


University Hospitals Sussex
NHS Foundation Trust

**University Hospitals Sussex NHS
Foundation Trust (UHSx)**

**Annual Report
1 April 2024 to 31 March 2025**



**The Guardian
Service**
Here to listen

Circulation:

David Grantham, Chief People Officer

**Prepared by:
Trish Marks
Emily Barber
Guardians
The Guardian Service Ltd.**

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1. Executive summary

The Guardian Service Ltd (GSL) was implemented in UHSx on 7th August 2023. This report presents the Freedom to Speak Up (FTSU) Guardians' (the Guardians) report for the year from 1st April 2024 – 31st March 2025. It provides an overview of the activity and themes in this period.

Staff raised 248 concerns to the Guardians in the period. 209 of these were closed. The average number of concerns remain consistent with the period ended March 2024.

Comparison with national data sets indicate UHSx quarterly case averages are high against the comparator sector and CQC rated peer group. However, it is also shown that there is wider variation in case numbers for larger organisations.

Other aspects of case data provide more context. 73% of cases remained confidential between staff and the Guardians, and also 73% were rated green. 57% of staff said they were seeking impartial support. Escalation rates stood at 27% of cases. Further analysis suggested that the Trust was eventually aware of 52% of cases initially raised to the Guardians.

Thematic analysis indicates the top three primary themes were Management Issues (80 concerns), System & Process (62 concerns) and Bullying or Harassment (35 concerns). Only 13 Patient Safety/ Quality concerns were reported to the Guardians, all were escalated and were/are being responded to by managers.

By Job Group, Division and Location

- Admin & Clerical and Nursing & Midwifery groups accounted for just over half of all concerns raised. The former showed a significant increase over the previous period and over representation for its share of the substantive workforce. The latter decreased and was slightly under-represented. Other under-represented groups included staff from Medical & Dental (like the national picture) and Facilities & Estates roles.
- Divisions with the largest number of concerns, most significant increases and all slightly above their share of the substantive workforce were: Corporate Services (16% of concerns, +7%); Women & Children's (13%, +3%) and Surgery (WOR SRH) (11%, +5%).
- By location most concerns were from RSCH (and associated sites) but with a reduction from the previous period. Worthing (and associated sites) showed a significant increase period on period. Workforce size may partly qualify the numbers from RSCH while Worthing has a disproportionately high share of cases.

Exploration of other speaking up pathways being used by these Groups; Divisions and Locations would provide a more complete picture. High case numbers and over representation for workforce share should not be viewed negatively. Some job groups, divisions and locations may feel engaged, more comfortable to speak up or simply have better knowledge of, and access to certain speaking up pathways.

While there were no confirmed cases of detriment there were other signifiers that fear and futility exist around speaking up.

Steps continue to be taken that improve the Freedom to Speak up Culture. Some of note include steps taken, through the induction process, to increase medical staff knowledge of speaking up; the additional Guardian capacity formalised in Q3; and managers in the Trust continuing to be receptive to requests for informal meetings with staff to listen to their concerns.

Recommendations from the Guardians previous reports have been encompassed in the Speaking Up Action Plan. This is a work in progress and reviewed and updated at regular intervals.

The Board is asked to consider the new comments and recommendations at Section 16.

2. Purpose of the paper

The purpose of this paper is to provide an activity report with further insight and narrative around the concerns raised throughout this financial year, supplementary to the monthly numerical, cumulative reports already provided.

The report provides an overview for the twelve months 1st April 2024 to 31st March 2025. The report follows the guidance from the National Guardian Office (NGO) on the content Guardians should include when reporting to their Board: Assessment of cases; Potential patient safety or worker experience issues; Action taken to improve FTSU culture and Recommendations.

3. Background to Freedom to Speak Up

Following the Francis Inquiry¹ 2013 and 2015, the NHS launched 'Freedom to Speak Up' (FTSU). The aim of this initiative was to foster an open and responsive environment and culture throughout the NHS enabling staff to feel confident to speak up when things go or may go wrong; a key element to ensure a safe and effective working environment.

4. The Guardian Service

The Guardian Service Limited (GSL) is an independent and confidential staff liaison service. It was established in 2013 by the National NHS Patient Champion in response to The Francis Report. The Guardian Service provides staff with an independent, confidential 24/7 service to raise concerns, worries, or risks in their workplace. It covers patient care and safety, whistleblowing, bullying, harassment, and work grievances. We work closely with the National Guardian Office (NGO) and attend the FTSU workshops, regional network meetings and FTSU conferences. The Guardian Service is advertised throughout the Trust as an independent organisation. This encourages staff to speak up freely and without fear of reprisal. Freedom to Speak Up is part of the well led agenda of the CQC inspection regime. The Guardian Service supports the Trust's Board to promote and comply with the NGO national reporting requirements.

The Guardian Service Ltd (GSL) was implemented in UHSx on 7th August 2023.

Communication and marketing have been achieved by meeting with senior staff members, joining team meetings, planned and unplanned site visits, the Intranet and the distribution of flyers and posters across the Trust. All new staff will become aware of the Guardian Service when undertaking the Trust's induction programme.

5. Access and Independence

Being available and responsive to staff are key factors in the operation of the service. Many staff members, when speaking to a Guardian, have emphasised that a deciding factor in their decision to speak up and contacting GSL was that the Guardian is not a UHSx employee and is external to the Trust.

6. Categorisation of Calls and Agreed Escalation Timescales

The following timescales have been agreed and form part of the Service Level Agreement.

Call Type	Description	Agreed Escalation Timescales
Red	Includes patient and staff safety, safeguarding, danger to an individual including self-harm.	Response required within 12 hours
Amber	Includes bullying, harassment, and staff safety.	Response required within 48 hours

¹ <https://www.gov.uk/government/publications/report-of-the-mid-staffordshire-nhs-foundation-trust-public-inquiry>

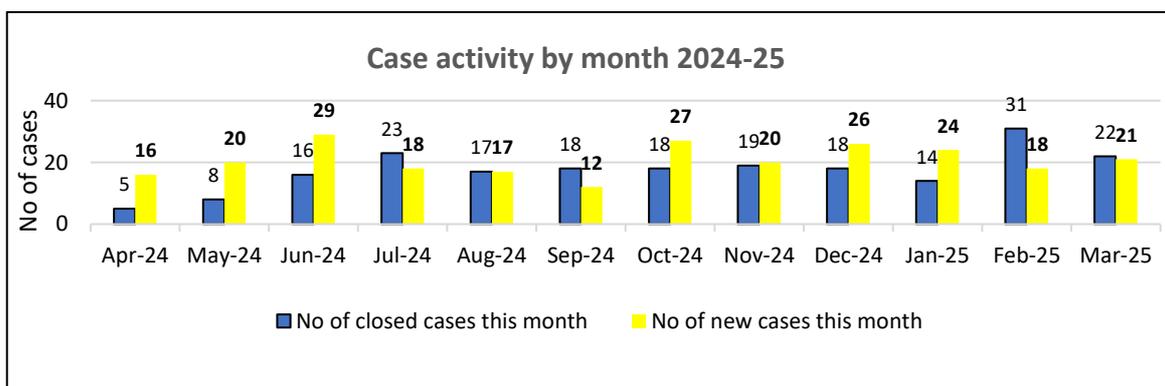
Green	General grievances e.g. a change in work conditions.	Response required within 72 hours
White	No discernible risk to organisation.	No organisational response required

Open cases are continually monitored, and the Guardians maintain regular contact with members of staff who have raised a concern to establish where ongoing support is required. This can be via follow up phone calls and/or face to face meetings with staff. Guardians will also maintain contact until the situation is resolved or the staff member is satisfied that no further action is required. Where there is a particular complex case, setbacks, or avoidable delays in the progress of cases that have been escalated, these would be raised with David Grantham, Chief People Officer at regular monthly meetings.

Escalated cases are those which are referred to an appropriate manager, at the request of the employee, to ensure that appropriate action can be taken. Some staff choose to progress their issue themselves, and others choose no further action. There are circumstances where cases are escalated later by the Guardian. A staff member may take time to consider options and decide a course of action that is right for them. The Guardian will keep a case open and continue to support staff in such cases. In some situations, contact with the Guardian is not maintained by the staff member.

7. Number of concerns raised to Guardians this period.

Staff in the Trust may raise work related issues using a number of pathways. In the period 248 new concerns were raised to the Guardians, and 209 concerns closed.



Monthly concern numbers continued to fluctuate, peaking in June (29) and the lowest number of cases recorded in September (12). The yearly average remains consistent with the first 8 months of the service (period ended March 24).

Most initial contact with the Guardian is by email but a variety of methods are used in on going communication with staff. There are normally multiple contact points for each concern and therefore there is no direct correlation with numbers of concerns raised. Frequency of contact is agreed with the worker.

Initial Contact points with Guardians 24/25		
Emails - 1308	Telephone calls - 377	Face to face - 306

8. Confidentiality and Case Outcomes

The nature of a concern raised by staff may dictate the confidentiality status of an issue. On first speaking with the Guardian, staff are informed that issues of, safeguarding, patient or staff safety will be reported to the Trust by the Guardian. Staff will also be informed that though the issue may not remain confidential it may be possible to attempt to protect the individual's identity. The latter is never guaranteed.

Confidentiality status may change over time depending on the wishes of the person. Sometimes after a period of reflection staff may opt to move from a confidential conversation with the Guardian to looking for escalation with/ without their name.

In all cases requiring or requesting escalation it is also explained that the nature of a concern may identify an individual and, that withholding identity may be a limiting factor for resolution.

Case management by the Guardian with respect to confidentiality and escalation path is categorised and recorded as a cumulative figure. For the period this broke down as follows:

Confidentiality	24/25 No. concerns	Percentage	23/24* No. concerns	Percentage
Keep it confidential within Guardian Service remit	181	73%	119	69%
Permission to escalate with name	37	15%	28	16%
Permission to escalate anonymously	6	2%	12	7%
Permission to escalate without name	24	10%	14	8%
Total	248	100%	173	100%

*8-month period

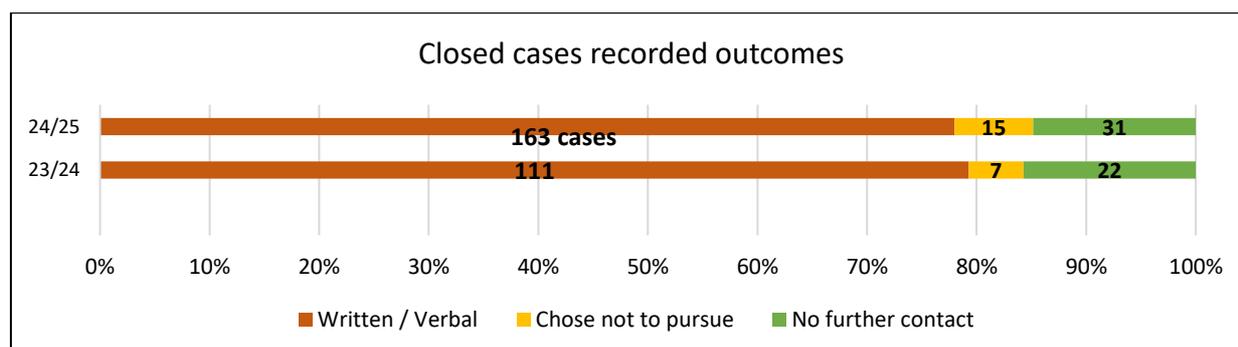
Confidentiality at 73% is not necessarily a reflection of staff lacking trust. An alternative view is that it reflects staff just needing an independent, impartial listener. Guardians may challenge staff thinking and encourage both reflection and consideration of a different perspective and so help them identify their own way forward with an issue. The analysis below illustrates how this has been achieved.

Additionally, when a concern is escalated by the Guardians on behalf of a worker, the Guardians will endeavour to ensure there is follow up and feedback i.e. a resolution. The Guardians will also ensure unexpected outcomes are accompanied with an explanation. Sometimes other pathways for speaking up in the Trust may not ensure that the “follow up/ feedback” takes place.

With one exception, escalated concerns were responded to within the agreed timeframes. In that one case, several attempts were made by a Guardian to contact the escalation manager. However, this, and further attempts to reconnect with the worker achieved no response. The case was closed as the Guardian had done everything they could. Following discussion with the Executive Lead the Guardian attended a leaders briefing to remind managers of the importance of active engagement.

There has been a slight reduction in the number of cases escalated via the Guardians versus the period ended March 24 (27% v 31%). Alongside this it is also worth considering the proportion of cases with a written/verbal outcome and, within that, what staff told the Guardians happened next.

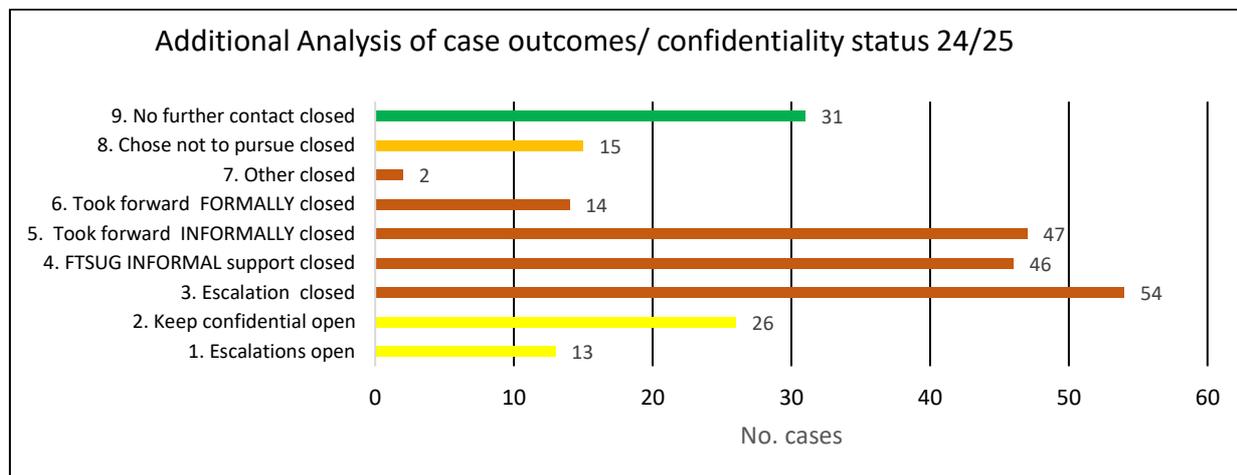
Of 248 cases, 209 closed and 163 had a written/verbal outcome. This is consistent with the previous period.



Further analysis of all 248 cases is charted below. It shows that a further 61 cases (items 5 and 6) were escalated by the staff member to the Trust as follows:

- In 47 of those cases staff reported that following a supportive conversation with the Guardians they intended escalating the issue informally themselves.
- In 14 cases staff reported they intended moving forward via a formal process.

Overall, it is reported the Trust was aware of 128 (52%) of cases initially raised with the Guardians.



In a further 46 cases (19%) staff found an informal supportive conversation with the Guardians resolved their concern. A confidential conversation with an objective and impartial listener who brings no judgement to the issue can be sufficient to resolve. The Guardians will regularly challenge, in a supportive way, with the aim of bringing clarity of perspective, reality on resolution and suitable ways of moving forward.

9. Themes and trends in themes

Concerns are categorised under themes. The table below gives an indication of what staff are speaking up to the Guardians about:

Theme	Primary themes 2024-25 12 months	All themes 2024-25	Primary themes 2023-24 8 months	All themes 2023-24
A Patient Safety / Quality	13 (5%)	25 (6%)	11 (6%)	17 (6%)
B Management Issue	80 (32%)	123 (30%)	44 (25%)	65 (23%)
C System Process	62 (25%)	85 (21%)	62 (36%)	77 (27%)
D Bullying or Harassment	35 (14%)	43 (11%)	22 (13%)	33 (12%)
E Discrimination or Inequality	22 (9%)	33 (8%)	5 (3%)	14 (5%)
F Behavioural / Relationship	18 (7%)	45 (11%)	26 (15%)	49 (17%)
G Other (Describe)	2 (1%)	3 (1%)		
H Worker Safety	16 (7%)	49 (12%)	3 (2%)	30 (10%)
Grand Total	248	406	173	285

A concern may have more than one theme. The dominant theme determines the Primary categorisation. Other themes are recorded and considered under “All themes”. The NGO data collection records cases with any element of certain themes regardless of the dominant theme. The NGO theme “Inappropriate Attitudes and Behaviours” (consists of GSL themes Management Issues; Discrimination/Inequality;

Behavioural/ Relationship). Nationally the theme System & Process is overlooked though may be considered at a local level by individual Guardians.

Primary themes

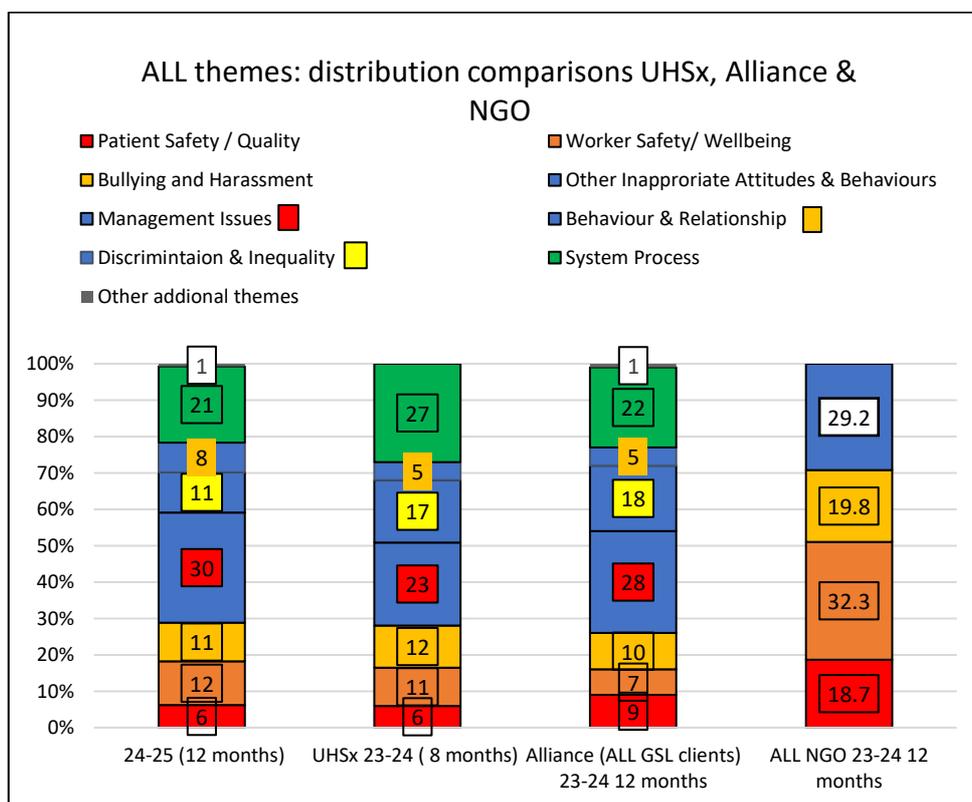
Most concerns were categorised as Management issues (32%), followed by System & Process (25%). Bullying or Harassment was the theme in 14% of cases. These were also the top three themes for the period ended March 24.

Patient Safety /Quality concerns stood at similar proportions to the period ended March 2024, and accounted for 5% of cases. There were 16 Worker Safety concerns (7%). An increase on the previous period.

All themes

Other Inappropriate Attitudes and Behaviours have been, and continue to be, a significant feature of concerns escalated to the Guardians.

The following chart compares how All themes have broken down across the main reporting periods. The chart also offers comparisons with other Alliance² clients (GSL clients base consisting largely of NHS Trusts and over 200,000 NHS staff at time of publication).



The proportions of cases by themes are similar to the reporting period ended ³March 2024. The proportion of concerns with an element of Patient Safety, Bullying or Harassment and Staff Safety / Wellbeing have remained constant period on period, and the reduction in the proportion of concerns with an element of System & Process has been matched by an increase in Management Issues.

Comparison with the available ⁴NGO Annual Report 23-24 data (the most recent available at the time of writing this report) indicates that the Trust, and the Alliance, have lower numbers of concerns with an

² [Turning data into intelligence The Guardian Service Data Report 2023-24](#)

³ UHSx FTSU Guardian Annual Report 7 August to 31 March 2024

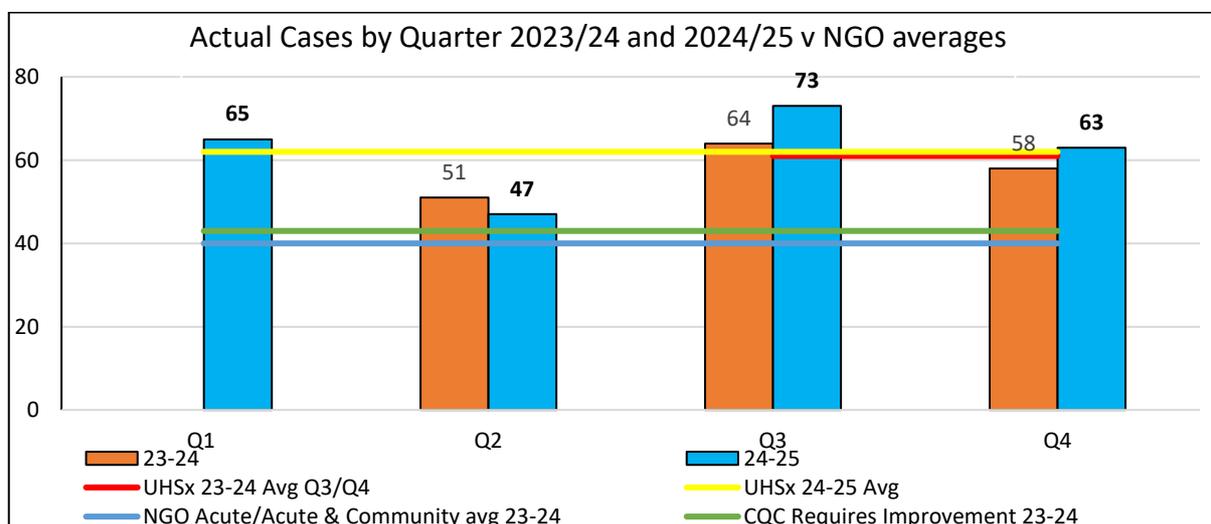
⁴ [National Guardian Office A Summary of Speaking up to Freedom to Speak Up Guardians FTSU-Case-Data-Annual-Report-23-24](#)

element of Patient Safety / Quality reported to the Guardians. This remains true when factoring out any differentials there may be on the Systems & Process theme.

10. Other Trends in Cases and Themes

The chart below provides the reporting period averages. These are consistent. It also gives UHSx quarterly comparisons and national trends. The service launched part way through Q2 23/24 when there was an early peak in activity possibly in part due to the corporate promotion at launch. Q3 is also considered a busy period as there is normally an increase in promotional activity due to October being “Speak Up” month.

In the 23-24 report the NGO noted a quarterly average of 40 cases for Acute/ Acute Community Trusts and 43.2 for NHS Trusts rated “Requires Improvement”. These figures include trusts of all sizes, not just larger ones. The NGO also observed that more cases were raised with Guardians in Acute/ Acute Community Trusts, but this did not necessarily correlate with the size of the work force. There was more variability in the number of cases from this group.



Cases coming to the Guardians are running at a similar rate year on year. Case numbers alone are only a measure of activity, not a reflection of speak-up culture. The Trust may triangulate this with data from other pathways for speaking up.

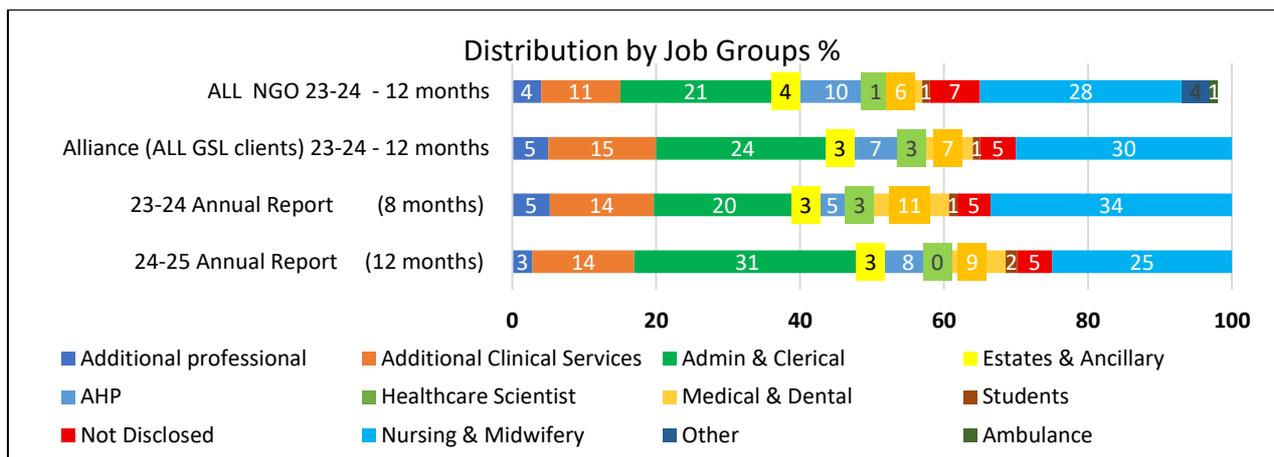
Further analysis of trends in cases coming to the Guardians shows:

RAG rating - while most concerns remain rated green (general concerns) (73% v 79% March 24) and individually present low risk of harm, there is an increase in Amber concerns (e.g., bullying, harassment and staff safety) (21% from 14%). The proportion of Bullying/ Harassment concerns remain consistent. There is an increase in Worker Safety as a primary theme (noted in Section 9).

Red Cases (largely patient safety) continue to be a relatively low, but important proportion of cases and are similar to last period.

Who is speaking up to the Guardians?

The two job groups speaking up most continue to be Nursing & Midwifery and Admin & Clerical staff. However, concerns from Admin & Clerical staff are higher (31%) than Nursing (25%) in this period. NGO, Alliance and UHSx data from the last period show the same top two job groups albeit in reverse order.

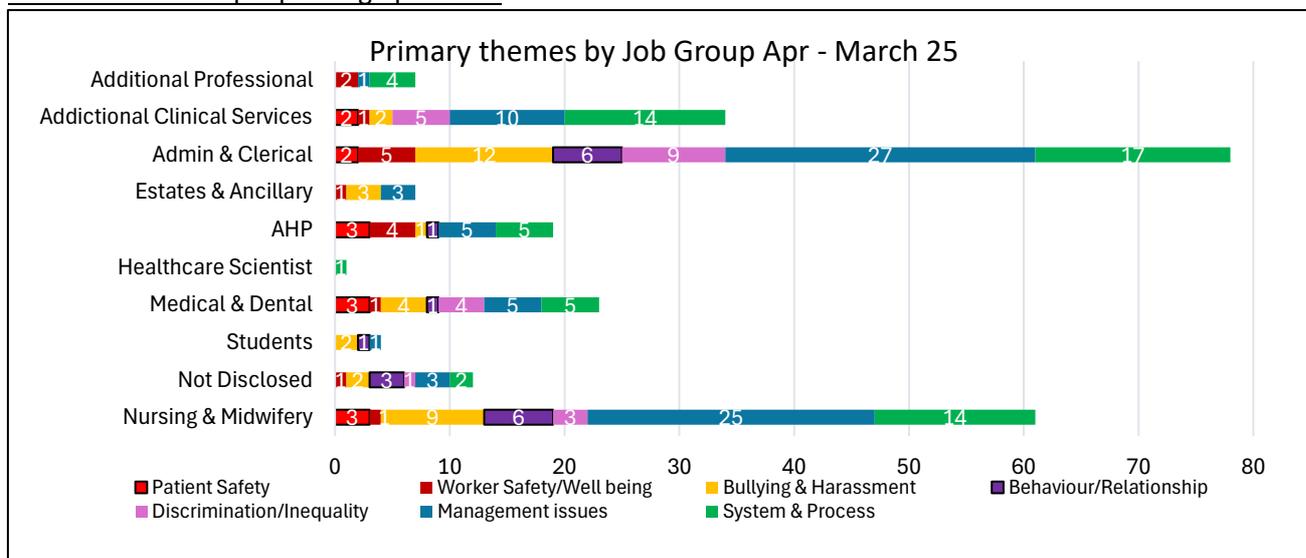


Of note:

- the proportion of concerns from Admin & Clerical has increased substantially (31% v 20%). Staff in this category represent 19% of the substantive workforce (workforce stats 01/04/25 via Workforce Services ESR). Some related factors for this could include the embedding of GSL in the Trust and this groups' ease of access to intranet and email for speaking up.
- For the period, Nursing & Midwifery staff are speaking up at both a lower rate (25%) than last period and for their proportion of the substantive workforce (30%).
- 9% of concerns were brought by Medical & Dental staff, a slightly higher proportion than the data from the NGO (6%) and the Alliance (7%). This category represents 15% of the substantive workforce at 01/04/25. Under representation is not unusual for this group. Again, consideration may be given to other speak up pathways available e.g. Doctors in training have Guardian for Safe Working Hours and their practice education team.
- Concerns from Estates & Ancillary staff remain consistent at 3% and reflect findings from Alliance and NGO. They represent about 8% of the substantive workforce. It may be helpful to consider if they are speaking up via other pathways e.g. formal routes or not at all. Also, what is the ease of access and knowledge of speaking up routes for this staff group.

Though it is acknowledged that 248 total cases is a low proportion of the substantive workforce consideration of the proportion of speak up may be useful when triangulated with other speak up routes.

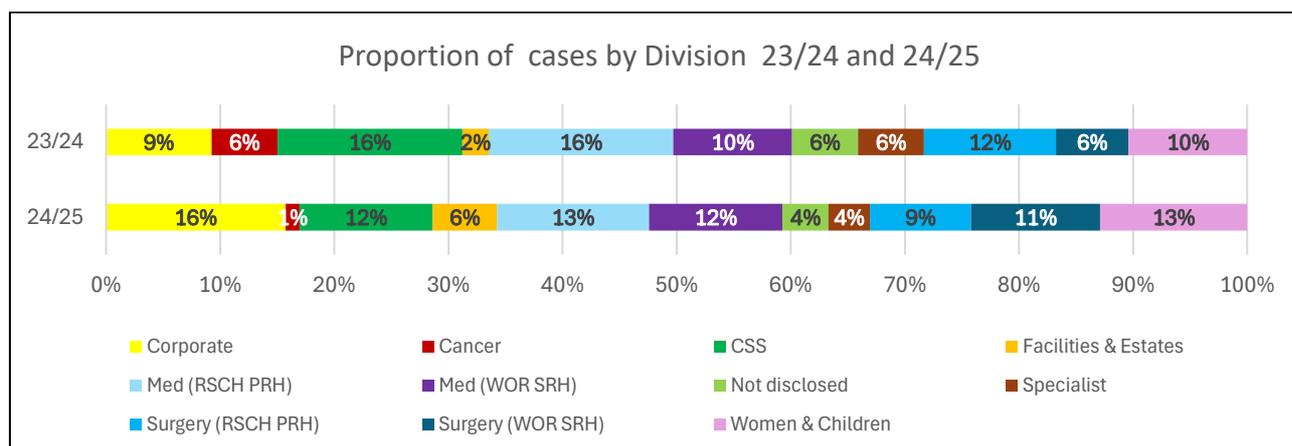
What are Job Groups speaking up about?



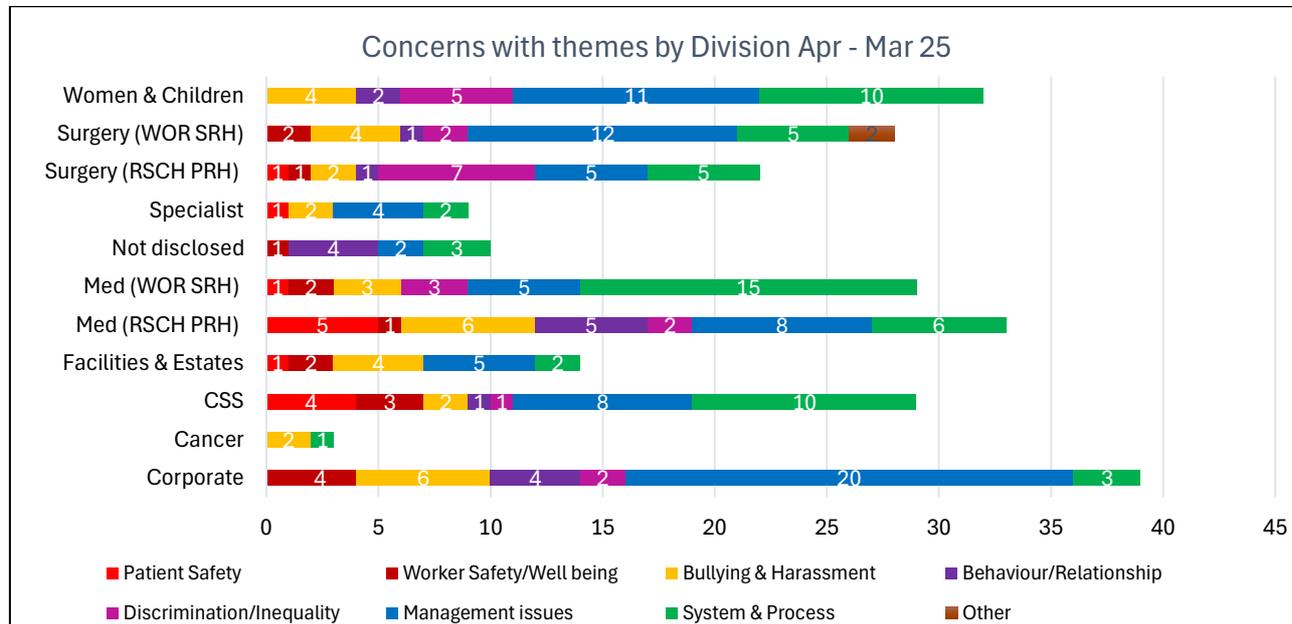
Management Issues and System & Process are the dominant themes across most Job Groups. Bullying or Harassment accounted for 15% of cases in each of the top two groups. It was the third most popular primary theme. Further assessment of cases is made in Section 11.

Where are staff speaking up from?

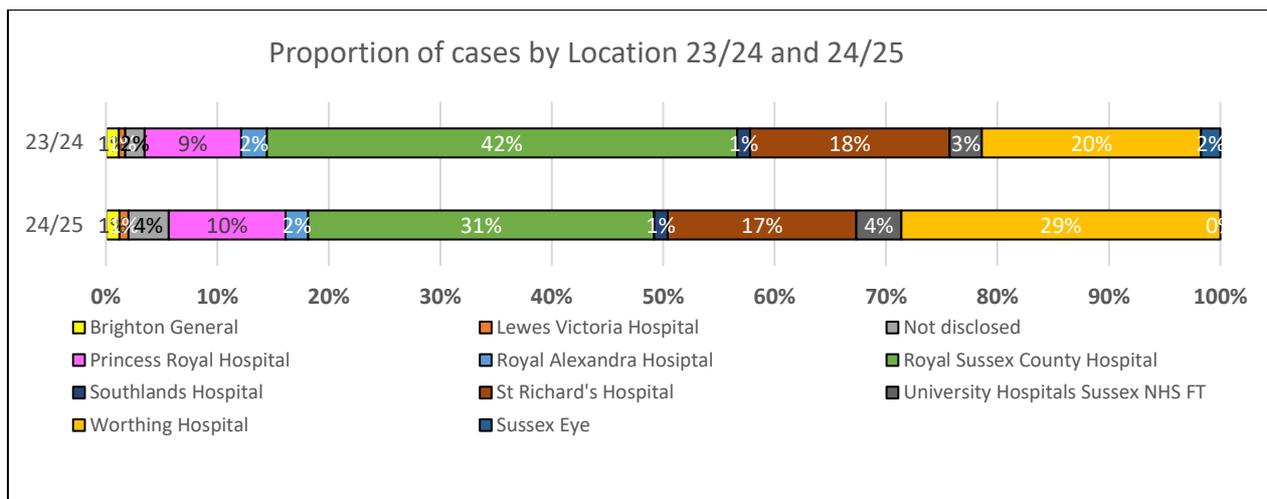
The breakdown by Division and Location gives an indication of where they are speaking up from, how that compares with previous period (an 8-month period) and what staff in those locations/divisions were speaking up about this period.



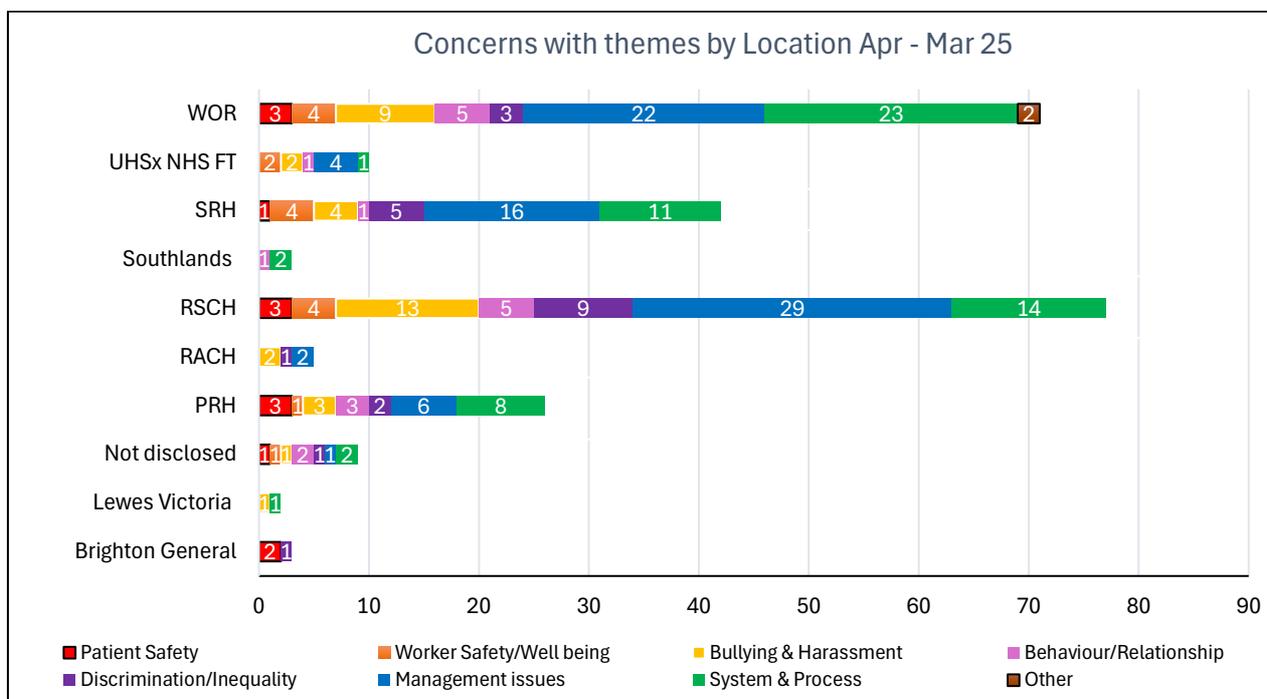
Staff in Corporate Services were speaking up more period on period (16% v 9%). Surgery (WOR/ SRH) showed a similar increase (11% v 6%). Smaller increases were apparent from Womens' & Childrens' (13% v 10%), and Medicine (WOR/SRH) (12% v 10%).



Again, Management Issues was a dominant theme in most Divisions, followed by System & Process. Corporate Services with a 14% share of substantive workforce accounted for most actual concerns (16%). In this division staff were also speaking up about Bullying or Harassment, Behaviour or Relationship and Worker Safety/Wellbeing, albeit at a lower rate. Med (RSCH PRH) and W&C both accounted for 13% of concerns their respective share of substantive workforce being 9% and 11%. Bullying was a notable third theme in Medicine while in W&C this was Discrimination or Inequality. Surgery (WOR SRH) with an 8% share of the substantive workforce accounted for 11% of cases in the period. Over 40% of cases in this division were management issues.



By location, staff were speaking up similarly to last period. Of note RSCH (and associated sites) accounted for proportionally fewer cases this period and Worthing Hospital (and associate sites) a considerably higher proportion.



Again, most concerns at larger locations were categorised as Management Issues and Systems & Process. The majority of concerns (approx. 35%) are raised from staff reporting RSCH/related sites as their location. That may be expected given their respective share of the substantive workforce. Similarly, the proportion of concerns (approx. 30%) reported from sites classed as Worthing could be considered high relative to the share of substantive workforce at 24%.

High case numbers and apparent over representation should not be viewed negatively. Some groups, divisions and locations may feel engaged, more comfortable to speak up or simply have better access to some speaking up pathways. A holistic picture on general speaking tendency by Job Group, Division or Location could involve looking at results for other pathways.

11. Assessment of Cases

This section provides additional insight to the primary themes.

Patient Safety/Quality - On receipt of a concern in this category the Guardians make immediate contact with a relevant manager in the Trust. 13 concerns were raised in the period. 10 were closed. All 13 were escalated, 4 with name. 2 concerns were anonymous.

Issues raised under this primary theme included 9 cases which can be summarised as regarding perceptions about professional behaviours, practice, or competency. A further 4 cases can be summarised as perceptions about impact of resourcing on safety or quality of care.

Management Issues - This theme reflects staff perception of issues falling under management control. This is the top primary theme and 80 concerns were raised, 68 closed. 14 were escalated, 10 escalated with name. A general summary would include professional styles and behaviours; capability; how processes are managed; management of communications; management accountability a reluctance to address poor behaviours; managing resources. Where issues were raised about professional style and behaviours this included concerns relating to all levels of management.

Examples from staff include:

- Management of policy/ processes such as annual leave, re-banding arrangements, reasonable adjustments, retirement, rostering/allocation of work, training, and supervision, change management, skills mix, additional hours worked, informal processes.
- Management of communication. This was often linked to the processes above. Staff reflections were that communications were not shared/ not shared widely, difficult to find, incomplete or, from their perspective, did not exist.
- Inability/ Reluctance to engage and to address poor behaviours. Staff reflected that managers did not manage or did not sustain activity around individual team members. Managers did not address issues raised by staff.
- Management style/ behaviours – indiscretion, gossip, lacking boundaries, hostility, verbal abuse, accusatory tone; micromanagement, lack of support, compassion, or empathy; lack of engagement from senior managers which delays progress.
- Management knowledge/ capability – lacking leadership/ leadership skills or direction
- Managing resources – staff recounted being allocated to (sometimes complex) work for which they had no experience or training and no explanation being given; supervision not being provided; allocating staff to work area outside of contract scope without discussion; resourcing inadequate.

System & Process - the second most popular primary theme with 62 concerns raised, 55 closed. 20 were escalated, 13 with name.

Some of the issues raised by staff included:

- A variety of pay related issues (approx. 20) such as incorrect pay and ongoing errors; lodging and securing a response to a pay query; repayment demands about overpayments; adjustment with deduction from pay without any communication; on-going non-payment of additional hours worked; pay banding inequality; lack of communication on proposed job re-banding; process for securing back pay around HCA re-banding when role now changed.
- Delays around - getting response to emails; informal processes; acknowledgement of formal process; responses and timelines around formal processes; access to Occupational Health and Staff psychological services; response to FOI request.
- How to get/delay in securing equipment which was part of disability related reasonable adjustment.

- Lack of Trust policy and guidance for individual managers and staff on job evaluation re-grading process.
- Lack of clarity/ poor or no communications around: new process – Datix arose; pay issues e.g. differences between substantive and bank staff and how the Covid bonus was agreed – alongside a perception of inequality.
- Lack of clarity in Maternity Pay and Sickness Leave processes.
- No cleaner having been allocated to the service area.
- Perceived lack of impartiality of mediation process
- Long breaks being taken on night shift.
- Inappropriate use of social media
- Detriment that staff believed would inevitably occur from speaking up, so staff seeking thorough exploration of the confidentiality boundaries of the FTSU service.

Bullying or Harassment - Cases are recorded in this category where the worker believes there is an element of Bullying or Harassment. It is third among the top primary themes, and 35 concerns were raised, 30 closed. 6 were escalated, 1 with the staff member's name. 23 cases were reported as manager allegedly bullying a staff member.

Of the 30 closed cases, 7 cases had no further contact, or staff chose not to pursue, and 4 cases were escalated and now closed. In the remaining 19 cases, 6 staff reported that following support from the Guardians they felt able to raise the matter directly with a manager, 2 reported finding another way forward and 7 staff felt supported by the Guardians on the issue in some other way. 4 staff reported their intention to move forward with a formal process.

A number of staff reported the perceived behaviour arose following them challenging the manager indirectly in some way e.g. a practice or decision. Reports also indicated that some of the perceived behaviour may be connected to difficult conversations relating to staff performance. Most staff were seeking impartial support from the Guardians and 6 reported having "raised the concern before but not been listened to". Two staff perceived the behaviour being related to their protected characteristic.

Some examples of issues raised in this theme include:

- micromanagement and unfair criticism
- harassment while supporting improvement
- undermining behaviours
- delivery of negative feedback lacking empathy or support
- Intimidating behaviours/language, verbal abuse, threatening behaviour
- rude, abrasive, accusatory and dismissive tones, and behaviours
- belittling, berating, and targeting staff
- belittling and failing to acknowledge or support health condition
- feeling pressured to reduce working hours due to health condition
- being isolated/ ghosted

Discrimination or Inequality - 22 concerns were raised, 17 closed. 3 were escalated, 2 with the staff member's name. As a primary theme there has been a notable increase in the proportion of concerns versus last period (9% v 3%). Over half the discrimination issues were reported as Race or Disability discrimination. Most of those cases were reported as becoming known to the Trust either through informal means or with one report of choosing a formal process and another escalated via the Guardian.

Issues perceived around inequality and unfairness included on pay bandings i.e. 2 from a group not re-banded; rota allocations; recruitment/ flexible working process; unfairness in back dating pay for one group v HCA.

Perceptions raised around discrimination include:

- different treatment from manager due to race
- how neurodiversity was addressed in a formal process
- manager taking issue with common, long term cultural language practice accepted by others
- discrimination when a group of minoritised staff did not speak in the common language of English causing isolation for staff of another minoritised group
- racism – staff reports manager applying informal process without following guidance staff believes it is due to their race
- disability discrimination arising from failure to acknowledge and adjust for staff's disability/ or to adhere to reasonable adjustments.

Behavioural / Relationship – 18 concerns were raised, 15 closed. 5 were escalated, 4 with name. The majority of the concerns related to behaviours and relationship between colleagues although several were about the behaviour of managers and senior staff

Issues raised included:

- Personality differences and styles
- Aggressive, poor behaviour of senior colleagues
- Professional behaviours and values
- Deteriorating relationships with colleagues following period of absence
- Manager lacks empathy and understanding.
- Dismissive behaviour of colleague
- Manager looking to mend relationship with team member.

Worker Safety/Wellbeing – 16 concerns were raised, 13 closed. 4 were escalated, 3 with name. Primary themes under this category were often reported as being perceived as having strong links with Behaviour, Management Issues and System & Process e.g. being able to use equipment relating to disability; managers behaviour/ unreasonable instruction impacting on wellbeing. 33 other cases reported an element of Worker Safety/ Wellbeing when considering All themes.

Issues reported by staff included:

- welfare concerns perceived as serious which were escalated and responded to the same day with welfare checks and support.
- perceived lack of H&S around manual handling
- a number of wellbeing matters arising in connection with a protected characteristic in varying contexts
- hot desking limiting use of specialised equipment which was a reasonable adjustment.
- working conditions/environment
- anxiety and wellbeing issues arising from perception that aggressive behaviour from team member was not being managed.
- wellbeing impact of what staff perceived as poor and unsafe rostering allocations
- burnout arising from perceived challenges on ward.

12. Why do staff use The Guardian Service?

Speaking up to the Guardian is one pathway for staff speaking up in the Trust. Sometimes, having considered and dismissed other pathways or where other pathways have previously been tried, staff choose instead to contact the Guardian.

As indicated in Section 8 considering why staff use GSL may be a helpful triangulation point.

Reason	No. of concerns 2024-25	Percentage	No. of concerns 2023-24	Percentage
A. Impartial Support	142	57.26%	106	61.27%
B. Fear of Reprisal	19	7.66%	18	10.40%
C. Believe they will not be listened to	10	4.03%	4	2.31%
D. Have raised concern before but have not been listened to	76	30.65%	45	26.01%
E. Other	1	0.40%	0	0
Total	248	100.00%	173	100.00%

In the table above item B relates to detriment/ fear around speaking up and Items C and D relate to futility /perceptions on futility around speaking up. The table gives the distribution of responses from staff for this period and the reporting period ended March 24.

Impartial support is cited as the most common reason for staff to use the Guardian Service and, in many cases, after impartial support, staff may be empowered to take their concerns forward by themselves. However, over 40% of those contacting the Guardians gave reasons relating to fear and futility as their reason for contact. Examples of not being listened to include (futility): having no response to an email; having had a conversation with their manager without conclusion/feedback or having raised a Datix without action/ the outcome being shared.

13. Detriment

Nationally, the NGO reports (for 23/24) that detriment for speaking up was indicated in 4 % of cases. This figure was consistent year on year against a background where case numbers had increased substantially.

In addition to cases recorded as detriment, other signifiers around fear of detriment could include staff stating “fear of reprisal” (Section 12) for speaking up as their main reason for speaking to the Guardians; and/or staff raising concerns anonymously, as well as staff withholding their name when seeking escalation of their issue.

In UHSx:

- There were no confirmed cases of detriment however,
- 8% of staff (19 cases, 10%, 18 cases last period) indicated “fear of reprisal” and
- 12 cases, (5% v 14 cases 8% last period) were raised anonymously. The majority (10 from 12 cases) had not indicated fear of reprisal.
- In 24 cases (10% v 14 cases, 8% last period) staff withheld their name for escalation. The majority (16 from 24 cases) had not indicated fear of reprisal.

Combined, it could be considered that “fear” played a part in 18% of worker decisions and experience in speaking up. Additionally, it is worth noting that only one key reason for using the Guardians is recorded. In many instances staff may indicate more than one reason (including both fear and futility) for contacting the Guardians e.g. have not been listened to already and now fear reprisal for speaking up again/escalating and wonder what the point is given the response to a first attempt at speaking up.

In Q4 the NGO issued revised guidance⁵ on detriment to clarify the position and to support Guardians and organisations in removing the barrier of fear of detriment. The guidance clarifies recording perceptions of detriment by the Guardians not just by the worker and to record detriment arising from speaking up through any pathway not just via the Guardians. With this clarity we may expect cases recorded as detriment to increase.

Detriment can be subtle and unintentional. It includes both deliberate acts but also omitting to act. Key is how its perceived by the individual and/ or the Guardians. Examples of detriment arising as a result of having spoken up may include being ostracised or experiencing bullying; being denied access to training or inadequate supervision; being overlooked for promotion and being treated as a troublemaker.

The Guardians invest considerable time with staff creating a safe space and treating them in such a way that they feel supported to share their concern. Staff may advise perceived detriments to the Guardian. Going forward perceived detriment will be recorded and staff will be supported in taking this forward to the Trust, should they wish.

It is important to be mindful that fear of reprisal for speaking up and other such signifiers include staff who may be reticent to bring forward suggestions for improvement.

14. Action taken to improve the Freedom to Speak Up Culture

The Guardian resource was formally increased from 1 to 1.5 FTE in the latter part of the reporting period, supporting an increase in reach and visibility of Guardians.

Non-medical staff continue to be introduced to the concept of Freedom to speak up and the Trust's Guardians at Corporate Induction. There is a possibility the Trust may strengthen the FTSU content subject to other priorities.

Materials on speaking up pathways and FTSU are included in onboarding and induction for Residents (Trainee medical doctors). Similarly for Consultant and SAS Doctors from Jan 25. It is hoped this work will help address some under representation of this group in speaking up (indicated in Section 10).

Trust managers and leaders have been positive in accommodating requests to meet with the Guardians and the member of staff wishing to escalate a concern.

The Trust now has a Speaking Up Action Plan, overseen by the Chief People Officer. Progress on recommendations from the Guardians' reports are monitored.

Pending a review of training priorities/capacity and STAM review there has been some promotion and voluntary completion of the NGO Speak up Listen Up eLearning modules.

As a GSL client, key staff are invited to Alliance network meetings. Attendance at one client's showcase of their work around Sexual Misconduct was helpful for the UHSx Engagement team and connections were made.

The Guardians supported staff understanding of some key policies and procedures. Clarification from an independent party helps with staff understanding and may prevent further escalation.

Guardians undertook just over 100 promotions/ briefings to staff in the period. Some of this was by invitation such as visibility at the Trust Annual conference and Black History month conference; speaking to International Medical graduates at RACH; presentations to preceptorship and student nurses/ student

⁵ [Detriment Guidance for Guardians Jan 2025](#)

midwives across the Trust; attending hospital forums; staff networks, Clinical Governance days and team meetings. Additionally, the Guardians did ad hoc visits and promotions including wards, particular teams, hard to reach areas and high traffic areas such as foyers and restaurants.

Visibility and presence are key for building both awareness of the service and professional relationships with staff. Staff may then decide if the Guardians are a route they feel both comfortable with and that they can trust. As part of the GSL network of Guardians we regularly indicate that we may be able to facilitate staff speaking to another GSL Guardian of their choice if staff feel relevant shared lived experience is critical.

The series of regular meetings continues with:

- the Chief People Officer to discuss monthly activity reports and any particular themes arising as well as any particular issues for which support is required.
- the Non-executive Director for FTSU bi-monthly (the Trust's Chair is in attendance twice yearly) when exceptions and assurance are discussed.
- the CEO to discuss quarterly activity, recent learnings and themes.
- Nursing leadership quarterly for a focus on themes being seen for the relevant cohorts; any support needed and any known hotspots.
- the Associate Director for OD, Wellbeing and Engagement to discuss progress against the Action Plan; how the service is running/ being received and any operational issues.
- with the Engagement & Wellbeing teams for discussion on any relevant developments and initiatives

There are also ad hoc meetings with Employee Relations and EDI leads as required, and ad hoc project involvement.

15. Learning and Improvements

The decision to formally increase the Guardian FTE from 1 to 1.5 provides for increased contingency over and above the contingency that GSL automatically provides through its On Call and extensive Guardian network. A second dedicated Guardian who has more intimate local knowledge of the Trust increases the quality of the cover available.

Local improvements arising from case escalation include:

- the night staffing template on a ward was increased and a programme of renewing training was arranged.
- A review of the skills mix in a team was undertaken and identified vacancies were actioned.
- A listening event was planned as well as support for a new manager around style and behaviours.
- A need for better rota management on a ward was identified and relevant support provided to ward manager and matron.
- Additional training needs for employee and their manager were actioned following issues with ESR.

The Guardians continue to develop their organisational knowledge and apply this to cases. Opportunities to do this arise from the Trust through, for example, attending events such as the workshops running at the conferences, or with individual teams by supporting work such as the Sexual Safety work. Also, by meeting with other ICB guardians on a regular basis so there is better understanding on what is happening in the wider system and impacts in UHSx.

16. Comments & Recommendations

The recommendations from previous written reports for period ended March 2024 and for the 6 months ended September 2025 remain a work in progress and are encompassed in the Speaking Up Action Plan.

New recommendations include:

Detriment, fear and futility - the FTSU Policy indicates the organisation has a clear stance on detriment. The FTSU Reflection Planning Tool acknowledged there is some additional work that can be done around detriment. Data, and anecdotal feedback from staff, also indicates fear of detriment from speaking up is real, as is futility/ perceptions of futility around doing so.

The culture transformation work streams and many of the previous recommendations e.g. upskilling of managers; improvement in communication, would help address this in part. Those are also possibly medium to longer timescales. Meanwhile, some staff will remain silent even where improvement is identified.

Recommendation: start a direct conversation with all staff around detriment, fear and futility around speaking up. Also to consider: is the detriment messaging sufficient; how else is the Trust's stance communicated to staff and, what a good response to detriment (escalated to the Trust) looks like.

Follow up and feedback (closing the loop) - staff frequently tell the Guardians they "have spoken up before and not been listened to" i.e. they did not get feedback or did not get timely and meaningful feedback. This adds to a sense of futility. The Guardians endeavour to ensure there is follow up and feedback on any escalated concern. Where resolution is not as expected the Guardians will seek an explanation as to why. Therefore the conversation loop of: speak, listen, follow up, feedback can be completed. Mandating the NGO modules Listen Up/ Follow Up is under review and voluntary completion is currently promoted. We also understand one of the culture workstreams has already picked this theme up in respect of RL Datix as a pathway.

Recommendation: to consider what other speaking up routes formal and informal (unrelated to management skills) provide opportunities to improve the process on follow up and feedback, and what can be done.

Lived experience perspective - the Guardians have the privilege of experiencing staff voice first hand. They remain impartial and non-judgemental and may challenge staff to consider another perspective. The individual's insight and particular perspective can support understanding of how and why issues arise. This leads to awareness of where solutions and resolutions lie.

Recommendation: to consider if the Board would benefit to hear directly from staff about their personal experience of speaking up in the Trust.

Relationship with Communications team - GSL and their Guardians have a direct relationship with the internal communications team for most of the Alliance clients. We would welcome similar with UHSx.

Recommendation: to consider a named contact in the internal communications team for the Guardians and GSL.

17. Staff Feedback

Staff may provide anonymous feedback about the service once a case is closed. There were approximately 54 responses to the feedback survey in the year. Examples to September 24 were provided in an earlier report. Examples of feedback for October to March 2025 follow:

Would you speak up again?

- *Yes, I think it is really important*
- *Yes, it's a great service and I had a good experience*
- *Felt it was well handled and a really useful service to speak to*
- *Useful resource to have if unsure of next steps or general advice. Was professional and safe*
- *I will always speak up because I received the best advice and follow up throughout*
- *Friendly, prompt, understanding and followed through with their actions*
- *I appreciated an impartial and empathetic listener, who really took time to explore the situation and possible solutions with me.*
- *Based on my experience FTSU provides a process but I question the value. The service unable to meet the service users expectations.*
- *I couldn't have had better support from Guardian it got me through a difficult time. Leaders take a referral seriously.*