Freedom to Speak Up

Annual Report 2025

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Introduction

The Freedom to Speak Up (FTSU) Guardian role was introduced to help embed a culture of openness, learning, and accountability across NHS organisations. All providers delivering services under the NHS standard contract in England are expected to have a Guardian in place.

The role is designed to ensure all workers feel safe, supported, and confident in raising concerns. It also provides assurance workers will be listened to and that appropriate action will follow.

At times, staff often simply feel validated and 'lighter' by sharing their experiences and having a safe space to unpick issues that trouble them.

Service Developments

National Policy Changes

FTSU Revised Operating Model

GIAA Audit of the FTSU Service

National Policy Changes

The Department of Health & Social Care's report 'Review of patient safety across the health and care landscape' (also known as 'the Dash review) was published on the 7 July 2025. One of its recommendations was that the National Guardian's Office should close in March 2026 and certain functions should transfer to NHS England, while others will devolve to local organisations.

As part of its wider inspection responsibilities, a core function of the CQC will be to assess the extent to which staff feel safe to raise concerns and have confidence that NHSBT will take effective action, using data such as Our Voice staff surveys and FTSU concerns, and through conversations with staff and FTSU Guardians.

The CQC will also be responsible for assessing whether NHSBT has an effective Freedom to Speak Up function, with adequate resource, support for Guardians and the right skills and training in place.

Appendix 1 sets out the NGO's recommendations made in response to the review, along with a high-level gap analysis of the current provision in NHSBT. Of the twenty recommended actions, NHSBT has already fully implemented thirteen with work underway to implement the remainder where appropriate.

Operating Model

In January 25 the Head of FTSU, and the Executive and Non-Executive Director Leads for Speaking Up conducted a self-assessment of FTSU arrangements, including a review of the positioning of the service within NHSBT.

To reflect the independent nature of the Guardian role, the Executive Lead for Speaking Up is now the Director of Quality and Governance. FTSU moved from the People Directorate to Quality and Governance from 01/04/2025, bringing the service in line with Francis Report 2015 recommendations.

Revised NHSBT FTSU Operating Model
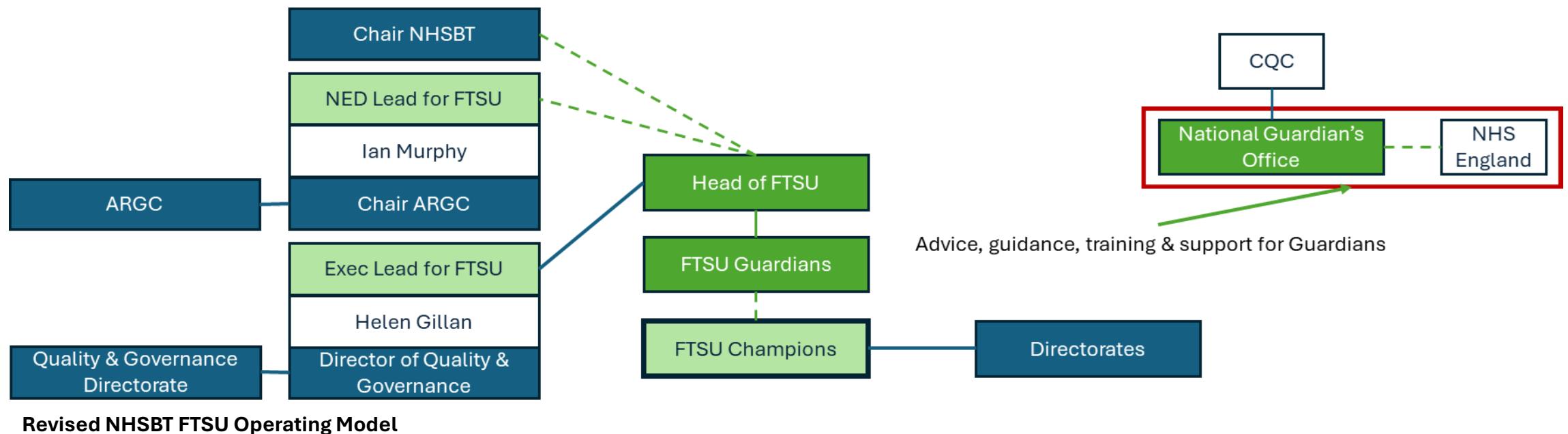
Government Internal Audit Agency (GIAA)

Key findings of the 2025 review of the Freedom to Speak Up service

"Since its introduction in 2019, the FTSU service has made several positive changes in NHSBT, consistent with the Francis Report recommendations. The dedicated Guardians and Champions network are supported by governance arrangements and there is a structured approach to cascading information to directorates to support organisational learning.

FTSU documentation is available, defining roles and responsibilities, resolution pathways and setting out how the different parts of NHSBT support this. Completion of mandatory FTSU training withing NHSBT exceeds 95%.

NHSBT's FTSU service is operating effectively for the current volume of case work. The introduction of dedicated software with improve resilience and performance management over the case portfolio.

Going forward, it will be possible to define a performance dashboard to provide oversight and monitoring for open cases, and analysis for completed cases. It will enable tracking the resourcing effort within NHSBT (by Guardians and Champions) to maintain the service. Also, it will enable consideration of data capture that could enhance sharing lessons learned."

	High	Medium	Low
Recommendation(s)	0	1.1	2.1; 3.1

The full report including recommendations can be accessed here GIAA Report - FTSU 2025

Service Activity and Performance

Oct 24 – Sept 25

Case Numbers - Directorate Engagement with FTSU

Case Support

Case Outcomes

SLA Standard Measures

Case Numbers & Directorate Engagement with FTSU

A total of 137 concerns were shared with FTSU Guardians, the identity of the concern raiser being known to the Guardian in 85% of cases and 15% raised anonymously. The highest number of concerns was raised by Blood Donation colleagues.

However, proportionately to the number of employees, the Nursing directorate made the most use of the FTSU service

Directorate	No. of Concerns	Per 1000 population
NHSBT	137	20.1
Nursing	11	65.5
Communications & Engagement	3	61.2
Manufacturing	28	24.5
People	4	23.5
Finance	5	22.9
Clinical Services	27	20.2
Blood Donation	35	18.7
Plasma For Medicine	2	15.2
Donor Experience	2	11.6
Logistics	4	11.6
DDTS	3	8.5
OTDT	5	7.4
Quality & Governance	1	6.3
Strategy & Transformation	0	0.0
Unknown	7	

Case Support

Approximately half of concerns brought to FTSU were subsequently raised with NHSBT for their attention and, where possible, resolution.

After exploring their concerns with a Guardian, around 24% of concern raisers went on to speak directly to their manager, a more senior manager, or another service (e.g., HR, Health, Safety & Wellbeing etc.) to raise the issue themselves.

Support Type	No. of Cases
Guardian shared concern with NHSBT	69 (50.4%)
Concern raiser able to share concern with NSHBT manager or other appropriate service following discussion with a Guardian	33 (24%)
Concern raiser felt assured/heard/validated through coaching conversation with Guardian; no further action required	16 (11.7%)
Support offered following initial contact; no further engagement	5 (3.7%)
Ongoing (open) cases where support need has not yet been established	14

Case Outcomes

- During the period, 108 cases were opened and closed.

- Of these, 81.5% of concerns raisers' concerns were addressed and/or needs met as far as possible.

- 4.6% could not be resolved and 8.3% of outcomes are unknown.

Needs Met / Concern Addressed		Unresolved / Outcome Unknown	
Colleague's needs met through coaching conversation with Guardian	17	Unknown - Guardian unable to contact concern raiser to establish outcome	9
Resolved fully/partially by concern raiser and/or manager	14	Concern looked into by NHSBT. All appropriate escalation routes exhausted; concern raiser remains unsatisfied with outcome.	3
Concern looked into and addressed by Responding Manager; concern resolved to concern raiser's full/partial satisfaction	14	NHSBT unable to take action due to limited information (raised anonymously/ refused to share further detail)	1
Concern looked into, no indication/evidence of reported issue	10	NHSBT unable or unwilling to take action requested - doing so would breach a policy or cause harm to others / a service	1
Existing longer-term plans in place to resolve known issue	11		
Concern investigated and addressed via formal NHSBT policy/process	15		
Concern resolved through information sharing/ question answered	7		
Concern previously addressed; all possible action already taken.	2		

Service Level Agreement Performance Measures

- Five of the six measures were met in the reporting period.

- 29% of concerns shared with NHSBT by a Guardian received a delayed first response (acknowledgement/engagement) from NHSBT:

Standard	Measure/Source	Performance
At least 95% of workers are aware of Freedom to Speak Up and how to access services	Completion of Speak Up mandatory training module	99.21%
At least 95% of managers have been trained how to respond to concerns	Completion of Listen Up mandatory training module	99.09%
Less than 20% of concerns raised via FTSU are done so anonymously	Guardian Case Log	15%
At least 90% of initial contacts are responded to by a Guardian within 2 working days	Lead Guardian quarterly audit	96.35%
NHSBT provides an initial response to at least 90% of concerns raised via a Guardian within 2 working days	Guardian Case Log	0-2 = 71% 3-10 = 9% >10 = 20%
At least 90% of those providing feedback regarding raising a concern via FTSU state that they would raise a concern in the future	Feedback forms	99%

- Swift engagement with managers enables Guardians to assure concern raisers that issues are being taken seriously. Effective communication is essential throughout, so the concern raiser can receive regular updates regarding action being taken.

What People are Speaking Up About

Types of Concerns

Additional Information re Major Concern/High Risk case

Behaviour Trend

Sexual Harassment & Aggression Overview

Types of Concerns

Concerns are allocated elements or 'types' based on the information provided by the concern raiser at the time of raising, without Guardian judgement, and prior to any investigation by NHSBT.

Each concern is recorded as having an element of between one and three 'types':
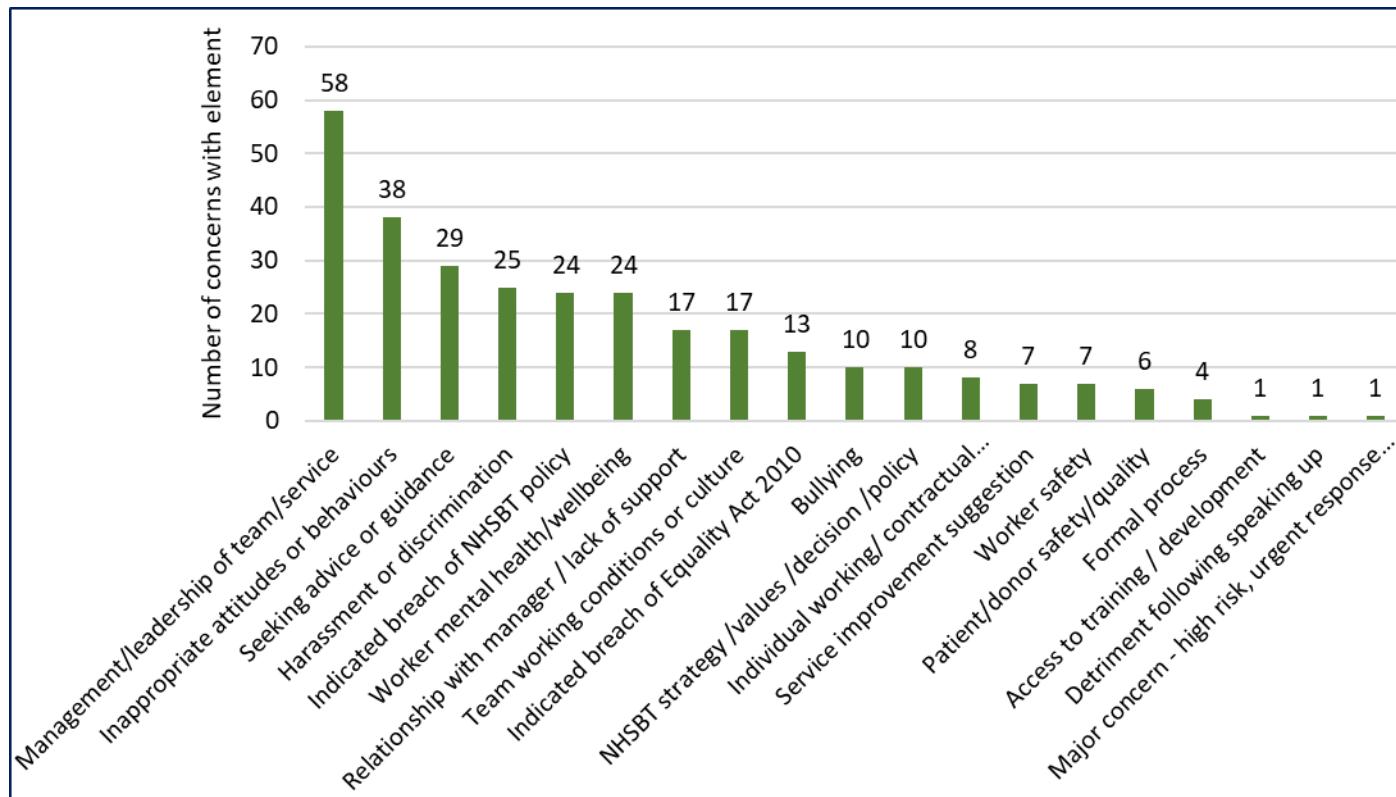
Additional Information
'Major Concern – high risk' case

The concern was that courier services used by NHSBT were breaching the Modern Slavery Act, and that drivers were not meeting legal requirements around the safe transportation of blood products.

This was raised with FTSU by a member of the public and therefore outside of the usual scope of the service.

However, due to the potential risk to patient safety - i.e., the alleged storing of blood products overnight in the driver's domestic fridge – the Guardian escalated immediately to the Director of Quality & Governance rather than redirect the concern raiser.

The concern was responded to immediately, thoroughly investigated by a multi-disciplinary team, and closed in four days.

No evidence was found to support the concerns raised.

Behaviour Trend

- Of the 137 cases, 73 (53.3%) of concerns related to bullying, harassment/discrimination or inappropriate behaviour (no double counting).
  - Of these, 42.5% were attributed to colleagues, while 57.5% were linked by the concern raiser to the conduct of a manager.

- There has been a steady increase in the number of concerns raised relating to behaviours, and also those relating to management and leadership.
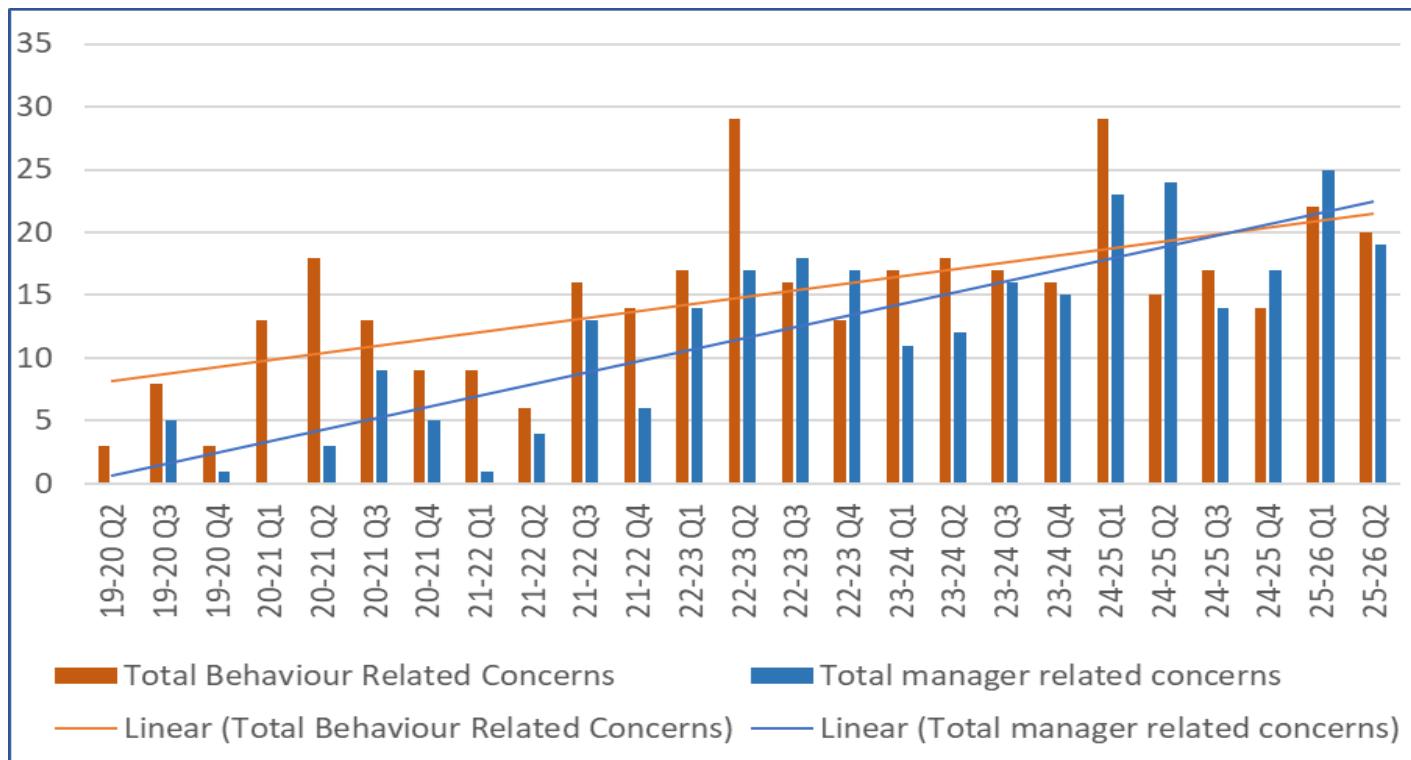
- 'Behaviour-related' data in the chart shows the combined elements of
  - Bullying
  - Harassment and Discrimination
  - Inappropriate Attitudes and Behaviours

- 'Manager-related' concerns combines
  - 'Management/leadership of a team/service'
  - 'Relationship with manager/ lack of support'.

Sexual Harassment & Aggression

The new Worker Protection (Amendment of Equality Act 2010) Act 2023 came into force in October 2024, introducing a legal duty for employers to proactively take reasonable steps to prevent sexual harassment.

- Between February and September 2025, five concerns related to the sexual harassment of colleagues and three describing acts of aggression were raised via FTSU Guardians, prompting a review of all FTSU case data

- Over the last 5 years, 13 sexual harassment concerns and 9 concerns about acts of aggression were identified

Below is an overview of key aspects of the cases:

Concern Type	Power Dynamic				Genders			
	Peer - Peer	Senior - Junior	Junior - Senior	Other	Male - Female	Male - Male	Female - Male	Female - Female
Sexual Harassment	11	1	0	DC - Donors	12	1	0	0
Aggression	4	5	0	0	7	2	0	0

Concern Type	Reported to Manager/HR	Formal Investigation	Investigation Outcome				
			None	Sanction	Dismissal	Unknown	Other
Sexual Harassment	12	8	1	2	3	1	Donor banned from donating
Aggression	7	2	5			2	

- Two female colleagues left NHSBT as they felt unable to work with the person who assaulted them.

Our Voice 2025

Overview

Quantitative Data

Qualitative Data

Overview

2024

- Last year the speak up related National Staff Survey (NSS) questions were included in NHSBT's Our Voice survey for the first time.

- The qualitative and quantitative data indicated the following key issues:

  - Management and leadership capability is having a negative impact on the willingness of workers to speak up about general and clinical concerns.

  - The main barriers to speaking up at NHSBT are 1) fear of reprisal and 2) lack of confidence that NHSBT will address their concern.

  - Our Voice data indicates that some managers are refusing to support neurodiverse and disabled colleagues' rights to workplace adjustments under the Equality Act 2010, and that this is having a negative impact on colleagues' ability to speak up.

2025

- The numbers indicate a slight improvement in positive scores for all questions.

  - The move to a new reporting system necessitated the conversion of data from 2024 to enable a 'like for like' comparison. This conversion means that some responses which had previously been categorized as 'neutral' are now considered 'favourable', and some previous 'detractor' scores are now in the 'neutral' group.

- Individual comments were not available this year for deeper analysis.

- Instead, an AI summary of the collective comments was provided to further protect anonymity and build trust in the survey process.

- The narrative indicates similar themes to the 2024 survey.

Quantitative Data

There was a slight improvement in the average favourable scores for all Patient Safety and Speaking Up:

NHSBT

Average Score

	Patient Safety and Speaking Up Overall Score	I feel safe to speak up about anything that concerns me at NHSBT	I would feel secure raising concerns about unsafe clinical practice	If I spoke up about something that concerned me I am confident NHSBT would address my concern	I am confident that NHSBT would address my clinical practice concern	NHSBT treats staff who are involved in an error, near miss or incident fairly
2024 Favourable Scores (Average)	0	57	71	45	63	
2025 Favourable Scores (Average)	63	65	74	48	68	60

Quantitative Data Cont'd

As in the 2024 survey, the breakdown of the average scores for each question shows that confidence in raising concerns is highest for those relating to clinical matters.

	Patient Safety and Speaking Up - Combined Result	I feel safe to speak up about anything that concerns me at NHSBT	I would feel secure raising concerns about unsafe clinical practice	If I spoke up about something that concerned me I am confident NHSBT would address my concern	I am confident that NHSBT would address my clinical practice concern	NHSBT treats staff who are involved in an error, near miss or incident fairly
Favourable	63%	65%	74%	48%	68%	60%
Neutral	25%	19%	20%	31%	26%	32%
Unfavourable	12%	16%	6%	22%	6%	9%
Average Score	3.63	3.61	3.87	3.30	3.77	3.61

Directorate Heat Map

- The overall scores for Patient Safety and Speaking up show that, of the 13 Directorates, OTDT has the most positive result, with Quality & Governance, DDTS, and People also above the NHSBT average.

- Of the directorates directly involved in the delivery of donor/patient services, Blood Donation and Nursing results are below average by 2% and 6% respectively.

Internal Benchmark

Comparison: 2025 Our Voic... ∨ Breakout: Team Level 1 ∨

Expand all

	2025 Our Voice natio...	Blood Supply BD	Blood Supply M&L	Clinical Services	Communications and...	DDTS	Donor Experience	Finance Planning an...	Nursing	Organ and Tissue Do...	People	Plasma for Medicine	Quality & Governance	Strategy and Transfo...
Response Counts	4641	1121	899	914	41	314	153	173	125	476	143	102	148	21
Patient Safety and Speaking Up	63%	61%	63%	63%	58%	68%	58%	57%	57%	69% ^	64%	63%	68%	53%
I am confident that NHSBT would address my clinical practice concern	68%	70%	68%	68%	63%	68%	66%	56% ˅	67%	74% ^	62%	70%	73%	48% ˅
I feel safe to speak up about anything that concerns me at NHSBT	65%	60% ˅	64%	65%	68%	75% ^	63%	66%	58%	73% ^	74% ^	57%	73%	81%
If I spoke up about something that concerned me I am confident NHSBT would address my concern	48%	40% ˅	46%	49%	46%	66% ^	49%	54%	37% ˅	51%	56% ^	52%	47%	48%
NHSBT treats staff who are involved in an error, near miss or incident fairly	60%	57%	66% ^	59%	49%	62%	43% ˅	49% ˅	53%	67% ^	58%	60%	66%	30% ˅
I would feel secure raising concerns about unsafe clinical practice	74%	78% ^	74%	73%	63%	71%	66% ˅	60% ˅	72%	79% ^	69%	73%	82% ^	57%

Qualitative Data

Speaking Up - Summary of Comments [AI generated]

- There is a widespread perception across the organisation that unacceptable behaviours—such as bullying, harassment, discrimination, and favouritism—are not being adequately addressed by managers.

- Many employees report experiencing or witnessing mistreatment based on race, gender, disability, sexual orientation, age, and neurodivergence, with some incidents reported to be involving senior leaders. These behaviours are often met with inaction, dismissal, or inadequate responses from NHSBT.

- Colleagues consistently express frustration with the inconsistent application of policies and procedures, particularly when it comes to holding senior staff accountable. Formal complaints and disclosures are frequently ignored or mishandled, leaving individuals feeling unsupported and vulnerable.

- In some cases, raising concerns has led to further mistreatment or retaliation, deepening mistrust in the organisation's ability to protect its people.

- The work environment is described as toxic, with poor communication, micromanagement, and a lack of respect contributing to low morale and deteriorating mental well-being. Favouritism and unconscious bias are seen as embedded in team dynamics, leading to exclusion and unequal treatment.

- Attempts to address these issues through formal channels, including surveys and grievance processes, are viewed as ineffective or performative, with little evidence of meaningful change.

- Overall, the feedback reflects a culture where accountability is lacking, concerns are routinely dismissed, and colleagues feel unsafe and unheard.

Qualitative Data

Diversity, Inclusion, & Fairness - Summary of Comments [AI generated]

When talking about Diversity, Inclusion, & Fairness, most of the comments have a very negative sentiment.

- There is a recurring concern about senior leadership and management being the source of discriminatory behaviour, including micromanagement, favouritism, and a lack of confidentiality and support.

- Many respondents reported experiencing bullying, harassment, and discrimination, often related to disabilities, gender, race, sexual orientation, age, or health conditions.

- Some employees expressed feeling unsafe or undervalued in the workplace, citing instances of being undermined, excluded, or treated unfairly based on personal characteristics or employment status.

- Hidden disabilities and mental health issues were mentioned as not being taken seriously, with some respondents feeling that their accommodations or flexible working requests were unfairly denied.

- There were mentions of toxic work environments characterized by systemic issues such as ageism, sexism, and a disregard for mental well-being.

- A few respondents noted that their disclosures about personal matters, such as disabilities, were later used against them, further eroding trust in the organisation

Conclusions

Overall, FTSU has had a productive 12 months with some notable events, including the repositioning of the service to align with Quality & Governance. The Dash review created some uncertainty for Guardians regarding the future arrangements for support, guidance and training, and we look forward to hearing the DHSC's plans.

NHSBT has strong foundations in place to support the service moving forward, as confirmed by the independent GIAA audit. The introduction of the new case management system in early 2026 will further improve access to the service, reporting, and organisational learning. Furthermore, with the exception of the average time taken for NHSBT to provide an initial response to Guardians sharing concerns, all of the Service Level standards were exceeded.

As in previous years concerns around behaviours, along with the standard of leadership and management in some areas, continue to be the most frequently raised. Behaviours and leadership are also key components of the Our Voice 2025 feedback. This year's speak up responses again show that colleagues feel safer raising clinical concerns, and have greater confidence in NHSBT to address them, than they do for general issues such as conduct.

The improved data for all patient safety and speak up questions is a positive sign. The continued themes around behaviours and leadership were not unexpected due to the long-term nature of culture change. However, there are opportunities to bring about more rapid improvements in specific areas, such as sexual harassment and aggressive behaviour.

Recommendation

FTSU should collaborate with People colleagues to understand and address the issue of sexual harassment and aggressive behaviours

Appendices

Appendix 1 National Guardian's Office Recommendations

Appendix 1
National Guardian's Office Recommendations

"These recommendations have been developed with the knowledge that the National Guardian's Office will close in 2026. At the moment, the allocation of functions between NHS England and local organisations remains undetermined. Therefore, the recommendations are written to ensure the long-term sustainability and impact of the Guardian role." *NGO, 2025 Available HERE*

Recommendations for organisations to implement locally are shown in the following table, along with an overview of NHSBT's position against each one.

National Guardian's Office Recommendations

Recommendation	NHSBT Gaps & Opportunities
1. Enhancing local implementation and role capacity	
Ensuring local implementation of the Freedom to Speak Up Guardian role aligns with national policy and the recruitment framework maintaining consistency with national standards.	None – fully implemented [GIAA Report 2025]
Adapt the role locally to reflect the organisation's specific needs, culture, and context, this may include tailoring communication, support, and engagement strategies to enhance accessibility and impact.	None – fully implemented
Apply the development guide consistently at the local level to support equitable access to training and capability development for Guardians.	None – fully implemented [NGO Training records]
Establish and apply a locally appropriate guardian-to-staff ratio to support manageable caseloads and enable proactive engagement.	**Gap** - Capacity for proactive engagement and activity is severely limited. **Current Guardian-Staff ratio = 1:3,460** Guardian hours tracking over a 9-month period found that, in addition to their contracted FTSU hours, the two part-time Guardians combined worked a further 23% out-of-hours to fulfil their responsibilities.
Uphold the core principles of Freedom to Speak Up in all local adaptations, promoting a culture of openness, psychological safety, and continuous learning.	**Gap** – Our Voice data strongly indicates a need to improve belief that NHSBT will act on concerns raised, and to improve psychological safety: 35% may not feel safe to speak up 52% do not have confidence in NHSBT to address concerns
Conduct regular local reviews of implementation to ensure continued alignment with best practice and evolving national guidance.	None – fully implemented

Recommendation	NHSBT Gaps & Opportunities
2. Improve organisational support	
Ring-fence dedicated time for guardians to carry out their duties effectively.	Time is ringfenced - 18.75 hrs/week per Guardian x2, 1.0 full-time Guardian
Follow national recommendations by appointing Freedom to Speak Up guardians in standalone roles, to strengthen their independence and visibility, and is strongly encouraged in the latest recruitment framework guidance.	**Gap** - 2/3 Guardians have dual roles which can cause conflicts of interest and challenges with competing priorities between two roles. **Opportunity** – increase Guardian resource to strengthen visibility and independence.
Use the guardian recruitment framework as the base, develop a local tailored salary banding guidance that reflects organisational size, workforce numbers, and the complexity of the role.	None – fully implemented [Head of FTSU – Band 8c; Guardians Band 8a]
Ensure guardians have access to confidential meeting spaces, a dedicated budget for training, travel, and promotional activities.	None – fully implemented
Ensure speak up processes are inclusive and accessible to all staff, including those from underrepresented groups.	**Gap** - No male Guardians or LGBTQ+ representation **Opportunity** – increase Guardian resource to enable greater diversity and representation, reducing potential barriers to speaking up
Train guardians to support diverse staff needs and encourage organisations to identify and address barriers to speaking up.	None – fully implemented [Guardians trained to high level, supported through regular discussions]
Establish mechanisms to use feedback from staff and guardians, and collected data inform improvements and share learning across departments and teams.	None – fully implemented [regular feedback given to Directorate SMTs]

National Guardian's Office Recommendations (cont'd)

Recommendation	NHSBT Gaps & Opportunities
3. Strengthen communications	
Promote consistent, strategic communications support at the organisational level, beyond campaign-based activity to raise awareness and visibility of the Freedom to Speak Up guardians.	**Opportunity** - further improve visibility of Guardians and Champions, and strengthen comms plan to include messaging from ET (plan in place)
4. Engage leadership	
Provide targeted training for managers and senior leaders on key people related policies, especially where these intersect with speak up concerns, such as grievance procedures, disciplinary processes, and recruitment practices.	There is a perception of limited accountability where managers do not adhere to policies, and a frustration around inconsistent investigation outcomes. **Opportunity** – strengthen oversight of complex and/or serious investigations (plan in place)
Mandate Freedom to Speak Up training for all managers and senior managers to reduce barriers to speak up and understand the importance of the guardian function.	None – fully implemented [Speak Up and Listen Up modules are mandated]
Promote visible leadership support for Freedom to Speak Up guardians. Active endorsement from senior leaders helps build trust and signals a genuine commitment to openness and psychological safety across the organisation.	**Opportunity -** include messaging from senior leadership team in FTSU comms (plan in place)
5. Support Guardian wellbeing	
Individual organisations should recognise and proactively address the emotional demands of the role.	None – fully implemented [Access to internal and external support]
Employing organisations should encourage guardians to access wellbeing resources, peer support, and reflective practice opportunities.	None – fully implemented [Regular wellbeing check-ins with line managers]
NHS [organisations] need to pay particular attention to burnout risks, where emotional strain is often more pronounced.	None – fully implemented (see above)