



LISTENING TO WORKERS

A Speak Up Review of
ambulance trusts in
England

February 2023



**National
Guardian**

Freedom to Speak Up

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**National
Guardian**
Freedom to Speak Up

About us

The National Guardian's Office and the role of the Freedom to Speak Up Guardian were created in response to recommendations made in Sir Robert Francis QC's report "The Freedom to Speak Up" (2015).

Sir Robert found that NHS culture did not always encourage or support workers to speak up, and that patients and workers suffered as a result.

The National Guardian's Office leads, trains and supports a network of Freedom to Speak Up guardians in England and conducts speaking up reviews to identify learning and support improvement of the speaking up culture of the healthcare sector.

There are over 950 guardians in NHS 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. The National Guardian's Office also provides challenges and learning to the healthcare system as a whole as part of its remit.

The National Guardian's Office carries out Speak Up reviews where it has information suggesting speaking up has not been handled following good practice. Reviews seek to identify learning, recognise innovation and support improvement.

www.nationalguardian.org.uk

Acknowledgements

Thank you to the current and former ambulance trust workers for sharing their stories, insights and experiences with us and to the Freedom to Speak Up guardians supporting ambulance trusts.

We are grateful to the following stakeholders for making this review possible

- NHS England
- Care Quality Commission
- NHS Employers
- College of Paramedics
- NHS ambulance trusts and Isle of Wight NHS Trust, including the Freedom to Speak Up guardians supporting these organisations
- Professor Aled Jones, University of Plymouth
- Department of Health and Social Care
- Association of Ambulance Chief Executives (AACE)

Foreword



Freedom to Speak Up is the cornerstone of a healthy culture – the foundation which allows workers and organisations to thrive.

Research indicates that organisations with a healthy speaking up culture perform better. Fostering a Speak Up, Listen Up, Follow Up environment where workers feel psychologically safe and empowered to speak up, not only supports the wellbeing of workers, but also leads to successful outcomes - whether that is for patients as in the healthcare sector, or for customers or shareholders in the private sector.

We proposed this review in response to consistent findings that the speaking up culture in NHS ambulance trusts appeared to be more challenged compared to other NHS trust types and we wanted to understand why.

At the time of conducting this Speak Up review, ambulance services had been under immense pressure for an extended period of time, with ambulance workers bearing some of the consequences of systemic and operational issues affecting the whole of the NHS. I do not underestimate the daily courage and moral injury and distress felt by people working in these conditions.

Because of these pressures on ambulance trusts, there is a considerable focus on targets – response times, call answering, handovers – all measured in minutes and seconds. A focus solely on targets can – especially under pressure – make us blind to how those measures are achieved and at what cost. I fear that a focus on targets may inadvertently be having a negative effect on the culture of ambulance trusts – just as it did at Mid Staffs.

As one senior leader told the review: *“When I first started, everyone I spoke to said we have a culture problem. Sexism, racism, homophobic, cliquey. We are going to fix it but not yet. We need to sort out other things like wait times.”*

We also found that senior leaders and boards did not always understand the benefits which fostering an open speaking up culture can bring. We heard examples from workers and senior leaders, where board members would focus on the positives and ignore the negatives in speaking up reports. I would like to see a shift from a position of ‘comfort seeking’ to curiosity about speaking up, where leaders and board members are inquisitive about the data that is presented to them and are keen to embrace the learning which listening to those who speak up can bring.

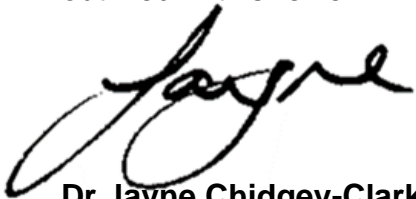
To show their visible support of Freedom to Speak Up, leadership of ambulance trusts must meaningfully invest in the Freedom to Speak Up guardian role. We found different approaches to the implementation of the Freedom to Speak Up guardian role which did not follow National Guardian's Office guidance. Ambulance trusts cover complex geographical areas, employ thousands of staff, with large numbers of ambulance stations. Yet, in some trusts Freedom to Speak Up guardians were not given enough time and resources to carry out their role effectively. Listening to workers and guardians, we are recommending that ambulance trusts need to invest in at least three whole time equivalent Freedom to Speak Up guardians to meet the needs of their workers in this challenging environment.

During this Speak Up Review, we heard from workers that the culture in ambulance trusts was having a negative impact on their ability to speak up. We heard about experiences of bullying, harassment and discrimination. Workers spoke about cliques between directors, managers and workers which was stopping people from raising issues because they feared the consequences. A culture of silence was indicated throughout this review, where workers could often not speak up, and concerns were often unheard. When people told us about their experiences of speaking up, we heard a range of ways that people had suffered detriment as a result.

Within the last 12 months, there have been several other reviews, reports and recommendations examining aspects of culture within ambulance trusts. Recognising the work of our partners, I am calling for Ministerial oversight of an independent cultural review. This will bring together all these pieces of work in a collaborative way to facilitate shared learning. This cultural review should act as a catalyst to accelerate the pace of meaningful change, to support the ambulance sector in making the improvements it wants and needs to make.

I am grateful to all those working in ambulance trusts who have contributed to this review – workers, leaders, our system partners and Freedom to Speak Up guardians.

Transforming organisational culture begins with the willingness to listen to what workers are saying, and the open mindset to use what is heard to take action and make improvements. Freedom to Speak Up is therefore at the heart of any culture change programme and I urge leaders to listen up and follow up on what has been outlined in this review.



Dr Jayne Chidgey-Clark

National Guardian for the NHS

Summary of findings

Speaking up culture

The culture in ambulance trusts was having a negative impact on workers' ability to speak up. We heard from some ambulance workers that they were experiencing bullying, harassment and discrimination. Workers spoke about cliques between directors, managers and workers which was stopping people feel able to speak up.

- Fear of speaking up and the sense that speaking up will not accomplish anything (e.g., "why bother?" and "no one will listen") were more widespread among ambulance trust workers compared to their counterparts in other trust types.
- Just over half (51.6%) of ambulance trust workers said they felt safe to speak up about anything that concerned them in their organisation. An even smaller proportion (37.6%) thought their organisation would act if they were to speak up about a concern.
- Ambulance technicians, paramedics and ambulance control staff reported less confidence in the speaking-up culture and arrangements.
- Broader cultural issues such as favouritism and cliques, 'command-and-control' decision making, and bullying and harassment were affecting workers' ability to speak up and the confidence they would be listened to.

Leadership and management

We noted significant variation among senior leaders in their understanding of speaking up, including the Freedom to Speak Up Guardian role. In some cases, we found defensiveness and a lack of curiosity among leaders. Many had not undertaken specific training on speaking up.

Areas for improvement to reduce barriers to speaking up included:

- Ongoing development of those in leadership roles related to improving speak up culture and psychological safety.
- Line management arrangements and support.

Experience of people who speak up

We heard many examples of workers having poor experiences when speaking up.

- Cases were not always handled in accordance with policies and good practice.
- A lack of regard for confidentiality came up consistently and we witnessed examples of breaches of confidentiality among senior leaders.
- The timeliness of dealing with cases, a lack of feedback and reprisals for speaking up were prominent themes.

Implementation of the Freedom to Speak Up Guardian role

There was considerable variation in the implementation and practice of the Freedom to Speak Up Guardian role. In some cases, this was in breach of guidance from the National Guardian's Office, compromising Freedom to Speak Up guardians' ability to meet the needs of the workers in their organisation.

- Insufficient time and resource for Freedom to Speak Up guardians was a recurring theme, made worse by the geographically complex footprint of ambulance trusts.

Role of system partners and regulators

There was a lack of alignment between staff perceptions of the speaking up culture in their organisations and the ratings those organisations had received from the Care Quality Commission.

- Ambulance trusts did not always apply national guidance and policy on speaking up, and there was an absence of mechanisms to ensure compliance with national guidance and policy on speaking up.
- Partners in the healthcare system did not always communicate effectively regarding concerns about the speaking up culture in ambulance trusts.

Recommendations

We expect to see an improvement in the speaking up culture of ambulance trusts if our recommendations are actioned by the relevant organisations, demonstrated by the following indicators:

- Greater awareness, utilisation and satisfaction with the Freedom to Speak Up Guardian route throughout ambulance trusts.
- Ambulance workers' perceptions of speaking up culture to be more in line with other organisations and the national average over the next three years.
- Genuine co-design with ambulance trusts so that they have the confidence with the recommendations and the review does not take a one size fits all approach.

In addition, we expect to see continued work to ensure staff perceptions are appropriately reflected in regulatory decisions/ratings.

Recommendation 1: Review broader cultural matters in ambulance trusts

This recommendation calls for an independent cultural review, bringing together the work of **NHS England, the Association of Ambulance Chief Executives (AACE), the Care Quality Commission** and partner organisations **with Ministerial oversight**.

- The cultural review should consider management and leadership behaviours and focus on worker wellbeing, as well as:
 - The effectiveness of governance/leadership structures, particularly considering the complex geographical footprint of ambulance trusts.
 - Models/expressions of leadership, including 'command and control'.
 - Defensiveness and 'just' culture.
 - Arrangements for appointments, including fair and open recruitment and values-based recruitment.
 - Operational and workforce pressures.
 - Bullying and harassment including sexual harassment.
 - Discrimination, particularly on the grounds of ethnicity, gender and gender identity, sexual orientation and disability.

- Bringing together other blue light services and the military to share learning and good practice to facilitate effective speaking up cultures in similar operating environments.
- An action plan to be agreed following the cultural review, with specific actions for delivery and organisations assigned to make improvements.

Responsible organisation(s): Department of Health and Social Care and NHS England

Recommendation 2: Make speaking up in ambulance trusts business as usual

This recommendation requires **all ambulance trusts** to:

- Mandate training on speaking up - in line with guidance from the National Guardian's Office - for all their workers, including volunteers, bank and agency staff, as well as senior leaders and board members.
- Ambulance trust leadership (including managers, senior leaders and board members) to fully engage with Freedom to Speak Up, evidenced by board members undertaking development sessions, delivered by the National Guardian's Office, with a view to role model effective speaking up, including purposefully providing and seeking feedback in the carrying out of their leadership roles.
- Embed speaking up into all aspects of the trusts' work by proactive engagement by leadership, managers and Freedom to Speak Up guardians across ambulance trusts through regular communications. Trust leadership teams should identify the professional groups/areas within the trust that need support in implementing Freedom to Speak up by diagnosing root causes and putting in place a support mechanisms for managers and workers to feel psychologically safe when speaking up and reduce detriment.
- Ambulance Trust Boards to annually evaluate the effectiveness of speaking up arrangements; including effectiveness of facilitating all workers, including those from groups facing barriers to speaking up, being able to speak up about all types of issues and action being taken in response to speaking up. Trust boards will report on this evaluation publicly in their annual reports.

The National Guardian's Office commits to the following:

- Working with NHS England on the development of board development sessions.
- Working with partners including NHS England and the Care Quality Commission, to publicise a how-to-guide on effective metrics to evaluate speaking up culture and arrangements.

- Working with the Care Quality Commission, NHS England and others to promote the impact of effective speaking up culture and arrangements.
- Working with partners, including NHS England, NHS Providers, NHS Employers, and the Association of Ambulance Chief Executives, to facilitate networking and the sharing of good practice, innovation, policy and research in the field of speaking up among non-executive directors, including those on the boards of ambulance trusts.

Other responsible organisation(s): Ambulance trusts, Care Quality Commission, National Guardian's Office, NHS England, NHS Providers and NHS Employers.

Recommendation 3: Effectively regulate, inspect and support the improvement of speaking up culture in ambulance trusts

This recommendation requires the **Care Quality Commission** and **NHS England** to:

- Ensure workers' voices are effectively captured and reflected in regulators' decisions when reviewing their frameworks and treated with parity to those of patients' voice.
- Implement mandatory and regular training on speaking up - in line with guidance from the National Guardian's Office - for all workers (including senior leaders) involved in the regulation, inspection, and improvement support of ambulance trusts.
- Make assessment of the speaking up culture and arrangements a cornerstone of their regulatory and oversight frameworks, recognising that the safety of patients and the public - as well as the sustainability of the health service - depends on workers' ability to speak up and for regulators to listen and follow up when they do.
- The Care Quality Commission to continue to improve their inspection methodology around the rigorous assessment of speak up culture and psychological safety.
- Communication and partnership working among national bodies to share information about speaking up culture and arrangements.

The National Guardian's Office commits to the following:

- Support training for NHS England and the Care Quality Commission workers on speaking up.
- Leading the collaboration with partners including the Department of Health and Social Care, the Care Quality Commission and NHS England.

- Working with NHS England and the Care Quality Commission to strengthen their approach to addressing detriment.

Other responsible organisation(s): Department of Health and Social Care and the National Guardian's Office.

Recommendation 4: Implement the Freedom to Speak Up Guardian role in accordance with national guidance to meet the needs of workers

This recommendation requires **all ambulance trusts** to:

- Meaningfully invest in the Freedom to Speak Up Guardian role. In discussion with their Freedom to Speak Up Guardian(s), leaders should identify the time and resources needed to meet the needs of workers in their organisation. Leaders should be able to demonstrate the rationale for their decisions and board plans for implementing Freedom to Speak Up roles should be clear on resource implications and set realistic timescales.
- The National Guardian's Office suggests that as a minimum, the equivalent to three full-time workers is needed to carry out the reactive and proactive parts of the Freedom to Speak Up Guardian role in ambulance trusts. This is because of the characteristics of ambulance trusts, including their complex geographical footprint, and broader cultural and operational issues. The National Guardian's Office and NHS England will support, review and challenge the rationale arrived at by ambulance trusts about how much time is allocated to the role.
- The recruitment process used for the appointment of Freedom to Speak Up guardians must be fair, open and transparent and comply with current good practice in recruitment and equality, diversity, inclusion and belonging principles. This will help ensure that people appointed have the confidence of, and are representative of, the workers they support.
- Create (if not already in place), maintain and regularly evaluate a network of Freedom to Speak Up Champions/Ambassadors to support raising awareness and promoting the value of speaking up, listening up and following up. Consideration to the organisation's size, geographical footprint and the nature of their work should be given to ensure support for workers, especially those facing barriers to speaking up.
- Provide emotional and psychological well-being support to Freedom to Speak Up Guardian(s). This support should reflect the challenges of the role and ensure the need for confidentiality. There should also be periodic check-ins with Freedom to Speak Up Guardian(s) about the effectiveness of this support.

The National Guardian's Office commits to the following:

- Support ambulance trusts and NHS England in determining the amount of time and resources needed.
- Review the feedback we received about the support the National Guardian's Office provides Freedom to Speak Up guardians, including review of the universal job description for Freedom to Speak Up guardians.
- Publicising [guidance](#) to assist in the calculation time and resources needed to carry out the role.

Other responsible organisation(s): National Guardian's Office and NHS England.

Oversight and accountability

The National Guardian's Office will work with partners to oversee the delivery of recommendations 2 – 4 and provide an update on action taken in 12 months' time.

The National Guardian's Office asks that:

- The Care Quality Commission and NHS England have regulatory overview of delivery of recommendations.
- The Department of Health and Social Care to oversee regulators review of their approach to trusts with poorly performing speak up cultures, with a focus on leadership and accountability.

Background and Context for this Speak Up Review

Speaking up: what it is, why it matters and what good looks like

When things go wrong, it is important that workers feel they can speak up so that lessons are learnt, and things are improved. If they think something might go wrong, workers should feel able to speak up so potential harm may be prevented. When things are good but could be better, they should feel able to say something and expect that their suggestion is listened to and used as an opportunity for improvement.

Speaking up may take many forms, including a discussion with a line manager, an idea for improvement submitted as part of a suggestion scheme, raising an issue with a Freedom to Speak Up Guardian, or bringing a matter to the attention of a regulator.

A healthy Speak Up, Listen Up, Follow Up culture is an essential element in any business strategy, whether you work in a large or small organisation, in a clinical or other setting. In a clinical setting, it can save lives and improve patient care. In all organisations, it provides everyone with a sense of unity and understanding about what's required to support excellent service delivery. It is key to successful outcomes and the safety and wellbeing of workers.

A healthy speak up culture is influenced by, and influences, behaviours and performance. Fostering an environment that actively encourages people to speak up with their ideas, questions and challenges encourages a sense of belonging.

Workers are the eyes and ears of the organisation, alerting leaders when things that might or have gone wrong. They can be the agents for change when things are working well but could be even better, allowing improvements to be made. People want to work for high performing organisations. Fostering a Speak Up, Listen Up, Follow Up culture promotes excellence and increases staff engagement, boosting morale and performance.

Why we carried out this Speak Up review

The [National Guardian's Office](#) conducts [Speak up Reviews](#) to identify learning, recognise innovation and support improvement in the speak up culture of the healthcare sector.

Stories about poor culture in ambulance trusts have been well documented in the media, including cover-ups¹, sexual harassment², bullying and poor behaviours³.

We proposed this review in response to consistent findings that the speaking up culture in NHS ambulance trusts appeared to be more challenged compared to other NHS trust types.

Staff survey results are one way to capture workers' perceptions of the speaking up culture in their organisation. In response to questions about Freedom to Speak Up, ambulance trusts performed notably worse than other trust types, with all falling below the national average.⁴ Ambulance trusts compare especially unfavourably in comparison with community trusts, with which they share certain characteristics, particularly their geographically dispersed setup. In the [2021 NHS Staff Survey](#), 51.6% of ambulance workers said they felt safe speaking up about anything that concerns them in their organisation. In comparison, community trusts response was 70.6% and the national average was 62.0%.⁵

In our [Freedom to Speak Up \(FTSU\) Index Report 2021](#), we noted that there was a correlation between staff perceptions of speaking up culture as captured by the national staff survey and regulatory ratings. A positive speaking up culture was associated with higher performing organisations as rated by the Care Quality Commission (CQC).⁶ This correlation was less apparent with ambulance trusts, where workers were less confident in the speaking up culture in their organisations despite ambulance trusts tending to be rated good or even outstanding.

Our objectives in carrying out this review were:

- To describe the speaking up culture in ambulance trusts – including key challenges – and to understand why regulatory perceptions did not reflect the perceptions of ambulance trust workers.
- To identify areas for improvement for ambulance trusts and make recommendations which can also be applied to all organisations supported by Freedom to Speak Up guardians, and the regulatory and inspection regime.

The [terms of reference](#) for our review can be found on our website.⁷

¹ ['NHS ambulance service doctored documents to cover up truth about deaths'](#)
Sunday Times 21 May 2022

² ['Failure to root out abusers in ambulance service leaves vulnerable patients at risk', watchdog warns](#)
The Independent 13 February 2023

³ ['Staff morale still poor at 'troubled' ambulance service'](#) *Saffron Walden Reporter* 6 January 2022

⁴ National Guardian's Office (2021) [Freedom to Speak Up \(FTSU\) Index Report 2021](#)

⁵ [NHS Staff Survey](#), NHS England

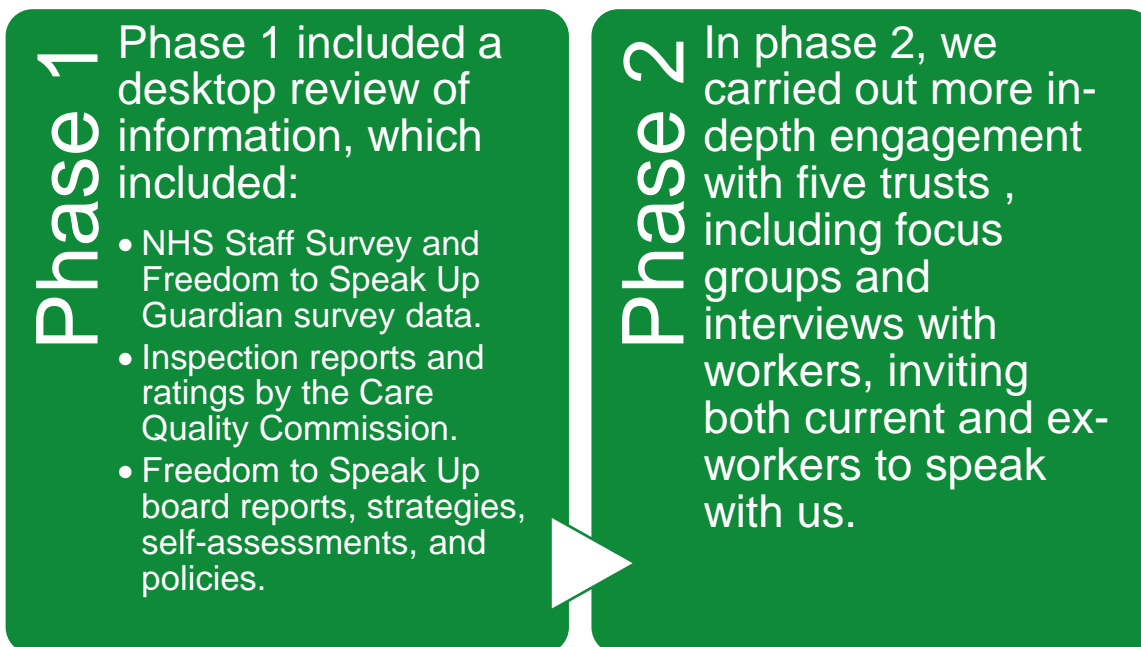
⁶ The Care Quality Commission is the independent regulator of health and social care in England. It asks whether the services it inspects are safe, effective, caring, responsive and well-led. In response, services receive a rating: outstanding, good, requires improvement or inadequate.

⁷ National Guardian's Office, June 2022 [Speak up review of NHS ambulance trusts: Terms of reference](#),

How we carried out this Speak Up review

We approached this review thematically, looking at the ambulance sector as a whole.

The review was carried out independently between July and November 2022 and was split into two main phases:



All ambulance trusts were included in the first phase of the review.

The second phase focused on five ambulance trusts selected to capture a cross-section of ambulance trusts. The selection criteria we used to determine which ambulance trusts would be selected for phase 2 was shared on our website at the time of launching our review.⁸

Because of the potential for meaningful two-way learning, we included the Isle of Wight NHS Trust in our review. The [Isle of Wight NHS Trust](#) differs from the ten standalone ambulance trusts in England as it is an integrated healthcare service provider with an ambulance arm.

We were keen to hear the views, insights and experiences of ambulance trust workers – current and former – and we facilitated this in multiple ways. We held a series of focus groups, including specific sessions for ethnic minority workers and workers of different pay bands/grades. These events sought to create a safe space where workers felt able to speak up freely. Attendance at these sessions was affected by, among other things, operational pressures and concerns around

⁸ National Guardian's Office, June 2022 [Speak Up Review of Ambulance Trusts: Selection criteria and process of trusts for phase 2](#),

detriment for speaking up. However, workers were also able to approach us directly to share their experiences, which was an option that several people used.

Freedom to Speak Up guardians supporting ambulance trusts (and the Isle of Wight NHS Trust) were invited to contribute to the review, including participation in a survey. We also interviewed those supporting the trusts involved in phase 2.

In addition, we interviewed the Freedom to Speak Up executive (also known as senior lead) and non-executive leads of the five trusts participating in phase 2 of the review.⁹

In addition to reviewing a range of sources including anonymised summaries of hundreds of cases of speaking up by ambulance workers to regulators, we spoke with over fifty people including former workers and those in senior leadership positions in ambulance trusts.

Partnership working

We considered other reviews into ambulance trusts, including our review of the handling of speaking up cases in [North West Ambulance Service NHS Trust](#).¹⁰

At the time of our review, other reviews of ambulance trusts were taking place, including a review into sexual harassment being carried out by NHS England.

We have worked with ambulance trusts and other stakeholders to carry out this review and will continue to work with them to promote and embed the learning and ensure that the recommendations are carried out.

About this report

As a thematic review looking at ambulance trusts as a trust type, we do not identify specific ambulance trusts in our report.

To maintain the confidentiality of those participating in our review, we use two broad terms in this report when referring to information shared by those contributing to our review (e.g., when we have quoted an individual):

- worker(s)
- senior leader(s)

⁹ Among other things, the role of the executive lead – also known as the senior lead responsible for Freedom to Speak Up – is to champion Freedom to Speak Up and support their Freedom to Speak Up guardian(s). They should be a credible role model of behaviours encouraging speaking up. The non-executive director role is a senior, independent lead role specific to organisations with boards. For further information about these roles, please see our joint guidance with NHS England: [Freedom to Speak Up, A guide for leaders in the NHS and organisations delivering NHS services](#), June 2022.

¹⁰ National Guardian's Office, April 2020 [A summary of speaking up learning and actions in response](#),

The term worker includes, for example, volunteers and ex-workers and Freedom to Speak Up guardians.

The term senior leader includes board members and those on the very senior manager (or equivalent) pay framework.

The understanding and learning have the potential to benefit other types of organisations within the healthcare sector and other blue light services.

About the ambulance sector

There are 10 NHS ambulance trusts in England:

- [North East Ambulance Service NHS Foundation Trust](#)
- [Yorkshire Ambulance Service NHS Trust](#)
- [North West Ambulance Service NHS Trust](#)
- [West Midlands Ambulance Service University NHS Foundation Trust](#)
- [East Midlands Ambulance Service NHS Trust](#)
- [South Western Ambulance Service NHS Foundation Trust](#)
- [South Central Ambulance Service NHS Foundation Trust](#)
- [South East Coast Ambulance Service NHS Foundation Trust](#)
- [London Ambulance Service NHS Trust](#)
- [East of England Ambulance Service NHS Trust](#)

The [Isle of Wight](#) is an integrated healthcare service provider with an ambulance arm. Compared with workers in standalone ambulance trusts, workers in the Isle of Wight NHS Trust's ambulance division reported greater confidence in their organisation's speaking up culture and arrangements. In particular, the variation in operational pressures and the Isle of Wight NHS Trust's set-up, including opportunities for cross-pollination with the other services in the integrated trust, were identified as contributing to the greater confidence among its ambulance workers.

Ambulance trusts provide emergency 999, urgent care and patient transport services to millions of people. They cover very complex geographical areas and employ thousands of staff across numerous sites.

Workers in the sector come from a wide range of professions, including paramedics, call handlers, ambulance dispatchers, corporate teams, and clinical hub teams.

As of June 2022, there were 17,847 full-time equivalent professionally qualified ambulance staff in the NHS in England, including 16,900 paramedics. In addition, there were 25,000 ambulance support staff, such as technicians and assistant practitioners.

Like other blue light services, ambulance workers provide a 24-hour emergency service, combining shift work and high levels of overtime. Ambulance staff have consistently lower levels of work satisfaction compared to other groups like nurses, and these levels have deteriorated further in recent years.¹¹

Over a quarter of paramedics reported that they would leave their role as soon as they could find another job, compared to less than one in five nurses signalling the same intention.¹² In the year to June 2022, one in ten paramedics left active service, exceeding the number of new starters in the same period (i.e., below replacement).¹³

The COVID-19 pandemic has exacerbated existing challenges facing ambulance trusts. In addition to increased demand for their services, ambulance trusts have also experienced significant disruption to recruitment and clinical education for new starters. Staff are also at risk of moral injury and distress from being unable to provide an adequate service for patients, resulting from staffing pressures and exceptionally high operational demands¹⁴ exacerbated by very high levels of hospital handover delays¹⁵.

¹¹ NHS England [NHS Staff Survey](#),

¹² See footnote 10

¹³ [Ambulance Quality Indicators](#), NHS England

¹⁴ College of Paramedics (July 2022) Letter to the Secretary of State

https://collegeofparamedics.co.uk/COP/News/Letter_to_Secretary_of_State.aspx

¹⁵ AACE (November 2021) [Hospital handover delays potentially causing significant harm to patients](#)

Culture of ambulance trusts

The term corporate culture describes the shared beliefs, expectations, attitudes and standards which inform the behaviour of the people that work within an organisation.

A speak up culture can be best summed up by the question: *“what does it feel like to have a conversation around here?”*

Fear and futility of speaking up were prominent themes in the speaking up culture of ambulance trusts, though there was variation among and within ambulance trusts.

We identified many issues contributing to the fear of speaking up and the perception that it was futile to speak up, including:

- Case handling, including not always respecting confidentiality or providing meaningful feedback to those who speak up
- Concerns around favouritism, preferential treatment and cliques
- ‘Command-and-control’ decision making
- The amount of time and resources afforded to the Freedom to Speak Up Guardian role
- Operational pressures

We explore these issues later in the report.

Fear of speaking up

It can take bravery and courage to speak up. In our 2021 Freedom to Speak Up Guardian survey, 69.0% of Freedom to Speak Up guardians from across all sectors reported that fear of retaliation/suffering as a result of speaking up was a barrier to people speaking up.

Fear of speaking up was also reflected in the results of the NHS Staff Survey.

Compared to the national average (74.9%), a smaller portion of ambulance workers (70.2%) said they felt secure raising concerns about unsafe clinical practice – see figure 2, below. The variation was even greater when compared to community trusts, where 82.7% of respondents said that they would feel secure raising concerns about unsafe clinical practice.¹⁶

¹⁶ Compared to workers in other trust types, community trust workers taking part in the national staff survey have consistently reported greater confidence in the speaking up culture in their organisations of speaking up culture.

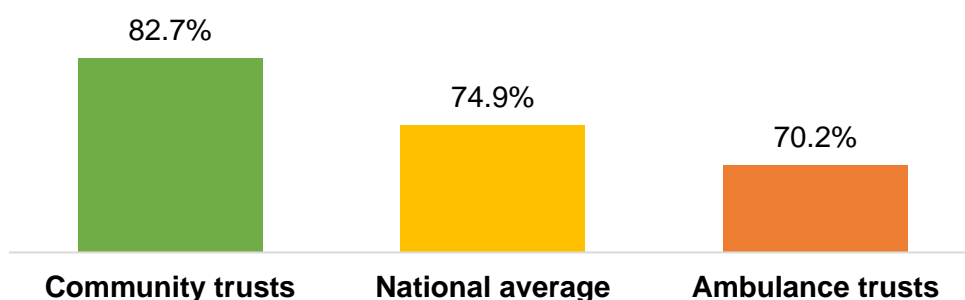


Figure 1. % of respondents who 'Agree'/'Strongly agree' with the statement: 'I would feel secure raising concerns about unsafe clinical practice' – national and trust averages

The results were starker when presented with the statement: I feel safe to speak up about anything that concerns me in this organisation.¹⁷

Fifty-two per cent (51.6%) of ambulance trust workers said they felt safe to speak up about anything that concerned them in their organisation. In comparison, 62.0% of workers across all NHS trusts said they felt safe to speak up about anything that concerned them in their organisation.

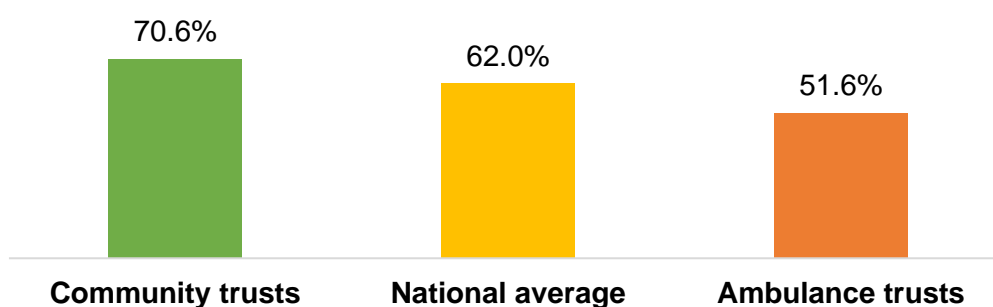


Figure 2. % of respondents who 'Agree'/'Strongly agree' with the statement: 'I feel safe to speak up about anything that concerns me in this organisation' – national and trust averages

During our review, we heard from workers, ex-workers, managers and senior leaders that fear of consequence was a main barrier to speaking up.

“People are too scared to say, ‘that’s not right’ because of potential consequences”.
– Worker

“Barriers to speaking up? 80% fear detriment/reprisal.” – **Worker**

¹⁷ Freedom to Speak Up is about more than the ability to raise concerns about patient safety. It is about being able to speak up about anything which gets in the way of doing a great job, whether that’s an idea for improvement, ways of working or behaviour. In many ways, this statement is more inclusive, including in its applicability to in the wider workforce in ambulance trusts.

While promoting the focus groups, several individuals contacted us individually wanting to speak to us alone due to fear of repercussions from speaking in a group format.

Workers and senior leaders shared their harrowing experiences of suffering detrimental treatment as a result of speaking up. We cover this later in our report – see Experience of people who speak up.

Workers also referred to the set up of the NHS ambulance service in England as contributing to the fear of speaking up. Workers pointed out that there were ten ambulance trusts across the country, some of which cover an area in excess of 10,000 square miles. They are the only ambulance trusts in their respective parts of the country. In most cases, working for another ambulance trust would involve having to relocate to another part of the country. Aside from the question of the likelihood of experiencing a negative reaction if they were to speak up, workers said the personal impact in the event that such a reaction materialises was considerably higher compared to, for example, someone who works for an acute trust and will likely have other trusts in their area.

Groups facing barriers to speaking up

Fear of speaking up was more acute among some groups, including those in frontline roles like ambulance technicians and paramedics as well as those with long lasting health conditions or illnesses.

Equality, diversity and inclusion

Workers gave examples of discriminatory behaviour and comments, particularly on the grounds of disability/long-term conditions, sexual orientation, ethnicity, gender and gender identity.

A worker described homophobic and racist remarks made in training sessions, about which nothing was done. Another worker said they were afraid to report it as they were concerned about the impact on their career.

An ethnic minority worker told us they had been told “*not to speak up to anyone about racism*”. The 2021 Workforce Race Equality Standard states that 10.6% of ambulance (operational) staff experienced discrimination from a manager, team leader or other colleagues in last 12 months, the highest levels were amongst BME men (19.2%) and BME women (18.6%) in this profession.¹⁸

We heard frequently about the need to embrace equality, diversity and inclusion among the ambulance workforce. For example, workers commented on a lack of visible diversity among management and senior leadership. Likewise, feedback on visible diversity was also mentioned in the context of the Freedom to Speak Up

¹⁸ NHS Workforce Race Equality Standard: 2021 data analysis report for NHS trusts <https://www.england.nhs.uk/wp-content/uploads/2022/04/Workforce-Race-Equality-Standard-report-2021-.pdf>

Guardian route. This was commented on by some workers contributing to our review as a potential barrier to speaking up.

“Dignity and respect are lacking for ethnic minority staff. Racial equality seems not to be taken as seriously.” – Worker

Difference Matters: the impact of ethnicity on speaking up

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.

The research was produced by [brap](#) – the equalities charity – and Roger Kline OBE.¹⁹

Our accompanying report provided additional data collated by the NGO and details our next steps in response to this research.²⁰

Compared to their white colleagues, discrimination was far more likely to feature in issues experienced by ethnic minority workers involved in the research.

Occupation

Whereas 69.0% of those in central functions/corporate services and 65.2% in general management roles said they felt safe to speak up about anything that concerned them in their organisation, less than half of those in frontline roles like paramedics (48.1%) and ambulance technicians (45.8%) said the same.²¹

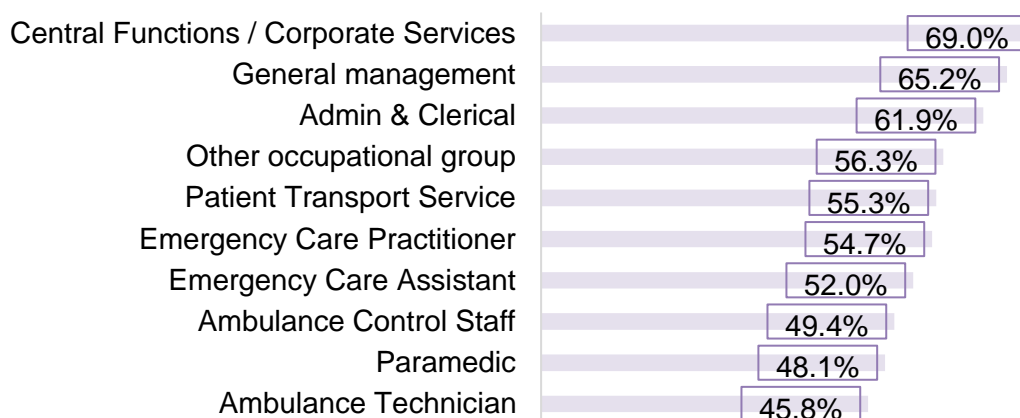


Figure 3. % of respondents who ‘Agree’/‘Strongly agree’ with the statement: I feel safe to speak up about anything that concerns me in this organisation – national and trust averages – top ten most common occupations

¹⁹ Roger Kline OBE and brap (2021) [Difference Matters: the impact of ethnicity on speaking up](#),

²⁰ National Guardian’s Office (2021) [Inclusive Freedom to Speak Up: Appreciating how what we bring to the workplace impacts on speaking up](#),

²¹ Ambulance technicians work as part of an emergency team alongside paramedics, responding to emergency calls. They may operate as a single responder to an incident or support a paramedic on a double-crewed ambulance

Ambulance control staff had similar perceptions, with 49.4% saying that they felt safe to speak up about anything that concerned them in their organisation.²²

This reflects with what we heard in our review. For example, we heard about poor cultures in 999 call centres where, among other things, the behaviours of some managers left people feeling unsafe to speak up.

Please see [annex 1](#) for further breakdowns of responses to these questions in the 2021 NHS Staff Survey, including length of service and ethnic background.

Futility of speaking up

Fifty-eight per cent (58.3%) of Freedom to Speak Up guardians across all sectors (including ambulance trusts) identified the perception that it was futile to speak was also a barrier for workers speaking up.²³

In addition to fear, the feeling that speaking was futile was a recurring theme throughout our review. We heard many examples where workers were reluctant to speak up as they had not seen any improvements or action taken from previously raising concerns:

“Nothing seems to change.” – **Worker**

“A manager can have 40 complaints raised about them, then be given an award for leadership and subsequently promoted.” - **Worker**

“I felt that nothing would be done if I reported [them] apart from I would lose the good will of colleagues on whom I was clinically dependent upon.” – **Worker**

In part, this sense of futility was due to perceptions of favouritism and cliques (discussed below). However, there were also concerns about managers’ ability and confidence to action matters raised with them.

The feedback we heard from those contributing to our review echoed staff perceptions of speaking up culture in the NHS Staff Survey.

When asked whether they are confident that their organisation would address their concern about unsafe clinical practice, 59.4% of workers across all NHS trusts agreed. The figure was 51.4% among ambulance trust workers.

²² These include call handlers and emergency medical dispatchers working in ambulance control room.

²³ National Guardian's Office (2022) [Freedom to Speak Up Survey 2021: Senior leaders' essential role in Freedom to Speak Up](#),

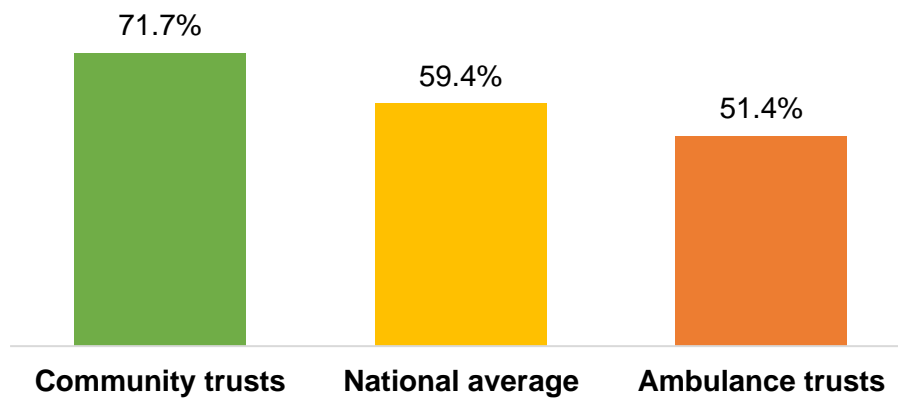


Figure 4. % of respondents who ‘Agree’/‘Strongly agree’ with the statement: I am confident that my organisation would address my concern – national and trust averages

Less than two-fifths (37.6%) of ambulance trust workers were confident that, if they spoke up about a concern, their organisation would address the matter.

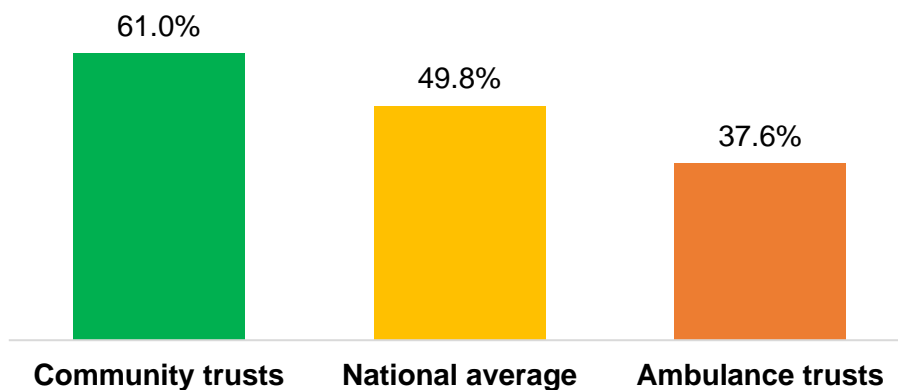


Figure 5. % of respondents who ‘Agree’/‘Strongly agree’ with the statement: If I spoke up about something that concerned me, I am confident my organisation would address my concern – national and trust averages

Working towards making improvements

We heard examples of how trusts were trying to improve this situation:

“Issues... are finally being addressed and this is visible to the wider organisation. This is the best message the executive team could send – they are dealing with people who were viewed as untouchable.” – Worker

In one ambulance trust, steps were taken to improve workers’ ability to speak up and the confidence that action would be taken. These steps included:

- Providing more time and resources to the Freedom to Speak Up Guardian role

- Improving cross-organisational collaboration to improve the handling of speaking-up cases
- Reassigning the executive lead role for speaking up to affirm the commitment of the trust's leadership (particularly the Chief Executive) to Freedom to Speak Up.

The trust had seen a significant rise in the number of speaking up cases raised with the Freedom to Speak Up Guardian, which senior leaders said was, in part, a sign of improving confidence that workers would be listened to if they spoke up.

Organisational cultural of ambulance trusts

We listened to the perceptions of workers about the cultural environment they are working in, and how this affected both their ability to speak up, and the opportunities for learning from speaking up to make improvements.

In this part of our report, we have outlined what we heard from workers regarding the following five areas in particular:

- Favouritism and cliques
- 'Command-and-control',
- Hierarchy and uniform culture
- Bullying and harassment, and other inappropriate behaviours
- Sexual harassment

Favouritism and cliques

A prominent theme in what we heard from workers was the existence of favouritism, preferential treatment and cliques at different levels including within stations and among senior leaders.

"... [I observed] quite a few inter-personal relationships within the ambulance sector, which stops people wanting to say anything because people were married, related or dating." – Worker

"When I first started, everyone I spoke to said we have a culture problem. Sexism, racism, homophobic, cliquey. We are going to fix it but not yet. We need to sort out other things like wait times." – Senior leader

The close-knit nature meant that people found it difficult to speak up about anything which could be seen as being disloyal or damaging the group. One worker said, *"If everyone on a station is tolerating something that shouldn't be happening, why do I want to be the person that speaks up about that?"* Another worker said, *"you have to accept that's the way it is around here".*

There was a widespread perception that people were being appointed on the basis of their close relationships with others.

“Senior leaders have historically supported friends up the organisation, through promotion – some of these individuals without experience, qualifications or knowledge which has caused massive problems with managers who are not effective in their role.” – Worker

Workers talked about the comparatively higher proportion of long-serving workers in the ambulance service, and the impact that had on people’s ability to speak up. Length of service can create strong bonds which are beneficial to workers in a high stress environment. However, the negative side can be the development of cliques where loyalty and the protection of colleagues becomes paramount at the expense of speaking up and the preservation of confidentiality.

People talked about close-knit ties between some directors, managers and workers who had worked at the trust for long periods of time. An ex-worker told us that the clique in their trust were internally known as the “*mafia*”.

The perception of cliques also affected some workers’ perceptions of the Freedom to Speak Up Guardian role, with some workers expressing concern about the independence of their Freedom to Speak Up Guardian:

“There is a large group of managers that have worked together for a long time and the Freedom to Speak Up Guardian is in that group of people. After speaking up [workers know] there will be consequences.” – Worker

“There is knowledge of ‘cliques’ within management (and previously the exec team). Staff said they wouldn’t go to the previous guardian because they were part of this clique and feared detriment/confidentiality breaches/lack of action.” – Worker

Workers told us that many managers were former paramedics who had gone up through the ranks. The result was a lack of diversity in the management pipeline and the development of cliques because people had worked together for a long time. For example, some workers described people as “*Chameleons*” who say the right thing at the right time, just to fit in. Another worker told us, “*Staff don’t want to raise issues about their crew mates. Less likely to raise patient safety issues because of the crew mate relationship. It’s hard to speak up and would be identifiable.*”

In our conversations, many examples were given about the impact this low staff turnover had. Some senior leaders thought this might be a barrier to improving the speak up culture. One senior leader told us “*Culture, in ambulance services is difficult to shift because people stay in the organisations for life*”.

Some trusts told us the Clinical Hubs are the worst performing area in Freedom to Speak Up measures, including feeling less confident about the Trust acting on concerns about unsafe clinical practice.

People said it has always been difficult in the call centres but now there are so many vacancies and increased demand on the service, it is particularly tough, especially when they could work elsewhere for better pay. One worker described the clinical hub as “*churn and turmoil*”.

“There’s something to be said for being able to speak up to somebody you trust who you feel really represents you. I don’t think we have this in place”. – **Worker**

This was particularly problematic for workers who wanted to speak up to someone they perceived would empathise with and understand their situation, for example people of the same ethnicity or gender.

In our survey of Freedom to Speak Up guardians from ambulance trusts, ethnic minority workers and people with disabilities were identified as specific groups facing barriers to speaking up.

‘Command-and-control’

Professor Michael West, author of *Compassionate Leadership*²⁴, says:

“Research on climate and culture in health and social care internationally suggests that leadership cultures of command and control are less effective than more engaging and compassionate leadership styles and implies that compassionate and collective leadership approaches are likely to be most effective.”

The culture in ambulance trusts was regularly described as “command and control”, where an authoritative top-down approach was taken to management. The phrase “do as I say” was frequently used by (ex-)workers when describing attitudes and behaviours from those in leaders.

The ambulance sector continuously monitors performance data, and performance is measured in seconds and minutes. In this context, workers and senior leaders referred to this as influencing the style of decision making. This focus on performance indicators may deflect focus from wider speak up culture improvement work.

“We need a command and control culture for rare events, but not for day in, day out operations.” – **Worker**

“Because people are tired, but demand is still busy, people default to that rather than the compassionate, let me listen to you culture.” – **Senior leader**

“I’m not sure any other sector of NHS works in this way, clinicians are controlled on vehicles – if the vehicle needs fuel, that will be allowed, but if you ask for time to go to the toilet or get some water that leads to a debate and friction.” – **Worker**

²⁴ [Compassionate Leadership Enables Speaking Up](#), Professor Michael West CBE

Hierarchy and uniform culture

Related to the command-and-control decision-making model characterised as 'military approach' were the subjects of hierarchy (or seniority) and the use of uniforms as symbols of power.

Seniority was particularly evident in ambulance services. Senior leaders acknowledged the impact of hierarchy and fear of authority which existed in ambulance services. Some workers feared speaking up about someone of a higher rank.

"I know people won't tell me things because of my position." – **Senior leader**

"I was a very inexperienced student paramedic at the time and felt unable to report the incident as it would be [their] word against mine." – **Worker**

We identified common beliefs that speaking up about a more senior colleague would likely mean people were not taken seriously or could suffer victimisation by speaking up.

The use of uniforms contributed to this perception as uniforms and epaulettes were seen as "*a way of informing authority and power*".

Uniform has a part to play in this 'military' culture as a visible representation of hierarchy. Workers told us that being able to see who's senior in the coffee room by what they are wearing added a barrier to speaking up.

Senior leaders and workers told us that people should earn the right to wear the uniform and that it should not be a way of informing authority and power.

One senior leader shared an example when workers had opened up to them about a particular issue, because they could not see their epaulettes because the leader was wearing a coat.

"Staff will speak up if they don't know who you are but will be less inclined as soon as they see your rank." – **Senior leader**

Another senior leader said they used to refuse to wear their rank markings, but now wears them to demonstrate what a positive representation of leadership looks like.

Further research is needed into the impact of hierarchy, uniform and the 'military-style ethos' at ambulance trusts. From our review, it appears to be a significant factor in creating a barrier to speaking up.

Leadership set the tone, with one ex-worker saying, "*In local teams the camaraderie is amazing, and the way workers support each other in the crew rooms is brilliant. Yet, as soon as management come in, workers go quiet and don't say anything.*" We explore the impact of leadership [in the following chapter](#).

Bullying, harassment, and other inappropriate behaviours

Workers shared with us experiences of suffering and/or witnessing bullying and harassment at work. Bullying, harassment and other inappropriate behaviours were described as widespread and a major challenge to efforts to bring about culture change:

“Concerns don’t tend to be your average work problems; there have been several bullying, harassment and sexual harassment cases.” – Worker

“We have a big bullying case in the organisation and have failed spectacularly at every step to deal with it.” – Worker

Workers also raised concerns around inappropriate behaviour and/or language. For example, we heard about the poor culture particularly in 999 call centres, where management behaviour left people feeling devalued and unsafe to speak up or raise concerns. Several workers also said there needed to be an emphasis on polite and respectful communications at all levels of the organisation; one worker described the Trust communications as “rude and unhelpful”.

These issues led to a culture of fear of being victimised for speaking up and was a contributing factor to people leaving the ambulance service.

Sexual harassment

The only two female ambulance chief executives in the country have said there is something ‘deeply wrong’ with the culture in ambulance services with regards to sexual harassment.²⁵

During our review, some workers told us they had been the victim of sexual harassment from other staff and, in some cases, this had not been addressed by their trust. We heard harrowing examples where boundaries were not adhered to, particularly between students and management:

“There are 50-year-old men helping themselves to students.” – Worker

“It was made clear to me that if I wanted to progress my career there were sexual favours that were required. Nights out, weekends away. You do as we want you to.” – Worker

People gave us examples of where they had reported sexual harassment, intimidation and inappropriate behaviours by colleagues. Patterns of inappropriate behaviour had not been addressed despite being common knowledge.

“People are commenting but no one is doing anything”. – Worker

²⁵ [Female CEOs say ambulance service culture ‘deeply wrong’](#) *Health Service Journal*, 10 November 2022

Examples of serious allegations of sexual assault, harassment or inappropriate behaviours were shared with our review, but organisations did not always take appropriate action. In some organisations, this behaviour was accepted as part of the culture.

We saw some good examples from trusts who were trying to make improvements in this area. For example, one trust had a sexual safety programme of work underway with a new women's staff network, as well as commissioning bystander intervention for sexual safety.

UK Ambulance Trusts: Improving Sexual Safety in the Ambulance Service

NHS England have been reviewing sexual safety within the ambulance service.

An initial review gathered intelligence, reports, and data from a range of sources and stakeholders highlighting banter, misogyny, and sexual harassment concerns across the sector. This piece of work was further supported by a narrative literature review undertaken systematically.

The result of these reviews is a workstream which is developing a consensus agreement across the ambulance sector, alongside a suite of evidence-based interventions which will be implemented by them.

AACE have an ambulance women's networks' group which have held two conferences. Sexual safety is a priority for the group and work is underway at trust and national levels to better address this, including exploring the issue in a series of 'uncomfortable conversations'²⁶.

²⁶ AACE (2021) [Uncomfortable Conversations: abuse of position of trust](#)

Leadership and management

“Simply asking people to ‘speak up’ and encouraging leaders to ‘engage in conversation’ without thoroughly appreciating the impact that power differences - and prevailing social and cultural norms - have on what can be spoken, and what is heard, is naïve at best. At worst it leads to organisational cynicism, as an issue of critical practical importance becomes trivialised into ritualised listening, consultation and training exercises.”

Megan Reitz²⁷

Leaders at all levels set the tone when it comes to fostering a speak up, listen up, follow up culture. The role of leadership in influencing organisational culture is well documented. A supportive speaking up culture, led from the top, improves workers’ experience and enhances organisational performance.

In this Speak Up review, we found examples of a lack of understanding of speaking up among those in leadership positions, including senior leaders.

We found that some leaders were seen as closed off to change, and there was often a lack of learning from speaking up cases. This had a negative impact on workers’ confidence to speak up.

Understanding of Freedom to Speak Up

We found that some senior leaders lacked an understanding of how Freedom to Speak Up can drive improvement. Some senior leaders said they would welcome more evidence of the value of the guardian role and Freedom to Speak Up more generally.

The Institute of Business Ethics states that implementing a formal Speak up programme is part of good management:

“Speak Up programmes need to be implemented in a way that facilitates an open and transparent environment. Creating such programmes can lead to positive outcomes such as better risk management, the protection of stakeholders, improvement of staff morale and a reduction in staff turnover.”²⁸

“The key is never to be complacent, be continuously vigilant otherwise the risk falls to public and patients.” – Senior leader

Line managers also did not always understand the role that everyone has to play in Freedom to Speak Up. A worker commented that there needed to be training for managers so they can understand the barriers to speaking up and respect people’s boundaries.

²⁷ Megan Reitz and John Higgins (2019) Speak Up

²⁸ Institute of Business Ethics <https://www.ibe.org.uk/knowledge-hub/speak-up.html>

“Managers don’t always see Freedom to Speak Up as a supportive measure. In areas where the culture is poor, management don’t always support individuals effectively.” – Worker

This also reflected feedback from our annual survey of Freedom to Speak Up guardians.²⁹ In 2021, half of respondents supporting ambulance trusts said they felt valued by managers, compared to 72% of respondents from all organisation types.

“There are still directors that hide from me. Some leaders feel if the Guardian comes to them, they feel like there will be something wrong, so they don’t want to know what’s happening.” – Worker

During our interviews with senior leaders and workers, we heard examples where leaders were comfort seeking, instead of problem solving. For example, where there were low numbers of speaking up cases in a trust, rather than being curious about what that might mean or how they have been handled leaders seemed to be reassured that there are few issues. This sometimes resulted in a tick box approach to how they seek assurance of their speaking up culture.

“I am glad I’ve got the executive lead I have, as the other executives do not engage with or understand Freedom to Speak Up.” – Workers

“Problem-sensing versus comfort seeking”: leadership approaches to Freedom to Speak Up

Researchers from University of Cardiff found that the ideal implementation of the Guardian role had the following ingredients: (1) key people in the trust shared the view that the Guardian role was important for a positive workplace culture; (2) a trust introduced policies that supported these views; (3) a trust frequently evaluated the introduction of the role; and (4) there had to be sufficient time and resources to best support speaking up by workers and the well-being of the Guardian.

The research found that curiosity (in the form of reflexive monitoring and a problem-sensing approach to Freedom to Speak Up) could be recognised as a barometer of speaking up culture.

Curious leaders of trusts demonstrated a problem-sensing approach to Freedom to Speak Up and the Guardian role. They consistently monitored the contribution of speaking up to the organisation and normalised rigorous analysis of Freedom to Speak Up data, triangulating with other data sources.

Researchers found that achieving change beyond the surface level was dependent on leaders being comfortable “with the idea of being challenged, not comfort-seeking all the time”.

²⁹ National Guardian's Office (2022) [Freedom to Speak Up Survey 2021: Senior leaders' essential role in Freedom to Speak Up](#),

Demonstrable benefits of curiosity included improving the experiences of minority communities and workers who may otherwise be seldom heard from, alongside learning that fed into service improvements.

By contrast, where incuriosity was normalised, Freedom to Speak Up guardians often worked within restrictive boundaries and practices in which senior leaders were disengaged and limited data were collected and 'reported', rather than analysed, triangulated and integrated, into routine organisational processes of reflection and improvement.

Source: *Implementation of 'Freedom to Speak Up guardians' in NHS acute and mental health trusts in England: the FTSUG mixed-methods study*
<https://www.ncbi.nlm.nih.gov/books/NBK583156/>

Trust board reports

The cultural tone of an organisation begins with the board of directors.

The new *Code of governance for NHS provider trusts* states:

*"The board of directors should ensure that workforce policies and practices are consistent with the trust's values and support its long-term sustainability. The workforce should be able to raise any matters of concern."*³⁰

As evidenced by our review of board papers from ambulance trusts, Freedom to Speak Up guardians were regularly reporting to board, in accordance with NHS England and National Guardian's Office guidance.

These reports typically included information such as the number of speaking up cases, open and closed. Some also featured examples of good practice. For example, some reports outlined actions that had been taken between each board meeting to improve the speak up culture.

We found areas for improvement in these reports, including:

- Better triangulation of a range of metrics (including other routes for speaking up including HR, patient safety, and safeguarding, speaking up to external bodies, WRES data, staff survey etc.), with a mix of quantitative and qualitative data
- looking at levels of anonymity and detriment
- evaluating the satisfaction levels of workers speaking up
- sharing worker stories of impact
- describing how cases are dealt with

³⁰ NHS England (2022) [Code of Governance for NHS Provider Trusts](#)

- evidencing of the learning which has happened as a result of speaking up.

The ability of these board reports providing effective assurance was also affected by variation in the recording of cases by Freedom to Speak Up guardians, including what amounted to a speaking up case.

We also heard of examples of where Freedom to Speak Up board reports were amended to be more acceptable for the board.

The presentation of speaking up reports to trust boards is important, allowing an opportunity for full board engagement with the speaking up agenda through discussion and agreeing actions.

We heard examples of guardians not having time to present speak up reports to the board. We also found that speaking up reports never had a prominent place on board agendas.

Good board assurance is about asking questions that go beyond the raw numbers and drill down to the underlying message of what that means for the organisation. However, in most board reports reviewed, Freedom to Speak Up was left towards the end of the meeting, and sometimes attached as “for information only” or as an appendix with no call to action for board members to consider what they are doing to embed a positive speak up culture in their trust.

We were given examples from workers and senior leaders where board members would focus on the positives and ignore the negatives in reports.

“Anything negative doesn’t make it into the minutes.” – Senior leader

Wider assurance

The Freedom to Speak Up Guardian is an essential, additional route through which workers can speak up. For this reason, it is important that board assurance of the speaking up culture takes a holistic view. However, we found that there was insufficient assurance and communication about the handling of speaking up cases from routes other than the Freedom to Speak Up Guardian and little triangulation of data.

The National Guardian’s Office shares some useful tools on our website which boards can use to assist them in this, including a gap analysis tool and reflection and planning tool developed in partnership with NHS England.³¹

Workers talked about the disconnect between the board and workers. Workers told us that board members and senior management needed to “*walk the floor more often*” to build relationships with frontline workers and see what was happening in

³¹National Guardian’s Office – Speaking Up resources <https://nationalguardian.org.uk/learning-resources/speaking-up-resources/>

services. Proactively encouraging feedback from staff would help improve the speak up culture.

“I’m not surprised by the disconnect between senior leadership and what is happening on the ground.” – Worker

The role of the non-executive director responsible for Freedom to Speak Up

This non-executive director role is a senior, independent lead role specific to organisations with boards. In this context, the non-executive director is predominantly a support for the guardian: a fresh pair of eyes to ensure that investigations are conducted with rigor and to help escalate issues, where needed.

They should have an in-depth knowledge of Freedom to Speak Up and be able to readily articulate:

- why a healthy speaking-up culture is vital
- the indicators of a healthy speaking-up culture
- the indicators that there is sufficient support for speaking up and wider culture transformation
- the red flags that should trigger concern.

The non-executive director is also there to challenge the most senior people in the organisation to reflect on whether they could do more to create a healthy, effective speaking-up culture. This might involve constructively raising awareness about poor behaviours.

Source: NHS England and National Guardian’s Office (2022) [Freedom to Speak Up: A guide for leaders in the NHS and organisations delivering NHS services](#)

During interviews with senior leaders, some non-executive directors told us it would be helpful to have a network of non-executive directors to be able to connect across the system, in particular across Integrated Care Boards to share learning and good practice.

One senior leader shared their concerns for the lack of training for non-executive directors, when they said, *“You could be the Freedom to Speak Up Non-Executive Director and not be trained or know anything about it.”*

We found that many senior leaders had not carried out speak up specific training and were unaware of the e-learning developed by the National Guardian’s Office and Health Education England. The final module of the [Speak Up, Listen Up, Follow Up training package](#) has been developed for senior leaders throughout healthcare – including executive and non-executive directors, lay members and governors. This module aims to promote a consistent and effective Freedom to Speak Up culture

across the system which enables workers to speak up and be confident they will be listened to and action taken.

Guardians also told us they would like to see Freedom to Speak Up training (for example the Speak Up, Listen Up, Follow Up e-learning developed by the NGO in association with Health Education England) to be mandated across their organisations, with an emphasis on leader training to help improve shared understanding.

An example of good practice we heard was in one trust had included Freedom to Speak Up objectives in all of the non-executive directors' objectives and mandated Speak Up, Listen Up, Follow Up training for the whole organisation.

Management

Although tone from the top is important and sends a message throughout the organisation of what behaviours are expected, it is the line manager who has the strongest influence on workers' psychological and physical wellbeing.

Line managers are often the first port of call that people turn to when they want to speak up. In this way, they have a central role in fostering a workplace culture where speaking up, listening up and following up are part of everyday life. As 'first responders' to speaking up, it is essential that they have the tools they need to effectively listen, support and respond, especially in these current challenging circumstances.

Line management function and support

Speaking up often begins with a conversation. Lack of access to line management to have these conversations removes these opportunities for learning, and for making speaking up business as usual.

People commented on the management structure of ambulance trusts and said there were many staff in ambulance trusts who did not have a line manager. One worker told us,

"I have not had a line manager [for years]." - **Worker**

"... [A family member] needed end of life care.... I had no line manager, so I managed my work while supporting my [family]" – **Worker**

Some workers who did have managers told us they had not seen their line managers for "*months on end*". A senior leader said people only tend to see their manager for an appraisal or a disciplinary and felt "*there is no two-way conversation to be able to bond with your manager.*"

Linked to this, we found a sporadic approach to appraisals and supervisions. Furthermore, workers and ex-workers told us that meetings with line managers often felt like a tick box exercise.

“I have...had one appraisal in 17 years.” – Worker

There were also examples given where people were not given exit interviews, so the potential learning and insight from workers leaving the organisation was not gathered.

Line management as a speaking up route

We found that managers did not always have the knowledge to respond effectively to speaking up cases. Workers (including those with line management responsibility) told us that wider cultural issues - like those of command-and-control explored earlier in this report – had a negative impact on line managers’ confidence and sense of agency to action concerns.

In some trusts, we found that managers were inappropriately passing speaking up cases that they should be able to deal with to Freedom to Speak Up guardians to handle because they did not feel confident to deal with them. This also added to the workload of Freedom to Speak Up guardians.

Experience of people who speak up

In this section we examine the ‘speaking up journey’ and what that looks like in ambulance trusts. When workers have a positive experience and feel confident that their voice will be listened to, this helps to promote speaking up and make it business as usual. However, poor experiences perpetuate the cultural belief that speaking up is futile; nothing will be done, or that speaking up is a career limiting or personally risky thing to do.

Ability to speak up – policy and process

Even before a worker begins on their speaking up journey, they need to be able to understand what to expect when they do and feel confident that there are arrangements in place that supports speaking up.

We found that:

- Some workers in ambulance trusts were unaware of their organisation’s policies around speaking up
- A general lack of understanding by workers and management of what the policies and processes were
- Policies were shared with new starters, but these documents were not always accessible online
- Policies were not well-advertised or disseminated and some ambulance stations were using outdated local versions of documents
- Freedom to Speak Up training, an avenue to promote the policy and process, was not universally mandated.

This left some workers unsure how to speak up.

“Training is now online and there are fewer posters about Freedom to Speak Up” – Worker

It is good practice for policies to support workers to speak up through the channel they find most comfortable and then be signposted further, or the concern escalated to the most appropriate route. Policies should make it clear that workers may speak up about anything, welcome this, and encourage workers to speak up about things that could be improved, as well as problems, risks or issues.

We reviewed ambulance services' policies using our policy review framework as well as for compliance with NHS England's standard speaking up policy (2016).³² We found that:

- They tended to over-complicate speaking up, describing it as a hierarchical and stepped/tiered process
- Some stated a requirement that line managers should be approached before another route could be taken. This is a known barrier to speaking up, especially given the small team sizes, confidentiality breaches and cultural issues across ambulance trusts
- Contact details for the Freedom to Speak Up Guardian and directors had been removed from some policies and posters
- Some excluded information about external routes to speaking up, restricting the accessibility of other channels available for workers to use
- They tended to focus on addressing errors or failings rather than also promoting speaking up as a tool for improvements
- Other HR policies (grievances, dignity at work) were described within the speak up policies which further complicated and confused the process of speaking up
- The onus was placed on workers to navigate the process and created an additional barrier to speaking up.

We were told that there was a lack of visibility of the people who could be spoken up to as an alternative route to line managers. Some ambulance services only shared information about how to access the Freedom to Speak Up Guardian at induction and we heard of instances where new starters were told *"you won't need them"*.

Senior leaders referred to the COVID-19 pandemic – as well as the wait for the NHS revised Freedom to Speak Up guidance and policy – as the extenuating circumstances for policies not being updated.

We found that even when a good policy was in place, it was not always followed.

Freedom to Speak Up Policy for the NHS

An updated Freedom to Speak Up Policy for the NHS has been published by NHS England. This provides the minimum standard for local Freedom to Speak Up policies in the NHS

The refreshed materials include learning from the previous separate versions for primary care and NHS trusts to ensure a consistent approach for our NHS people, and signpost to a wider variety of support.

³² National Guardian's Office [Policy Review Framework](#)

They will help an organisation deliver the People Promise for its people, ensuring they have a voice that counts, and a speaking up culture where leaders and managers listen to workers, thereby driving learning and improvement.

All NHS trusts and foundation trust boards have been asked to update their local policy to reflect the new national template by the end of January 2024. By this time, they should have also seen the outputs from using the Freedom to Speak Up self-reflection tool and provided at least one progress update.

Source: NHS England (2022) [National Freedom to Speak Up Policy](#)

Handling cases

Leaders at all levels need knowledge and understanding of their Freedom to Speak Up policy and processes and be supported to develop soft skills that can aid in an effective response when someone speaks up to them. This includes, for example:

- holding difficult conversations
- timely investigations; and
- regular contact with the person who has spoken up to keep them informed of progress and retain confidence in the speaking up process.

The NHS England National Speak Up Policy states:

*“We will treat you with respect at all times and will thank you for speaking up. We will discuss the issues with you to ensure we understand exactly what you are worried about. If we decide to investigate, we will tell you how long we expect the investigation to take and agree with you how to keep you up to date with its progress.”*³³

However, many of those who contributed to our review were unhappy with how their cases were handled.

Workers described a lack of consistency across their organisations. They felt that the success of how a case was handled depended on the team that managed an investigation. This lack of consistency was amplified by the size and geographical spread of ambulance services, with different policies and processes being used at various regions and stations.

Acknowledgment, and timely response

The timeliness of responses to speaking up – including resulting investigations – was a theme in feedback from workers during the review.

“Timeliness can be an issue with resolution.” – **Workers**

³³NHS England (2022) [National Freedom to Speak Up Policy](#)

While most policies had a time target to acknowledge concerns, this was often monitored or reported on – especially for those speaking up through channels other than the Freedom to Speak Up Guardian – and we repeatedly heard how people’s concerns were not acknowledged.

Line managers and human resources teams did not always respond to, action or escalate cases in accordance with good practice, policies and processes.

In some instances, cases took over a year or even multiple years to conclude.

Several factors contributing to the issue of untimely handling of speaking up cases, including the availability of case managers and investigator, in some cases affected by strategic decisions and/or operational pressures

A lack of collaboration across some teams and services also sometimes affected timely handing of cases.

This was a wider theme that came up during our review. We heard examples from workers, ex-workers, guardians and senior leaders about teams not working together, with ineffective, little or no communications or cross-working. The impact of this was that it left workers feeling isolated, and also prevented sharing of good practice. A worker contributing to our review spoke about how “*siloed and un-teamed ambulance services are*”.

Some trusts had plans to improve their responsiveness to speaking up cases. For example, one of the trusts had recently bolstered its capabilities by recruiting several investigators to speed up the processing of a backlog of cases and improve the speed with which future cases would be handled.

Confidentiality

Workers may speak up openly, confidentially or anonymously. Speaking up confidentially is when the worker reveals their identity to someone on the condition that it will not be disclosed further without their consent (unless legally required to do so).³⁴

Maintaining the confidentiality of those who speak up is essential to workers’ trust and confidence in the speaking up culture and arrangements.

We heard that looking into or investigating a concern while also maintaining confidentiality could sometimes be challenging in ambulance trusts. Workers referred to the smaller and standalone work groups - for example, staff based in an ambulance station or a two/three-person ambulance crew. Depending on the facts of the case, workers told us that it could be obvious to others in the group if one of them spoke up about a matter.

³⁴ In comparison, when someone speaks up anonymously, no one knows their identity.

A lack of understanding or respect for confidentiality repeatedly came up as a barrier to speaking up.

“Word travels like wildfire” – Ex-worker

“Within 24 hours, 35 people had been told about [an] incident” – Worker

“Zero confidence in maintaining anonymity if they have to raise a grievance. Freedom to Speak Up Guardian would keep their name out of it, but if it gets to management level then their name will be known.” – Worker

Some confidentiality breaches were not malicious but arose from a lack of understanding. During our review, we witnessed first-hand breaches of confidentiality by leaders who had not realised that their actions identified people to the review team.

Organisations need to hold people to account if there are confidentiality breaches, so that trust can be built in the speaking up process. Learning is needed to educate workers, managers and leaders at all levels as to the professional, legal and ethical implications of breaching confidentiality.

In some trusts, we found that there was awareness of challenges pertaining to confidentiality, and there were plans to address this.

Capability and independence

Workers felt that investigations were being carried out by people with limited experience and, in some instances, with conflicts of interest. Conflicts of interest must be declared and where these exist individuals should not be involved with investigations.

The presence of cliques was identified as a cultural issue in ambulance trusts and can contribute to conflicts of interest. We talk more about this earlier in our report, in the section on culture.

It is important that investigations are not only conducted appropriately but that workers are provided with the reassurance they need to avoid perceptions of a lack of independence and impartiality.

Communicating Outcomes Despite assurances in trust policies, workers told us examples where they were not kept appropriately informed after raising a matter, despite communication being included in trusts speaking up policies and processes. While it is not always possible to provide detailed outcomes, trusts must include some appropriate feedback into their investigation process. It was common that outcomes were never shared, leaving people who spoke up feeling their cases were not resolved or taken seriously.

We asked workers who spoke to us what changes would improve the speaking up culture and receiving feedback after speaking up was a common theme. Below are some of the responses:

“Better feedback is essential for workers to feel like speaking up is worthwhile.”

“Any speaking up gets to a certain stage and then nothing happens. Team Managers feel embarrassed as concerns are raised through them, they help the individual to speak up but then no feedback is given.”

“Communicated outcomes needed and investigations need to be better.”

“Evidencing changes that have happened as a result of speaking up. This would encourage others to do so.”

“Could have afforded me some feedback of what happened.”

Disadvantageous and/or demeaning treatment as a result of speaking up

Disadvantageous and/or demeaning treatment as a result of speaking up is often referred to as detriment. This treatment may include being ostracised, given unfavourable shifts, being overlooked for promotion, or being moved from a team. It can be a deliberate act or a failure to act (i.e. an omission).

It is a fundamental principle of Freedom to Speak Up that all workers should be able to share improvement suggestions or voice concerns without fearing or experiencing detriment.

Workers who experience detriment - or witness or hear about it happening to others - may hesitate to speak up themselves. As discussed earlier in our report, those contributing to our review identified the fear of detriment as the main reason they did not want to speak up.

“It takes a lot of courage.” – Worker

“I wasn’t brave enough to make anything official.” – Worker

Freedom to Speak Up guardians from all NHS organisations reported that 4.2% of cases report perceived detriment for speaking up in our 2021/22 annual data collection. However, for NHS ambulance trusts, the proportion of cases that reported perceived detriment was markedly higher than for all NHS organisations, 15.7% in 2021/22.³⁵

Workers contributing to our review shared stories of detriment they suffered or witnessed others experience as a result of speaking up:

³⁵ National Guardians Office – Data Return 2021/22 <https://nationalguardian.org.uk/wp-content/uploads/2022/07/Data-Submission-for-all-Organisations-2021-2022-1.xlsx>

“After a colleague and I raised concerns about racism... we suffered detriment and felt compelled to leave our jobs.” – Worker

“Colleagues were disciplined for speaking up... and had to move to other areas of the trust because of [the] backlash.” – Worker

“Anyone with positive energy does not stay long. High turnover of workers. They either speak up and are forced out or just move on quickly.” – Worker

“High manager turnover - as soon as they speak up, their contracts are terminated.” – Worker

The examples of detriment included the following:

- Bullied and harassed
- Called derogatory terms like “snitch”
- Ostracised/isolated by colleagues refusing to work with them, sometimes on the instructions of managers
- Faced online abuse
- Subjected to counter-allegations (including accusations of bullying)
- Relocated/moved teams
- Not being offered overtime
- Being overlooked for promotions

Workers shared the personal impact of detriment on their health and wellbeing. For example, several people told us that the stress had caused periods of sickness absence. In one case, the worker who had gone off on sick leave due to the impact of the detriment faced capability proceedings.

“Detriment goes on for years and years.” – Worker

We also heard of the challenge of proving that detriment was taking place:

“Staff... suffer detriment but it is very hard to prove due to others working together to cover each other’s back.” – Worker

“[There are] unofficial methods of collusion and confusion when trying to help support a case, which cannot be evidenced.” – Worker

We heard an example of good practice where a service was carrying out risk assessments to assess the likelihood of the person speaking up suffering detriment as a result. However, while all speak up policies stated that detriment would not be tolerated, we did not find a focused plan to address detriment. Leaders did not share with us any actions of how they are tackling detriment.

The role of the Freedom to Speak Up Guardian

Freedom to Speak Up guardians support workers to speak up and work in partnership with others in their organisation to tackle barriers to speaking up. The [Freedom to Speak Up Guardian Job Description](#) details the principles and expectations of the role.

NHS trusts and others providing healthcare services under the NHS Standard Contract must appoint one or more Freedom to Speak Up guardians and comply with National Guardian's Office guidance requirements. Many other organisations are also introducing the Freedom to Speak Up Guardian role.

At the time of our review, all but one ambulance trust was supported by one or more Freedom to Speak Up guardians. The remaining trust was in the process of appointing a Freedom to Speak Up Guardian.

We found marked variation in the implementation of the role in ambulance trusts, and, in some cases, this was in breach of the National Guardian's Office's guidance.

Appointment

Freedom to Speak Up guardians are appointed by the organisations they support. In accordance with our guidance, appointments should be made based on fair and open recruitment process. This allows for the appointment of the best candidates for this important role. It also makes it more likely that workers will have confidence in their Freedom to Speak Up Guardian, including their operational independence, impartiality and objectivity.

Most of the Freedom to Speak Up guardians supporting ambulance trusts had been appointed through a fair and open recruitment process. In some cases, the Freedom to Speak Up Guardian role was an add-on to someone's substantive/other role(s). There was a perception among some of those we spoke with that this arrangement had not resulted from a fair and open recruitment process.

Time and resources

Freedom to Speak Up guardians are a crucial additional route through which workers may speak up. We have repeatedly called for Freedom to Speak Up guardians to have sufficient time and resource to effectively carry out their role.³⁶

We found variation in the amount of time provided to Freedom to Speak Up guardians in ambulance trusts, ranging from some trusts with one full-time equivalent to those without any ringfenced time. Over half of Freedom to Speak Up guardians

³⁶ National Guardian's Office (2022) Supporting the wellbeing of Freedom to Speak Up Guardians,

also had another job as well as the guardian role. At the time of our review, some trusts were in the process of recruiting additional Freedom to Speak Up guardians, in response to feedback in recent CQC inspections.

We found that even where there were full-time Freedom to Speak Up guardians, this was not enough time to carry out all parts of the role. In our survey of ambulance trust guardians, respondents requested more resources to be able to carry out the proactive parts of the guardian role and to ensure that responses to speaking up had been followed up. We heard the same message from workers and ex-workers. One ex-worker told us, *“the Freedom to Speak Up Guardian did not have enough capacity, having one guardian is not reasonable”*.

Most of the Freedom to Speak Up guardians supporting ambulance trusts told us that they did not have enough time. Insufficient time affected the role in various ways, including not having time to:

- always effectively support workers
- report to their board of directors in-person
- promote the guardian role and Freedom to Speak Up
- attend Freedom to Speak Up Guardian network meetings
- sharing learning and good practice with other ambulance trusts, and
- using the National Guardian’s Office’s resources.

“... numbers [of cases raised with the Freedom to Speak Up Guardian] are worryingly low because there is no time and resource.” – Worker

“I emailed the Freedom to Speak Up Guardian to report a repeated instance where I was subject to bullying, but I never received a reply.” – Worker

The geographically complex footprint of ambulance trusts as well as the size of their workforce was often referred to as part of the case for more time and resource.

“We are dealing with a huge geographical patch... [F]or one or two people to try and make an impact across that size of a patch is hugely challenging.” – Worker

“The number of ambulance stations, control rooms, offices, training centres... staff.... [and] [t]he shift working [makes it] very difficult to communicate with every member of staff.” – Worker

The issue of ring-fenced time also featured in feedback we received from workers. Though most of those we spoke with knew of the role and the occupant, some workers commented on the impact of limited resources on the accessibility and visibility of their Freedom to Speak Up guardian(s). Some workers used terms like 'toothless', 'gimmick' and 'another initiative' to describe their perceptions of the guardian role, often citing the level of ringfenced time and resources invested in the

Freedom to Speak Up Guardian role as evidence that senior leaders were not committed to the role.

Insufficient time and resource was impacting on health and wellbeing. For example, some guardians referred to the importance of sufficient resource to provide cover for sickness/annual leave.

In our survey of ambulance trust guardians, respondents requested more resources to be able to carry out the proactive parts of the guardian role and to ensure that responses to speaking up had been followed up. We heard the same message from workers and ex-workers. One ex-worker told us, *“the Freedom to Speak Up Guardian did not have enough capacity, having one guardian is not reasonable”*.

At the time of our review, some trusts were in the process of recruiting additional Freedom to Speak Up guardians, in response to feedback in recent CQC inspections.

We did not always find a process as to how trusts determined the appropriate amount of time and resource for their Freedom to Speak Up guardian(s). NHS England and the National Guardian’s Office are clear in the expectation that the amount of time and resource a Guardian receives should be evaluated. It is also clear that trusts should have measures in place for these evaluations. Factors such as, number of workers in the organisation, geographical spread, number of sites and the wider context of the organisation should be considered as part of these measures. (See box below).

Evaluating ring-fenced time

Factors to include in your calculations

- **The number of workers in your organisation** - The larger your workforce the more time your guardian will need to help them speak up.
- **The number of organisations your guardian supports** - Irrespective of the number of staff, the more organisations your guardian supports, the more time they will need to engage with different senior leadership teams, work in partnership with others and properly understand and address barriers to speaking up.
- **Geographical spread and the number of sites** - In spread-out organisations, guardians may need to spend more time to connect with people, developing digital communications and engagement, or providing leadership to champions.
- **Progress against indicators** - The greater the need for improvement highlighted by tools like the NHS Workplace Race Equality Standard (WRES) and Workplace Disability Equality Standard (WDES), the more likely it is your workers need to speak out. It is also more likely that the issues they do speak out about will be complex and will take more time to talk through, understand and resolve.

• **Improvement initiatives** - Any widescale work that seeks to address cultural issues may increase people's awareness of, and willingness to speak up about, related matters.

• **The wider context** - The general environment in which your organisation is operating has an impact on workers. So, at times of change – such as mergers, organisational or operational restructuring, changes in Care Quality Commission (CQC) rating or entering special measures – guardians may see increased workloads.

Source: National Guardian's Office/NHS England (2022) [Freedom to Speak Up: a guide for leaders in the NHS and organisations delivering NHS services](#)

We note that ambulance trusts have very complex geographic footprints, with tens of stations which can be significant distances from each other. This alone makes it very challenging for a guardian to personally engage with and get a sense of the culture in their organisation. This is exacerbated by wider issues we identified across ambulance trusts regarding the effectiveness of other speaking up channels, including line management.

Low numbers of cases raised with Freedom to Speak Up guardians was, in some cases, cited as evidence that the amount of ring-fenced time allocated (if any) was appropriate. Trusts which had not afforded ring-fenced time to their Freedom to Speak Up Guardian saw fewer cases raised through this important additional route for speaking up.

While there's no 'right amount of cases' that could be expected to be raised through the guardian, low numbers alone cannot be the justification for determining the amount of protected time needed. A determination of the necessary protected time needs to involve a triangulation of various sources of data.

We received feedback that further detail from the National Guardian's Office regarding the implementation of the Freedom to Speak Up Guardian role, including the amount of ring-fenced time that should be given, was needed and would be welcomed by trusts.

Other resources

In addition to protected time, we also found that Freedom to Speak Up guardians supporting ambulance trusts did not always have access to other resources to effectively carry out their role. Among other things, this included a dedicated area to do their work including being able to hold confidential discussions with workers.

Freedom to Speak Up guardians also identified the following resources as lacking:

- Communications support

- Non-pay budget (to attend network meetings and national conferences)
- Administrative support.

Cases brought to Freedom to Speak Up guardians

In our engagement with workers and others in ambulance trusts, the service offered by Freedom to Speak Up guardians was most often cited as an example of something that worked well in terms of the speaking up culture.

Workers were speaking up to Freedom to Speak Up guardians, though the number of cases varied by trust.

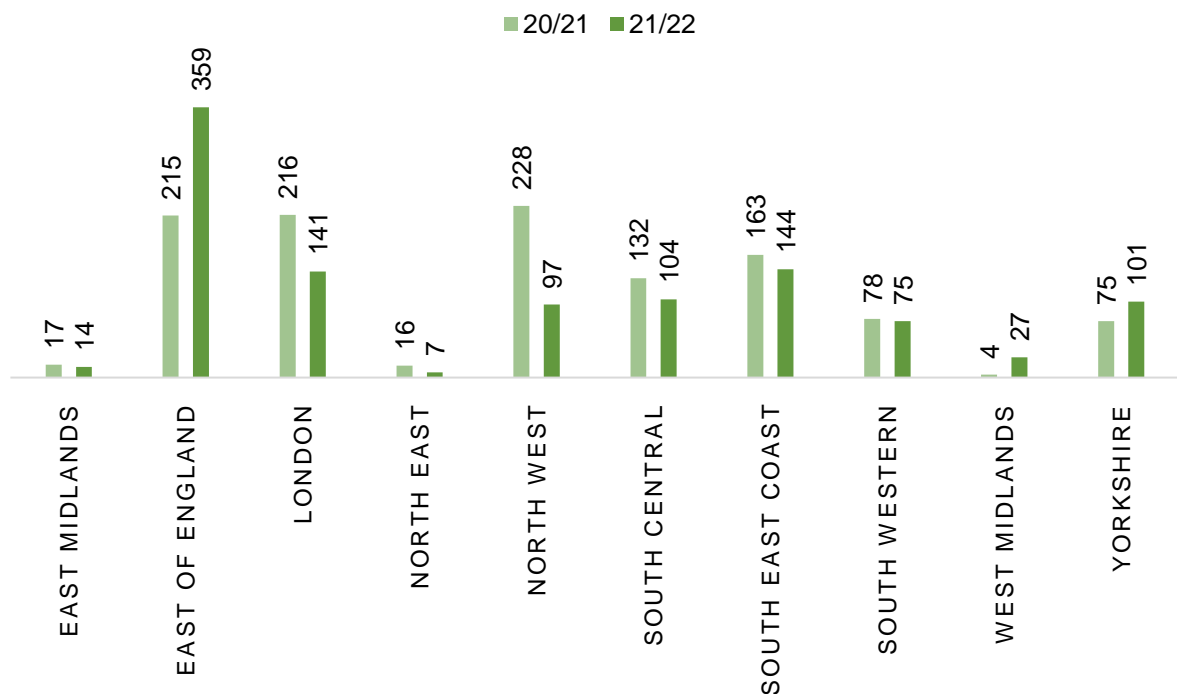


Figure 6. Number of cases raised with Freedom to Speak Up guardians in 2020/21 and 2021/22 – by trust

The Freedom to Speak Up Guardian role is independent, but it is not isolated. To be effective, guardians need to develop 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. Guardians told us that cross-team working to manage cases could be a challenge. They spoke of managers who did not want to deal with cases, and if cases were escalated to concerns “[they] go into a black hole”.

Understanding of and working with the Freedom to Speak Up Guardian

Trusts were at different stages of their journey in this regard, and in most ambulance trusts further work was needed to improve understanding. We found examples of misunderstanding of the role among some workers. These included guardians being expected to go over and above their role, for example investigating speaking up cases or being an advocate for those speaking up rather than an impartial channel.

Health and wellbeing

Being a Freedom to Speak Up Guardian is a rewarding, challenging, and sometimes isolating role, and those supporting ambulance trusts spoke about the impact of the role on their health and wellbeing. In particular, the feeling that they did not have enough time to do the role effectively was seen as having a negative impact on the health and wellbeing of Freedom to Speak Up guardians.

Freedom to Speak Up guardians also cited the following factors as affecting their health and wellbeing:

- Insufficient training, including in handling difficult conversations or strategic work to improve speaking up culture
- Lack of understanding and support from leaders and managers (Figure 7).

Similarly, we found that insufficient time to carry out the role - particularly when it affected their ability to respond effectively to workers speaking up to them - undermined the job satisfaction of Freedom to Speak Up guardians.

Some Freedom to Speak Up guardians mentioned clinical supervision as an effective tool to manage the demands created by the nature of their work. It is often used in mental health disciplines and other professions working with people.

The Health and Care Professions Council state "*Supervision... provides an important opportunity to reflect on your professional practice, including what went well, or not so well, and where improvements could be made.*"

However, clinical supervision was unavailable for most of the Freedom to Speak Up guardians.

Freedom to Speak Up champions/ambassadors

Some organisations have Freedom to Speak Up champions or ambassadors who work alongside Freedom to Speak Up guardians to complement their work. These internal Freedom to Speak Up networks seek to raise awareness and promote the value of speaking, listening, and following up.

Many Freedom to Speak Up guardians rely on these networks to address challenges posed by organisation size, geography and the nature of their work and help them support workers, especially those who may face barriers to speaking up.

Most ambulance trusts had a network of Freedom to Speak Up champions or ambassadors.

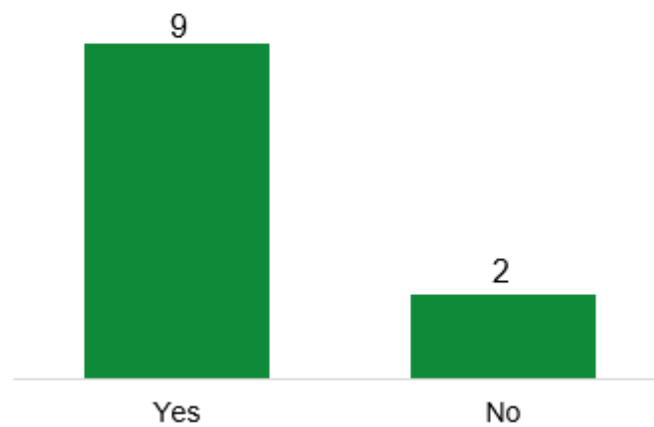


Figure 7. Number of Freedom to Speak Up guardians saying whether they had Freedom to Speak Up champions/ambassadors in their organisation – ambulance trusts

Freedom to Speak Up champion or ambassador networks were not always used effectively.

"It would be helpful to... ringfence more time for [Freedom to Speak Up] Ambassadors to support and further promote the service." – Worker

We were told that this was sometimes due to Freedom to Speak Up guardians having insufficient time and resource themselves, which then meant they could not train and support champions.

The role of national bodies in supporting ambulance trusts

We proposed this review in response to consistent findings that the speaking up culture in NHS ambulance trusts appeared to be more challenged compared to other NHS trust types.

Table 1: Ambulance Trust rank in the 2021 Freedom to Speak Up Index³⁷ compared to CQC ratings

| Trust | 2021 FTSU Index rank out of 219 NHS Trusts | Overall CQC rating July 2021 | Well led CQC rating July 2021 | Current CQC overall rating | Current CQC Well Led rating |
|------------------|--|------------------------------|-------------------------------|----------------------------|-----------------------------|
| South Central | 159 | Good | Good | Inadequate* | Inadequate* |
| East Midlands | 180 | Good | Good | Good | Good |
| London | 185 | Good | Good | Good | Good |
| South Western | 194 | Good | Good | Good | Good |
| West Midlands | 197 | Outstanding | Outstanding | Outstanding | Outstanding |
| North East | 202 | Good | Good | Requires Improvement* | Inadequate* |
| Yorkshire | 202 | Good | Good | Good | Good |
| South East Coast | 207 | Good | Good | Requires Improvement* | Inadequate* |
| North West | 215 | Good | Good | Good | Good |
| East of England | 219 | Requires Improvement | Inadequate | Requires Improvement | Requires Improvement* |

*Inspections since July 2021 which have led to a change in rating.

³⁷ National Guardian's Office (2021) Freedom to Speak Up Index [FTSU-Index-Report-2021.pdf](https://nationalguardian.org.uk/FTSU-Index-Report-2021.pdf) (nationalguardian.org.uk)

It is important to note that changes to CQC's inspection and Well-led framework show current ratings are starting to present a very different picture, with 30% of ambulance trusts now rated Inadequate for Well led.

National bodies, such as CQC and NHS E, with a deep understanding of the importance and benefits of supportive speaking up arrangements can better support ambulance trusts to use Freedom to Speak Up as a tool for improvement.

The safety of patients and the public - as well as the sustainability of the health service - depends on workers' ability to speak up. It is imperative, therefore, that an assessment of the speaking up culture and arrangements is a cornerstone of regulatory and oversight frameworks.

Listening to workers

Giving workers the ability to speak up about anything which gets in the way of them doing their job acts as an early warning system to mitigate risk and prevent harm. For the benefit of patients, workers' voices must be effectively captured and reflected in regulators' decisions and treated with parity to those of patients' voice.

More recent CQC inspection reports contain qualitative findings that directly identify poor speak up cultures. In addition, CQC have used methods including anonymous surveys to try and better capture voices of staff. These changes have better identified cultural issues including speak up culture. We welcome the renewed focus and recent work which CQC is currently undertaking to review how it responds to people who speak up,³⁸ including the CQC's work to overhaul its regulatory framework and the government's stated focus on ambulance services.

Workers and senior leaders shared their observations on how effectively they felt the speaking up culture in their organisations was examined by the CQC. The consistent message we received was that workers' views were not captured adequately on inspection or in the published reports.

The following points came up on multiple occasions:

- Workers spoke about how the *“red carpet is pulled out”* when there was an inspection.
- CQC did not speak to enough workers; and if they did, it was in conditions where workers did not feel able to be open with inspectors (for example, in the presence of managers)
- Some workers shared examples of managers monitoring workers' conversations with inspectors, which increased workers' fear of speaking up.

³⁸ CQC: Independent review into handling of protected disclosures announced alongside wider review (2022) <https://www.cqc.org.uk/news/independent-review-handling-protected-disclosures-announced-alongside-wider-review>

“... they never speak to staff when inspecting or speak when there is a manager there so conversations cannot be private. Managers monitor conversations inspectors have with staff so there is a culture of fear.” – Worker

“... [A] script like document was posted on the intranet that gave answers to questions CQC might ask” – Worker

As part of this Speak Up review, we also examined high-level information the Care Quality Commission and NHS England hold on the speaking-up cases they received about ambulance trusts over the past three years.

All ambulance trusts were represented in the information we reviewed. The information indicated a culture of silence where workers could not speak up within their organisations, and felt concerns were unheard. The themes of what people spoke up about were recurring: bullying and harassment; poor organisational culture; and patient and worker safety.

Understanding of Freedom to Speak Up

In phase one of this Speak Up review, we conducted desk-based research of publicly available, and requested, data and intelligence, including inspection reports and action plans in response to CQC inspections.

We found that speaking up culture and arrangements were not given sufficient attention in CQC inspection reports. The reports tended not to resonate with the findings of our review. We found that although ambulance trusts were not always following national guidance and policy on speaking up, this was not necessarily reflected in inspection reports.

To support ambulance trusts' development in this area, we would like to see greater evidence in inspections of leadership support for speaking up and the embedding of a Speak Up, Listen Up, Follow Up culture.

Together with NHS England, the National Guardian's Office has developed a Freedom to Speak Up reflection and planning tool designed to help organisations identify strengths and any gaps that need work.³⁹ The National Guardian's Office has produced additional tools, for example, a gap analysis tool developed using recommendations from our previous case reviews.⁴⁰ These are designed to help those responsible for speaking up in their organisations to review arrangements and develop plans and actions for improvement. The use of these tools and the action plans developed as a result could help provide inspectors with evidence to demonstrate meaningful engagement with Freedom to Speak Up and the desire to make progress in fostering a Speak Up culture and psychological safety.

³⁹ NHS England/National Guardian's Office (2022) [Freedom to Speak Up reflection and planning tool](#)

⁴⁰ National Guardian's Office (2021) [Learning from Case Reviews](#)

To assist in the understanding and nuance of inspecting Freedom to Speak Up, the National Guardian's Office proposes to develop training for all those (including senior leaders) involved in the regulation, inspection, and improvement support of services.

Compliance with national guidance

We found that ambulance trusts did not always apply national guidance and policy on speaking up. Earlier in this report, we noted that the implementation of the Freedom to Speak Up Guardian role was often not in line with published guidance.

The publication of the updated universal Freedom to Speak Up Policy for NHS is an opportunity for organisations to take a fresh look at their policy and arrangements and assure themselves that they are meeting the needs of their workers.

Yet there appears to be an absence of clear mechanisms to ensure compliance with national guidance and policies on speaking up, or a lack of transparency about decision-making as to how decisions are made to trigger further action.

This perceived lack of accountability means that the implementation of Freedom to Speak Up arrangements is variable and inconsistent, not just between different ambulance trusts, but sometimes within the organisations themselves.

Accountability

It is the role of leadership to set the tone, and the responsibility of boards to assure themselves that the culture of the organisation supports workers to speak up. As evidenced throughout this review we found that the culture of ambulance trusts was having a negative impact on workers' ability to speak up. We found significant variation among leadership and management in their support and understanding of speaking up and the Freedom to Speak Up Guardian role.

We heard many examples of workers having poor experiences when speaking up. But we did not see evidence where actions were taken by national bodies as a result of these workers' experiences.

One of the Kark Review recommendations called for processes to ensure greater accountability for leaders, including a focus upon behaviour which suppresses the ability of people to speak up about serious issues in the health service. This recommendation must be implemented as a matter of urgency.

Review of Fit and Proper Persons Test (Kark Review)

The Kark Review makes several recommendations to enable quality training and accountability of leadership when it comes to supporting workers to speak up.

- Recommendation that all leaders exhibit core competencies including understanding the importance of learning from whistleblowing and 'speaking up' and empowering staff to raise concerns

- A recommendation that the CQC should, during the ‘Well-Led’ inspection, review the evidence, including sampling appraisals in respect of the directors, to ensure that they are currently able to meet the core competencies
- Recommendation to disbar directors for serious misconduct, including victimisation or knowingly allowing the victimisation of: whistleblowers; those raising concerns with the Freedom to Speak Up Guardian; or those complying with the duty of candour.

Source: A review of the Fit and Proper Person Test: Commissioned by the Minister of State for Health (2018) Tom Kark QC and Jane Russell

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/787955/kark-review-on-the-fit-and-proper-persons-test.pdf

Speaking Up to national bodies

Sometimes, workers may feel that speaking up using internal arrangements is not appropriate, either because they have tried to speak up before and no action has been taken, or they have been met with a negative response. They may contact a regulator to share their concerns.

Our review of anonymised information regarding speaking up to national bodies showed that the way speaking up cases are recorded and understood by national organisations varied.

This variation was a barrier to consistent and effective 'universal' understanding and appropriate sharing of information. This impaired the ability of national bodies to respond effectively to workers speaking up and exercising their functions more generally. The National Guardian's Office is bringing together national bodies in a Speak Up Partnership Group to develop an aligned, consistent and supportive response when workers speak up to them.

Speak Up Partnership Group

When workers speak up, wherever they speak up, there needs to be a high quality, consistent response.

Together with the members of the Speak Up Partnership Group, the National Guardian's Office has developed twelve key principles to support the aim of a consistent and supportive response when people speak up to national bodies. The principles serve as a framework for national bodies to use as they work towards implementing and embedding policies and procedures to ensure that workers who speak up are supported and the right actions taken.

Read the Principles: <https://nationalguardian.org.uk/2022/02/22/principles-for-responding-to-speaking-up/>

Sharing intelligence

We observed that partners in the healthcare system did not always communicate effectively with one another about issues or concerns. We noted that there were multiple reviews and investigations being undertaken into individual services, but we found no evidence that national bodies co-ordinated or shared intelligence with one another to assist in these reviews.

The National Guardian's Office would be pleased to work in partnership with others to help embed workers' voices into opportunities for learning and improvement. We would like to see intelligence from Freedom to Speak Up guardians being fed into tools such as the Emerging Concerns Protocol⁴¹ and National Quality Board⁴².

National Guardian's Office

We received feedback on the work we do, particularly regarding the guidance, support and training we provide Freedom to Speak Up guardians. Feedback was shared on the following points:

- Support for more effective and consistent implementation of the Freedom to Speak Up Guardian role, including the appointment of suitably qualified and appropriately resourced Freedom to Speak Up guardians
- Support for more opportunities for developing skills in the role for Freedom to Speak Up guardians

We have taken account of this feedback in the commitments we make as outlined earlier in this report – please see [Recommendations](#).

We note that some of the feedback concerns matters outside of our powers. We will work with Freedom to Speak Up guardians and partners in the healthcare system to explore and action this feedback.

⁴¹ CQC (2022) [Emerging Concerns Protocol](#)

⁴² NHS England [National Quality Board](#)

Annex 1: NHS staff survey results

We reviewed ambulance workers' perceptions of the speaking up culture in their organisation as captured by the [2021 NHS Staff Survey](#) and compared it with the national average.

Ethnic Background

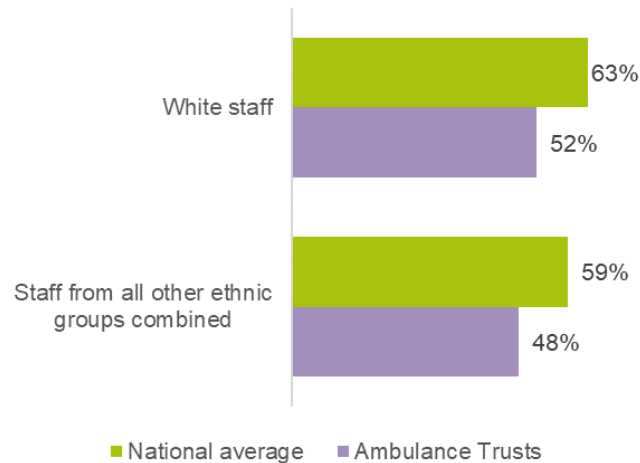


Figure 8. % of respondents who said they feel safe to speak up about anything that concerns them in their organisation: ethnic background

Age

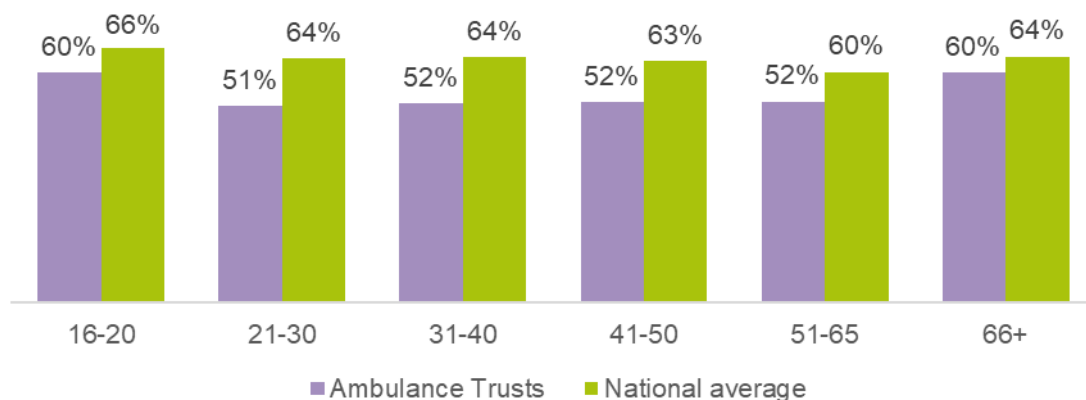


Figure 9. % of respondents who said they feel safe to speak up about anything that concerns them in their organisation: age

Gender

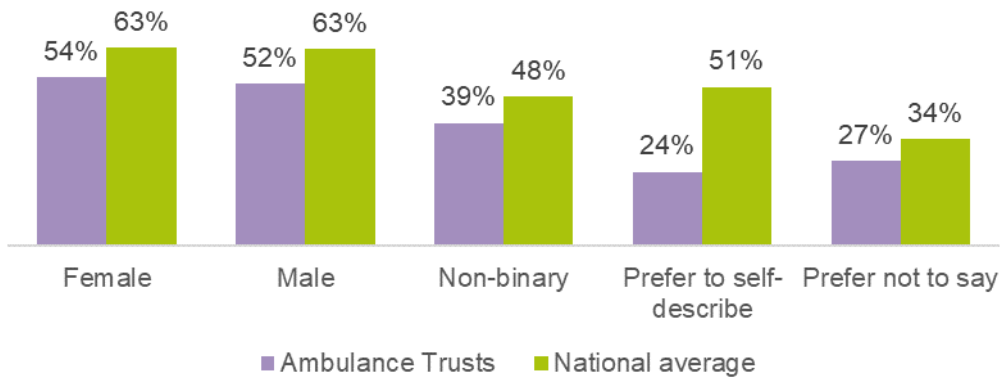


Figure 10. % of respondents who said they feel safe to speak up about anything that concerns them in their organisation: gender

Sexuality

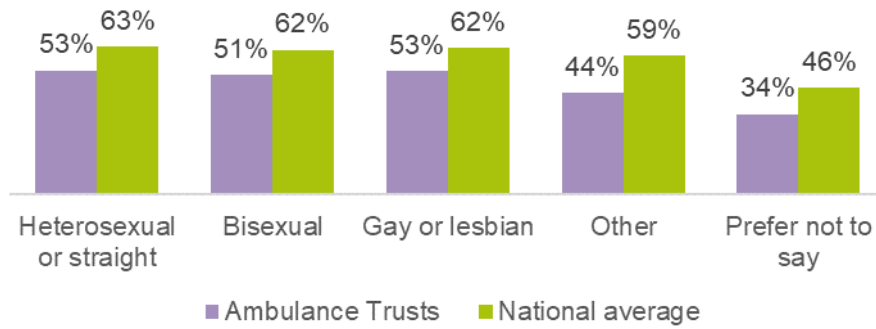


Figure 11. % of respondents who said they feel safe to speak up about anything that concerns them in their organisation: sexuality

Length of service

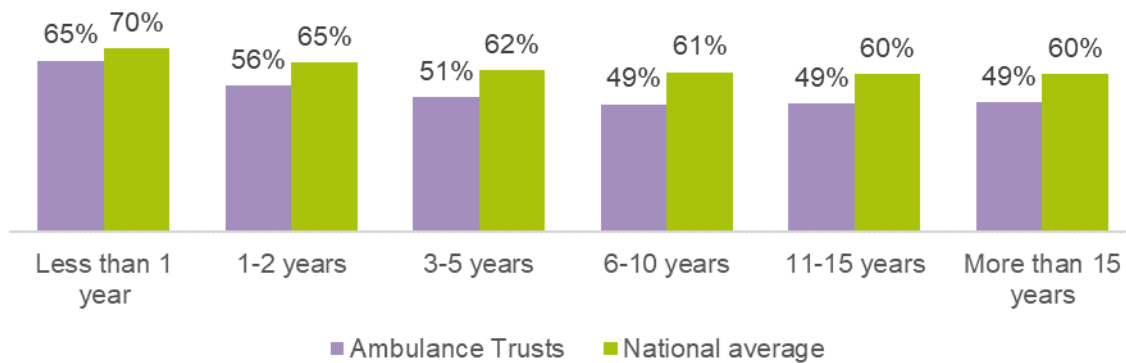


Figure 12. % of respondents who said they feel safe to speak up about anything that concerns them in their organisation: length of service

Long lasting health conditions or illnesses

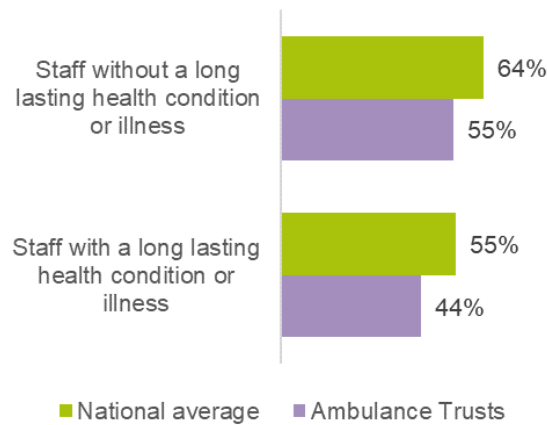


Figure 13. % of respondents who said they feel safe to speak up about anything that concerns them in their organisation: long lasting health conditions or illnesses

Carer responsibilities

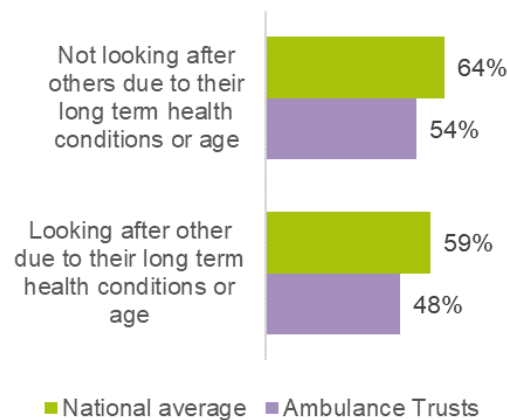


Figure 14. % of respondents who said they feel safe to speak up about anything that concerns them in their organisation: carer responsibilities

Childcare responsibilities

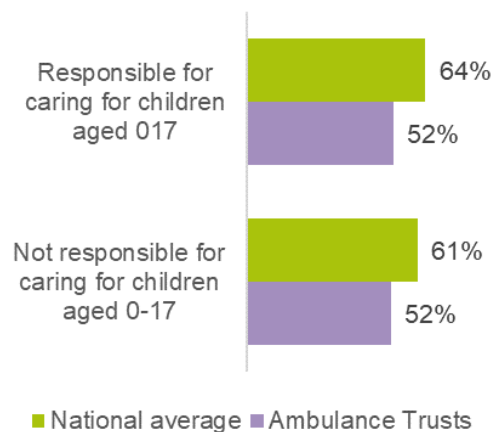


Figure 15. % of respondents who said they feel safe to speak up about anything that concerns them in their organisation: childcare responsibilities

Professional groups

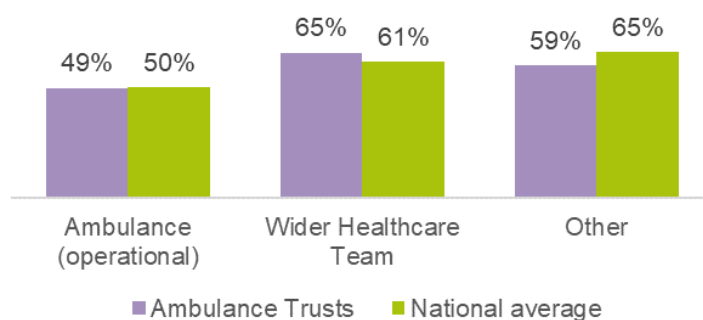


Figure 16. % of respondents who said they feel safe to speak up about anything that concerns them in their organisation: professional groups

Patient facing



Figure 17. % of respondents who said they feel safe to speak up about anything that concerns them in their organisation: patient facing

Recruited from outside of UK

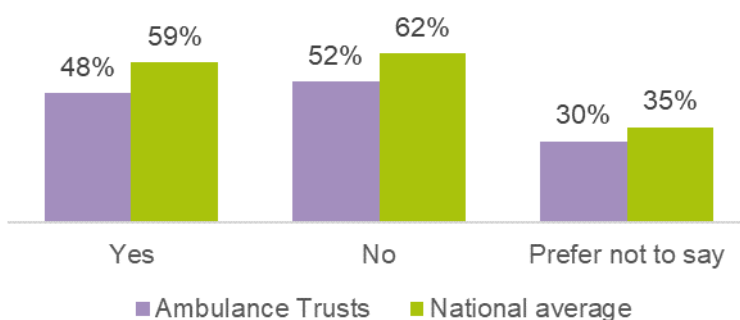


Figure 18. % of respondents who said they feel safe to speak up about anything that concerns them in their organisation: recruited from outside of UK

Religion

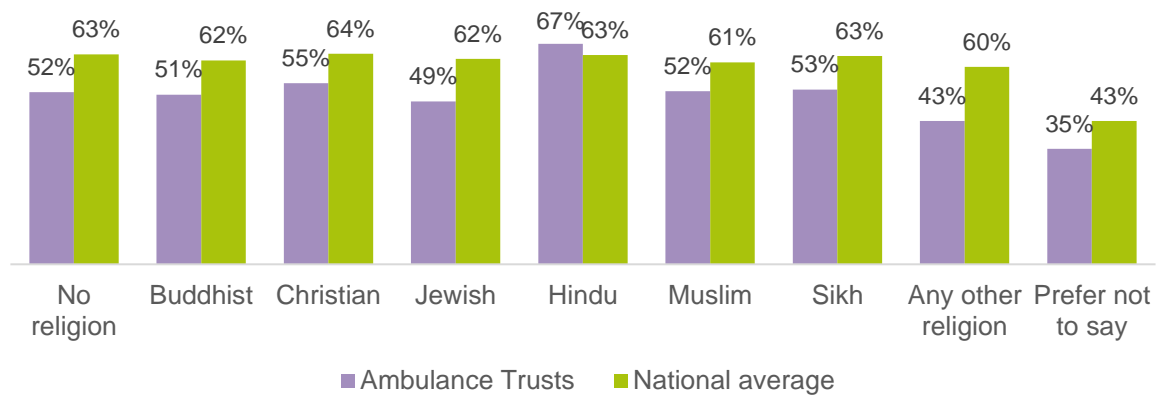


Figure 19. % of respondents who said they feel safe to speak up about anything that concerns them in their organisation: religion