University Hospitals of Leicester
NHS Trust

University Hospitals of Leicester

Q1 Data – April – June 2026

The Guardian Service
Here to listen

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UHL FTSU Dashboard – Quarter 1 2026 – Section 1

Cases

	Q4	Q1
New Cases this quarter	116	89
Cases closed this quarter	113	45
Cases remaining open this quarter	78	44
Anonymous Cases	6	4

RAG Status

	Q4	Q1
Red	0	1
Amber	61	48
Green	39	40
White	0	0

Outcomes

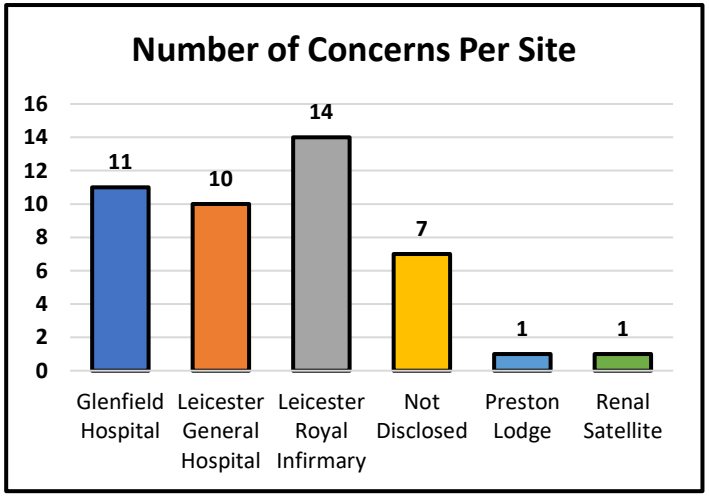
	This Quarter
Chose not to pursue	7
No further contact	5

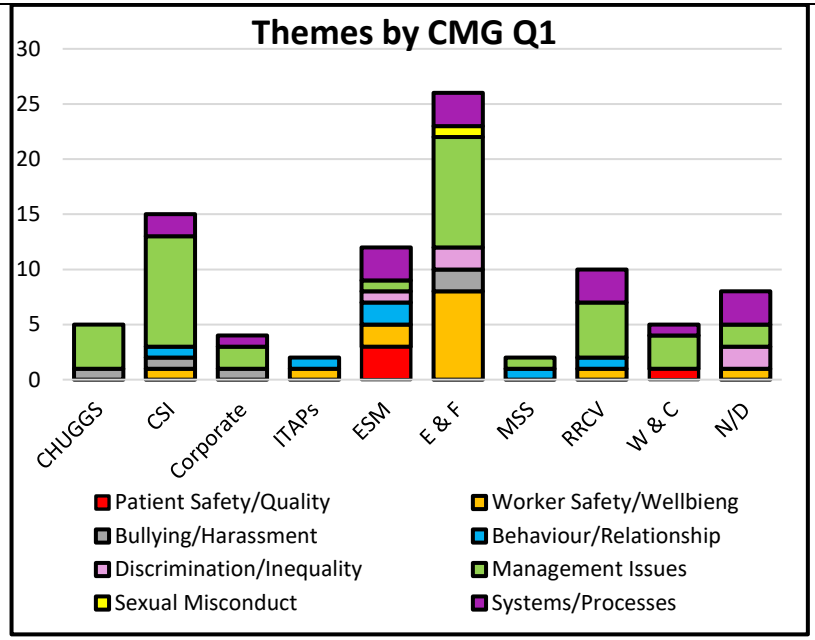
Reported Detriment

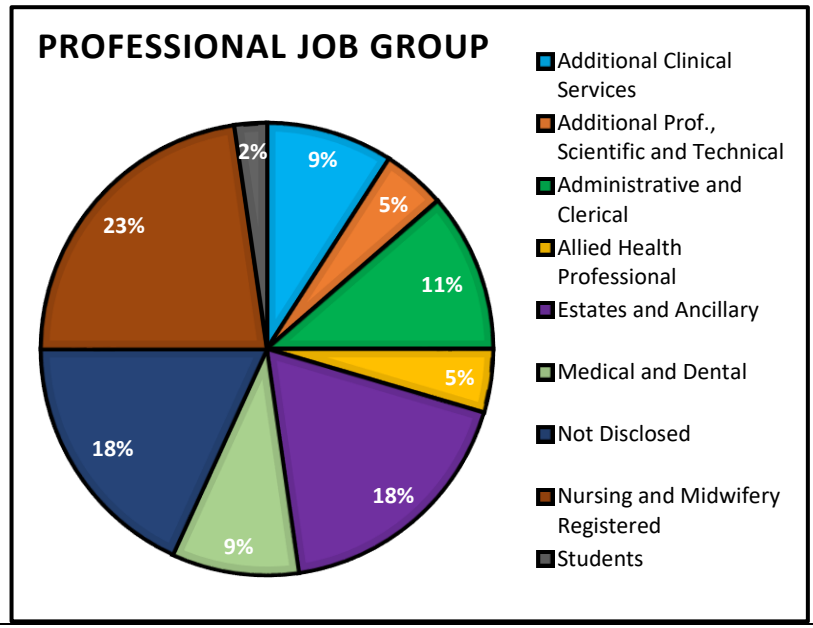
Q1	2

Themes

	Primary Only	All themes inc. primary
	Quarter	Quarter
Patient safety/quality	4	8
Worker Safety or wellbeing	14	33
Bullying or harassment	5	7
Other inappropriate behaviour or attitudes		
Behaviour / relationship	6	12
Discrimination & inequality	5	9
Management issue	38	53
Sexual misconduct	1	1
Additional Themes		
System and process	16	27
Other	0	0







Section 2 – Additional Data

Breakdown of theme by Quarter

	Q4 January – March 26	Q1 April – June 26
Patient Safety / Quality	13	4
Worker Safety / wellbeing	20	14
Bullying / Harassment	8	5
Behavioural/Relationship	11	6
Discrimination / Inequality	7	5
Management Issue	40	38
Sexual Misconduct	0	1
System / Process	17	16
Other (Describe)	0	0
Grand Total	116	89

Escalation Data, response times and case length Q1

Response Times:

- **Red – 100%** same day
- **Amber – 92%** within 48 hours
- **Green – 95%** within 72 hours

Longest response time: was five days; the delay was due to non-working days.

Longest cases: the longest open case was record on 27th November 2025, remains open due to ongoing investigation.

Feedback Data

The Guardian Service Feedback Survey results for University Hospitals of Leicester NHS Trust

- Total number of cases closed during the period: 102.
- Total number of feedback surveys received during the period:23.
- Total number of feedback surveys completing diversity information: 18.
- Overall response rate 23%

As previously agreed, deep dive data details for The Guardian Service Feedback Survey Diversity and demographic results and comments for UHL will be provided in our six monthly and annual reports as there will be more data to work with.

Section 2 - What is the data telling us?

- We received 89 concerns in Q1, representing a decrease of 27 from Q4. This aligns closely with Q1 2025 trends, which saw fewer concerns than the preceding year.

- Reported red concerns remains low, one red concern was received in Q1 which is positive, we believe this is due to positive outcomes relating to previous reported red concerns that were addressed expeditiously.
- **Management issues** - in Q1, there was slight decrease from 40 in Q4 to 38 in Q1.
- **Systems and Processes** - is the second highest reported theme which showed a slight decrease from 17 in Q4 to 16 in Q1.
- **Worker Safety and Wellbeing** – is third in the top 3 themes. Worker Safety and Wellbeing reduced from 20 in Q4 to 14 in Q1.
- **Highest Reported Site** – continues to be the LRI as the largest site in Q4 and annually followed by Glenfield Hospital with 3 less concerns than LRI. There has however been an increase in concerns from LGH potentially due to increased promotion. **Job Groups** - in Q1 the highest reporting group is Estates and Ancillary. Nursing and Midwifery and Not Disclosed are in second and third place.
- **RED Concerns –** There was 1 red concern reported in Q1, compared to 3 red concerns in Q4 and annual data.
- **Detriment** – There were 2 cases of detriment raised in Q1, detriment reporting remains low.
- **Reasons for contacting the FTSU Guardian** – in Q1 the highest reported reasons are jointly Impartial support and Fear of reprisal. The third most reported reason was The concern was raised before but not listened to.

Deep Dive Q1

Management Issues

- Management not flexible with staff that have childcare responsibilities
- Staff being targeted.
- Managers making staff on wards mop floors and clean toiletries that are domestic and not in their job description.
- Manger told staff member they are not confident and is frequently disrespectful towards them.
- Manager watched as an altercation happened but didn't intervene instead continued watching the altercation between two staff members.
- Staff members are not allowed to make Datix entries without managers permission.
- Managers not listening.
- Manager told staff member they would be sacked if they don't move departments.
- Manager tells staff to 'go away' when they need advice.
- Managers ignore staff and is very unprofessional and rude.
- Managers treat staff member differently to colleagues.
- Manager resorts to name calling thinking it's funny.

Systems and Processes

- Process for making reasonable adjustment regarding disabilities were not applied appropriately.
- Shift patterns are not considering rest period required between shifts.
- After a broken leg staff member was put on stage 3 performance skipping stage 1 and 2.
- Lack of team meetings where staff can share information, concerns or work in collaboration.
- Processes relating to visa are not being implemented consistently.
- IT issues causing delays.
- Job description does not reflect duties being carried out.
- Unfounded accusations of accessing medical report without permission.
- Staff told they cannot work Bank shift if they leave UHL.
- Return to work and department not following OH plan.

Worker Safety and Wellbeing

- Broken toilet and had been for months.
- Low staffing levels causing mental fatigue, it has become critical.
- Restaurant have been closed without communicating this to staff.
- Reasonable adjustments not applied with an injury that occurred at work.
- Office is regularly above 30 degrees and no fan available.
- Breaks missed due to insufficient staff levels.
- Uniforms not fit for purpose.

Outcomes and learning

- During busy periods some staff members are feeling burdensome with low staffing levels, high workloads, shift patterns, rotas and long hours is causing some staff to feel stressed and exhaustion which is influencing their wellbeing. It has been reported this is also causing short tempers, unprofessional behaviours and conflicts between staff. FTSU have raised such concerns with managers, facilitated meeting with staff and managers, increased FTSU briefings, signposted to Health & Wellbeing Team, Amica and provided emotional support.
- Frequently, managers don't appear to have the relevant knowledge and experience to effectively support staff requiring reasonable adjustments that are related to their disability or long-term illness. The concerns are suggesting there is a lack of managers wanting to know more about the disability and how it affects the staff member. Improving knowledge of the disability would provide better understanding and what requirements/consideration/processes could be applied. There is a steady increase of concerns relating to disability and long-term illness being reported to FTSU with common themes.
- Return to work related concerns raised with FTSU suggest, processes and procedures are not being followed correctly. Where there are long term health conditions that require attending hospital appointments more frequently, staff are being told they have to use annual leave however when that is used up they are told they will be recorded as sick leave, some are then placed on a performance plan and have experienced being put straight to level 3 omitting stages 1 & 2.
- In Q1 a concern was raised pertaining to a patient with complex needs. The case highlighted the clinical complexity involved with patients in UHL, especially when multiple services are involved. In this case one of our experienced Consultants has given direct input to direct clinical care. UHL currently do not have any agreed processes to offer complex patients an overarching 'Responsible' Consultant however the matter will be explored on how this could be achieved within the remit of clinical resources.

Section 4 - FTSU Guardian Activities in Q1

As well as promotions and taking regular concerns we also:

- Contribute to monthly meetings with Director of Corporate and Legal Affairs, Great Place to work group, EDI Steering Group, HR and People Services sharing information, Quarterly meetings with CEO, Chair and Head of Communications.
- Attend Bi-weekly in-person Corporate Inductions briefings for new starters as well as occasional virtual Induction events.
- Attend in-person Corporate Inductions with HCSW and Resident Doctors Corporate induction.
- Quarterly CMG Senior Management meetings to share themes across the CMG and added to our reporting to CMG's including job groups speaking up.
- Quarterly attendance to Trust Leadership Team meetings.
- Increased engagement and collaborative work with EDI and Differently Disabled Network Co-Chairs.

- Working group with members of the Executive and senior team analysing available information regarding discrimination.
- ENT drop-in sessions.
- Use Your Voice GSL workshops with college students close to UHL.
- Attended Welcome to Preceptorship workshops.
- Attended Research and Innovation Senior Leaders meetings.

What next?

- Support with looking at what detriment is, looks like and what the understanding of how detriment feels. How can the trust define detriment, disadvantageous or demeaning treatment by colleagues, line managers or leaders towards a worker because of the act of speaking up. How can we familiarise staff members of different ways detriment can be experienced.
- Planned and targeted walk arounds across 3 main sites.
- Revisit and complete briefings at satellite sites.
- Support with the next stage of communications about FTSU.
- Support the new leadership and management training.
- Ockenden and Amos reviews have been publicly released, because of findings we will continue to work closely with the leaders within W & C and plan targeted walk arounds.

Appendices

Background to Freedom to Speak Up

Following the Francis Inquiry[1] 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.

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 UHL September 2023 and officially launched on 9th October 2023.

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

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 Guardians are not NHS employees and are external to the Trust.

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
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 regular contact is maintained by the Guardian with members of staff who have raised a concern to establish where ongoing support continues to be required. This can be via follow up phone calls and/or face to face meetings with staff who are in a situation where they feel they cannot escalate an issue for fear of reprisal. 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 the organisational lead for the Guardian Service at regular monthly meetings.

Escalated cases are cases which are referred to an appropriate manager, at the request of the employee, to ensure that appropriate action can be taken. As not all employees want their manager to know they have contacted the GSL, they either progress the matter themselves or take 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. A Guardian will keep a case open and continue to support staff in such cases. In a few situations contact with the Guardian is not maintained by the staff member.