



Ambulances Running on Adrenaline: speaking up in ambulance trusts

**The Guardian Service response to the culture review of ambulance trusts
(Independent review chaired by Siobhan Melia, Chief Executive Sussex Community
Foundation Trust – published 15 February 2024)**

[NHS England » Culture review of ambulance trusts](#)

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Section 1: Foreword

We welcome this review. The points it makes are already well known but it succinctly and accurately describes the environment in which the workforce operates. We endorse the recommendations but would go further. Speaking up culture is fundamental to wider improvement: it is an enabler of change as well as a building block of positive culture in its own right. By getting speaking up right, and enabling everyday dialogue to take place, you will be making across the board cultural improvements.

In this report we make the following points:

- *The time for action is now*

The focus on waiting times is acute and change to support the wellbeing of the workforce must keep pace with this.

- *Speaking up is an enabler*

Speaking up is an enabler of change and will help ambulance services respond to all the recommendations made.

- *Learning together*

All members of the blue-light family face similar challenges and can learn from each other. It has taken many years for speaking up to begin to embed itself in the health sector but this learning will help all blue-light services to accelerate their progress.

- *Effectiveness should be judged by the experience of the workforce*

The lived experience of the workforce is the ultimate measure of effectiveness of speaking up arrangements. Senior leaders will only be able to judge their speaking up culture by seeing and hearing what the workforce see and hear for themselves.

- *Infrastructure is a by-product not a driver of culture*

Infrastructure is reflective of the culture it serves. Changing infrastructure will not change culture but insight will be gleaned from understanding why existing infrastructures developed in the way that they did.

- *Barriers presented by hierarchy and seniority are everywhere*

Command and control structures and visible representations of rank are only one way in which hierarchy and seniority operate. Power differences are played out in numerous overt and subtle ways. Effective speaking up arrangements require routes that can operate outside these parameters as they will always impact on people's ability to speak up.

- *Bullying and harassment breeds silence*

Bullying and harassment breeds silence. This strengthens the need for Guardian support that operates outside and independent of cultures in which bullying and harassment persists.

- *Everyday dialogue is preventative and curative*

Whilst the response to matters raised by speaking up needs to be swift and effective, solely focusing on improved investigations and other processes will miss the point. Enabling effective everyday dialogue and empowering workers to resolve matters without recourse to further escalation will, in the long run, drive the most powerful change.

Section 2: Our response

The time for action is now

In her foreword, the Chair of the review, Siobhan Melia, recognises that:

“A focus on operational performance often overshadows a focus on people and culture, creating a disconnect between the two ...”

The review report also states:

“The need to balance the focus on operational performance with people metrics and place patient outcomes on an equal footing to staff experience, recognising the link between good organisational staff culture and patient experience.”

“The Health Safety Investigation Branch within the [NHS patient safety strategy refresh \(2023\)](#) emphasises the importance of staff safety, including psychological and physical aspects, in supporting patient safety. Factors like staff engagement, fatigue, burnout, and presenteeism are crucial considerations due to their potential impact on both patients and staff.”

The parallels with Sir Robert Francis’ observations of pressures that operated in Mid-Staffordshire NHS Trust are striking. In his 2013 letter to the Secretary of State for Health, Sir Robert made the direct link between performance, culture and consequences for patients:

“Building on the report of the first inquiry, the story it tells is first and foremost of appalling suffering of many patients. This was primarily caused by a serious failure on the part of a provider Trust Board. It did not listen sufficiently to its patients and staff or ensure the correction of deficiencies brought to the Trust’s attention. Above all, it failed to tackle an insidious negative culture involving a tolerance of poor standards and a disengagement from managerial and leadership responsibilities. This failure was in part the consequence of allowing a focus on reaching national access targets, achieving financial balance and seeking foundation trust status to be at the cost of delivering acceptable standards of care”

Poor performance against operational targets is already hitting the headlines, and we can only expect that this focus will continue for the immediate future. Unless the absolute connection between performance, culture, staff wellbeing and the quality and safety of care is continually emphasised, we can see the risk that the focus on performance, at the expense of people and culture, will increase. If this is the case, the past will be repeated and, inevitably, there will be failings in care with, potentially, tragic consequences.

We call on all leaders, operational and national, to consider carefully any action designed to improve performance that may run the risk of being at the expense of the needs of the workforce. This will lead to compromises in the quality and safety of care. Workforce needs, culture, performance, quality and safety are intrinsically linked, not elements that can be traded off against each other.

Speaking up is an enabler

Six recommendations are made in the report. One specifically mentions ‘freedom to speak up’. We believe that speaking up, and grappling the challenges of creating an environment where this flourishes, are an enabler of change that will support delivery against all six recommendations.

Recommendation	Speaking up as an enabler
<p>Balance operational performance with people performance at all levels.</p>	<p>Speaking up cases provide intelligence on both operational and people performance. Case numbers, themes, and distribution provide insight that becomes valuable intelligence when triangulated with other data.</p> <p>People performance should include assessment of the information, knowledge, capability and mindset to create local and organisational environments where speaking up is enabled.</p>
<p>Focus on leadership and management culture and develop the ambulance workforce.</p>	<p>Reflective of the CQC single inspection framework, speaking up is a factor of how ‘well-led’ an organisation is. A healthy speaking up environment reflects all-round good leadership practice. Guidance and tools on speaking up for Boards produced by NHSE are a practical way to look at leadership and management culture.</p>
<p>Improve the operational environment, line management and undergraduate training.</p>	<p>Looking at the effectiveness of all routes for speaking up, acknowledging the barriers to speaking up, and working to create improvement will improve the operational environment. Speaking up will also identify variation in the local environment and highlight where particular barriers are operating most, and what parts of the workforce are facing the most significant barriers.</p> <p>Basic training on speaking up is available from Health Education England but will not open mindsets on its own, particularly where entrenched cultures operate. Training on ‘dialogue’ to support healthy everyday conversations is needed.</p>
<p>Translate the NHS equality, diversity, and inclusion improvement plan into a bespoke plan for the sector.</p>	<p>The NHS equality, diversity, and inclusion improvement plan specifically references speaking up and recognises its role in creating psychologically safe work environments, the differing experience of bullying and harassment experienced by particular groups, and the impact that bullying and harassment has on people’s ability to speak up. It sets the expectation that NHS organisations will demonstrate ‘steady year-on-year</p>

<p>Target bullying and harassment, including sexual harassment and enable freedom to speak up.</p>	<p>improvements' in their speaking up environment. Simply put, improving speaking up will support better inclusion and help tackle bullying and harassment.</p>
<p>Prioritise, support and develop human resources and organisational development functions.</p>	<p>Human resource functions play a fundamental role in establishing the policy and processes that describe and enable speaking up, investigating many of the matters raised, and training and developing staff to enable them to engage in everyday dialogue effectively. Looking at speaking up as an action that should be desired, natural and easy, and putting in place policies, processes and training that encourage this and enable swift and easy response to matters raised, will shift the relationship between HR teams and staff and create an empowering and supportive environment.</p>

Learning together

The report recognises similarities between the challenges faced by ambulance trusts and those felt by fire and rescue and police services:

“Other blue light services such as the National Fire Service and the Metropolitan Police Service, offer valuable paradigms for the ambulance sector. These services, despite their distinct challenges, have implemented strategies that emphasise collaboration, transparency, and continuous improvement.”

However, we would contend that the implementation of strategies does not result in culture change and that blue light services generally have a long way to go before they can realistically claim to be collaborative, transparent and continually improving.

We have written previously about the links that can be drawn across the blue light family and the learning that can be offered. It has taken since the publication of the 'Freedom to Speak Up' Review in 2015 for the language of speaking up to embed itself across NHS services. There have been successes and significant improvements in national policy and guidance. There is even an NHS 'People Promise' of 'We each have a voice that counts' and associated measures in the NHS staff survey. However, after this time, the surface has only just been scratched, with rhetoric only just extending beyond NHS trusts, mindsets only partially changed, regular reports of failings, and many indicators of speaking up culture going down not up.

We encourage further cross-sector collaboration and learning. Speaking up is not just for health and not just for the blue light family but for all. However, there is no room for complacency, indeed, as set out in our 10-year report, we believe that there needs to be a fundamental shift in the narrative if speaking up is to flourish in the health sector and deliver on its promise.

Effectiveness should be judged by the experience of the workforce

The review presents ambulance trusts with the challenge to “*ensure effectiveness of Freedom to Speak Up (FTSU) functions.*” NHSE has published guidance and tools to help senior leaders identify strengths and gaps in their speaking up arrangements. Whilst these provide useful checklists, it is less likely they can be relied on to ‘ensure effectiveness’. Whilst designed to be widely applicable, they still appear to be hard to translate outside the setting of an NHS trust. Ultimately, the effectiveness of speaking up arrangements must be based on the lived experience of workers, rather than the perceptions of leaders. The report recognises this:

“Changing the culture of ambulance trusts will take time, commitment, energy and action from all parts of the system. Success can be measured through the lived experience of people who work in ambulance trusts, both quantitatively via the staff survey and aligned People Promise themes and metrics referenced earlier in this review, and through more qualitative approaches. Specific areas of focus should be the reduction of the number of formal employee relations cases in ambulance trusts, retention rates, the improvement in staff survey staff engagement scores, an increase in the number of staff who state that their organisation has taken positive action to improve wellbeing in the survey, and an improvement in recommend as a place to work survey scores.”

We urge all leaders to think beyond the use of guidance and toolkits and to properly engage with their workforce when looking at the effectiveness of their speaking up arrangements. Strengths or weaknesses must ultimately focus on how effectively everyday dialogue takes place and how that dialogue drives learning and improvement.

Infrastructure as a by-product not a driver of culture

The review recommends that ambulance trusts ‘*implement appropriate infrastructure for effective speak up culture, including trained investigators for the most complex cases*’. We would argue that current infrastructure has arisen as a reflection of poor speaking up culture. Unfortunately, changing infrastructure will not change that culture. Indeed, changed infrastructure will be doomed to perish if existing cultures persist. Many will be familiar with the phrase ‘culture eats strategy for breakfast’. We would add that ‘behaviour trumps infrastructure’.

We encourage leaders to look at speaking up ‘infrastructure’ as a barometer of their culture rather than a facilitator of change. Rather than judging how ‘appropriate’ their speaking up infrastructure is, we would recommend articulating their ambitions for how they wish their culture

to be as a starting point. Infrastructure can then be developed that reflects and actively drives towards that ambition, rather than simply standing or falling on its 'appropriateness'.

Barriers presented by hierarchy and seniority are everywhere

As is observed in the fire & rescue and police services, the review notes the impact of 'command-and-control' structures on culture:

"Leaders within the ambulance service during the stakeholder interviews recognised that the command-and-control model only works effectively over a short period of time for a specific purpose but is not sustainable for day-to-day practice. The [Paramedic leadership in English ambulance trusts 2023 report](#) acknowledges that organisational leadership should differ to 'on scene' command control."

Whilst 'command-and-control' structures, and visual representations of rank and authority may be at one extreme, all healthcare settings are awash with overt and subtle power-plays that function in a similar way every day. Even in the most inclusive of settings, someone's professional background, level of experience, grade, and relationships within an organisation will impact on who speaks up to them, and who they will speak up to. Even if there could be a simple switch from 'on scene' leadership to 'organisational' leadership, these factors will remain.

When considering speaking up arrangements, we urge leaders not to underestimate the barriers presented by hierarchy and seniority. When looking at Guardian arrangements, which function as an additional route for speaking up, we contest that it simply is not possible to implement these effectively 'from within' because of these factors. This is all the more the case where existing cultures are poor and 'command-and-control' structures are embedded.

Bullying and harassment breeds silence

The NHS equality, diversity and inclusion implementation plan states:

"Staff who are bullied in the workplace are less likely to speak up and to admit mistakes, and therefore are less likely to contribute to effective team working. Bullying affects bystanders and witnesses too, eroding psychological safety within the workplace culture."

The Review describes the endemic nature of bullying within ambulance trusts:

"Despite efforts in this space, ambulance staff have reported that they continue to face harassment, discrimination, and bullying, often met with scepticism and delayed action. This not only affects current staff but also impacts trainee retention. Trusts often prioritise operational capacity over addressing misconduct, leading to delayed investigations and actions. Human resources and organisational development functions within these trusts often struggle to manage the complexity and quantum of these challenges, indicating a need for significant cultural change."

The review makes the same points related to operational pressure:

“The pressures of the organisation can sometimes amplify a blame culture, where raising concerns might be seen as a sign of weakness or even a threat to one’s job. This can lead to issues such as non-compliance with the statutory duty of candour. ...”

Given these facts we believe that, whilst ambulance trusts grapple with the culture change needed, staff need the support of a fully independent Guardian who can operate outside the obstacles presented by the current culture and provide a trusted, safe, confidential space for staff when they wish to speak up about any matter.

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Everyday dialogue is preventative and curative

In a number of places the review emphasises the importance of swift and timely investigations, and effective approaches to conflict resolution:

“Different methods of conflict resolution are being explored in the sector. One trust has implemented a pre-action review meeting (Pre-ARM) following investigations, chaired by an executive team member, while another uses a resolution hub. The advantages of digitising and streamlining human resources processes were emphasised, along with the necessity for all ambulance services to have trained investigators. This would help manage expectations from the start and clearly communicate the consequences of inappropriate behaviour.”

“Suitable infrastructure for an effective speak up culture – trained investigators and consistent practice with regards to misconduct within an ambulance service.”

“Implementing resolution hubs and digitising of processes to streamline and save time and to be able to replicate processes at a national level.”

Whilst swift and effective action should be taken once a matter is raised, we believe that effective everyday dialogue that empowers staff to take action themselves is the basic building block of speaking up culture. This is also recognised in the report:

“Ensure ambulance staff have access to their managers to provide staff opportunities to resolve issues and equip managers to have ‘difficult conversations’ about behaviour with staff.”

Everyday dialogue is both preventative and curative. Facilitating this requires minds to be opened and skills to be sharpened rather than being a simple case of information transfer. National programmes of e-learning will not achieve that. Rather, there should be investment in effective programmes of training and engagement that can support and empower the workforce and rekindle their belief that everyone’s voice matters.

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Section 3: References

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Delivering a blue light response for Ambulance Trusts

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Speaking up is essential not aspirational

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