2023 (Including selected provisional statistics for October 2023) - NHS England Digital 'Equality and diversity in NHS Trusts and core orgs September 2023'

At a summary level, ‘Staff from all other ethnic groups *[than white]*’ have shown marked improvement in their sub-score (6.58 in 2023 compared to 6.46 in 2022) (Figure 13, below) whereas the ‘White staff’ groups sub-score has stayed the same (6.44) and is markedly lower than for staff from all other ethnic groups. The difference in results for these two groups is also widening for some of the underlying speak up questions.

Several indicators in the Workforce Race Equality Standard 2023 report[40] show that there are still inequalities that exist. For example, at 46 per cent of NHS trusts, black and minority ethnic staff were over 1.25 times more likely than white staff to enter the formal disciplinary process. The *Too Hot to Handle* report also highlighted a culture of avoidance, defensiveness, and minimisation of racism within NHS trusts. It is therefore important for organisations to examine other data sources before using the NHS Staff Survey results alone as confirmation that workers other than white staff are confident to speak up.

Notably, the ‘White staff’ group confidence in raising clinical practice result has deteriorated again and is now lower than when the question was introduced.

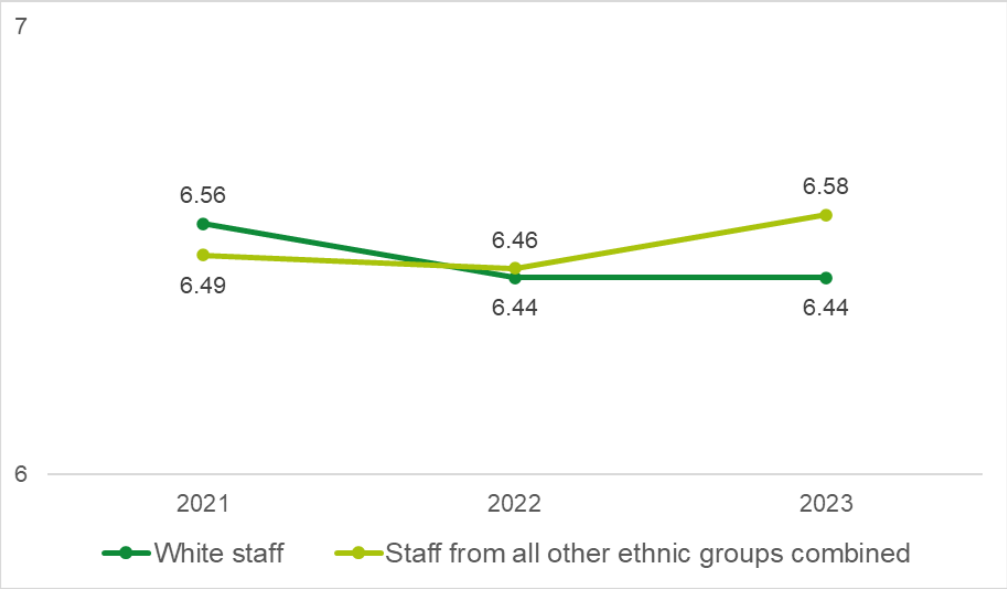


Figure 13: Change over time for the Freedom to Speak Up sub-score for ‘white staff’ compared to ‘staff from all other ethnic groups combined

The Freedom to Speak Up sub-score for the 43,988 respondents recruited from outside the UK is higher than that for respondents recruited within the UK, with scores of 6.68 and 6.46, respectively. This will be investigated further as part of the latest National Guardian’s Office’s Speak Up Review into overseas-trained worker perceptions of speaking up in the NHS[41].

The relatively higher level of confidence in speaking up among workers from the ‘Black/African/ Caribbean/Black British – African’ group was noted for the 2022 survey. They are again the best performing group for the Freedom to Speak Up sub-

[40] NHS England » NHS Workforce Race Equality Standard 2023 data analysis report for NHS trusts
[41] Speak Up Reviews - National Guardian's Office

score and all four underlying measures (Figure 14). They have shown year on year improvements since 2020.

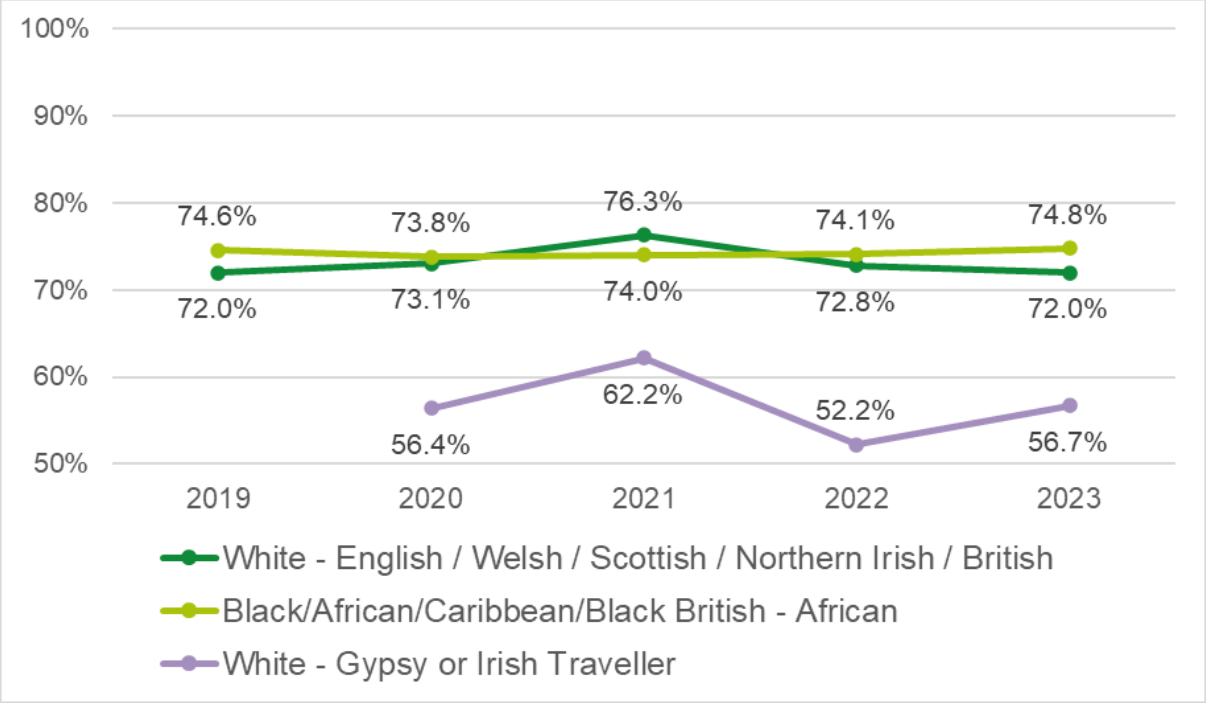


Figure 14: Change over time for % of workers selecting agree or strongly agree for the statement 'I would feel secure raising concerns about unsafe clinical practice' broken down by ethnic group

Other improvements were for the Asian/Asian British – Indian group whose confidence in speaking up about any concerns and that they will be addressed had markedly improved.

The NHS Workforce Race Equality Standard (WRES) 2023 data report[42] identified that white Gypsy or Irish Traveller women (39.0%) and men (45.7%) experienced the highest levels of harassment, bullying or abuse from other staff. White - Gypsy or Irish Travellers[43] again have the lowest sub-score of all ethnic groups. They have shown improvement this year (5.02 to 5.22) but are still below their 2021 score (5.49). The improvements are limited to the clinical practice questions, with a 4.5 per cent increase in the proportion of workers who said that they agreed or strongly agreed with the statement *'I would feel secure raising concerns about unsafe clinical practice'* (Figure 14, above).

Gender and gender identity

Results split by gender mirror the national picture with small overall improvements in the Freedom to Speak Up sub-score for all groups. Women had the best overall results for the clinical practice questions whereas the 'any concerns' results are very similar for men and women.

[42] NHS England » NHS Workforce Race Equality Standard 2023 data analysis report for NHS trusts
[43] The 'White - Gypsy or Irish Traveller' worker group is very small in comparison to other worker groups, n=441, small increases in responses can make year on year changes seem inflated.

Non-binary worker results were an outlier and showed marked improvement across all four Freedom to Speak Up questions and the sub-score which is the highest it has ever been (5.85 this year compared to 5.60 in 2021). Nevertheless, overall results for workers who identify as non-binary are still notably lower than for workers who described themselves as male or female. Of those workers who had experienced discrimination at work, non-binary workers reported the highest proportion of experienced discrimination on the grounds of gender (42.0%).

Similarly to the 2022 survey, this year's results remain lower for workers whose gender identity is different from their registered sex at birth. Their results have slightly declined for the sub-score (6.12 to 6.09), and for raising (66.20% to 64.26%) and addressing (53.23% to 50.21%) clinical practice which are all at the lowest they have ever been. Furthermore, only half (55.4%) said that they felt workers who reported errors, near misses and incidents were treated fairly.

Although, those with a different gender identity from that registered at birth, and non-binary workers are smaller worker groups (2,635 and 2,205 respondents for the Freedom to Speak Up sub-score, respectively), there is a need to understand these group's lack of confidence in raising concerns.

Sexual orientation

Workers who described their sexual orientation as heterosexual or straight's Freedom to Speak Up sub-score had remained more or less unchanged, from 6.51 in 2022 to 6.54 in 2023. Heterosexual workers had more confidence in speaking up compared to other groups (sub-score of 6.33 for gay or lesbian workers and 6.25 for bisexual workers in 2023).

Results for gay or lesbian workers have shown a slight decline across all Freedom to Speak Up questions this year.

After last year's deterioration in their belief that if they spoke up about something that concerned them, their concern would be addressed, results for bisexual workers have notably improved for both questions about confidence in raising and addressing any concerns.

Religion

For the second year there has been a decline among respondents who identify as Jewish workers regarding their confidence to speak up as captured in the Freedom to Speak Up questions (note small numbers). They are also the group that reported the highest levels of discrimination based on religion (40.5% in 2023) and it is therefore vital that this group feel able to raise their concerns.

More encouragingly, Buddhist workers have shown improvements for all questions and there has been an increase in respondents for this group (4,083 in 2022 to 4,832 in 2023).

Workers with a long-lasting condition or illness

In this year's survey 164,951 workers said that they have a long-lasting health condition or illness.

Survey results for workers with long-lasting conditions or illnesses are in line with trends observed at the national level. The Freedom to Speak Up sub-score is stable (6.07 in 2022 and 6.08 in 2023), there was a decline for raising clinical practice concerns (67.5% in 2022 to 66.6% in 2023) and an improvement for addressing any concerns (41.3% in 2022 to 42.1% in 2023).

Nevertheless, the Freedom to Speak Up sub-score for workers who make up this group (6.08) is still markedly lower than for those workers who do not have a long-lasting condition or illness (6.60). We highlighted this difference in last year's Fear and Futility report and again call for work to be done across the system to better understand why this large cohort have less confidence in speaking up compared to workers without long term conditions or illnesses. It should be noted that for workers with a long-lasting condition or illness this disparity exists for almost all measures in both the core and bank staff surveys.

Length of service / age

Those with less than one year's service at an organisation continued to have better perceptions of the speaking up culture where they work compared to those with a longer length of service, and their perceptions further improved in the most recent survey. This group (approximately 72,000 workers) have their highest ever results for the Freedom to Speak Up sub-score and all underlying questions. However, as noted for the 2022 survey, after the first year in post, confidence in speaking up declines with length of service. After workers' first year in organisations there is a gradual drop in confidence in raising clinical concerns, 74.3 per cent for less than one year's length of service compared to 72.2 per cent for 1-2 years and 70.4 per cent for 3-5 years (Figure 15).

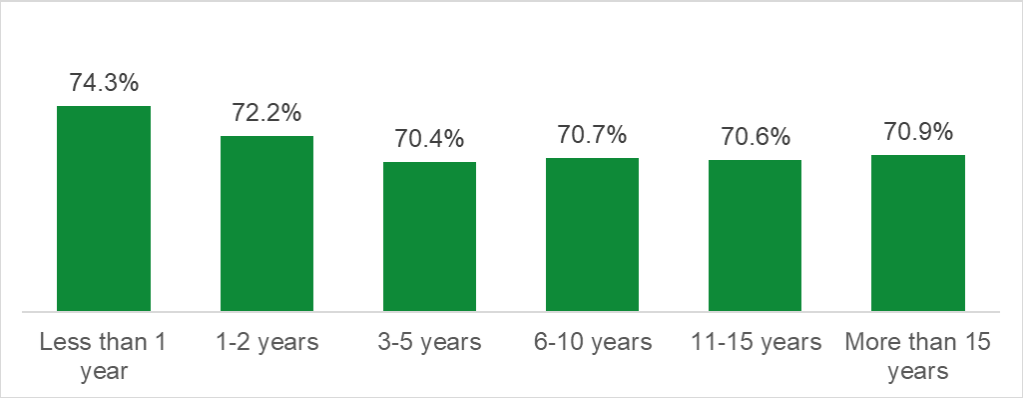


Figure 15: % of workers that agreed or strongly agreed with the statement 'I would feel secure raising concerns about unsafe clinical practice' in the 2023 survey, broken down by length of service

A similar trend was observed for age, where the youngest worker group (16-20 years) score highest across Freedom to Speak Up measures and then confidence

declines as workers get older. This group are Gen Z[44], a generation that have been described as feeling a strong moral obligation to speak up[45]. It will be interesting to see if there is a shift in this trend over time as Gen Z make up a larger proportion of the NHS workforce.

If new starters have a good experience at the beginning of their employment, they are more likely to continue engaging with speak up. Organisations should ensure that these workers know how to raise concerns and are taken seriously, in order to promote them to continue to speak up in the future.

Summary: How do different groups of workers feel about speaking up?

In this year's survey there were mixed results across different worker groups, some have improved and some are deteriorating. It is critical that organisations understand the voices of their workers so that organisation-wide and targeted interventions can be identified and included in action plans. We encourage organisations to check their latest survey results and triangulate with other local data sources in order to identify worker groups that may need targeted action to support them to speak up.

This is particularly important for some of the vulnerable worker groups and those showing signs of reduced confidence in speaking up, for example, bank workers, medical and dental staff, and those with long-lasting conditions or illnesses. We recommend that organisations consider these groups in their action plans to ensure they are not being silenced. This should include supporting all managers to encourage these workers to speak up and to feel confident to listen up and follow up effectively.

The National Guardian's Office will work across the healthcare sector to better understand what can be done to support these different worker groups.

[44] Generation Z, often abbreviated as Gen Z, is the demographic cohort following Generation Y (or Millennials). As of July 2024, Generation Z (Gen Z), typically defined as those born between 1997 and 2012, will range in age from 12 to 27.
[45] Can younger workers speak up without managers bristling? - BBC Worklife

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's Office will use this analysis to help inform our work programme and to encourage others in positions of leadership to do the same. We will:

1. Continue to use the data from the NHS Staff Survey to inform intelligence and learning about speaking up across the NHS.
    a) Continue to measure change in the Freedom to Speak Up sub-score and the four underlying questions. We will also look to develop metrics to inform us of, for example, the difference between perceptions of raising clinical practice concerns compared to any concerns.
    b) Carry out scoping exercises into acute specialist trusts, ICBs, medical and dental workers and workers with long-lasting conditions or illnesses as part of our work to identify priority areas of focus.
    c) Learn from organisations who are doing well to better understand what is impacting speak up culture and identify good practice. We will be engaging with the high-performing trusts and ICBs to publish case studies that can be used to inform the system of what is working well.

2. Work to improve listening up across the NHS.
    a) Make Listen Up the theme of Speak Up month in October 2024.
    b) We will develop a toolkit to aid leaders in examining their NHS Staff Survey results to gain insights on their organisations ability to Speak Up, Listen Up and Follow Up.

3. Continue to collaborate with partners to improve and promote understanding of the speaking up landscape across healthcare, including primary medical services.
    a) Work with NHS England to better understand the barriers to speaking up, for example why workers raise patient safety concerns anonymously and how much detriment plays a part.
    b) Work with the NHS Staff Survey Team to better understand how the Freedom to Speak Up questions perform in testing.
    c) Continue to track progress against the recommendations from the Speak Up review of ambulance services.

Throughout the report we have made several recommendations. These are for:

1. Leaders at all NHS organisations
    a) To examine their Freedom to Speak Up question results with curiosity, triangulate with other available data to check for indications of a declining speak up culture and take action in areas where problems are identified.

This is particularly important for acute specialist trusts who are showing some early warning signs of decline and Integrated Care Boards.

b) To identify worker groups that may need targeted action to better support them to speak up. For example, but not limited to,
    i. examining 2023 bank survey results in local benchmark reports for bank-only workers.
    ii. examining main survey results split by worker groups (occupational group, ethnicity, etc.).
c) As a minimum, to mandate Listen Up training for all those with line management responsibility. This should be complemented with individual management training needs, ongoing support, and supervision.

2. Regulators
    a) We call for NHS England to make participation in the core survey mandatory for ICBs. We appreciate that the General Practice Staff Survey (GPSS) is in its infancy, but would like to see the publication of national-level results in the future to better inform national understanding of the speaking up landscape in primary care services.

Annex: Top 10 most improved NHS Trusts

Organisation	Benchmark group	Freedom to Speak Up sub-score 2023	Change from 2022 sub-score
South East Coast Ambulance Service NHS Foundation Trust	Ambulance	5.73	+0.43
Greater Manchester Mental Health NHS Foundation Trust	Mental Health & Learning Disabilities and Mental Health, Learning Disabilities & Community	6.41	+0.33
London Ambulance Service NHS Trust	Ambulance	6.14	+0.30
The Hillingdon Hospitals NHS Foundation Trust	Acute & Acute Community	6.28	+0.25
North Middlesex University Hospital NHS Trust	Acute & Acute Community	6.36	+0.25
The Shrewsbury and Telford Hospital NHS Trust	Acute & Acute Community	6.07	+0.25
University Hospitals of North Midlands NHS Trust	Acute & Acute Community	6.30	+0.23
Royal Cornwall Hospitals NHS Trust	Acute & Acute Community	6.39	+0.23
Salisbury NHS Foundation Trust	Acute & Acute Community	6.38	+0.23
North Bristol NHS Trust	Acute & Acute Community	6.60	+0.23