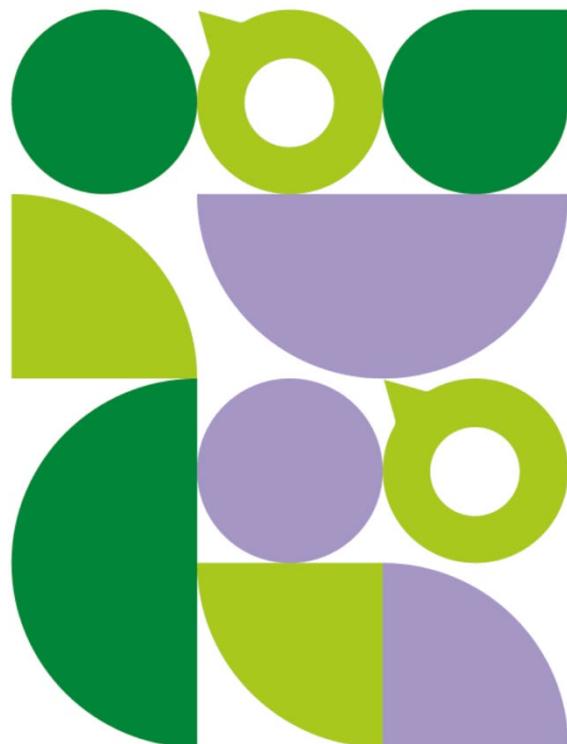




Temporary Workers, Permanent Voices: A Speak Up Review

A review of the speaking up experiences of temporary workers in the NHS in England



National Guardian's Office
March 2026

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About the National Guardian's Office

The [National Guardian's Office](#) (NGO) and the role of Freedom to Speak Up Guardians were established in response to recommendations in the [Freedom to Speak Up](#) Review (2015) by Sir Robert Francis QC. The report highlighted that NHS culture did not always encourage or support workers to speak up, with consequences for both patients and staff.

Since then, the NGO has led, trained and supported a network of more than 1,400 Freedom to Speak Up Guardians across NHS and independent sector organisations, national bodies and other settings. These guardians help ensure workers can speak up about anything affecting their ability to deliver safe, high-quality care.

As part of its remit, the NGO has provided challenge and learning to the healthcare system and has conducted speaking up reviews where speaking up has not been managed in line with national guidance, expectations and good practice. These reviews identify learning, recognise innovation, and support improvement.

In July 2025, the [Dash review of patient safety across the health and care landscape](#) recommended that responsibilities of the NGO should be incorporated into providers, with functions aligned with other staff voice functions in NHS England. The review emphasised that ensuring these functions happen in all commissioners and providers should be a core function of the Care Quality Commission (CQC) as the independent regulator. As such, the NGO is set to close by the end of June 2026. However, the Dash Review and the 10-Year Plan state that the commitment to Freedom to Speak Up remains strong, with guardians continuing to play a vital role in supporting speaking up culture.

Continuity of support will be maintained throughout the transition period.

Acknowledgements

Thank you to all temporary workers for sharing their stories, insights and experiences with us and to the Freedom to Speak Up Guardians supporting this group of workers.

We are grateful to the following organisations for their support and contribution to this review:

- Care Quality Commission
- Department of Health and Social Care
- Health Safety Services Investigations Body
- NHS England
- NHS Professionals
- Nursing and Midwifery Council
- Recruitment and Employment Confederation
- Royal College of Nursing

Foreword by Dr Rosie Benneyworth, Interim Chief Executive, Health Services Safety Investigations Body (HSSIB)

I am delighted to introduce this review and thank the National Guardian's Office for leading this vital work. In September 2024, we published an investigation report which focused on the integration of temporary staff into healthcare providers. One of the most concerning findings from our investigation was that temporary staff are fearful of speaking up about patient safety.



In our report, we called on the National Guardian's Office to identify the barriers faced by temporary staff and to devise effective solutions for overcoming them. This review represents a significant leap forward, not only uncovering the obstacles that hinder temporary workers from speaking up but also offering clear recommendations to ensure robust mechanisms are established. By strengthening the culture of openness, this review has the potential to transform the experience of temporary staff across the NHS, ensuring their voices are heard and valued.

Temporary staff are essential to the health system. They bring vital flexibility, expertise and capacity, especially during pressured times for the NHS. Yet, as our investigation has shown, they can feel unable to raise concerns or share important insights about patient safety. Through extensive engagement, this review created space for temporary workers to speak openly about the barriers in speaking up they face every day. This review and our investigation highlighted that worryingly temporary staff continue to face widespread discrimination, bullying and racism. This means that barriers are even more pronounced for those from ethnic minority backgrounds and the impact on their health, wellbeing and sense of inclusion is profound. When any group of workers feels unable to raise concerns safely, the whole system loses opportunities to learn, improve and prevent harm.

The review also highlighted that language used at a national level to describe temporary staff can lead to negative perceptions. Temporary workers told the National Guardian's Office that dismissive language about their roles, that fails to recognise their contribution can filter down into NHS organisations, impacting culture. It comes back to the point that by supporting temporary staff to speak up confidently, we create a more open, inclusive and resilient NHS – one where learning is shared, risks are addressed early and everyone can contribute to safer care.

This review is part of a broader and ongoing collaboration. Improving speaking up culture requires the combined efforts of many partners – NHS providers, staff banks, agencies, professional bodies, system leaders and the workforce itself. By working together, we can ensure temporary staff are welcomed, supported and respected, and that their insights into patient care are recognised as integral to safety.

HSSIB is committed to share learning, promote good practice and ensure that the experiences of temporary staff inform wider improvements in safety culture. This review strengthens our collective understanding and reinforces the principle that every worker, regardless of role or contract type, should feel able to speak up without fear. Ultimately, patient safety depends on the voices of all who care for patients.

Foreword by Dr Isabella Tetteh, Speak Up Review Manager, National Guardian's Office

In every organisation, culture is revealed in the moments that matter most: when someone notices a risk, a gap or an opportunity to improve – and decides whether it feels safe to say something. Drawing on the experience of the National Guardian's Office in carrying out Speak Up Reviews and the insights we have gathered across different staff groups, I have repeatedly seen that the ability to speak up is not felt equally by all staff. While our policies set a clear expectation, the day-to-day reality can differ depending on role, status and how secure someone feels in their employment.



On the back of the HSSIB recommendation, this review was carried out to better understand that reality for temporary workers across the NHS in England, including bank and agency colleagues. Temporary staff are vital to sustaining services and supporting patient care, often stepping into unfamiliar teams and environments at pace. Yet the nature of temporary work – short placements, variable access to local support and uncertainty about routes and accountability – can make speaking up feel more complex than it should be.

Having worked as an agency radiographer earlier in my career, I understand this personally. I remember the pressure of arriving in new departments, adapting quickly to local ways of working and wanting to contribute fully – while also trying to judge how concerns would be received. For many temporary workers, hesitancy is not about commitment, it is about risk. Will I be taken seriously? Will raising this affect future shifts? Am I speaking to the right person, in the right way?

Some experiences still stay with me: being referred to as “the agency” rather than by name; feeling like an outsider in established team cultures; being excluded from meetings where learning, context and support are shared; being left to manage the most difficult cases alone; having limited access to training; and not being clearly signposted to speaking up processes. These experiences are not universal but they are significant – and they shape confidence, belonging and psychological safety.

Speaking up is fundamental to safe, high-quality care. When staff can raise concerns with confidence, organisations learn earlier, improve faster and protect both patients and colleagues. This must apply to everyone working in the NHS, regardless of contract type.

This report brings together workforce data, policy analysis and the perspectives of temporary staff to explore what helps, what hinders and how established routes – including Freedom to Speak Up Guardians – are experienced by those outside

permanent employment arrangements. The findings are intended to support leaders, policy-makers, regulators and providers to strengthen inclusive speaking up arrangements, so that being heard and protected does not depend on employment status.

By centring temporary workers' experiences, we aim to ensure their voices contribute meaningfully to a just, transparent and psychologically safe NHS culture – one where every member of staff can raise concerns without fear and with confidence they will be taken seriously.

Recommendations

Our review identified three key themes:

1. Workplace challenges faced by temporary workers in the NHS
2. Barriers and enablers of speaking up
3. Speaking up guidance, support and gaps.

Based on these themes, we have made six recommendations to strengthen speaking up practice and improve the experience of temporary workers.

If implemented, these recommendations should support more consistent, effective speaking up arrangements and contribute to a safer, more inclusive environment for temporary workers.

The recommendations in this report are directed to the organisations that held the relevant responsibilities at the time they were finalised. We recognise that the healthcare system is undergoing significant change, and that functions may transfer between bodies. Where this occurs, the intention is that each recommendation should follow the function and apply to whichever organisation assumes that responsibility.

With the NGO due to close by June 2026, it will not hold ongoing oversight of these recommendations. However, the recommendations were developed collaboratively with the organisations named throughout this report, all of whom can continue to take forward the areas relevant to their roles.

While this report uses the term "speaking up" throughout, we recognise that many organisations continue to use the term "whistleblowing," sometimes interchangeably and sometimes to refer to specific types of concerns or reporting routes. For the purposes of this review, our recommendations are intended to cover all forms of speaking up, including those described as whistleblowing, so that every opportunity for learning and improvement is captured.

Recommendation 1: System standards for speaking up and detriment protection for temporary workers

Decision/action: National bodies should set clear, consistent expectations that speaking up arrangements for temporary workers are visible, accessible, safe and free from detriment. These expectations should be embedded across national frameworks, codes of conduct and national guidance.

Key requirements:

For NHS England:

- Embed Freedom to Speak Up (FTSU) requirements into national temporary staffing frameworks.

- At the next review, NHS England to update the national FTSU policy, guidance and planning tools, update them to incorporate learning from this review, particularly ensuring the reflection and planning tool supports senior leaders to take a broader, more inclusive view of their workforce, ensuring temporary workers are actively considered.

For Nursing and Midwifery Council (NMC):

- Ensure continued appropriate expectations concerning speaking up vis-à-vis their members, and to update learning sessions they deliver employers to stress importance of all workers temporary or permanent to be safe and encouraged to speak up.

For Recruitment and Employment Confederation (REC):

- Strengthen or develop REC's sector-specific guidance for healthcare to include clear expectations on FTSU for members working in healthcare. Provide or signpost practical materials, advice and tools made available by relevant national bodies and healthcare organisations, to help members support agency workers to understand and exercise their FTSU rights.

For all:

- Expand targeted learning resources for bank/agency staff.
- National guidance by NHS England, NMC and REC must set clear expectations that speaking up must never affect access to shifts or placements, with clear processes for monitoring, documenting and responding to concerns about withdrawn work. This should be informed by existing guidance from the NGO on preventing and addressing detriment, which sets out what organisations must do to ensure workers are not disadvantaged as a result of speaking up, and how they should respond when concerns about potential detriment are raised.¹

Timeframe: These recommendations should be achieved by March 2027.

Recommendation 2: Strengthen regulatory assurance for temporary workers' speaking up experiences

Decision/action: CQC should explicitly assess whether host organisations' FTSU arrangements meet the needs of all workers, including temporary workers.

Owner: CQC.

Key requirements:

- Guidance, training and any other relevant resources are in place to enable inspectors to effectively assess temporary workers' ability and confidence to

¹ <https://nationalguardian.org.uk/2025/01/30/detriment-guidance/>

Speak up, including to the Freedom to Speak Up Guardian. This should include clarity on what good practice looks like to support consistent assessments.

- Utilise data and insights on speaking up experience of temporary workers in regulated organisations on inspections, including speaking up case data (see recommendation 3).
- Findings from assessments should be used to drive improvement and reduce variation across the sector.

Timeframe: These actions should be undertaken by March 2027, with an assessment of how effectively they are working in practice completed by April 2028.

Recommendation 3: Strengthen speaking up arrangements and insight for temporary workers

Decision/action: Host organisations and temporary workforce providers should ensure that speaking up arrangements meet the needs of temporary workers including being visible, accessible, impartial and consistent, ensuring temporary workers can speak up safely and are supported and encouraged to share concerns, suggestions and other insights. They should improve the recording, monitoring and analysis of temporary workers' speaking up experiences to address blind spots, support organisational learning and strengthen improvement work.

Owners: Host organisations; temporary workforce providers (lead).

Key contributors: Freedom to Speak Up Guardians.

Key requirements:

For host organisations:

- Ensure that all speaking up routes, including access to Freedom to Speak Up Guardians, are fully available to temporary workers on the same basis as permanent staff. These routes should be visible, accessible and include anonymous options, with barriers such as lack of intranet or IT access identified and addressed.
- Provide clear onboarding and induction information for temporary workers, including minimum standards for access to IT systems, escalation routes and named contacts.
- Where Freedom to Speak Up champion or ambassador networks exist, organisations should ensure these networks appropriately reflect their workforce by seeking to include temporary workers within these roles.
- Record and monitor speaking up cases raised by temporary workers. Where appropriate, Freedom to Speak Up Guardians should record when a case is raised by a temporary worker and use this data to build insight, identify barriers and support ongoing improvement. Host organisations should also

draw on other relevant sources, such as the [NHS Staff Survey for bank only workers \(NSSB\)](#), to develop a broader understanding of temporary workers' speaking up experiences.

- Use insight from speaking up cases and other local data to consider whether factors such as ethnicity, disability or migration status may shape the speaking up experiences of temporary workers and reflect this in local improvement work (see Recommendation 6).

For temporary workforce providers:

- Maintain clear speaking up arrangements, including anonymous routes, ensuring temporary workers feel safe, supported and encouraged to speak up.
- Provide and monitor the uptake of effective speaking up training for all workers, ensuring this aligns with expectations set out in NHS England guidance.
- Seek feedback from temporary workers about their experiences of host organisations and use this insight to inform improvement.
- Where a temporary worker raises a concern about a host organisation, providers should ensure the concern is handled appropriately within their role, including supporting the worker, escalating issues to the host organisation where required, and taking any action that falls within the provider's remit.
- Provide clear onboarding and induction information for temporary workers, including minimum standards for access to IT systems, escalation routes and named contacts.
- Record speaking up issues raised by temporary workers, including steps taken within the provider's remit. These records should support worker safety, help identify broad themes and inform any appropriate escalation to host organisations.

For all:

- Fair process: When concerns are raised about temporary workers, a fair process should be followed by informing them promptly, sharing appropriate information, giving them the opportunity to respond, and documenting decisions and outcomes.

Timeframe: These recommendations should be achieved by March 2027.

Supporting effective speaking up arrangements for temporary workers

This information supports Recommendation 3 by highlighting national guidance and approaches that help strengthen speaking up arrangements and insight for temporary workers.

Many organisations use Freedom to Speak Up champion or ambassador networks to help raise awareness and offer support, particularly in large or complex settings. National guidance sets out principles for developing and supporting these networks so that they meet workers' needs and complement the role of Freedom to Speak Up Guardians.

Organisations should take care when recording, monitoring and reporting speaking up cases. Good practice includes protecting confidentiality, reducing unnecessary data collection and avoiding inadvertent identification of individuals. Guidance from the National Guardian's Office on recording cases and reporting data provides helpful principles, and organisations should align with the body responsible for this guidance as functions transfer to NHS England.

Temporary workers should always have their speaking up issues handled with the same care and attention as permanent staff. Supplier organisations may find existing guidance useful when developing their own approaches, recognising that their responsibilities differ from those of host organisations. Thoughtful recording and use of this insight can help safeguard temporary workers and support broader learning and improvement.

For more information

Guidance on Freedom to Speak Up Champions and Ambassadors (2023)
<https://nationalguardian.org.uk/wp-content/uploads/2023/11/Guidance-on-Champions-and-Ambassadors-2023.pdf>

Recording and Reporting Guidance (2024)
<https://nationalguardian.org.uk/wp-content/uploads/2025/02/2024-Recording-and-Reporting-Guidance.pdf>

Recommendation 4: Protect temporary workers from detriment when they speak up

Decision/action: Host organisations and temporary workforce providers should take coordinated steps to prevent temporary workers experiencing detriment when they speak up, including in access to shifts or future work.

Owners: Host organisations; temporary workforce providers.

Key requirements:

For host organisations:

- Document decisions to pause/withdraw assignments.
- Review shift allocation data to identify potential detriment.
- Respond to provider queries about possible detriment in a timely, transparent way.

For temporary workforce providers:

- Provide clear routes for temporary workers to raise concerns about withdrawn or reduced shifts, review these concerns to understand whether detriment may have occurred, and raise them with host organisations as appropriate for clarification or action.

For all:

- Provide clear messages to reassure temporary workers that speaking up will not affect access to work.
- Develop and maintain agreed routes for communication and escalation on potential detriment.

Timeframe: These recommendations should be achieved by March 2027.

Recommendation 5: Strengthen partnership working between host organisations and temporary workforce providers

Decision/action: Host organisations and temporary workforce providers should work together to provide temporary workers with consistent, safe speaking up arrangements across organisational boundaries, supported by clear expectations, reliable information flow and joint action where concerns arise.

Owners: Host organisations, temporary workforce providers.

Key requirements:

For host organisations:

- Put in place a clear mechanism for sharing relevant information with temporary workforce providers about speaking up issues and decisions affecting temporary workers, in line with confidentiality and data protection requirements.
- Respond to provider queries about concerns or potential detriment in a timely and transparent way, clarifying context and actions taken.

For temporary workforce providers:

- Provide clear routes for temporary workers to raise concerns about their experiences in host organisations.
- Raise concerns with host organisations for clarification or action within the provider's remit and keep a basic record of concerns and steps taken.

For both host organisations and providers:

- Agree shared expectations on how concerns from temporary workers are raised, shared and progressed across organisational boundaries.
- Establish joint pathways for responding to potential detriment affecting temporary workers (see Recommendation 4).
- Maintain routine, light-touch communication to share themes, learning and practical fixes that improve temporary workers' experience of speaking up (aligned with Recommendations 3 and 6).

Timeframe: These recommendations should be achieved by March 2027.

Recommendation 6: Promote a culture of inclusion and belonging for temporary workers

Decision/action: National bodies and host organisations should promote cultures where temporary workers feel valued, respected and included, supporting psychological safety and speaking up.

Owners: National bodies (including the Department of Health and Social Care and NHS England); host organisations.

Key requirements:

For national bodies:

- Set clear expectations, through national policy and communications, that inclusion and belonging apply to all workers, including temporary workers, and reinforce the value and contribution that temporary workers make to patient care.

For host organisations:

- Leaders to use respectful language and model inclusive behaviours towards temporary workers.
- Consistent messaging reinforces that temporary workers are integral contributors to patient care.
- Temporary workers are included in routine communication, safety briefings, handovers and team activities.
- Expectations for inclusive practice are embedded in local induction, guidance and policy.
- Apply an intersectional lens to local data and feedback to understand how characteristics such as ethnicity, migration status, disability or other factors may

interact with temporary worker status to amplify barriers to inclusion and speaking up and use these insights to inform local improvement activity.

Timeframe: These recommendations should be achieved by March 2027.

Supporting inclusion and speaking up for temporary workers

This information supports Recommendation 6 by highlighting national tools and approaches that can strengthen inclusive cultures for temporary workers.

NHS England provides a range of tools that support inclusive and psychologically safe cultures. These include the Freedom to Speak Up policy, wider guidance and practical resources for leaders. Together, they highlight the importance of valuing all workers and creating environments where everyone feels able to contribute, raise concerns and feel heard.

Organisations can also use national workforce equality standards such as the NHS Workforce Race Equality Standard (WRES) and the NHS Workforce Disability Equality Standard (WDES). These frameworks help organisations understand how factors like ethnicity, migration status or disability may combine with temporary worker status to affect people's experiences. This insight can be used to identify barriers to inclusion and shape focused local improvement activity.

For more information

NHS Workforce Race Equality Standard

<https://www.england.nhs.uk/about/equality/equality-hub/workforce-equality-data-standards/equality-standard/>

NHS Workforce Disability Equality Standard

<https://www.england.nhs.uk/about/equality/equality-hub/workforce-equality-data-standards/wdes/>

NHS England Freedom to Speak Up (policy, guidance, tools)

<https://www.england.nhs.uk/ourwork/freedom-to-speak-up/developing-freedom-to-speak-up-arrangements-in-the-nhs/>

Summary of findings

Workplace challenges

Temporary workers faced significant difficulties when carrying out their roles in the NHS. These challenges range from issues of recruitment/onboarding failures, integration and team inclusion to concerns about job security and fair treatment. Workplace concerns such as discrimination, bullying and racism were also highly reported by temporary workers. They reported not feeling accepted and supported enough in their roles in the NHS. While not all are directly about speaking up, these factors strongly influence whether workers feel able, safe and supported to voice ideas and concerns.

Barriers and enablers of speaking up behaviours

Speaking up barriers/enablers reported by temporary workers were not always unique to them - they may also affect permanent staff. However, some of these universal barriers were further amplified for temporary workers because of their work status and other specific circumstances. Some of the barriers faced included fear of detriment, lack of access to reporting systems/information, lack of trust in speak up processes, fear of futility and financial insecurity during investigations.

Almost two thirds of respondents (60.4%) felt that temporary staff did not have a voice in the NHS in England, with sentiment particularly negative among longer-serving (temporary) workers, registered nurses and midwives, trust bank staff, and those outside London. Almost half of survey respondents reported wanting to speak up but not feeling able to do so. Over half (54.7%) of workers from ethnicities other than White British had wanted to speak up and not felt able to - notably higher than the proportion of White British workers that responded (43.8%).

However, speaking up behaviours of temporary workers was reported to be enabled by factors such as guardian visibility and accessibility, supportive management/colleagues, good work relationships, self-confidence, previous good relationships, support systems and financial security and clear speaking up processes.

Speaking up guidance, support and gaps

Sixty-five per cent (64.6%) of temporary workers surveyed said they were aware of the speaking up arrangements in their organisation. Just over half (50.7%) of respondents had some experience of speaking up. 51.4% of respondents were aware of the role of Freedom to Speak Up Guardian, while 30.3% were not. Awareness of speaking up arrangements was higher among registered nurses (71.0%) than health care assistants (59.0%). Among the temporary workers who responded to our survey, only 23 of them had approached a guardian for support. Of those who had spoken up to a guardian, there were mixed views about their effectiveness. Respondents said guardians were very helpful, but in most cases, they attested that guardians would have been able to do more if they had better support from senior leaders in their organisations. The other main factors workers shared for not approaching guardians were similar to the speaking up barriers reported in this review. These were mainly around fear of detriment, in particular, a belief of lack of confidentiality and impartiality of guardians and apathy.

In conclusion

We recognised a need for better awareness of speaking up guidance and a strong support, including embedding clear messaging around speaking up during induction and through to the deployment stage to host organisations. A need for confidence building through targeted training and addressing the workplace challenges and speaking up barriers was also identified in this review.

Key stakeholders emphasised the importance of investing in dedicated additional support for temporary workers, ensuring effective monitoring of adherence to ethical recruitment standards, and supporting employers to provide induction and integration programmes that meaningfully addressed speaking up. There was also recognition of the value of partnership working between key stakeholders such as temporary workforce providers, host organisations and trade unions to reinforce messages around rights and responsibilities and to provide trusted routes for advice and support.

Background and context for this review

Speaking up can take many forms, from raising an issue with a line manager to contacting a Freedom to Speak Up Guardian or a regulator. When workers feel able to speak up, organisations can identify risks earlier, prevent harm and make continuous improvements. Speaking up should be met with listening, action and a culture that supports learning.

Temporary workers play a critical role in maintaining safe services across the NHS. They bring valuable insights into how care is delivered, often noticing things that permanent staff may not. It is therefore essential that they feel confident to speak up without fear that doing so will affect future opportunities or their standing within an organisation.

Findings from HSSIB and national workforce reports highlight system pressures - including interoperability issues, workforce shortages and a growing gap between demand and capacity - that can affect staff wellbeing, patient safety and the ability of workers to speak up.

HSSIB's national investigation, [Workforce and patient safety: temporary staff - integration into healthcare providers](#), recommended that the National Guardian's Office work with stakeholders to identify the barriers preventing temporary workers from speaking up and to develop mechanisms to address them. In response, we initiated this review to explore these issues, identify barriers, highlight good and innovative practice, and make recommendations for improvement.

Aims and objectives of this review

Aims

- Enhance the understanding and improvement of the speak up culture among temporary workers in the NHS.
- Develop actionable recommendations to foster a more inclusive and supportive environment for these workers.

Objectives

- Shed light on the experiences of temporary workers regarding speaking up, identifying challenges, barriers, and examples of good practice.
- Understand the impact of temporary workers' ability to speak up on patient safety.
- Assess the effectiveness of current understanding of the speaking -up landscape, including confidence levels among temporary workers.
- Highlight and promote ways to support and amplify the voices of temporary workers in the healthcare system, recognising and disseminating examples of good practice.
- Formulate recommendations for enhancing the speak up culture for temporary worker.

The [terms of reference](#) for this review are available on our website.

Rationale and process for this review

The NGO undertakes Speak Up Reviews to identify learning, recognise innovation and support improvement in the speak up culture across the healthcare sector.

Emerging evidence shows that temporary workers in the NHS in England face a range of barriers that influence their willingness and ability to speak up.

While the FTSU policy framework in the NHS in England explicitly includes temporary staff stating that bank, agency, locum and contract workers should be supported to raise concerns safely, lived experience suggests that policy intent does not always translate into practice.

HSSIB's workforce investigation series further highlighted widespread discrimination and a culture of fear affecting temporary workers, linked both to work status and ethnicity. Temporary staff described being excluded from investigations, limiting opportunities for organisations to learn from their experiences. These findings sit alongside wider system challenges, including interoperability issues, skills shortages, and the widening gap between demand for hospital care and available workforce and resources. These pressures can intensify feelings of isolation and fear of detriment, such as concerns about being blocked from future shifts.

Survey data adds helpful but partial insight. The [2024 National Bank Staff Survey NHS Staff Survey for bank only workers \(NSSB\)](#) found that 68.8% of bank staff felt secure raising concerns about unsafe clinical practice, a small increase on the previous year, and 57.2% were confident their organisation would act on those concerns. Patterns varied by occupational group, with registered nurses, midwives, allied health professionals and scientific staff reporting higher levels of security in raising concerns than some other staff groups. These findings are broadly consistent with the 2024 [NHS Staff Survey](#), where 61.7% of respondents said they felt safe to speak up.

It is important to note that the National Bank Staff Survey reflects the perceptions of a subset of the temporary workforce. While around 19% of bank-only workers invited to take part responded, giving a helpful snapshot of their experiences, the survey does not include agency workers, fixed-term contract staff or external bank workers. As such, although the results remain a useful indication of how many bank staff experience speaking up, they cannot, on their own, provide a holistic picture of speaking up across the wider temporary workforce. This reinforces the need to consider survey findings alongside other evidence sources.

Collectively, this context highlights the importance of developing a deeper, more holistic understanding of how temporary workers experience speaking up. This review therefore sought to identify the barriers and enablers shaping those experiences, highlight good and innovative practice, and consider what needs to improve.

How we carried out the review

We conducted this review between May and November 2025, following a three-phase approach.

Phase 1: Desktop review of existing literature

We searched online databases and reviewed existing literature including NHS policy documents, national survey data, and stakeholder guidance regarding locum, agency, and bank staff.

- NHS policy frameworks (for example, FTSU Policy Framework 2024)
- Reports from professional bodies (for example, RCN)
- Peer-reviewed articles and grey literature related to temporary workforce dynamics in the NHS
- HSSIB workforce investigation report (2024)
- Academic journals and media reports.

Phase 2: Engagement with stakeholders

We gathered insights through:

- A survey
- Focus groups
- One-to-one interviews.

We engaged with:

- More than 900 temporary workers
- Freedom to Speak Up guardians
- Senior leaders from healthcare organisations - NHS Professionals, trade unions, professional regulators and others.

Participants were mainly nurses, midwives and healthcare care support workers.

In total, 895 people responded to the survey. Of these, 536 were valid completions where at least one question about speaking up was answered.

Almost all respondents worked in NHS organisations (526, 98.1%). The majority were members of NHS Professionals (457, 85.3%), with (58, 10.8%) Trust bank workers.



Most participants were from either the additional clinical services or registered nurses and midwives staff groups (235 or 43.8% and 208 or 38.8% respectively).



Only 18 people (3.4%) said they were not on the Agenda for Change (AfC) pay scale. Of the 493 respondents who are on AfC, 45.0% were bands 1-3.



Almost half of respondents had been part of the temporary workforce for between two and ten years (149, 27.8% 2-5 years, 101, 18.8% 5-10 years).



Temporary workers from all regions in England responded to the survey. A quarter were in the North West (142, 26.6%) whereas only six per cent (32, 6.0%) worked in London.

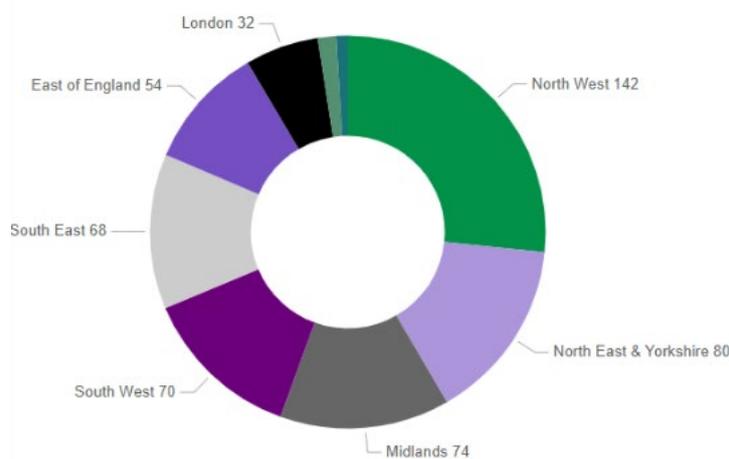


Figure 1: Location of survey respondents

Phase 3: Data analysis and recommendations

We identified three key themes. These findings shaped the review, which we refined through engagement with senior policymakers, including the Health Safety Services Investigation Body, NHS Professionals, Recruitment Employment Confederation, Nursing and Midwifery Council, Royal College of Nursing and NHS England.

About this report

How we protect identities

We do not name individuals or the organisations they work – or have worked – for, in this report.

To ensure confidentiality, we use four broad terms when referring to contributors, including in direct quotes:

- **Worker(s)** – temporary workers.
- **Guardian(s)** – Freedom to Speak Up Guardians.
- **Senior leader(s)** – leaders of organisations involved in recruiting and training temporary workers.
- **System representative(s)** – government bodies such as the Nursing and Midwifery Council, along with regulators and professional bodies responsible for licensing, oversight and training of temporary workers.

Using these terms allows participants to share their experiences openly while ensuring their anonymity.

Definitions and terminology

The term ‘temporary workers’ refers to all non-permanent staff engaged to meet short-term workforce needs, including bank staff, agency workers, fixed-term contract staff and locum doctors.

The following definitions describe the main temporary worker groups referenced in this review:

- **Bank staff** are flexible workers engaged by a provider (or sub-contracted organisation) to fill shifts on an ad hoc basis. Some bank staff also hold substantive posts, while bank-only staff do not.
- **Agency workers** are temporary staff supplied by recruitment agencies.
- **Locum doctors** are doctors working on a temporary basis, either directly for a provider or via an agency.
- **Host organisations** are NHS trusts, primary care providers or other healthcare organisations where temporary workers carry out their duties.
- **Temporary workforce providers** are organisations that supply temporary workers to host organisations, including staff banks and recruitment agencies. This review focuses specifically on agency workers and bank-only staff. Locum doctors were not included in the scope of this review but are defined here for clarity.

About temporary workers in England

Temporary workers have been a consistent part of the NHS workforce since its early years, with their use expanding over time in response to workforce shortages, rising demand and service pressures. From the 1990s onwards, trusts increasingly relied on agency staff to fill gaps, while internal staff banks developed as a way to provide flexibility and reduce dependence on external agencies.²

Policy measures such as NHSE Agency rules introduced in 2015/16 sought to curb rising agency expenditure and encourage greater use of bank staffing. Although these controls delivered short-term reductions in spending, underlying workforce shortages persisted, maintaining a structural reliance on temporary labour. This dependency became even more pronounced during the Covid-19 pandemic, when sickness absence, redeployment and high demand led to increased use of both bank and agency workers.³

In recent years, efforts to reduce agency costs have continued, accompanied by broader attempts to integrate staffing into system level workforce planning.⁴ However, temporary workers remain essential to NHS service delivery, particularly in areas with persistent vacancies and high patient demand. The continued reliance on this group forms an important backdrop to understanding their experiences of speaking up. Workforce pressures, variable inclusion in local processes and inconsistent access to support can all shape whether temporary workers feel able to speak up.

² The King's Fund (2019) Closing the Gap, https://assets.kingsfund.org.uk/f/256914/x/070dceae22/closing_the_gap_overview_2019.pdf

³ Reducing expenditure on NHS agency staff: rules and price caps (2022), [NHS England » Reducing expenditure on NHS agency staff: rules and price caps](#)

⁴ [NHS England » Letter: Further action to reduce NHS spending on temporary agency staffing](#)

Theme 1: Workplace challenges

One of the three key themes in this review is workplace challenges – the work-related difficulties temporary workers face when carrying out their roles in the NHS. These challenges range from issues of integration and team inclusion to concerns about job security and fair treatment. While not all are directly about speaking up, they strongly influence whether workers feel able, safe and supported to raise concerns.

The experiences shared by temporary workers, Freedom to Speak Up Guardians, system representatives and senior leaders during the engagement phase aligned closely with findings from existing literature. These challenges have been grouped into sub-themes outlined below. Some of the issues discussed here also appear in other sections of the report, reflecting the interconnected nature of temporary workers' experiences.

- **Team inclusion and integration challenges**

Desktop review findings indicate that temporary workers frequently experience difficulties integrating into NHS teams. Many reported feeling unwelcome, unsupported or treated as “disposable”, particularly during their first placements with a host organisation. Such experiences can hinder communication, access to support from permanent staff and effective teamwork.⁵

Feedback during phase two of the engagement process echoed these findings. Temporary workers often described feeling like “outsiders”, excluded from team meetings and not regarded as part of the team. This was the most frequently raised sub-theme within workplace challenges. Workers shared experiences such as:

“You’re treated differently... you’re not seen as an equal.” — Worker

“They don’t talk to you because you’re not part of the team. Instead, they go straight to your agency to complain.” — Worker

“Some wards don’t accept you as bank staff. You feel excluded, and if you go regularly, they become irritated as if you want to join the staff.” — Worker

These accounts illustrate how exclusion and lack of integration shape temporary workers' day-to-day experiences and may contribute to reduced confidence or willingness to speak up.

- **Discrimination, bullying, inequality and racism**

Discrimination was one of the most frequently reported challenges during this review. Workers described experiencing unequal treatment linked to their ethnic background, professional status and temporary employment position.

⁵ [Workforce and patient safety: temporary staff - integration into healthcare providers — HSSIB](#)

“We were called animals... I was victimised for raising it.” — Worker

“Permanent staff get longer breaks... we are moved 3-4 times a shift because they ‘won’t move their permanent staff’... and pressured to go to units we don’t feel competent in under threats of not being booked again.” — Worker

Engagement feedback consistently highlighted experiences of exclusion, unfair allocation of work, and fears of detriment for raising concerns. Many temporary workers described being given the most challenging or distressed patients, being denied access to staff areas or resources, or being repeatedly redeployed during shifts.

Findings from published studies⁵ show that temporary workers face higher rates of discrimination and poorer treatment from colleagues and, in some cases, patients. Workers from ethnic minority backgrounds report disproportionate levels of abuse, exclusion and disciplinary action compared with white colleagues, contributing to heightened workplace stress and unequal treatment within teams.

Survey data reflects these experiences. According to the 2024 [NHS Staff Survey](#) for bank-only workers, around one in four nursing and healthcare assistant staff reported experiencing discrimination in the last 12 months. While rates vary by role, most temporary staff groups saw an increase in reported discrimination compared with 2023. Ethnic background continues to be the most commonly cited reason. Discrimination from patients and the public has also risen, with reports increasing to 14.8% in 2024.

- **Investigation procedure failures**

A recurring theme during engagement with temporary workers was the lack of fair and transparent investigation processes following safety incidents. Workers described situations where they were not informed that concerns had been raised, only learning about issues indirectly - for example, through cancelled shifts or changes in placement - rather than through the organisation’s formal process for notifying and involving staff in incident investigations.

Several temporary workers reported that incident investigations were conducted without speaking to them, with decisions made solely on the basis of allegations and without the opportunity to provide their account or request an independent review. As workers put it:

“There was no investigation... nothing. I was blocked for four months.” — Worker

“They didn’t ask for my side of the story... I only saw the statement months later and was in tears. Something that did not happen. I felt suspended because of lies.” — Worker

These accounts reflect wider system findings. HSSIB's analysis of 30 serious incident reports (May 2022-May 2023) identified 18 cases in which temporary workers involved in incidents were not interviewed. This resulted in the loss of critical insights and limited opportunities for organisational learning⁵.

- **Access to systems and staff shortages**

Temporary workers frequently reported difficulties accessing the electronic systems and physical spaces required to carry out their roles safely. This included limited or delayed access to electronic patient record systems, order-requesting tools and, in some cases, electronic key or swipe-card access to wards and staff areas. Workers described how these barriers made it harder to complete clinical tasks, document care accurately or work efficiently with permanent teams. Similar concerns were echoed by Freedom to Speak Up guardians, who highlighted that restricted system access can create patient safety risks due to gaps in documentation or delays in care.

"They don't have access to certain systems... it can lead to errors." — **Guardian**

"Not able to access much-needed systems to enable us to do our job on the ward." — **Worker**

"Staff rooms are swipe-card access... people end up working without access to their belongings or even sanitary products." — **Worker**

Alongside access challenges, workers raised concerns about staffing levels. They described situations where staffing was insufficient to meet patient needs. Some temporary workers reported being left without appropriate support or being allocated workloads they felt were unsafe.

"The staffing level falls short... at night the workload is often unmanageable. I was left alone on triage with no support and sent inappropriate patients." — **Worker**

Survey findings reflect this picture. According to the 2024 NHS Staff Survey [for bank-only workers](#), 42.22% agreed there were enough staff for them to do their job properly. Agreement levels were highest in acute specialist trusts (61.29%) and lowest in acute, acute and community and ambulance trusts (40.7% and 38.49% respectively).

- **Job insecurity, pay concerns and lack of contractual protections**

Evidence from the desktop review showed that many temporary roles operate on zero-hours or ad-hoc arrangements, creating unpredictable income and limiting access to financial stability tools such as credit. While some workers value flexibility, others face reduced progression opportunities and fewer employment protections compared with substantive staff.

Workers described feeling vulnerable when pay changes were introduced at short notice, and many highlighted the impact of cancelled shifts, limited entitlement to sick pay, and the ease with which they could be “blocked” by permanent colleagues.

“We got a two-weeks’ notice that our pay is going to be cut... I’ve been working for over five years... and you’re telling me you’re paying the bottom.”
— **Worker**

“We walk on eggshells so that we don’t get reported... it is very easy for permanent staff to report us.” — **Worker**

“[Host organisation] can cancel their own shift at the eleventh hour... it kills morale.” — **Worker**

These issues were echoed strongly through engagement.

Together, the evidence and worker accounts show a pattern of financial precarity, inconsistent working conditions and limited employment protections for temporary workers across the NHS.

- **Failures in recruitment, onboarding and induction**

Another highly recurrent theme concerned failures in recruitment, onboarding and induction processes. Our desktop review highlighted that temporary workers often experience limited or inconsistent induction and orientation compared with permanent staff and are sometimes deployed to areas of high need without full clarity on skill match or adequate preparation⁵.

These issues were echoed strongly during our engagement work. Workers described undue delays in onboarding when first registering with temporary workforce providers, alongside digital platforms that were reported to be inefficient and slow to generate responses. Stakeholders, including guardians, also raised concerns about communication failures between temporary workforce providers and host organisations, sometimes resulting in temporary workers arriving for shifts without ward managers being aware. Departments were therefore not always ready to receive or appropriately support newly deployed workers. Workers further reported experiencing a lack of structured induction, skill mismatch during deployment, and unreceptiveness from some staff when they asked for assistance in navigating unfamiliar systems. The strength of these concerns was reflected in workers’ and guardians’ accounts:

“Your only job is to fill shifts, and you can’t even do that... failures every step of the way.” — **Worker**

“Someone could just turn up... middle manager is not aware.” — **Guardian**

“I was moved around eight times in one shift.” — **Worker**

“The only induction they could do is just to show you where things are... That’s the only induction I know... when it comes to how their policies are... it’s something that you learn as you see the staff do it.” — Worker

“My major concern is when you go into a ward, they show you where things are, but... you’re still learning the system... Any time you ask them, some get irritated when you ask questions.” — Worker

Taken together, these issues risk undermining confidence, performance and patient care.

- **Training and development gaps**

Concerns about training and development were raised throughout our engagement with workers. They described not receiving full training or support, and reported being directed to online resources instead of being adequately guided:

“I don’t feel like I’ve been given like full training and support... The answer I used to receive from my manager is, oh, just go online... You have to arrange yourself. You have to chase it up... everything I’ve done is myself.” — Worker

Workers also argued that they often had limited access to CPD opportunities and were not offered the training needed to thrive in their roles. In some cases, they reported being mandated to undertake training by workforce providers but noted that this was unpaid and of a substandard quality. Some workers contrasted this with the training offered by NHS trusts for in-house bank staff, which they felt was of a better standard than that offered by other temporary workforce providers. This was particularly evident in accounts describing poor-quality mandatory training:

“We had to go and do our mandatory training in a community centre with someone who isn’t medically qualified... there was only one [mannequin], and we were in a group of 16. None of the training was assessed... We didn’t have a defib to train on... Nobody was assessed giving compressions... If that had happened in the hospital... those people wouldn’t pass... They weren’t very professional in their approach... talked about patients in a derogatory way... The difference between the training that we would have in hospital and the training that we had there was like night and day... it didn’t meet any of the requirements. I was really, really unhappy with it.” — Worker

- **Lack of advocacy, support and representation**

Workers expressed disappointment in the level of support they received from temporary workforce providers and host organisations. They argued that the nature of their contracts often left them without the support they needed, and described feeling abandoned and poorly treated in comparison with substantive staff. This was a highly recurring theme during the engagement phase.

“Bank and agency nurses often slip through the cracks. We don’t have a dedicated line manager or wellbeing contact, so when issues arise, it’s unclear who to go to. This can leave temporary staff feeling isolated and undervalued.” — Worker

“No supervision, abandoned, treated like second class workers that do not deserve the same treatment as workers with substantive posts. I have worked both types of contracts and the difference in the way some departments treat their bank workers is huge.” — Worker

Workers employed through external workforce providers also highlighted poor communication and a lack of advocacy from those organisations. They described expecting representation during incidents or investigations but instead being left without a clear point of contact or feedback.

“I understand the fact that the [workforce provider] will not want to push for anything further because... just because of me, you are nobody... It is so disheartening that somebody that has been working with [the workforce provider] for more than nine years, and you get treated in such manner.” — Worker

“Instead of the [workforce provider] having a representative come in and work with the Trust to investigate what happened and decide what to do next, they don’t seem to do that.” — Worker

- **Mental health and wellbeing issues**

According to the 2024 NHS Staff Survey [for bank-only staff results](#), approximately a quarter of bank workers reported feeling unwell due to work-related stress in the last 12 months, including over three in ten nursing staff, HCAs and doctors.

Workers who participated in our engagement described feeling stressed as a result of prolonged blocking, loss of income and, in some cases, loss of professional identity.

“It’s so disheartening... whatever happens to your own mental health, come on.” — Worker

“It was mental torture... losing my hair... nobody checked on me.” — Worker

- **Voice, respect and recognition**

Workers argued that they did not have a voice and lacked influence, with ethnic minority groups described as being most disproportionately affected. They felt that temporary workers were discouraged from raising concerns, fearing that doing so would risk their ability to continue working.

“Temporary workers do not have a voice... if they raise concern, they are most likely to stop working.” — Worker

The findings in this theme shows how exclusion, unequal treatment, inconsistent processes and insecure working conditions shape temporary workers' daily experiences and create environments where confidence, safety and trust are undermined. These challenges not only heighten stress and reduce morale but also erode the foundations needed for effective speaking up, fair treatment and learning across the system.

Addressing them will require action to build cultures of inclusion and belonging (*Recommendation 6: Promote a culture of inclusion and belonging for temporary workers*), strengthen and standardise speaking-up arrangements and fair processes (*Recommendation 3: Strengthen speaking up arrangements and insight for temporary workers*), and protect workers from detriment when they raise concerns (*Recommendation 4: Protect temporary workers from detriment when they speak up*), supported by clearer national expectations (*Recommendation 1: System standards for speaking up and detriment protection for temporary workers*) and stronger partnership working across host organisations and suppliers (*Recommendation 5: Strengthen partnership working between host organisations and temporary workforce providers*).

The next chapter explores these issues in more depth by examining the wider barriers and enablers that influence whether temporary workers feel able to speak up.

Theme 2: Barriers and enablers of speaking-up

Healthcare workers' ability to speak up is essential for patient safety, transparency and accountability. For temporary workers in the NHS, a range of individual, organisational and systemic factors shape how able they feel to raise concerns or challenge practices. Understanding these dynamics is key to improving their working conditions and the quality of patient care.

This section outlines the main influences on temporary workers' willingness and ability to speak up, including cultural, structural and interpersonal factors. While some barriers and enablers mirror those experienced by permanent staff, others are specific to temporary workers. These insights aim to support stakeholders - such as Freedom to Speak Up Guardians, senior leaders and system representatives - in tailoring approaches to this group. Some overlap with issues discussed elsewhere in the report is acknowledged.

Do temporary workers have a voice in the NHS in England?



Figure 2. Do you think temporary workers have a voice in the NHS in England?

Just over 60% (60.4%) of surveyed respondents felt that temporary staff do not have a voice in the NHS in England, with sentiment particularly negative among longer-serving workers, registered nurses and midwives, trust bank staff, and those outside London.

As part of this review, we carried out a survey to gather temporary workers' views and experiences of speaking up in the NHS. A total of 384 people answered this question: 60.4% said 'No', while only 17.4% said 'Yes'. This was the most negative response across the entire survey.

Responses varied across groups. Among White British respondents, 64.4% felt that temporary workers did not have a voice, compared with 55.6% across all other ethnic groups combined. Newer temporary workers were more positive (44.4% positive, 33.3% negative), but views became increasingly negative with time, reaching their lowest point among those who had worked for five to ten years, where 72.2% said temporary workers do not have a voice.

Differences were also seen across staff groups. Among registered nurses and midwives, 66.4% felt that temporary workers did not have a voice, compared with 55.4% of those in additional clinical services (HCAs). Trust bank respondents were more negative (66.0%) than NHS Professionals staff (59.9%). Workers in London responded more positively than those in other regions.

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

In our review survey, 190 of 506 respondents (37.6%) agreed or strongly agreed with the statement “I feel safe to speak up about anything that concerns me in this organisation.” This is markedly lower than the 61.8% positive response reported in the main 2024 the main [NHS Staff Survey](#) and the survey of bank-only workers.

Have you ever wanted to speak up or raise a concern in your workplace and not felt able to?

In our review survey, 365 people answered the question “*Have you ever wanted to speak up in your workplace and not felt able to?*” and 46.3% (169) said ‘Yes’. Almost half of respondents therefore reported wanting to speak up but not feeling able to do so.

Differences were also seen across ethnic groups. 54.7% of respondents from ethnic groups other than White British said they had wanted to speak up but not felt able, compared with 43.8% of White British respondents.

A similar pattern was reflected in the question drawn from the National Staff Survey: “*If I spoke up about something that concerned me, I am confident my organisation would address my concern.*” Of the 498 temporary workers who answered this, only 27.5% (137) responded positively. This compares with 49.5% in the 2024 NHS Staff Survey and 51.5% in the bank staff version, indicating a markedly lower level of confidence among temporary workers in our survey.

What are the main barriers associated with ‘speaking up’ or raising concerns among temporary workers within your organisation?

We recognise that the barriers to speaking up faced by temporary workers are not always unique to them and may also affect permanent staff. However, some of these universal barriers can be further amplified for temporary workers because of their work status and other specific circumstances. This section explores the barriers identified during our engagement with stakeholders, while acknowledging the factors that can intensify these challenges for temporary workers and the ways in which they may intersect.

“The main barriers of speaking up as a temporary worker often stem from a lack of psychological safety and structural support within the organisation. As a temporary staff the fear of retaliation, reduced shift opportunities, or being labelled as “difficult,” which discourages me from voicing concerns. Limited familiarity with internal reporting procedures, insufficient induction, and weak integration into permanent teams further contribute to hesitation. Additionally, the absence of continuity in placements means as a temporary worker, I feel less ownership or influence in the workplace culture. Together, these factors create an environment where valid concerns may go unreported, ultimately compromising patient safety and staff wellbeing” – Worker

Fear of detriment

Fear of detriment was the most frequently raised speaking-up barrier during our engagement with workers and other stakeholders. Although this barrier affects all groups of staff, it is amplified for temporary workers due to the nature of their

transient contracts. Workers described potential consequences of raising concerns - including losing future shifts, punitive redeployment practices and the financial pressures that follow - which made them less likely to speak up. Stakeholders also highlighted fears of being labelled a “troublemaker” and concerns about retaliatory referrals to professional regulators.

“If you speak up, you won’t get shifts... they just have to not book you.” – Worker

“Because I spoke up, I was punished...I was dismissed.” – Worker

“If you speak up, you won’t get shifts. Now I have a warning against my name” – Worker

Fear of futility

Fear of futility was a highly recurring speaking-up barrier identified in this review. Workers reported frustration that their concerns were not listened to or acted upon. While this barrier is experienced by other groups of staff, temporary workers described it as further intensified by their perceived outsider status. Feeling isolated, not fully integrated, or treated as “outsiders” reduced their confidence to ask questions or raise issues, particularly without ongoing relationships with permanent colleagues. When concerns raised by temporary workers were ignored, the impact on their willingness to speak up was described as severe.

“I think the main thing is the fact that even though sometimes you express your thoughts, you say what you think about a situation, they don’t take you seriously. It feels like, “Who are you to tell us how to do our job. This is our ward.” And it puts you in a very weak position.” – Worker

“Your concerns are not taken seriously; you are viewed as just a bank worker.” – Worker

“What’s the point? it’s never going to change anything. My one voice isn’t going to bring about anything.” – Worker

“I reported abuse of medication... they said they will look at it during the next inspection.” – Worker

“The worry that nothing will come of it. Too many people against what concerns I have raised.” – Worker

Discrimination, racism and systemic bias

Experiences of discrimination, racism and bullying were reported as barriers to speaking up across all workers. Temporary workers noted that these issues are often experienced differently by them due to intersecting factors such as employment status and, in many cases, ethnicity. This makes speaking up even more challenging for these groups. For example, stakeholders highlighted that while a British temporary worker and a Nigerian temporary worker may share some experiences of

discrimination, they may face different challenges based on assumptions linked to their ethnicity or nationality.

“I spoke up against a white manager, abusive to these vulnerable people we are supporting. Highly abusive. So, I report it internally, the case was covered up because it’s a white manager, they told me, okay. Look I report it to the union... Union representative told me one on one that it’s difficult for a black person to win a case against white manager... And I told him it’s not about winning the case, we are talking about abuse.” – Worker

“You won’t be listened to because you are a temporary worker from [a workforce provider], or because you are of different colour.” – Worker

Lack of access to reporting systems and information

Limited access of reporting systems and information was one of the speaking up barriers reported by workers during the engagement phase of our review. This issue is specific to temporary workers, who may not have full access to clinical systems or reporting tools, reducing their ability to identify and report concerns. Workers also described difficulties in knowing who to raise concerns with, as they often do not have line managers due to their employment arrangements.

“You do not have direct line manager support or guidance. There’s no-one to back you like they would on the wards.” – Worker

“Who to speak to. Don’t have clear accessible manager.” – Worker

Financial security during investigations

Due to the “earn as you work” employment model, temporary workers reported that they were less likely to raise concerns because of fears that an investigation could result in financial loss if they were unable to work during that period. Temporary workers are often paid only when they are working and are not entitled to the same employment benefits as colleagues on permanent contracts.

Lack of trust in speak up processes

A lack of trust in speaking up processes was a recurring theme in our engagement with stakeholders. Workers reported that although they were aware of speaking up arrangements and policies in some organisations, there was often a disconnect between policy and practice. They described incidents where they or their colleagues had spoken up, but the response did not align with what was set out in policy. A lack of managerial support, fear of victimisation and limited confidence that concerns would lead to meaningful change all contributed to reduced willingness to speak up. While this barrier affects all workers, it is often amplified for temporary workers due to their “outsider” status and the transient nature of their contracts.

“On paper, they post it everywhere on the ward, speak up. But trust me, we never try that... you dare not speak up.” – Worker

“They tick all the right boxes... but you don’t get a culture of speaking up.” – Worker

"Trainer was saying you can speak up...everybody said no, you can't...on the ward, it's a different ballgame." – **Worker**

Are there factors or experiences that enable you to speak up or raise a concern in your workplace?

Like the barriers to speaking up, enablers of speaking-up behaviours among temporary workers may also be common across the wider workforce. However, the impact of these enablers is often amplified for temporary workers due to additional vulnerabilities. This section outlines the enablers identified through our engagement with stakeholders, while noting the factors that heighten their significance for temporary workers.

Guardian visibility and accessibility

The role of the Freedom to Speak Up Guardian is to provide a safe, supportive and confidential route for raising concerns for all workers, including agency and bank staff. Workers reported that their willingness to speak up was influenced by how visible and accessible the guardian was in their workplace. Guardians we engaged with supported this view.

"Being visible and engaging as a guardian... interacting whether it's just saying hello makes a difference." – **Guardian**

Supportive management and colleagues

Workers emphasised the positive effect that supportive managers and colleagues have on enabling temporary workers to speak up. While this is not unique to temporary workers, its impact may be greater for them due to challenges such as feeling like "outsiders" in established teams.

"Having supportive colleagues, a manager who listens, and knowing there's a clear process all helped me feel confident to speak up." – **Worker**

Good work relationships (built over time)

The transient nature of temporary work often limits opportunities to form strong working relationships. However, some temporary workers reported that being assigned repeatedly to the same departments over long periods helped them build positive relationships with managers and colleagues. This familiarity made it easier for them to raise concerns.

"Supportive colleagues, working with the same wards/people on a regular basis made them feel more confident [they] could raise an issue." – **Worker**

"As I generally work on the same wards, I do feel like I'm part of those teams. I don't have a problem voicing concerns or issues." – **Worker**

"I've worked in the same unit for years, so I have a good relationship with the managers." – **Worker**

Self-confidence (often experience-based)

Workers with many years of experience reported that self-confidence facilitated their ability to speak up. They attributed this confidence to their length of service. This enabler is not unique to temporary workers.

“My own experience and confidence especially around concerns I may have.”
– **Worker**

“I have many years’ experience as a nurse, and I was always trained to communicate or challenge any rank of the profession should I feel a need to speak out about a concern.” – **Worker**

Previous good speaking up experiences

Temporary workers who had previously spoken up and achieved positive outcomes cited those experiences as enablers. This is not unique to temporary workers.

“Positive experiences in the past also made a difference.” – **Worker**

Support systems and financial security

Workers noted that having systems in place to safeguard individuals who raise concerns would encourage speaking up. As discussed earlier, temporary workers often fear financial strain if an investigation limits their ability to work. They reported that assurances of safeguarding and financial security would make them more likely to speak up.

Clear speaking up processes

Workers also stated that awareness of clear speaking-up guidance and protocols supports their ability to raise concerns. Stakeholders highlighted that creating awareness of these processes can be more challenging for temporary workers than for permanent workers.

“Knowing there’s a clear process all helped me feel confident to speak up.” – **Worker**

The insights in this theme demonstrate that temporary workers’ willingness and ability to speak up is shaped by a combination of cultural, structural and interpersonal factors that often leave them feeling vulnerable, unheard or unsupported. Fear of detriment, lack of trust in processes, discrimination, limited access to reporting routes and information, and financial vulnerability during investigations combine to create a speaking up environment that is often less safe for this group.

Addressing these barriers will require stronger, more visible and more consistent speaking up arrangements (*Recommendation 3: Strengthen speaking up arrangements and insight for temporary workers*), robust protections against detriment (*Recommendation 4: Protect temporary workers from detriment when they speak up*), and action to build inclusive, respectful cultures where temporary workers feel valued and able to contribute (*Recommendation 6: Promote a culture of inclusion and belonging for temporary workers*), supported by clearer national expectations and better partnership working across host organisations and temporary workforce suppliers (*Recommendations 1 and 5*).

The next theme looks more closely at the speaking up guidance, support and arrangements available to temporary workers, and considers how these operate in practice across organisations and systems.

Theme 3: Speaking up guidance, support and gaps

This section brings together evidence from stakeholders – including organisations and system partners – to describe the speaking up arrangements and support available to temporary workers. It outlines how well workers understand local speaking-up routes, the support provided (including training), and where gaps remain between policy and practice. It also summarises how organisations and systems approach this support, and highlights key areas where these arrangements could be strengthened.

System-level guidance

Freedom to Speak Up is the overarching framework in NHS England designed to ensure that all workers feel safe, supported and confident to raise concerns about clinical safety, workplace culture and organisational practices without fear of reprisals. It encompasses both internal escalation routes and external reporting channels, and its principles apply across the NHS healthcare system.

The national FTSU policy and guidance⁶, jointly developed by NHS England and the NGO, aim to create inclusive, consistent arrangements for all workers, including temporary, agency, locum and bank staff. These documents complement the statutory protections under the Public Interest Disclosure Act⁷ by setting out cultural expectations and practical steps for employers and workers.

Under NHS England's FTSU arrangements:

- All workers in NHS healthcare are covered, regardless of contract type. This explicitly includes bank and agency workers, locums, fixed-term staff, contractors and students.
- Temporary workers can raise concerns about anything that *gets in the way of patient care or affects their working life*, including safety, poor working conditions, discrimination, or behaviours undermining quality and standards.
- Temporary workers have access to the same *internal speaking-up routes*, such as line managers, formal organisational FTSU policies, and Freedom to Speak Up guardians, as substantive staff.
- If internal routes are unsuitable or ineffective, temporary workers can also raise concerns *externally* with regulators (for example CQC) or directly to NHS England's national FTSU team.
- Although national policy and guidance on speaking up exists, stakeholders noted that this alone does not ensure that individuals fully understand their rights or know how to access support. System representatives also highlighted the practical challenge of reaching all temporary workers with essential information, particularly where access to intranet and clinical systems is limited. In addition, they acknowledged that specific guidance tailored to the unique

⁶ [NHS England » Freedom to Speak Up national policy, guidance and planning tool](#)

⁷ [The Public Interest Disclosure Act - GOV.UK](#)

circumstances of temporary workers in health and social care has not yet been developed, despite the recognised need for it.

Organisational-level guidance

A range of speaking up routes and support arrangements for temporary workers were described within organisations.

Freedom to Speak Up guardians were in place and were consistently highlighted as a key route for raising concerns although access to guardian information was questionable given that this information was mostly accessed through the intranet and temporary workers often had limited access to these IT systems.

It was noted that additional measures designed to specifically encourage speaking up among temporary workers were yet to be developed within organisations. Organisations were also yet to develop specific programmes providing temporary workers with structured support to help them better integrate with well-established teams in the organisations that engage their services.

Induction programmes for temporary workers varied between organisations. While some temporary workers reported that the induction included specific sessions on Freedom to Speak Up, the role of guardians, and how to access support, this was not the case in most organisations. Induction sessions for temporary workers were often limited to departmental work policies and not necessarily speaking up arrangements. Some guardians reported administering additional resources such as leaflets with information on how to access Freedom to Speak Up Guardian services without the intranet to temporary workers such as agency workers. This was however not consistent across all organisations.

Temporary workforce providers were identified as important routes through which temporary workers could access support and advice about speaking up. Some organisations reported that these networks had stronger influence on temporary workers due to the nature of their contracts and could be used by as alternative route to speak up.

Although speaking up policies and procedures existed in departments, workers who had previously spoken up were often not supported. Hence a lack of confidence in speaking up policies and processes.

Gaps and opportunities for learning and improvement

Several areas for potential improvement were identified across organisations and the wider system.

There was recognition of the importance of creating better awareness of speaking up guidance and a strong support from the recruitment stage (by temporary workforce provider), including embedding clear messaging around speaking up during induction and through to the deployment stage to host organisations.

Key stakeholders emphasised that building the confidence of temporary workers to speak up could be strengthened further through addressing some of the workplace challenges and speaking up barriers identified in this review. Addressing barriers such as integration/team inclusion, discrimination and access to clinical and reporting systems would be a step in the right direction in building confidence.

At the system level, reflections focused on the importance of investing in dedicated additional support for temporary workers, ensuring effective monitoring of adherence to ethical recruitment standards, and supporting employers to provide induction and integration programmes that meaningfully addressed speaking up.

There was also recognition of the value of partnership working between key stakeholders such as temporary workforce providers, host organisations and trade unions to reinforce messages around rights and responsibilities and to provide trusted routes for advice and support.

Key stakeholders emphasised the need for targeted speak up training for temporary workers as a training gap was noted in the data. It was noted that other potential sources of support, such as trade unions or organisations like Protect, could be better promoted among temporary workers.

These findings provide an overview of the arrangements and support mechanisms described to us at both system and organisational levels. The following section sets out the results of the worker survey, offering additional insights into how speaking up is experienced and supported in practice.

Are you aware of the role of Freedom to Speak Up Guardians?

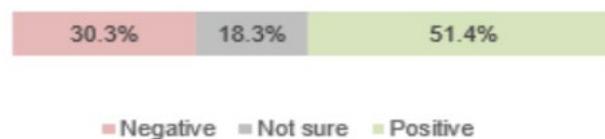


Figure 3: Are you aware of the role of Freedom to Speak Up guardians?

Out of the 393 respondents who answered this question, half (202, 51.4%) were aware of the role of Freedom to Speak Up Guardian, but almost a third (119, 30.3%) were not.

Two-thirds (64.6%) of participants surveyed said they knew speaking up arrangements in their organisation.

32.5% of workers from NHSP were not aware of Freedom to Speak Up Guardians whereas only 18.8% of workers from Trust Bank were not aware of Freedom to Speak Up guardians – this is a significant difference.

Seniority had an impact on whether workers knew the arrangements for speaking

up. 71.0% of bands 5-8 knew what the speaking up arrangements were, whereas only 59.0% of bands 1-4 did – this was a significant difference

23 people had approached a guardian for support. Of those who had spoken up to a guardian, there were mixed views about their effectiveness.

“She was very good, impartial and understanding. She did not stay in the post long”. – **Worker**

“I had a lovely supported experience but they were unable to do anything as the ranks closed and chose to ignore the extremely poor management as she was a close friend to a director.” – **Worker**

“I was in a substantive post and being bullied by one of the matrons. There was loads of evidence, she had even sent bullying emails. The freedom to speak up person didn’t do anything, so I asked the union for advice and they supported me”. – **Worker**

Workers that had not approached Freedom to Speak Up Guardians said that they had not needed to because they had spoken up through other channels such as supervisors, ward managers and even through temporary workforce providers. However, several people felt they didn’t have the right to speak up as temporary workers:

“As an agency worker I don’t feel I have the right to complain any more so I don’t”. – **Worker**

“They do not represent bank staff - we are made to feel that we no longer have any part to play in the hospital.” – **Worker**

The other main barriers workers shared for not approaching guardians were similar to the previously discussed barriers in the sections above. These were mainly around fear of detriment, in particular, a belief of lack of confidentiality and impartiality of guardians and apathy.

Are there any speaking up training programmes your organisation provides for you?

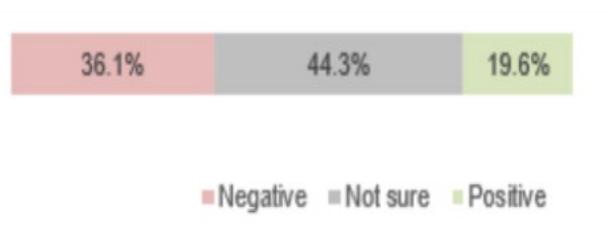


Figure 4: Are there speaking up training programmes your organisation provides for you?

Out of the 438 respondents who answered this question, only 86 people (19.6%) said there was speaking up training provided by their organisation.

Although Freedom to Speak Up training exists for permanent staff, this training was not available for temporary workers in most cases.

While temporary workers were mandated to undertake various training modules before they were allocated shifts, Freedom to Speak Up training was not mandated in most cases by temporary workforce providers.

'Training is for permanent staff' – Worker

Temporary workforce providers we engaged with noted that their training module for workers did not include speaking up training. The surveyed data suggests that some trust bank workers had access to speaking up training.

42.5% of registered nurses and midwives were not aware of training, whereas only 33.9% of additional clinical services (HCAs) were not aware.

71 people told us more about the available training. The majority mentioned some type of online/e-learning that was often part of mandatory training. While some workers said training was provided by the temporary workforce providers, others said the speak up training offered was limited to being informed of contact details.

"During the [workforce provider] induction training, we were given an email and phone number to report any concerns, which counts as the organisation's speaking-up support." – Worker

"We were told to liaise with the manager or call the appropriate phone numbers." – Worker

Some respondents were skeptical about the effectiveness of training programmes for enabling workers to speak up.

"They have all the training and systems in place but still do not tackle things robustly." – Worker

"Online training but it's difficult in the workplace as don't know who to ask or don't see anyone if out in the community nursing." - Worker

The insights in this theme show that while speaking up arrangements exist across the system, temporary workers do not always have the clarity, access or support they need to use them confidently.

Strengthening these arrangements will require clearer, more consistent guidance tailored to temporary workers' circumstances (*Recommendation 1: System standards for speaking up and detriment protection for temporary workers*), alongside practical improvements to visibility, induction, training and support routes, as well as better recording and analysis of temporary workers' speaking up cases to surface themes and support organisational learning (*Recommendation 3: Strengthen speaking up arrangements and insight for temporary workers*). These efforts should be reinforced through external assurance that local arrangements meet the needs of

all workers (*Recommendation 2: Strengthen regulatory assurance for temporary workers' speaking up experiences*). Delivering this will depend on strong collaboration between host organisations, temporary workforce suppliers and system bodies (*Recommendation 5*), supported by cultures of inclusion and psychological safety (*Recommendation 6*).

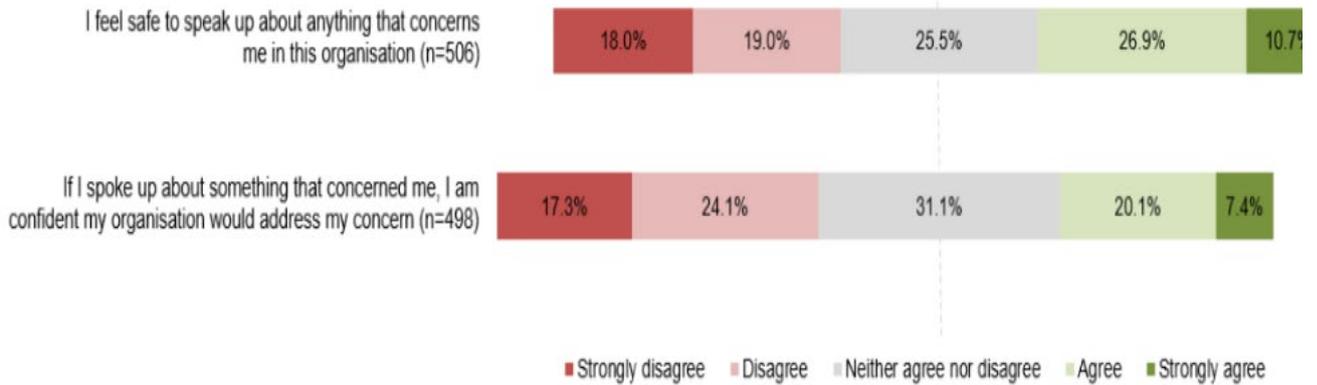
Taken as a whole, the themes in this report highlight that strengthening temporary workers' ability to speak up requires action across working conditions, cultural barriers and the support systems around them, and the recommendations set out the coordinated steps needed across organisations and the wider system to achieve this.

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6. NHS England. Freedom to Speak Up national policy, guidance and planning tool: [NHS England » Freedom to Speak Up national policy, guidance and planning tool](#)
7. [The Public Interest Disclosure Act - GOV.UK](#)

Annex 1: NHS Staff Survey and Bank NSS Breakdown

A more detailed breakdown of the NHS Staff Survey and Bank-staff only NSS results can be found below.



NHS Staff Survey Subgroup	2023	2024
National average (core NSS)	62.34%	61.82%
National average (bank NSS) ²	62.12%	61.82%
Registered nurses and midwives	62.28%	60.78%
Nursing and healthcare assistants	59.18%	58.62%
White	61.67%	60.76%
All other ethnic groups	63.61%	64.04%

SU review survey	
Total	37.6%
Registered nurses and midwives	34.7%
Additional clinical services	40.4%
White – British etc.	34.5%
All other ethnic groups	33.3%

combined		
General management	79.25%	73.28%

combined		

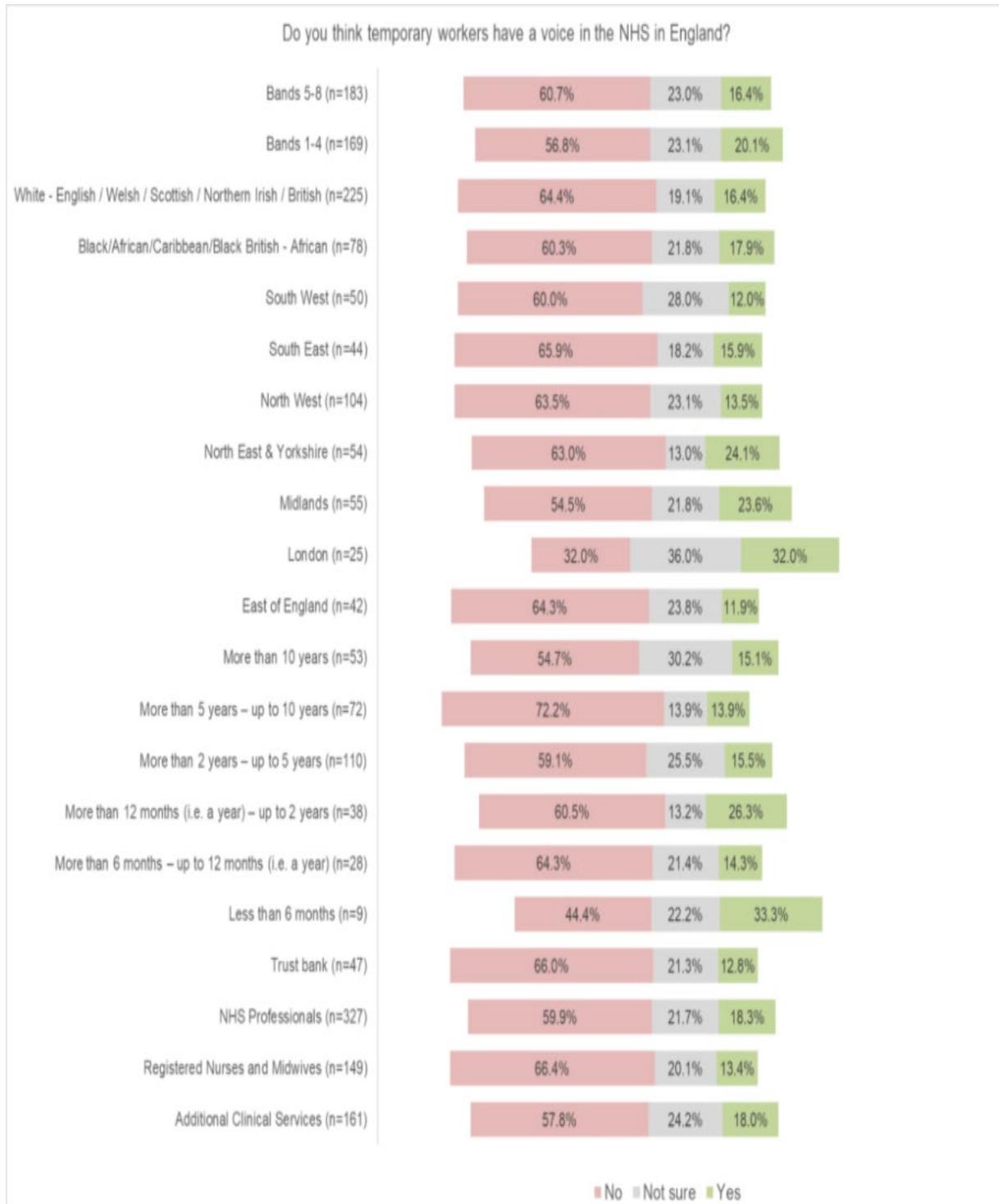
Table 1: Positive responses for 'I feel safe to speak up about anything that concerns me in this organisation' for subgroups in the Bank NSS and the survey conducted for this speak up review

NHS Staff Survey Subgroup	2023	2024	SU Review survey
National average (core NSS)	50.08%	49.52%	27.5%
National average (bank survey)	50.93%	51.53%	
Registered nurses and midwives	49.19%	48.64%	21.7%
Nursing and healthcare assistants	49.92%	50.88%	32.4%
White	47.89%	47.34%	23.1%
All other ethnic groups combined	57.51%	58.69%	30.1%
General management	65.30%	63.12%	N/A

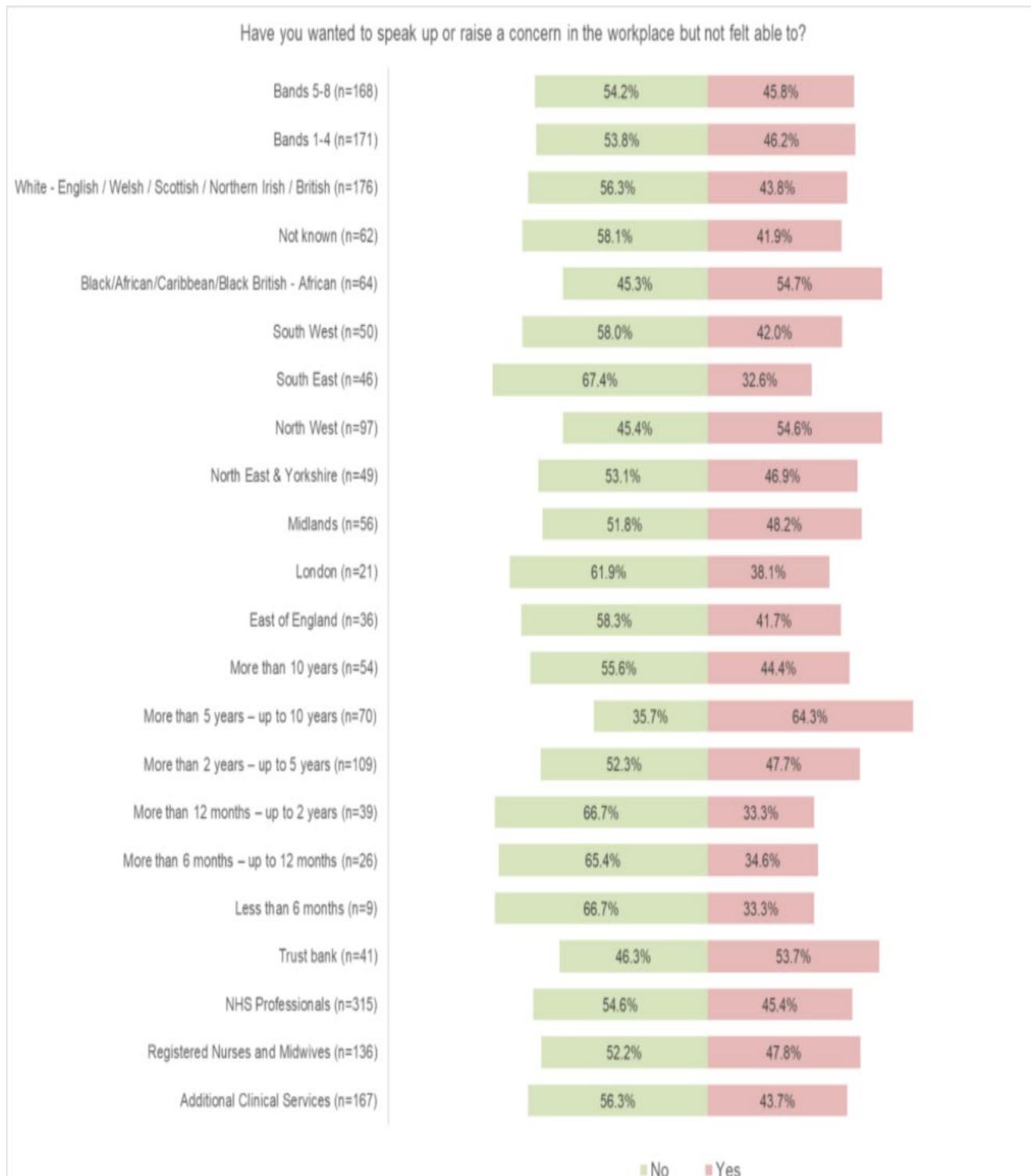
Table 2: Positive responses for 'If I spoke up about something that concerned me, I am confident my organisation would address my concern' for subgroups in the Bank NSS

Temporary Worker Speak Up Review Survey Results Breakdown:

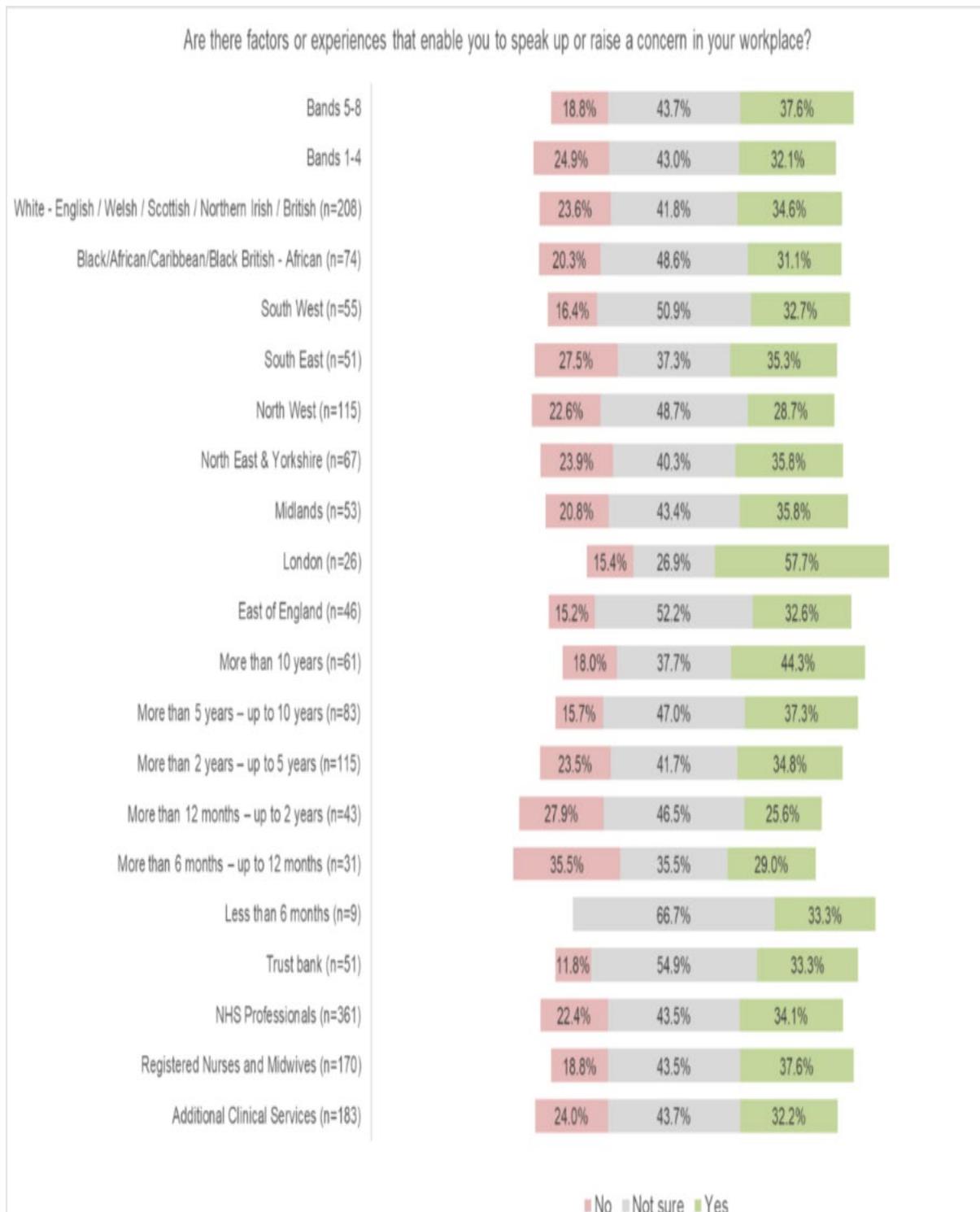
Do temporary workers have a voice in the NHS in England (n=384)?



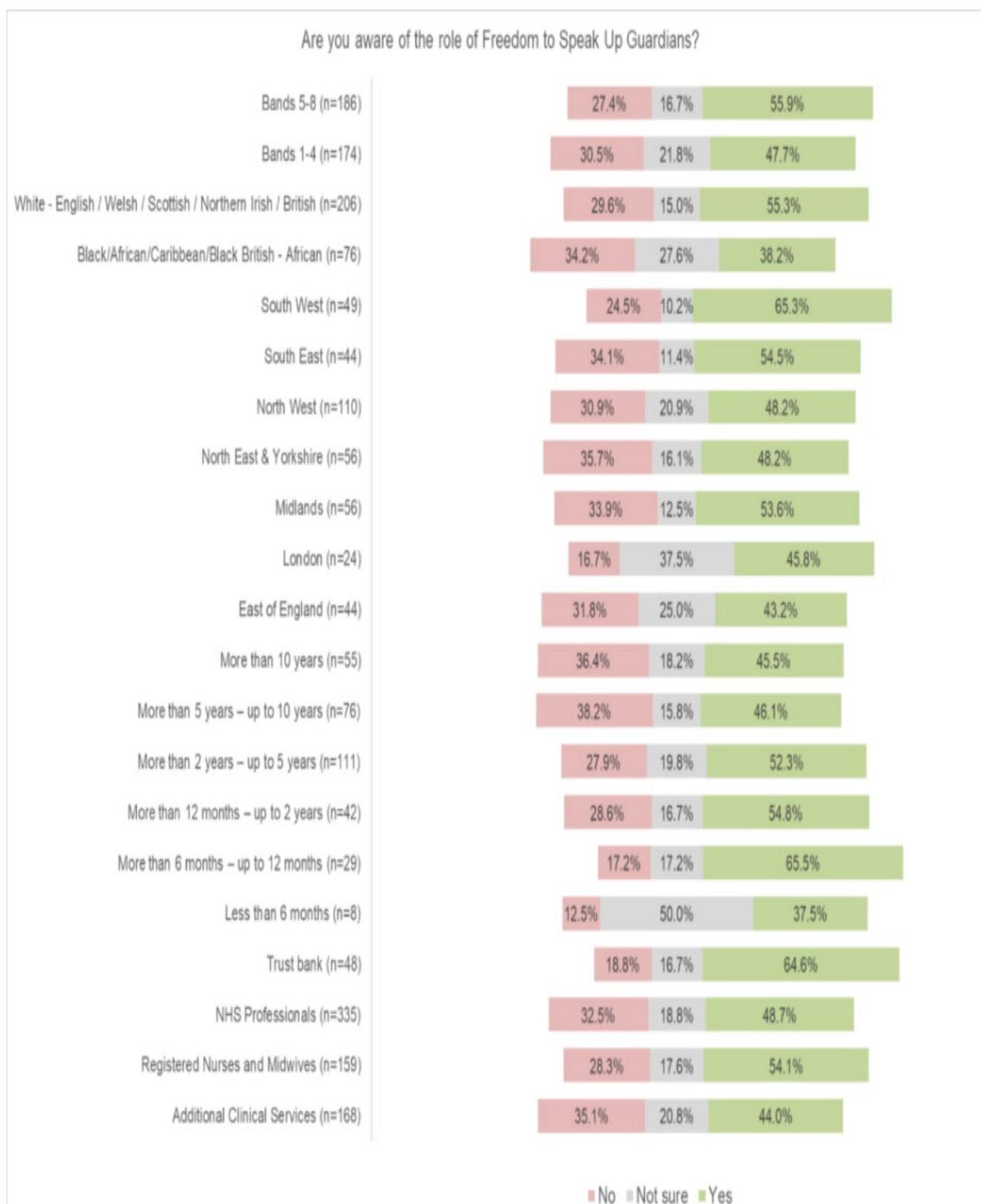
Have you wanted to speak up or raise a concern in the workplace but not felt able to (n=365)?



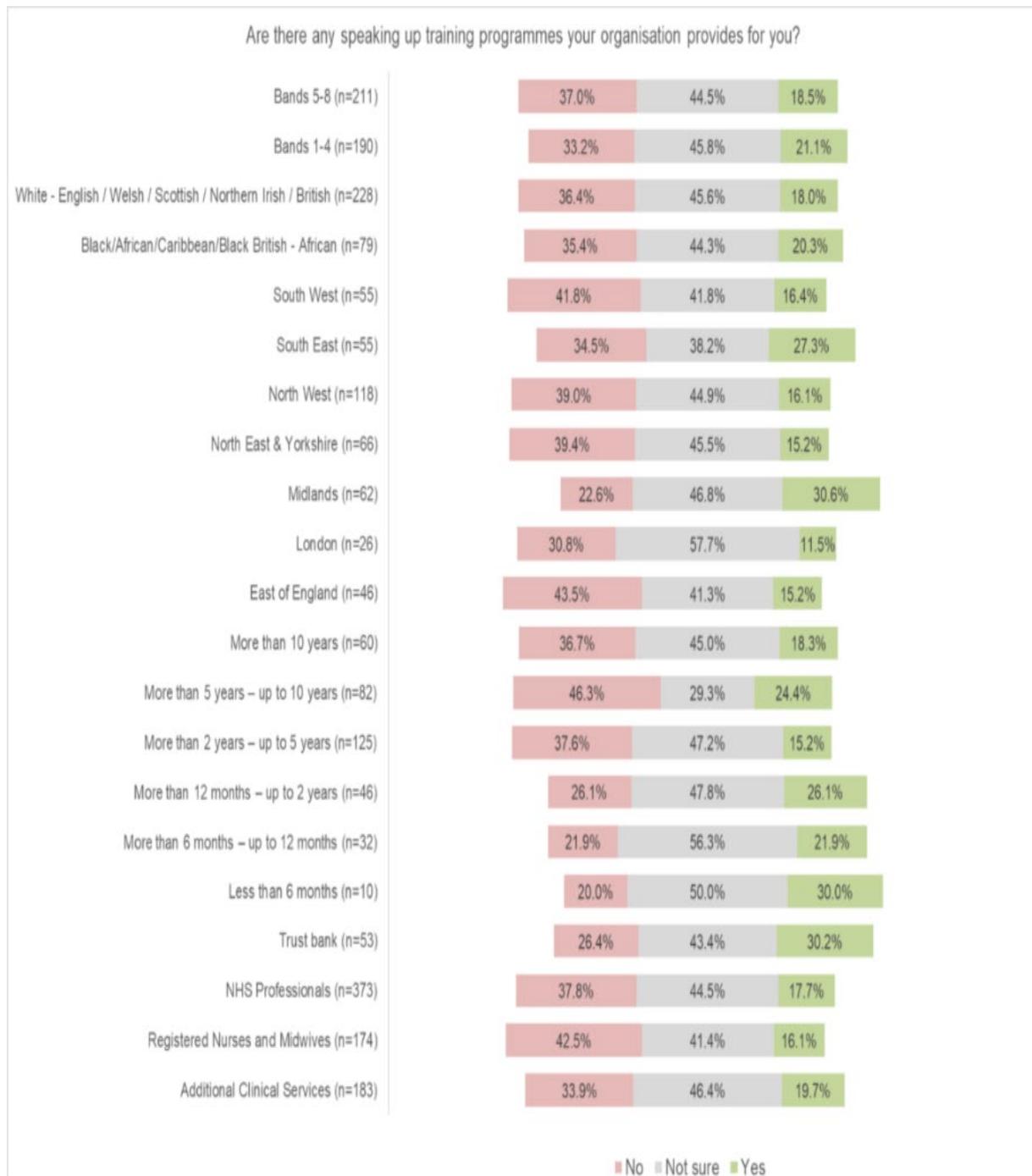
Are there factors or experiences that enable you to speak up or raise a concern in your workplace? (n=423)



Are you aware of the role of Freedom to Speak Up Guardians? (n=393)



Are there any speaking up training programmes your organisation provides for you? (n=438)



Does your ability or inability to speak up impact patient safety and the quality of care? (n=390)

