



**The Guardian
Service**
Here to listen

Turning data into intelligence: The Guardian Service Data Report 2023-24

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Foreword

Our first data report, we believe, will add much needed depth to the national picture of Speaking Up. We hope it will provide insight for regional and national NHS leaders, and those who are looking at, or responsible for, national bodies that have a role in speaking up. We hope it will also be helpful to those organisations we currently support and give confidence to any organisations considering introducing an independent Guardian service.

This report has been made possible by sustained relationships with NHS organisations for over ten years, and a growing client base which now covers over 200,000 workers. This puts us in a unique position of looking at trends knowing that a consistent approach to the Guardian role has been applied. This is in stark contrast to the wide variation reported in how the Guardian role is implemented nationally.

We hope our transparency and analysis will provoke debate around the success of Speaking Up and curiosity about the current narrative on this. The aim must be to move away from a simple numbers game where more Guardians and more cases are held up as progress. Everyone should be working to a position where open dialogue and a system approach becomes the norm with a correlating fall in cases and Guardian numbers.

Thanks

We would like to thank all our clients (members of the 'GSL Alliance') for their continued trust and commitment to our service. More importantly, we would like to thank everyone who has approached our Guardians. We know speaking up is not easy and we will continue to provide the safe, confidential and supportive service that you need and deserve.

Methodology

Details of the methodology we used throughout the report are presented in the **Annex**.

Summary of findings

Some of our findings align with national trends. We conclude:

- Guardian case numbers are rising
- More cases are recorded in acute providers
- A better Care Quality Commission (CQC) rating correlates with lower Guardian case numbers
- A wide range of workers are speaking up

We offer new insight, specifically:

- Better staff perceptions of speaking up culture correlate with lower Guardian case numbers
- Impartial and independent support is a critical reason for contacting a Guardian

A number of our findings indicate gaps in, or differences to, the national picture as set out by the National Guardian's Office (NGO). We call for a wider discussion on:

- The NGO analysis of how Guardian case numbers correlate with workforce size, and the recording of this. The current relationship is opaque due in part to how data is collected
- The understanding of who approaches a Guardian and the conclusions being drawn from the national data set. There appear to be gaps in understanding and some conclusions drawn from the national data set appear unsound
- How Guardian cases and themes are recorded. We believe some themes are being over-reported and there should be a critical appraisal of the narrative that is being described and the conclusions being drawn
- What happens with cases not escalated by a Guardian (for example, those that go on to be resolved through a conversation with a line manager). Such cases represent a large proportion of the Guardian workload but there is an absence of data on this nationally

Comments on national reporting

To date, there has only been one systematic study of the implementation of the Guardian role (Ref 1). This notes the variability in how the Guardian role is implemented, observing:

“Wide variability was identified in how the Guardian role had been implemented, resourced and deployed by NHS trusts. ‘Freedom to Speak Up Guardian’ is best considered an umbrella term, and multiple versions of the role exist simultaneously across England.” (Ref 1, p v)

It also describes how guidance on data reporting is applied variably and loosely:

“We show, for example, how FTSUGs adapt guidance on how to count and categorise speak-up cases to preserve their scarce time for what they perceive as ‘proper concerns’.” (Ref 1, p34)

“Similarly, others ‘bat away’ seemingly lesser concerns that require only signposting, whereas others respond to and ‘count everything’.” (Ref 1, p34)

“However, drawing meaningful comparisons and definitive conclusions from FTSU data is fraught with difficulties. Despite NGO guidance, the collection of FTSU data is beset with problems of accuracy and consistency...” (Ref 1, p4)

There will always be an element of judgement when any matter is raised with a Guardian. However, as specialists in the Guardian role with mature systems and processes designed to ensure consistency, we believe our data is not subject to the extreme variability this research found. Unfortunately, the

fundamental issues the research highlights about the wider implementation of the Guardian role continue to impact on the reliability of the national data set and the narrative drawn from it.

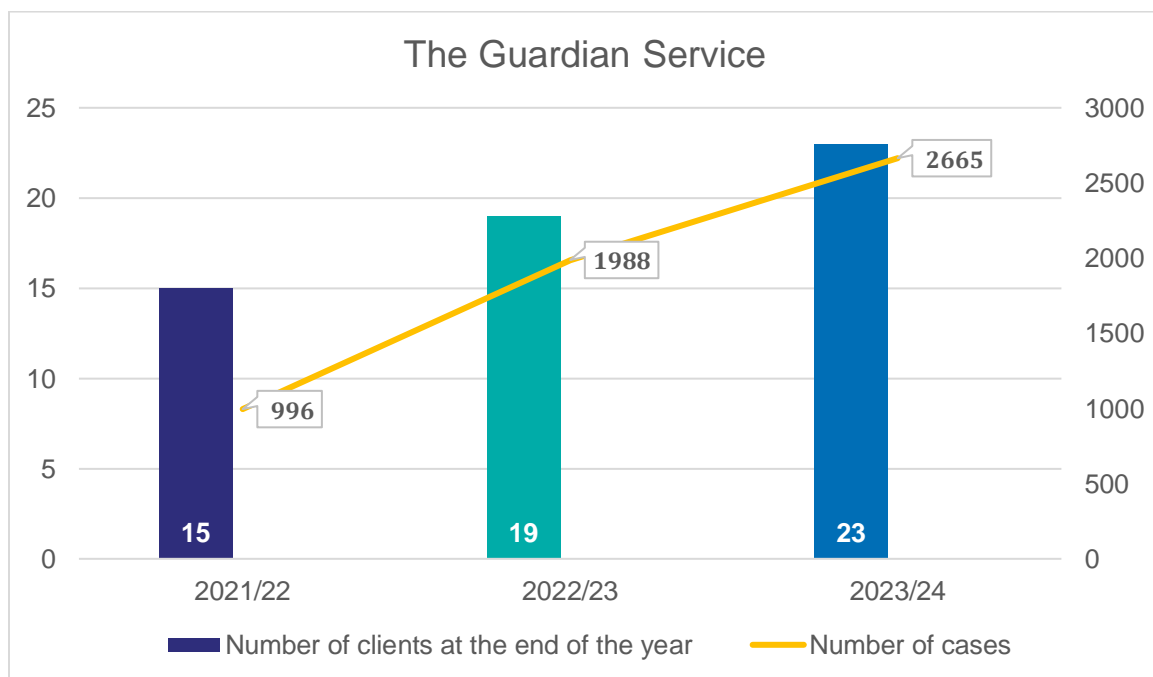
A note on the Guardian Service

The Guardian Service Ltd (GSL) provides independent Guardians to a range of health and care providers and other organisations across the NHS in England, Scotland, and Wales. GSL Guardians operate independently of the organisation they support, outside management structures and free from hierarchy, seniority and other relationships which hinder impartiality and independence. They operate as professionals, meeting all national obligations, specializing and becoming experts in the Guardian function. They work to agreed escalation protocols that hold senior leaders to account and ensure that all matters escalated are responded to appropriately. Crucially, GSL provides a 24/7/365 service that means any worker can speak to a Guardian at any time of day or night and that matters can be escalated out-of-hours.

Findings

Guardian case numbers are rising

We recorded **2665** Guardian cases in the 23/24 reporting period. This compared to **1988** during 22/23 – an increase of **34%**. Whilst our client numbers increased from 20 to 23 during this period this still appears to indicate an absolute rise in case numbers overall. This is confirmed when we look at the clients that we have supported across both reporting periods – whilst there are exceptions to the rule, over 70% recorded a rise in cases which, for trusts and Health Boards, ranged from 8% to 45%.



Nationally collected data indicates a **27%** rise in case numbers during 23/24. The trend that we have noted is broadly in line with this. However, the national figure is difficult to interpret. Whilst, on the one

hand, an increase in the number of Guardians is being reported (currently described as ‘over 1,200’ (Ref 2, p 4)) compared to ‘over 1,000’ in the previous year, there appears to have been a decrease in the number of organisations that are included on the NGO’s ‘speaking up data’ spreadsheet (from over 1,000 organisations in 22/23 to around 850 in 23/24).

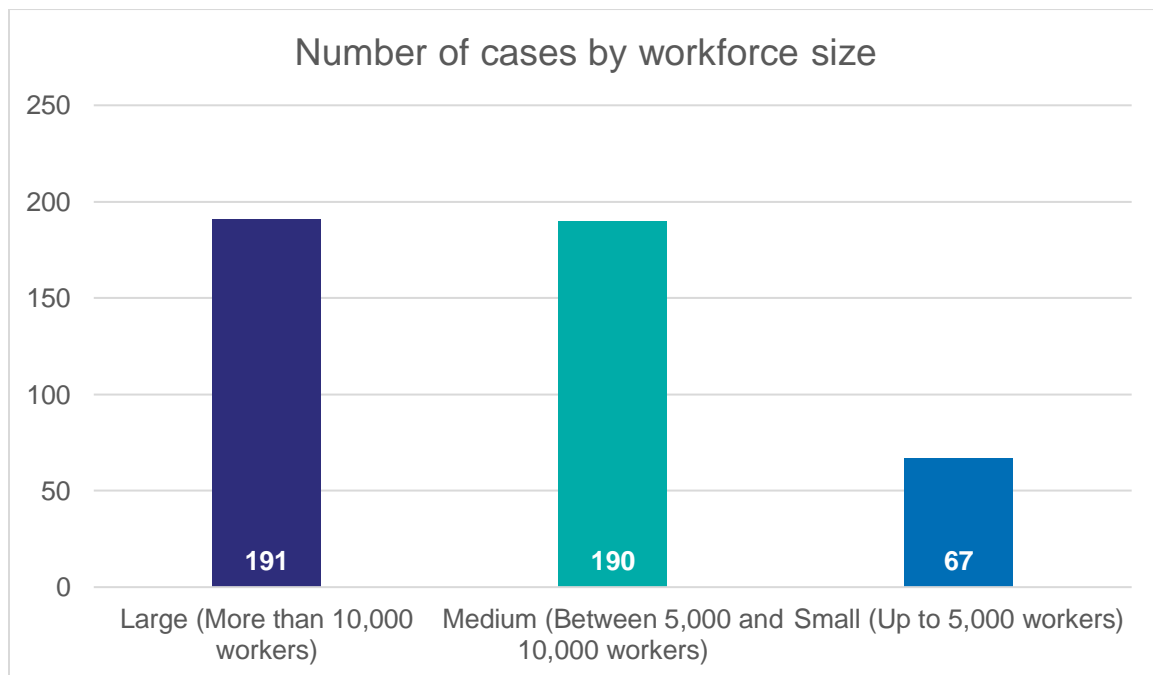
Implications

A number of contrasting factors may be behind this trend, including the possibility of increasing trust and therefore use of Guardians, decreasing trust in other routes for speaking up, or an overall rise in speaking up activity through all routes.

We would, however, strongly argue against simply attributing this trend to increased trust in Guardians and the breaking down of barriers to speaking up as the National Guardian does in the foreword to her report (*“This is credit to the efforts made by guardians to foster trust and break down barriers to speaking up within their organisations.”* – Ref 2, p 2). Case numbers on their own are too blunt a measure to be used as an indicator of trust (or the absence of it) or of the extent of barriers to speaking up. National efforts to measure these factors would, however, be warmly welcomed.

The correlation between workforce size and Guardian case numbers is not clear.

Using the NGO’s scheme for describing workforce size we observe that ‘small’ organisations (up to 5,000 workers) record **65%** fewer cases than those described as ‘medium’ (between 5,000 and 10,000 workers) or large (more than 10,000 workers). However, there is no difference in case numbers between the latter two categories.



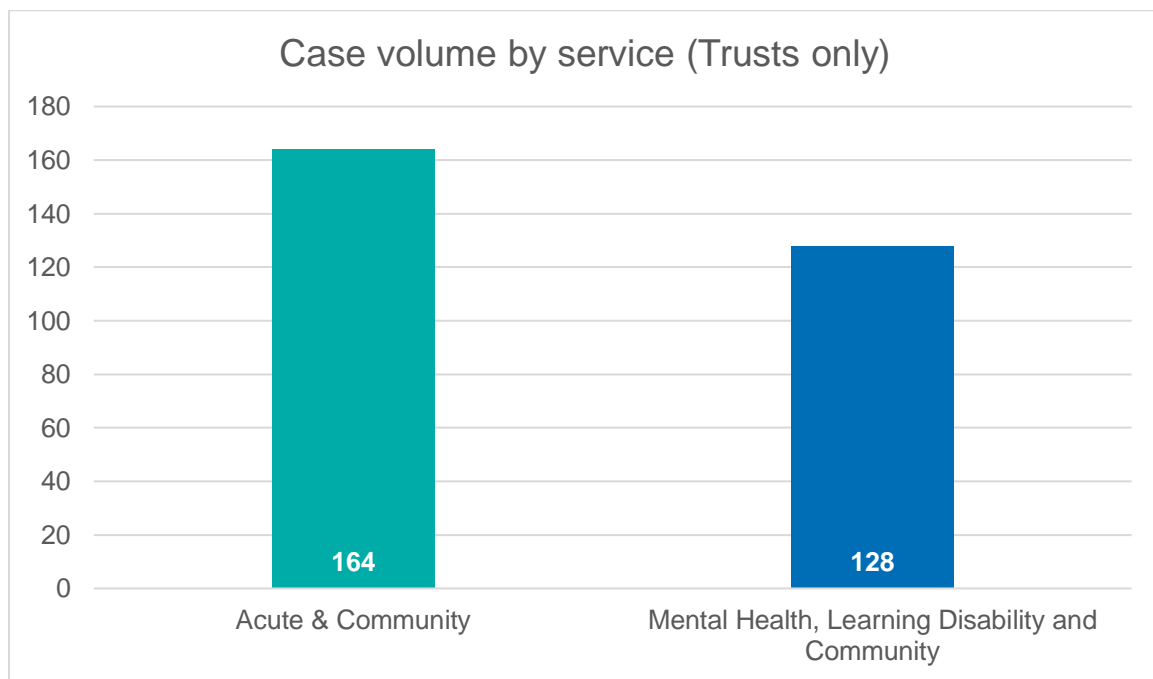
In its analysis, the NGO concludes that: *“There is a low relationship between the size of an organisation and the number of cases submitted ..., and organisations with a larger number of workers do not necessarily have more cases.”* (Ref 2, p 10). However, our data indicates that smaller organisations do, in fact, record fewer cases but the differential between ‘medium’ and ‘large’ organisations is negligible.

Implications

We believe this is an area for further investigation and a more granular approach to organisation size definition would be helpful, particularly considering the increased diversity in size of organisations that are now supported by Guardians. On the surface, it appears smaller organisations have fewer cases but there are inconsistencies in how workforce size is recorded, and the NGO scheme does not capture the variety in workforce size that exists across the health and care landscape. We will work with our clients over the coming year to better assess the size of their workforce and explore further the relationship between workforce size and Guardian case numbers.

More cases are recorded in acute providers

Looking at the trusts in England supported by GSL, an average of **164** cases a year were recorded in those providing acute and community services compared to an average of **128** a year in those providing mental health, learning disability and community services. There is a **24.7%** difference between the two. The same trend is seen in the nationally reported data set.

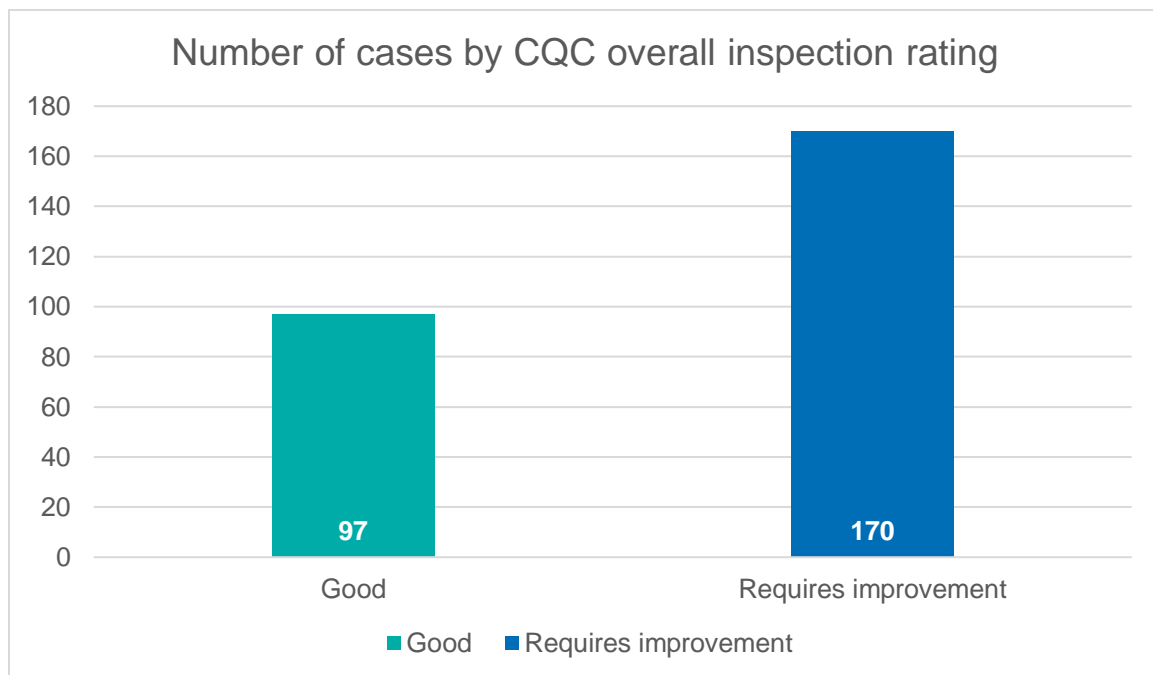


Implications

There are likely to be several factors at play that may account for this difference. Whilst there may be some intrinsic elements of service provision that influence speaking up, our findings indicate there are more marked differences between organisations when we look at CQC ratings and staff perceptions (see below).

Better CQC rating correlates with lower Guardian case numbers

Looking at overall CQC ratings for all GSL clients (based on the latest rating published on the CQC website as of March 2024), those rated as Requires Improvement record higher case numbers than those rated as Good. There is a **55%** difference between the two based on the average number of cases. A similar trend is seen in the nationally reported data set, though the differential is less (**34%**)



Implications

This is a significant finding. The fact that fewer Guardian case numbers are received where there are better CQC ratings may indicate generally lower levels of speaking up because there is less need. Alternatively, it could indicate other routes for speaking up are easier to access or more trusted and therefore there is less reliance on the requirement for the confidential escalation of matters that a Guardian can provide. We would urge further research in this area and, in the meantime, we are making efforts to support all our clients in understanding the totality of speaking up activity within their organisation.

Better staff perceptions correlate with lower Guardian case numbers

Nationally, the relationship between Guardian case numbers and staff perceptions of speaking up culture is not reported in the NGO's annual data report. By analysing the NHS staff survey, particularly focusing on the "People Promise" element "*We each have a voice that counts*" we have identified trends which suggest a strong correlation between the overall workplace environment and the number of cases that Guardians handle.

Using data from NHS trusts in England supported by GSL, we see fewer Guardian cases are recorded in organisations that score above their benchmark average for the 'We each have a voice that counts' People Promise indicator. The same trend emerges when we look at each sub-indicator ('Autonomy and Control' and 'Raising Concerns') and the 'key' indicator question, Q 25e 'I feel safe to speak up about anything that concerns me in this organisation'.

NHS staff survey indicators	Case numbers – organisations above benchmark average	Case numbers – organisations below benchmark average	% Difference
'We each have a voice that counts' indicator	102	166	48%
Autonomy and Control sub-indicator	124	153	21%
Raising concerns sub-indicator	125	153	20%
Q25e 'I feel safe to speak up about anything that concerns me in this organisation'	140	151	8%

Implications

This may suggest that in environments where workers feel they lack autonomy, control, and a voice within the organisation, there is simply more speaking up activity.

Alternatively, it may indicate that staff are more likely to approach a Guardian when speaking up, rather than use other routes, such as speaking to their line manager. This trend is unsurprising and reflects the correlation between safety and quality of services as measured by the CQC's ratings, and fewer cases being raised to a Guardian.

However, we would argue that focussing on what the workforce says is, in fact, the most tangible measure of speaking up, and one that everyone in the workforce can influence.

We now use NHS staff survey data in our estimation of likely Guardian case numbers when engaging with new clients. Whilst this data cannot be used in isolation, it appears logical to consider them as an influencing factor. We urge for further analysis of this at the national level as it suggests a relationship that intuitively seems right: high Guardian case numbers are an indicator of poor staff confidence in 'having a voice that counts'.

A range of workers are speaking up

Looking at the proportion of cases GSL supported organisations receive from particular professional groups, there have been no notable changes compared to last year and they are broadly similar to the nationally reported data set.

Professional group	GSL client % 23/24	National % 23/24
Nurses and midwives	30%	28%
Administration and clerical	24%	21%
Additional clinical services	15%	11%
Medical and dental	7%	6%
Allied Health Professional	7%	10%
Additional professional	5%	4%
Healthcare science	3%	1%
Estates and Ancillary	3%	4%
Students	1%	1%
Not known	5%	7%

Implications

The analysis of the nationally reported data set published by the NGO suggests that, where the proportion of Guardian cases received from particular professional groups does not align with the proportion of the workforce that group represents, there may be cause for 'concern' (e.g. *"Potentially of more concern is the smaller proportion of medical and dental workers (6.1%, or 1,955 cases) who are*

speaking up to Freedom to Speak Up guardians. This group represents 10.5 per cent of the NHS workforce, a higher proportion than those workers who are using their Freedom to Speak Up guardians as a route to speak up.” – Ref 2, p 13).

We believe that it is unsound to make this conclusion as set out. Without considering speaking up in the round, including such factors as the use of other established mechanisms for speaking up and more nuanced perception measures than those included in the NHS staff survey data, any conclusion based on the numbers of a particular profession raising cases with a Guardian may be misleading. This is an area for closer scrutiny and we would welcome this. Until that point, we believe that there is little to conclude from the nationally reported data other than that Guardian cases are presented from all the groups that are monitored.

Some concerns are over reported nationally, and some are being missed

Looking at the subject matter of cases handled by GSL Guardians highlights some notable differences compared to nationally reported data. Whilst the highest proportion of cases we record include an element of inappropriate attitudes and behaviour, our second highest proportion of cases include system and process issues (such as to do with IT systems, efficiency matters and the application of policies) – a theme that is not recorded nationally.

Theme	GSL client % 23/24	National % 23/24
Inappropriate attitudes and behaviours Recorded by GSL as: <ul style="list-style-type: none"> • Management issues • Behavioural and relationship matters • Discrimination 	51%	39%
System and process	22%	Not recorded nationally
Bullying and harassment	10%	20%
Patient safety and quality	9%	19%
Worker safety and wellbeing	7%	32%
Other	1%	Not recorded nationally

Implications

All GSL Guardians observe national guidance when recording cases and receive extensive training and support to ensure consistency in approach. Whilst there may be some inherent difference between our client base and the organisations from which the national data set is drawn, we believe that is unlikely. We can only conclude, therefore, that these results indicate that some themes are being over-reported in the national data. This appears to be particularly regarding interpretation of ‘worker safety and wellbeing’ matters. Whilst inappropriate behaviour, or worse, may well compromise the wellbeing or, in extreme cases, the safety of workers or patients, the national data suggests this occurs in around a third of cases – translating to over 10,000 cases in the year, based on the 32,167 cases included in the national data set.

Additionally, the absence of national data collection related to cases which involve an element of system and process failure or compromise is, we believe, a significant gap which results in an incomplete or misleading picture. Around a fifth of our cases involve issues related to system and process matters, these reflect worker experiences with organisational systems, policies, procedures or queries related to these aspects. – we are sure that this is a pattern that those who work in the health service will recognise – but, whilst there may be local arrangements that acknowledge cases of this nature, this is simply overlooked in the national narrative.

We would like to invite a wider discussion of national data collection and a critical independent analysis of the methodology used in collecting and interpreting it. We are concerned that inconsistencies and omissions result in the creation of a misleading narrative.

Impartial support is a critical reason for contacting a Guardian

Nationally, information on why workers contact a Guardian is not collected. We believe that this is critical information that should shape the Guardian role and what it offers to workers. GSL does collect data on this subject and our analysis indicates that in over a third of cases (**37%**) workers cite the desire for 'impartial support' as a main reason to contact their Guardian. Half (**49%**) of the cases that are presented to a Guardian are the result of failures in listening – either resulting from perceptions that matters raised will not be heard or from prior experience of this.

Implications

Our findings demonstrate that workers are looking for 'impartial support' and this underlines how crucial it is that Guardians are able to operate outside of an organisation's hierarchy and are free from the conflict that many internally appointed Guardians experience: GSL Guardians are uniquely positioned to offer this.

The poor experience of 'listening' that data from GSL supported organisations indicates also reinforces the importance of speaking up as part of day-to-day business and the need for effective support for all workers to encourage productive and responsive everyday dialogue. Where effective dialogue happens, there will be less reliance on Guardians. It is not coincidental that Guardian cases are lower where staff perceptions that they 'each have a voice that counts' are more positive.

Over a half of contacts with a Guardian do not result in escalation by a Guardian

Around **56%** of GSL Guardian cases do not result in escalation of the matter raised via the Guardian route. Of the 44% of cases that require escalation by a GSL Guardian **almost half of time** the person contacting the Guardian requests their details to be held in confidence by the Guardian (46% of escalated cases).

GSL Guardians receive a similar proportion of anonymous cases to that reported nationally (**9.5%** of Guardian cases are recorded as anonymous nationally, the GSL figure is **8.0%**).

Implications

We believe these findings demonstrate the power of providing a confidential, trusted space in which workers can discuss the matters that they wish to speak up about. Some of these conversations will put a new perspective on an issue that means the person raising the matter feels there is not anything to raise after all. Some will result in individuals feeling empowered to raise the matter with their line manager or another relevant person. We think this is a crucial aspect of the service that GSL Guardians provide – empowerment and encouragement to resolve areas of concern or dispute through everyday channels and, where possible, through simple dialogue. However, we would like to know more about what happens in these cases and plan to carry out further work to this end.

Feedback from those contacting a Guardian

In line with national guidance, feedback is sought from those who raise a case with a GSL Guardian. The standard question '*Given your experience, would you speak up again?*' is used. Of those who responded, **87%** answered positively about their experience with GSL independent Guardians, compared to the national figure of **80%**.

Implications

Whilst there is a high degree of positive feedback from those who are supported by a Guardian, there is no room for complacency. The perceptions of those who do not seek the support of a Guardian is a critical factor. We will know the Guardian role is making a positive and transformative difference when we are sure that employees know about the role and are happy to make contact, but the need to do so is small. Only then will we be assured there are genuinely few matters to raise or that matters can be raised as part of everyday dialogue, rather than through the additional route that a Guardian provides.

References

Ref 1: 'Implementation of 'Freedom to Speak Up Guardians' in NHS acute and mental health trusts in England: the FTSUG mixed-methods study.' Jones A, Maben J, Adams M, Mannion R, Banks C, Blake J, et al. Health Soc Care Deliv Res 2022;10(23). 1 – 124

Ref 2: 'Culture is a patient safety issue: A summary of speaking up to Freedom to Speak Up Guardians. 1 April 2023 – 31 March 2024 (July 2024)' – National Guardian's Office.

Annex – Methodology

General Methodology

To account for changes in client numbers throughout the reporting period, we applied the following approach:

1. Quarterly Case Calculation:
We first calculated the total number of cases in each quarter of the reporting year.
2. Average Case Per Client:
For each quarter, we divided the total number of cases by the number of clients active during that quarter. This gave us an average number of cases per client for that period.
3. Quarterly Replication:
This method was applied consistently across all quarters, allowing us to account for fluctuations in client numbers throughout the year.
4. Annual Total:
Finally, we added the quarterly averages together to arrive at the total figure for the year.

Illustrative example

Quarter	Number of organisations at the end of the quarter of the type being considered (e.g. Trusts with a particular CQC rating)	Total number of cases for that organisation type for that quarter	Quarterly figure
	A	B	$B \div A$
Q1 Apr – Jun	10	250	25
Q2 Jul – Sept	10	250	25
Q3 Oct – Dec	12	350	29
Q4 Jan - Mar	14	360	26
		ANNUAL TOTAL	105

When considering CQC rating we have used the most recent inspection for the relevant organisation as published on the CQC website at 31 March 2024. This may mean that the CQC rating we have used was based on an inspection that took place out with the reporting year we are considering.

When considering NHS staff survey figures we have used the results published for 2024 by NHS England.

Percentage increase calculations:

$$\text{Percentage Increase} = \frac{\text{New Value} - \text{Original Value}}{\text{Original Value}} \times 100$$

Percentage difference calculations:

$$\text{Percentage Difference} = \frac{[\text{Value 1} - \text{Value 2}]}{\left(\frac{\text{Value 1} + \text{Value 2}}{2}\right)} \times 100$$