The Future of Freedom to Speak Up (FTSU). NHSE. 16th April 2026

The NHS England paper *The future of Freedom to Speak Up* signals a shift towards greater local organisational responsibility and accountability for effective FTSU arrangements following the closure of the National Guardian's Office. Organisations are responsible for ensuring Guardians are accessible, appropriately trained, supported and provided with continuing professional development and psychological support. National FTSU data collection and Guardian networks continue, with increased emphasis on using speaking-up intelligence to support organisational and system learning. The changes reinforce that FTSU should be embedded within organisational culture and patient safety, rather than regarded solely as a Guardian function.

From a UHD perspective we meet the following expectations:

- The FTSU function remains visible, accessible and appropriately resourced;
- Guardians receive appropriate training, continuing professional development and independent psychological support;
- NHSE Policy and Guidance is adopted
- FTSU data will be submitted quarterly to NHSE
- A stronger focus on system learning through the Freedom to Speak Up guardian networks
- FTSU contact information remains accurate, accessible and publicly available; and

Thirlwall Inquiry Report 15th September 2026

The Thirlwall Inquiry, published in September 2026, highlights significant failures in leadership, governance and organisational response to concerns. From a Freedom to Speak Up perspective, a central message is that providing routes for staff to speak up is not sufficient; what matters is how concerns are listened to, acted upon and fed back. Crucially, when concerns are raised, patient safety must come first, with prompt action taken to protect patients while concerns are investigated. This reminds us that FTSU is not only a workforce priority but fundamental to patient safety.

Chapter 40 specifically considers Freedom to Speak Up and reinforces the importance of retaining FTSU Guardians and ensuring that the FTSU function has appropriate capacity, support and access to senior leadership. It also considers the continuing challenges around fear of detriment, the importance of how concerns are followed up and responded to, and the need for independent escalation where serious concerns are not adequately addressed locally.

For UHD, the FTSU team considers that this learning should strengthen our focus on feedback and closing the loop with those who speak up, leadership where early concerns are welcomed and not dismissed, triangulation of FTSU intelligence with other sources of organisational information, monitoring how the organisation responds to concerns, identifying and addressing potential detriment experienced by those who speak up and ensuring appropriate routes for escalation where serious concerns are not adequately addressed. The Thirlwall Inquiry shifts the emphasis from "Can staff speak up?" to "What happens when they do?"

National Guardian Annual report: 2025/6

https://nationalguardian.org.uk/annual-reports/ngo_annual_report_2026.html

The National Guardian's Office (NGO) published its final Annual Report before its closure in June 2026. The report highlights the continued importance of Freedom to Speak Up (FTSU) arrangements and the need for organisations to strengthen psychological safety and responsiveness to concerns.

Key messages:

- 18,113 concerns were raised with FTSU Guardians during the first half of 2025/26, remaining consistent with previous years and demonstrating continued staff willingness to speak up.
- The most common concerns related to inappropriate attitudes and behaviours (41.6%), worker safety and wellbeing (39.2%), bullying and harassment (17.7%), and patient safety (17.0%)
- 74.1% of workers who provided feedback said they would speak up again, indicating ongoing confidence in the support provided by FTSU Guardians.
- The 2025 NHS Staff Survey showed a decline in staff confidence that concerns will be acted upon, with the FTSU score falling to its lowest level in five years. The report highlights a growing "action gap" between staff feeling able to raise concerns and believing meaningful action will follow.
- The report emphasises that while the NGO is closing, the FTSU Guardian role remains a requirement within the NHS Standard Contract, and organisations must continue to embed speaking up, listening up and following up as part of everyday leadership and culture.

FTSU Week 12-16th October: "A Decade On", reflected on 10 years of FTSU

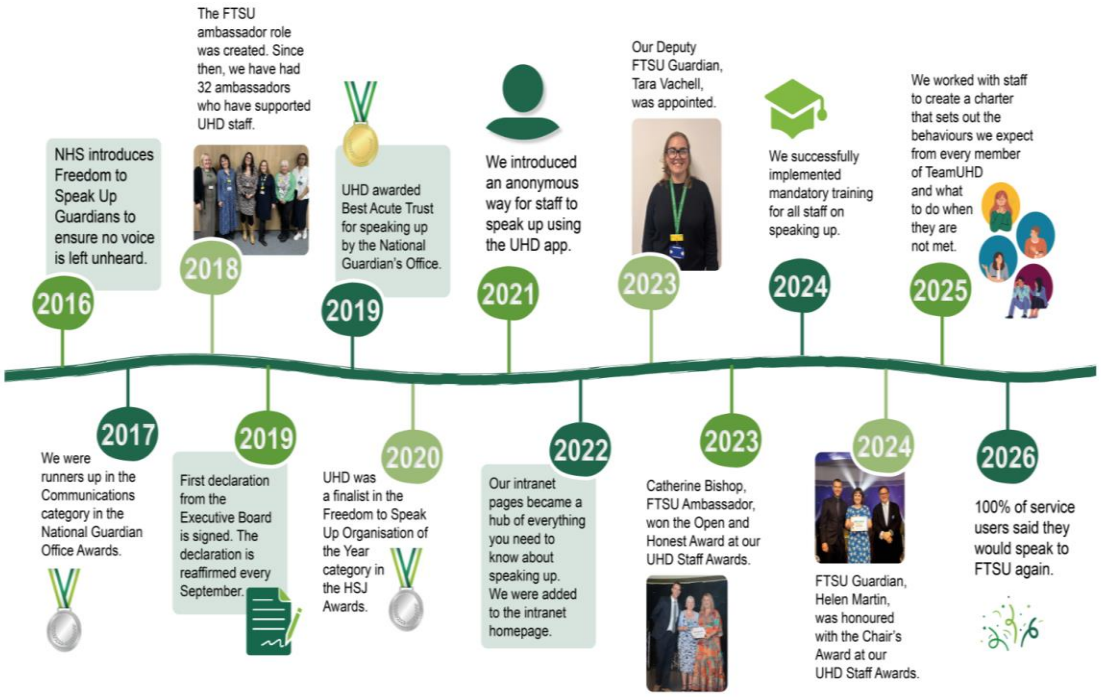
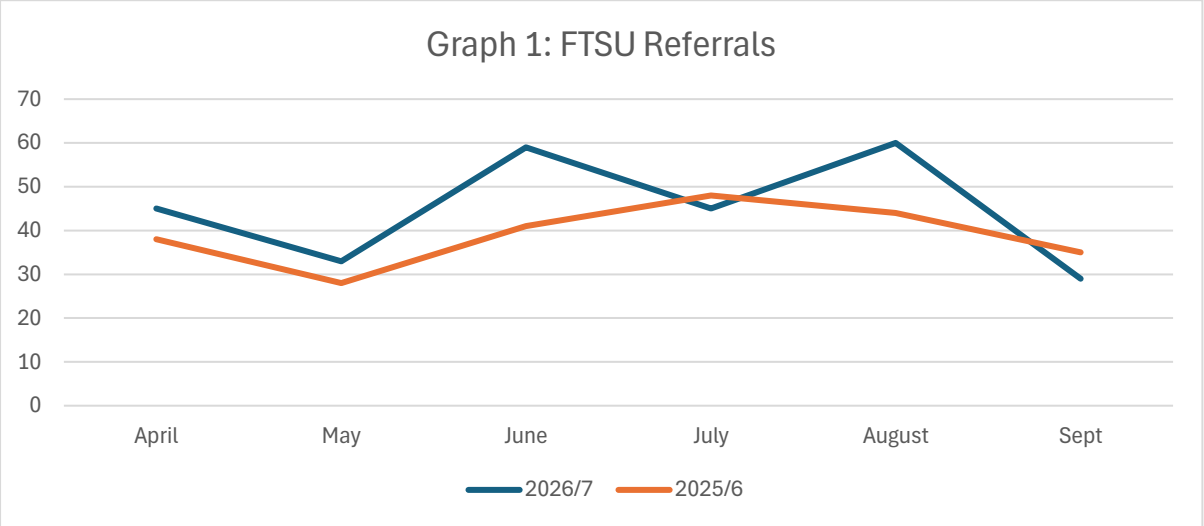


Table 1	2025/6						
	Size	2024/5	Qtr1	Qtr2	Qtr3	Qtr.4	TOTAL
Dorset County	Small	499	119	116	120	120	475
Dorset Healthcare	Medium	181	50	65	35	53	203
Salisbury	Small	129	37	23	32	49	141
Somerset Foundation NHS Trust	Large	412	95	90	78	88	351
University Hospitals Dorset	Large	535	107	127	107	121	462
University Hospitals Southampton	Large	90	17	24	x	26	67



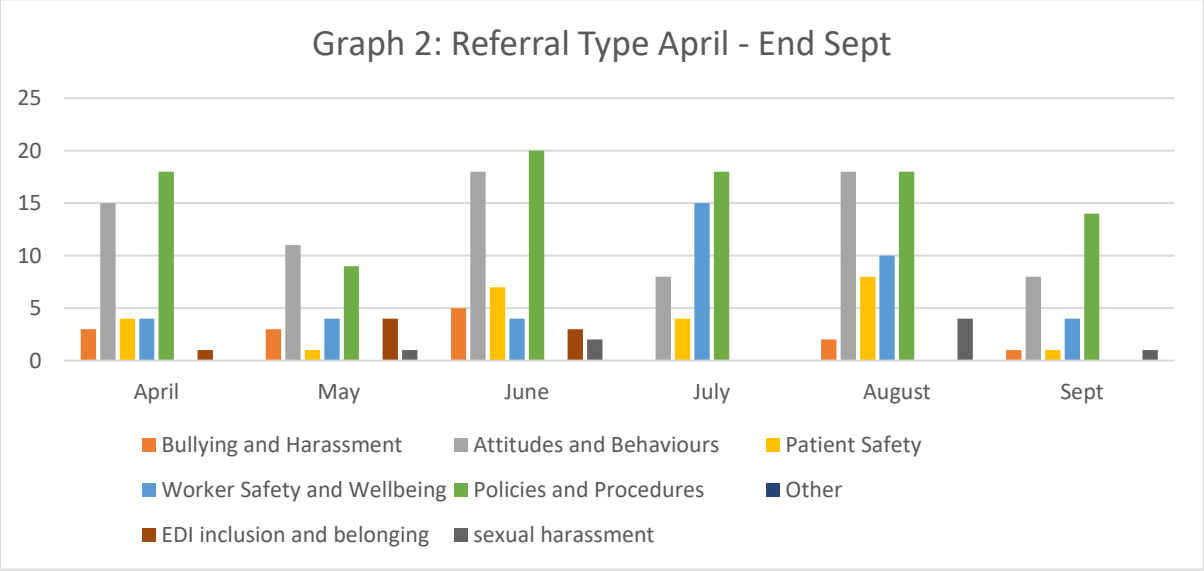


Table 2: Why come to FTSU ?		
2026/7	Qtr 1	Qtr 2
Unaware of who LM is?	0	0
Not secure in raising concern to LM	17	21
LM aware but not act or address concern	40	39
LM is the issue	29	28
Advice	42	31
Did not think to ask LM	0	0
Unknown	9	15
TOTAL	**137**	**134**

HEE/NGO e-learning modules	2022/3	2023/4	2024/5	2025/6	2026/7		TOTAL (2024-2026)
Table 3					Qtr 1	Qtr 2	
Speak Up	61	132	5916	3758	576	632	10,882
Listen Up	42	85	80	46	6	2	134
Follow Up	18	46	46	25	7	4	82
TOTAL	121	263	6042	3829	589	638	11098



Mandatory training speak up module launched October 2024

Graph 3: FTSU themes (Qtrs1,2; 2026/7)

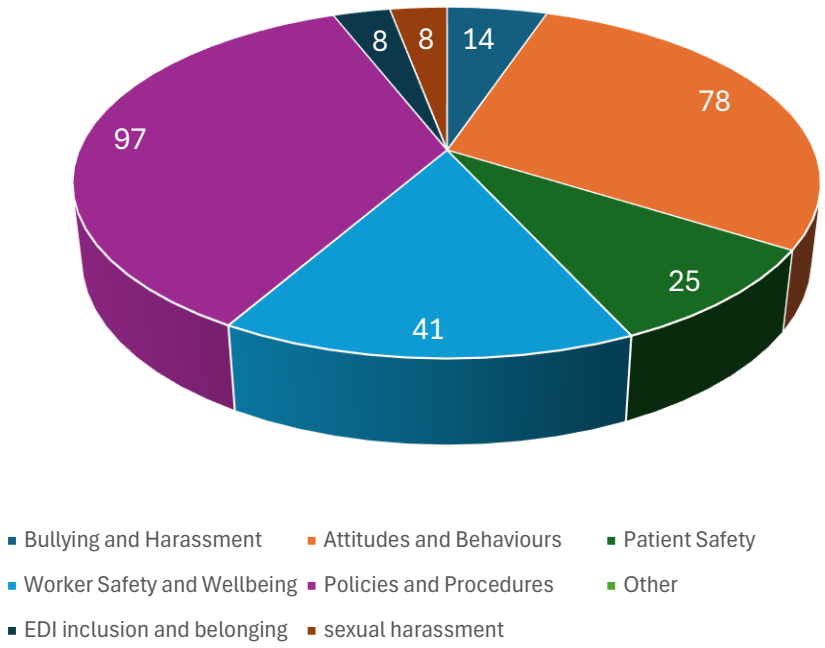


Table 4: Concerns relating to Process and Systems	TOTAL
Organisational Change (Planned or unplanned changes to structures, roles, processes, or culture that affect how people work and deliver services).	12
Clinical Guideline – (Evidence-based recommendations to support safe and effective clinical decision-making and patient care).	2
HR related issue (A concern that centres around people in the workplace such as employment terms, conduct, capability, attendance, performance, or workplace relations managed through HR processes).	59
Recruitment (A theme relating to processes and recruiting staff)	5
Parking (an issue relating to access, management and cost of parking)	1
Education/training (a concern relating to gaps in how people access, develop skills or prepare in their roles)	3

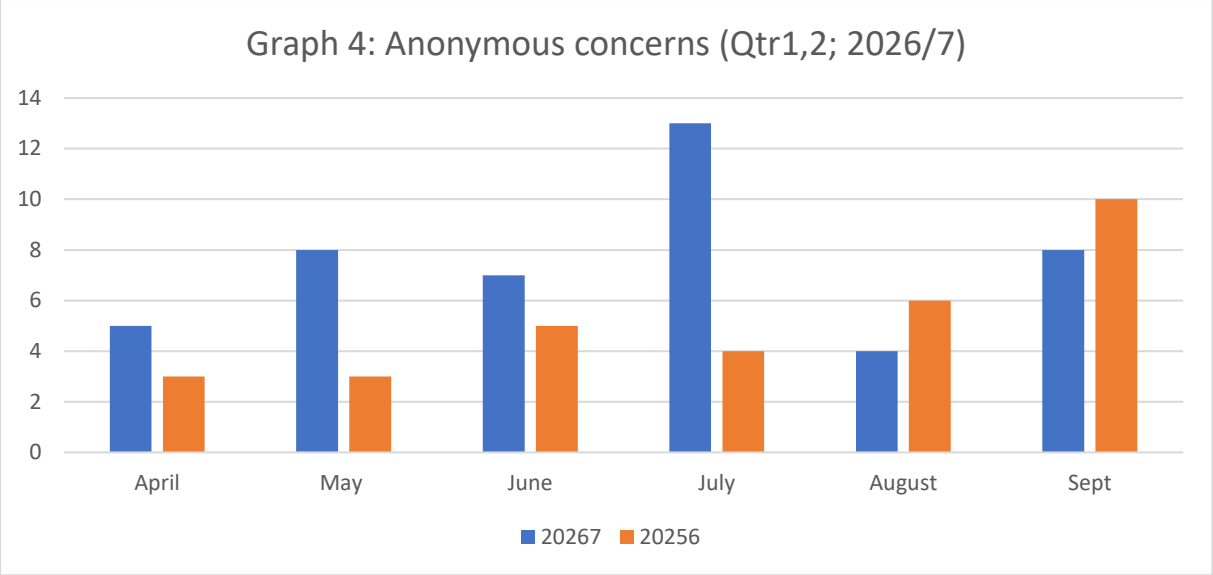
Non-clinical guideline (a concern that relates to a guidance that supports operational, managerial, or professional practice outside direct clinical care. Includes Artificial Intelligence, equipment, procurement, informatics, communication and messaging, recycling and transformation).	12
Health and safety (A theme focused on identifying and addressing risks to people's health, safety)	3
Pension (A theme concerned with retirement planning and the provision of pension benefits)	0
	97

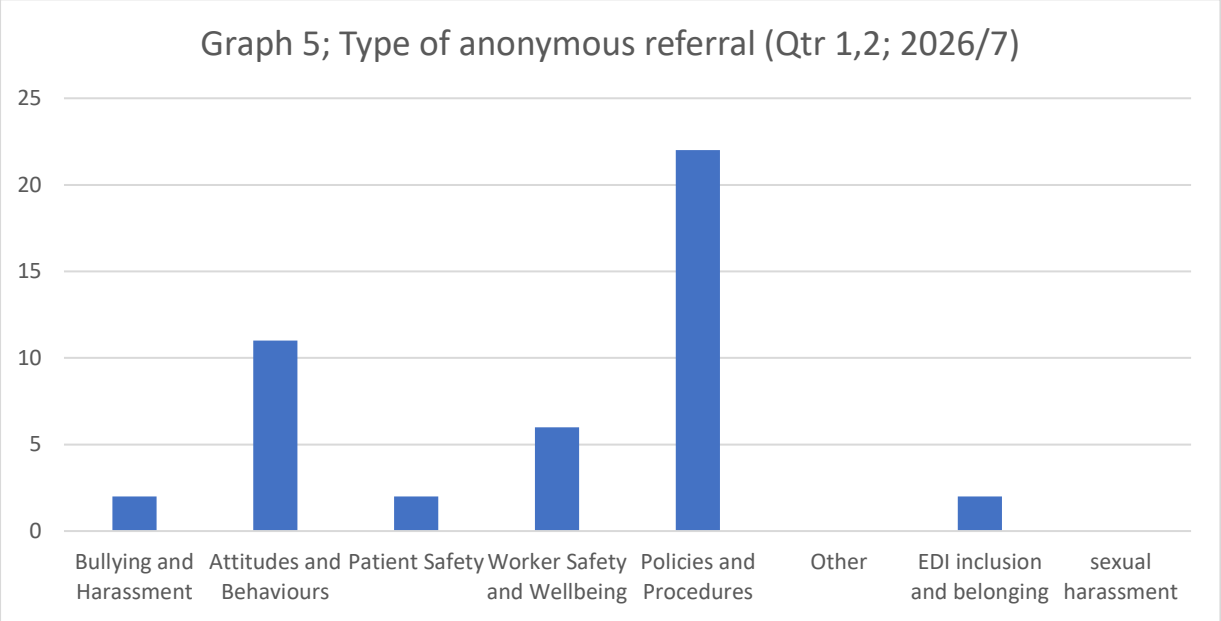
Table 5: Types of Behaviour 2025/6	TOTAL
Cultural breakdown (A deterioration in shared values, trust, behaviours, or norms that undermines teamwork, safety, and organisational effectiveness).	3
Incivility (Low-level disrespectful behaviours (e.g. rudeness, dismissiveness) that may seem minor individually but cause harm when persistent or combined.	44
Longstanding behaviours (Patterns of inappropriate or unprofessional behaviour that have continued over time and become normalised or unchallenged).	37
Miscommunication (Failure to convey or understand information clearly, leading to confusion, errors, or conflict).	2
Toxic workspace (A work environment characterised by persistent negativity, fear, poor leadership, lack of trust, or harmful behaviours affecting performance and wellbeing)	6
	92

Table 6: Referrals made by Profession	FTSU referrals (Qtr 1,2; 2026/7)	No of staff at UHD (March 2026)
AHP	28	890
Medical	16	1442
Nurse and midwife	83	3011
Admin	58	1985
Additional clinical services*	3	1749
Additional professional science #	17	248
Estates and ancillary	14	708
Health care Scientists	6	255
Students	0	92
Anon	45	
other	1	
	271	10 380

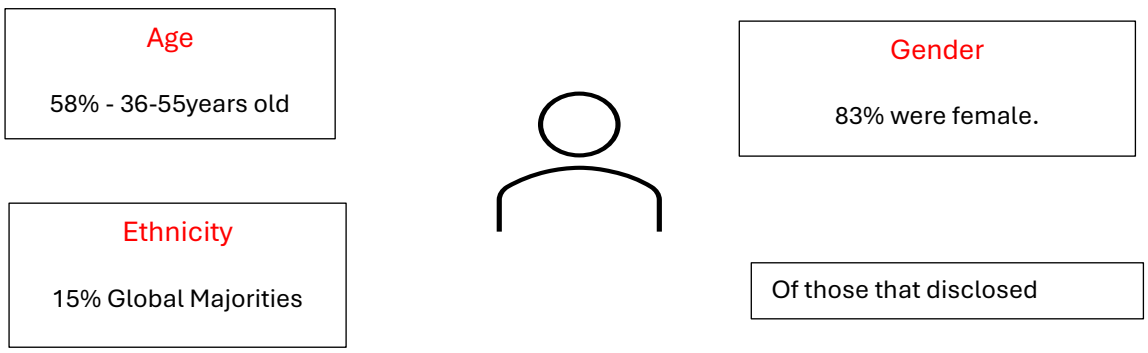
*Additional clinical services includes staff directly supporting those in clinical roles such as Health Care Support Workers (HCSWs), AHP support workers. They have a significant patient contact as part of their role.

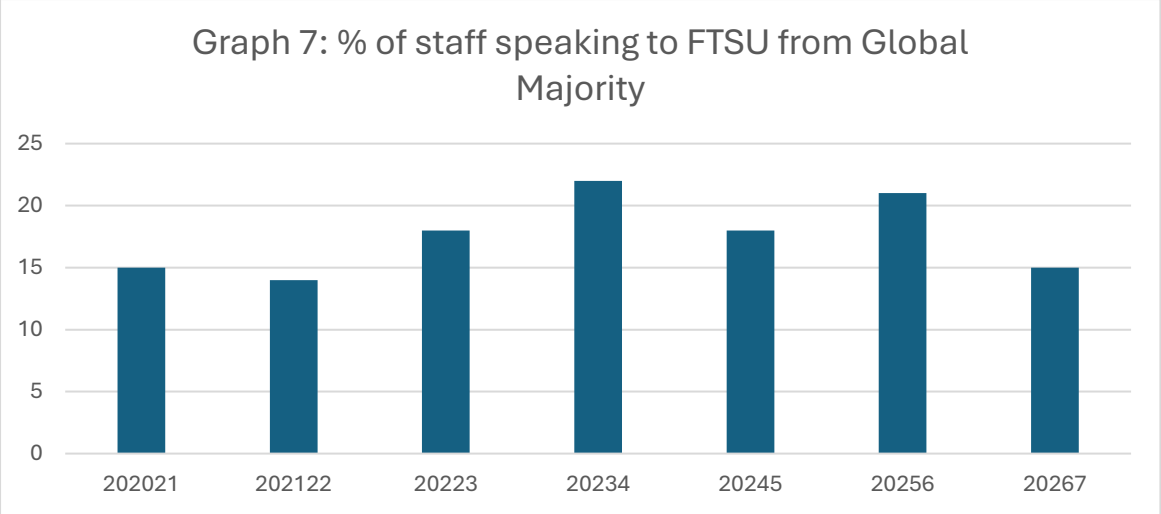
#Additional professional scientific and technical include scientific staff including pharmacists, psychologists, social workers


Graph 4: Anonymous concerns (Qtr1,2; 2026/7)
14
12
10
8
6
4
2
0
April
May
June
July
August
Sept
20267
20256


Graph 5; Type of anonymous referral (Qtr 1,2; 2026/7)
25
20
15
10
5
0
Bullying and Harassment
Attitudes and Behaviours
Patient Safety
Worker Safety and Wellbeing
Policies and Procedures
Other
EDI inclusion and belonging
sexual harassment

Graph 6:


Age
58% - 36-55years old
Gender
83% were female.
Ethnicity
15% Global Majorities
Of those that disclosed



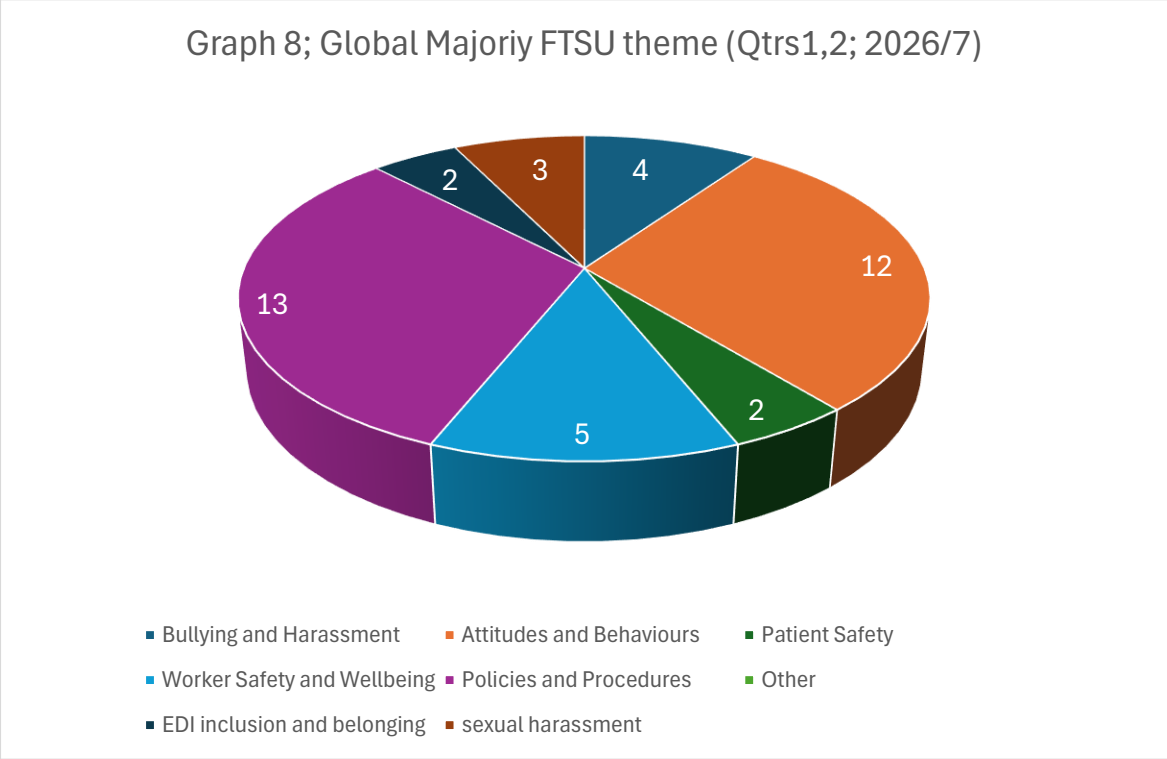
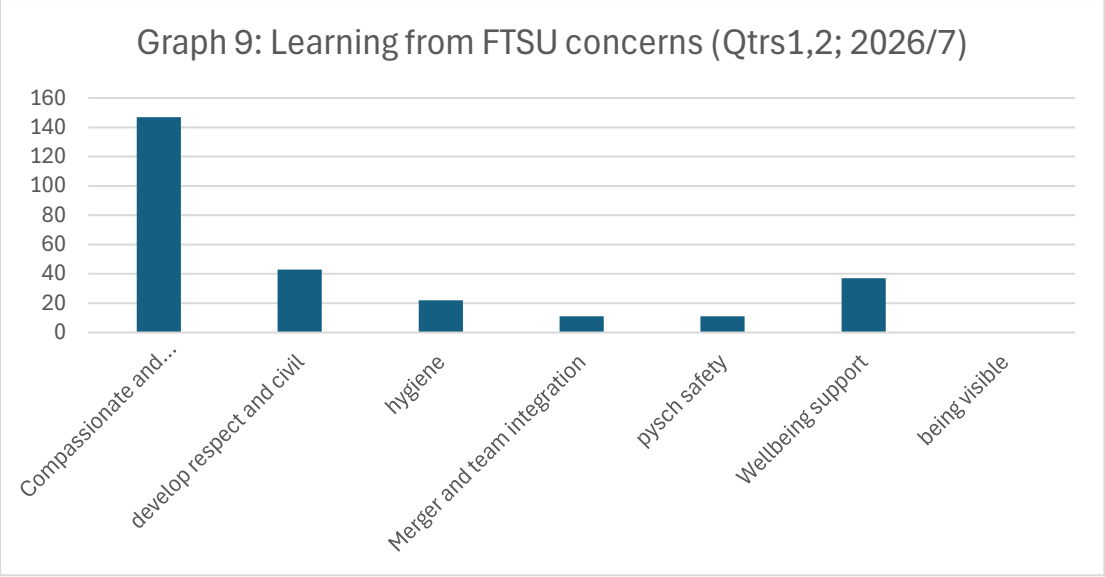


Table 8		FTSU Referrals (Qtr1,2; 2026/7)	Question 25f on NSS (2025)
Care Group	**Directorate**	**Total**	**UHD: 48.8%**
Medical (69)	Accident and Emergency/UTC	11	41.5%
	Specialist Medicine	24	44.1%
	Networked Medicine	8	52.4%

	OPS and Acute Care	24	55.8% (OPS)
	Corporate	2	
Surgical (36)	Surgery	14	46.8%
	Anaesthetics	4	44.9%
	Theatres	10	
	Head and Neck	2	43.9%
	Trauma and Orthopaedics	6	40%
	Private	0	
WCCSS (51)	Cancer Care	4	50%
	Clinical Support	8	55.2% (therapies)
	Pathology	9	41.5%
	Pharmacy	5	45.9%
	Radiology	9	52.7%
	Women's and children	16	49.8% (womens) and 58% child
Operations (29)	Clinical Site	2	
	Facilities	17	50.8%
	Partnership, integration and discharge	5	
	Emergency Planning	0	
	Operational Performance	5	
Corporate (41)	CMO	0	
	CNO	8	41%
	Executive Board	2	73.7%
	Finance, procurement and BI	3	47.4%
	Informatics, IT and IG	3	47.1%
	People	22	53.2%
	Strategy, transformation and Estates	3	45.9%
Anon (45)		45	
TOTAL		271	


Graph 9: Learning from FTSU concerns (Qtrs1,2; 2026/7)
160
140
120
100
80
60
40
20
0
Compassionate and...
develop respect and civil
hygiene
Merger and team integration
pysch safety
Wellbeing support
being visible