Lancashire and South Cumbria Integrated Care Board

Integrated Care Board

Date of meeting	5 November 2026
Title of paper	Freedom to Speak Up
Presented by	Jane Scattergood, Executive Lead Freedom to Speak Up
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Agenda item	20
Confidential	No

Executive summary
This paper provides an annual overview to the Board regarding the developments in relation to the ICB Freedom to Speak Up (FTSU) service. This includes the developments that have been made in the workplan, raising awareness of the service via proactive mechanisms, and responding to concerns raised. The national picture for FTSU is evolving in line with wider health reform. This paper will outline the current position of these changes, ICB response, and future anticipated change. The paper also highlights the continued importance of the ICB FTSU service.
Public and Stakeholder Engagement
The ICB workforce is kept updated on the service via Team Briefings and staff communications.
Recommendations
The Board are asked to **note** the Freedom to Speak Up Annual Report.

Which Strategic Objective/s does the report relate to:		**Tick**
SO1	To improve population health and reduce inequalities through effective strategic commissioning.	
SO2	Commission high quality, safe and accessible services that deliver better and more equitable outcomes and patient experience.	✓
SO3	To develop and sustain the workforce, leadership and organisational capability required to operate as an effective strategic commissioner.	✓
SO4	Improved financial sustainability through directing available resources to deliver the greatest possible value.	
SO5	To deliver agreed national and local outcomes through a balanced focus on performance, improvement and long-term system resilience.	

Implications

	Yes	**No**	**N/A**	**Comments**
Associated risks		✓		
Are associated risks detailed on the ICB Risk Register?			✓	
Financial Implications		✓		

Where paper has been discussed (list other committees/forums that have discussed this paper)		
Meeting	**Date**	**Outcomes**
Not applicable		

Conflicts of interest associated with this report
Not applicable

Impact assessments				
	Yes	**No**	**N/A**	**Comments**
Quality impact assessment completed			✓	
Equality impact assessment completed			✓	
Data privacy impact assessment completed			✓	

Report authorised by:	Jane Scattergood, Executive Lead Freedom to Speak Up

Integrated Care Board – 5 November 2026

Freedom to Speak Up

1. Introduction

1.1 Freedom to speak up (FTSU) is an important part of creating a safe and open culture within the Lancashire and South Cumbria (L&SC) Integrated Care System. This paper provides an annual report to the Board on assurance against the systems and processes in place for this remit, updates against the themes and trends related to speaking up and the actions being taken in this regard, and provides some national context in this field.

2. Operating context

2.1 The National Guardians Office closed on 30 June 2026. From 1 July 2026, following a recommendation in July 2025 by the Dash review of patient safety across health and care, NHS England will deliver some activities previously undertaken by the National Guardian's Office (NGO). Trusts, primary care organisations, integrated care boards (ICBs) and independent providers will be taking on greater responsibility and accountability for embedding effective Freedom to Speak Up arrangements.

2.2 NHS England (NHSE) published 'The future of Freedom to Speak Up' in April 2026 which states that NHS healthcare providers and commissioners will undertake four key requirements, the following table illustrates how these are delivered:

Commissioner requirement	ICB response
Have sole responsibility for ensuring that information about how to contact their Freedom to Speak Up guardian is kept accurate, made publicly available and is accessible.	The ICB guardian contact details are available on a dedicated intranet page and within the FTSU policy. The policy is also available on the ICB website.
Routinely submit their Freedom to Speak Up data through NHS England's national data collection system	The FTSU service captures all referrals on a secure spreadsheet which is used to report quarterly data.
Ensure that any guardian they appoint completes the mandatory guardian foundation training before starting their role and support their continuing professional development	Both current guardians have completed the mandatory guardian foundation training and undertake the annual refresher training.
Ensure appropriate psychological support is available for their guardians	There are a host of ICB support services in place for all staff which

once the nationally sourced independent Employee Assistance Programme ends on 31 December 2026.	the guardians could access if required. With two guardians, currently there is also the access to peer support.

2.3 The NHSE publication 'The future of Freedom to Speak Up', references that during 2026/27, NHSE will begin its review of FTSU arrangements for primary care and independent providers and will continue to liaise with the CQC on how compliance will be assessed within the Well-led inspection regime.

2.4 The Thirlwall review was published in September 2026. This inquiry was set up to examine events at the Countess of Chester Hospital and their implications following the trial, and subsequent convictions, of former neonatal nurse Lucy Letby. The inquiry determined that there are still many NHS staff who do not feel it is possible to raise patient safety concerns without experiencing a detrimental effect on their careers. The report reiterated the importance of a national oversight body for speaking up. A separate paper to report on the findings from the inquiry and recommendations is presented to the Board at agenda item 9.

2.5 The ICB resource for speaking up currently includes two guardians released for two days per month from their substantive positions, the Chief Nurse as executive lead, and Jane O Brien as Non Executive lead. Monthly meetings take place in order to share any trends of concern and to inform planning for the service. The service also includes a series of trained champions who act as a point of contact for individuals who require advice and direct them to the support available, as well as championing the speaking up agenda.

2.6 The final proposed ICB structures post consultation include a provision for a 0.6 WTE substantive guardian within the quality directorate aligned to the Patient Experience Team. This would align to the core skill set of this team to provide a safe environment in order to listen and respond to concerns, ensuring justice and fairness. The Patient Experience Team already has strong links into the wider ICB to the primary care and quality teams and externally to NHSE for professional standards for example.

2.7 The capacity for the service will be reviewed once the new model is in place and in line with expected future clarification of FTSU arrangements for primary care and independent providers and how this may impact the ICB.

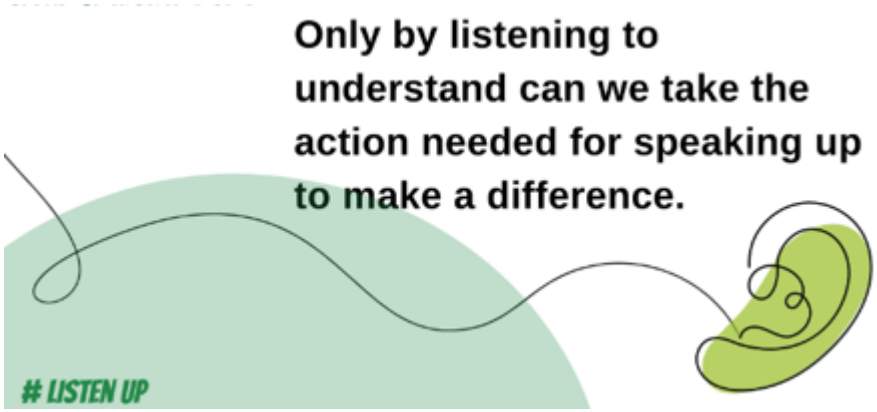
3. Freedom to Speak Up service developments

3.1 The ICB has a policy in place which is available via the intranet page and website and was implemented from November 2022. This policy is in line with the NHS England template which all ICBs were required to adopt by January 2024. Amendments have been made to this policy since the committee were last updated to reflect the new 'failure to prevent fraud' corporate offence, and that the executive responsibility for the ICB service has passed to the Chief

Nurse. The policy outlines how individuals can speak up, and what action will then be undertaken as follows:



3.2 National FTSU month took place in October. The theme for the ICB this year was an opportunity to show that we listen to one another. The following slogan was used in communications to staff and used in team meetings throughout October, with a reminder that the ICB welcomes and listens to colleagues who speak up and that the FTSU service is available for staff who cannot use other routes:



3.3 Actions taken as a result of cases over the last 12 months include:

Referrals for quality and safety investigations	**Referrals to directors and executives for local action**	**Referrals to HR policies and process**	**Contract and regulatory action within primary care**	**Referral to external agencies**

4. Themes, trends and lessons learnt

4.1 The following table illustrates the number and theme of those concerns raised over a 12 month period which were eligible for reporting (a further 7 concerns were reported but the individual did not consent to the data being used):

	Q3 Oct-Dec 2025	Q4 Jan-Mar 2026	Q1 Apr-Jun 2026	Q2 Jul-Sep 2026	Total
Staff safety	3	2			5
Cultural	1	1			2
Patient safety / quality		2			2
Behavioural/relationship		2	2	2	6
System / process		1	1		2
Bullying / Harassment		1			1
Infrastructure/Environment		1			1
Middle management issue				1	1

4.2 The data shows that there is approximately one referral received each month across the year except in quarter 4 whereby 10 concerns were reported across a host of different themes. This quarter was just prior to the commencement of the full staff consultation and the exit of high numbers of staff from the organisation under the voluntary redundancy scheme which could illustrate a high level of uncertainty in the organisation at this time which may have contributed to this increase.

4.3 Within the ICB, of the 20 concerns eligible for reporting, 10 of those were raised anonymously, with a further 5 concerns whereby the identity was known to the guardian but protected at the request of the referrer. This is a continuing trend. For those cases which are fully anonymous, these are progressed in line with the policy but the guardian is prevented from providing feedback to the referrer, and this can limit the local action that can be taken dependent on the level of detail provided by the referrer. It must be noted that anonymous reporting illustrates that there is trust in the FTSU service that action will be taken as a result of raising the concern in this manner.

4.4 The ICB FTSU service had determined that whilst the responsibility for hearing concerns originating from primary care is unclear, that the ICB FTSU service would hear these and provide support and signposting where possible if brought to the service. To date the FTSU guardians have supported multiple staff within 10 primary care practices, and supported wider quality and primary care colleagues where whistleblowers have approached the ICB directly. From the data at 4.1, two of these concerns pertain to primary care in the themes of patient safety/quality and Infrastructure/Environment.

4.5 The NGO published an annual report prior to closure for the reporting period April 2025 to March 2026. It must be noted that the time period is slightly different to that of this report and that the NGO report provides analysis against a breadth of organisations including providers, ICBs, and independent

organisations. Two key themes from the NGO report align to that of this report in that; the NGO report noted a rise in anonymous referrals which accounted for 12.2% of cases (2,217) and the patterns seen in case themes remain consistent with previous years, with culture- and behaviour-related concerns continuing to dominate. This is also reflected in the ICB concerns at 4.1 and with challenges related to leadership a common thread throughout.

4.6 There is a tool available nationally for the reflection and planning of FTSU arrangements. This tool consists of 8 principles as follows which will shape the workplan for the long term FTSU model once the substantive guardian role has been appointed to:

Principle 1: Value speaking up (*For a speaking-up culture to develop across the organisation, a commitment to speaking up must come from the top*).

Principle 2: Role-model speaking up and set a healthy Freedom to Speak up culture (*Role-modelling by leaders is essential to set the cultural tone of the organisation*).

Principle 3: Make sure workers know how to speak up and feel safe and encouraged to do so (*Regular, clear and inspiring communication is an essential part of making a speaking-up culture a reality*).

Principle 4: When someone speaks up, thank them, listen and follow up (*Speaking up is not easy, so when someone does speak up, they must feel appreciated, heard and involved*).

Principle 5: Use speaking up as an opportunity to learn and improve (*The ultimate aim of speaking up is to improve patient safety and the working environment for all NHS workers*).

Principle 6: Support guardians to fulfil their role in a way that meets workers' needs

Principle 7: Identify and tackle barriers to speaking up (*However strong an organisation's speaking-up culture, there will always be some barriers to speaking up, whether organisation wide or in small pockets. Finding and addressing them is an ongoing process*).

Principle 8: Continually improve our speaking up culture (*Building a speaking-up culture requires continuous improvement. Two key documents will help you plan and assess your progress: the improvement strategy and the improvement and delivery plan*).

5. Committee reporting

5.1 Routine reporting of speaking up themes and trends continues at the Transition and Change Committee. An assurance update was also provided to the Audit Committee in September 2026 to support the committee discharge its role to review the adequacy and security of the ICB's arrangements.

6. Conclusion

6.1 The ICB continues to maintain robust systems and processes for speaking up over the last year which are being utilised across the organisation and externally. For the next year the focus will be to embed a new capacity model for the service.

7. Recommendations

7.1 The Board is asked to **note** the update.