



The future of Freedom to Speak Up

GSL's response to NHS England's proposals on the future of Freedom to Speak Up

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Contents

	Page
Background	3
NHS England's vision: what success looks like	3
The Guardian registry	4
Policy and guidance	5
Data collection	7
System learning	7
Guardian training	7
Guardian support	8
Guardian networks	9
Enquiries	9
About the Guardian Service	10

Background

We commented previously on Dr Penny Dash’s ‘Review of Patient Safety Organisations’. We support both its broad direction and the decision to close the National Guardian’s Office (NGO). Responsibility for creating a proactive, supportive, speaking up culture rightly belongs with providers and commissioners and the people with direct accountability for culture, leadership, and staff experience.

The NGO’s achievements should be recognised, but its legacy now includes an ever-expanding network of Guardians, rising costs, and centrally driven expectations that increasingly diverge from the realities of NHS operations. The NGO’s interventions have not been underpinned by cost-benefit analysis and there is little evidence to demonstrate that its actions have increased confidence in speaking up. In fact, NHS Staff Survey data suggests the opposite.

NHSE’s “Future of Speaking Up” engagement exercise, undertaken as it becomes the interim policy custodian, should be an opportunity for genuine redesign. Yet the engagement proposals default to business as usual and do not take the opportunity to look critically at what is actually needed and what, if anything, national bodies can do that local leaders cannot do for themselves.

We offer the following reflections to encourage bolder thinking, a clearer focus on outcomes, and a redesign that genuinely supports a confident, open NHS culture.

The Future of Freedom to Speak Up ‘engagement pack’ can be found here:

[NHS England » Future of Freedom to Speak Up: engagement pack](#)

NHS England’s vision: what success looks like

NHSE’s stated vision is one where:

- *FTSU guardians remain central to supporting speaking up in the NHS, with clear roles and appropriate resources*
- *guardians feel supported both locally through their organisations and nationally through NHS England*
- *leaders understand expectations of their role in FTSU and receive the support they need to fulfil these responsibilities*
- *NHS staff have confidence in speaking up mechanisms locally and nationally, knowing their concerns will be heard and acted upon*

- *the system continuously improves through learning from speaking up data and experiences that benefit patients and citizens*

This vision contains two central flaws that illustrate a misunderstanding of the cultural and operational challenges at hand.

Positioning Guardians as ‘central’ to speaking up

Making Guardians central creates the illusion that cultural openness can be delegated. Guardians must be one route for speaking up, not *the* route. The primary responsibility for enabling speaking up sits with leaders, managers and team leaders – the people who shape everyday culture. A decade of national focus on Guardians has contributed to unchecked growth of the network and demand for ever-increasing resources, without any evidence that this improves confidence in speaking up, or openness more generally. There is a need for a more mature conversation about where confidence in speaking up is really built: in relationships, leadership behaviours, and everyday psychological safety.

Expecting Guardians to be ‘supported locally’

A Guardian whose primary support comes from their host organisation risks being perceived as compromised - particularly by staff who already distrust local leadership and are reluctant to speak up. Organisations that are supported by Guardians should engage with, respond to, and make space for Guardians, but must not define, direct, or oversee them.

This is not semantics. It is about creating a credible, impartial, safe route for workers to raise concerns, especially those who feel least protected.

The Guardian registry

NHSE are proposing that:

- *the public-facing central registry function will cease*
- *NHS England will retain guardian data for stakeholder engagement and communication purposes only*
- *all organisations will be required to list their guardian(s) prominently on their website*
- *the CQC will verify guardian arrangements through Well-Led inspections*

We welcome the end of the national registry, which has long been criticised for inaccuracies, omissions, and operational inefficiencies. Transferring verification to the CQC through the Well-Led framework is a more proportionate approach.

However, the proposal requiring organisations to list Guardians “prominently” on their websites illustrates a continued tendency toward prescriptive measures rather than outcome-driven guidance. Visibility is essential, but staff with little or no IT access will not benefit from online listings. The goal is simple: every worker should know who their Guardian is and how to contact them. Achieving that requires local tailoring; NHSE requirements should reflect that desired outcome, not the minutiae of what information is to be displayed where.

Policy and guidance

The proposals are that:

- *NGO policy development function will cease*
- *NHS England’s existing FTSU policy and guidance function will continue*
- *all NGO legacy documentation will be preserved and hosted by NHS England*
- *NHS England will maintain and update its existing guidance documents*
- *greater opportunity for integration of FTSU insights with broader staff experience and patient safety policy development*

We support retaining legacy documentation but not its continued unconsidered implementation. This is a critical opportunity to rationalise the volume, content and purpose of national guidance.

Future national guidance must be:

- Evidence-based, with explicit cost–benefit analysis
- Outcome-focused, avoiding prescriptive, compliance-driven instructions
- Appropriate to NHSE’s remit, particularly avoiding encroachment into employer/employee relationships
- Supportive of cultural openness, not checklist auditability

Much recent NGO guidance has simply increased process requirements and costs, while offering little to improve culture or confidence. National guidance should clarify expectations but leave implementation to local leadership.

Data collection

NHSE are proposing:

- *GEMS system will cease after completing 2025/26 data collection (May/June 2026)*
- *from 2026/27, data collection will be via NHS England's established national data process*
- *integration with existing NHS data collection processes creates opportunity for efficiency*
 - *Continued quarterly collection and annual reporting opportunity to access data via Model Health System*

Ending GEMS (the 'Guardian Enquiry Management System') is a welcome step – it is cumbersome, inaccurate, and has been widely criticised. Integrating data collection into NHSE's established national processes offers potential for efficiencies and more consistent data.

However, NHSE should reflect critically on what Guardian case data can meaningfully demonstrate. For years, rising case numbers were framed as evidence of success, despite staff survey data showing falling confidence. Speaking up activity is reflective of local culture, leadership stability, workforce composition, and organisational context - not national trends. National-level case data risks creating false narratives and the drawing of inaccurate conclusions. Activity is not impact and Guardian case data cannot measure culture in isolation. NHSE should consider carefully what such data can, and cannot, tell us.

There are further questions raised by the proposals that require more thought. Who is responsible for the provision of data to NHSE – Guardians or the organisations that are supported? What data is actually to be collected, and why? There is the risk that this becomes another example of data collection which becomes an exercise in its own right but serves no clear purpose.

System learning

The proposals are:

- *standalone NGO speak up review function will cease*
- *NHS England’s prescribed body casework function will continue*
- *learning gathered through multiple channels:*
 - *guardian support interactions*
 - *network feedback*
 - *data analysis and trends*
 - *prescribed body casework functions*
- *thematic learning published based on insights*
- *stronger links to regulatory action where needed*
- *greater opportunity to integrate insights into workforce and patient safety policy development*

We support ending standalone “speak up reviews” which have provided limited practical value and often produced prescriptive recommendations unsupported by evidence.

Speaking up is not a standalone function; it is central to patient safety, workforce experience and operational quality. Integrating insights across these domains is the right direction.

The proposed integration of learning from casework, data, network feedback, and prescribed body functions is appropriate - provided it remains focused on systemic insight, not expanding central oversight.

Guardian training

Proposals set out:

- *transfer existing training to e-Learning for health platform*
- *continued free CPD accredited online training available to all guardians*
- *foundation training module content maintained by NHS England*
- *supplemented by local peer support and mentoring*
- *cost-neutral for employers for foundation training*
- *employer responsible for ensuring guardian receives appropriate training*
- *integration with electronic staff records (ESR) for automatic compliance tracking*

The limitations of current national training are well known. A one-size-fits-all approach delivered centrally cannot equip Guardians working in highly varied environments - from large multi-site acute trusts, to ambulance services, to small general practices.

Training should be the responsibility of the Guardian's employer and designed to meet the requirements of the service/s being supported. Crucially, not all Guardians are NHS employees; using ESR as a compliance-tracking mechanism misunderstands the reality of the role and risks reinforcing conflicts of interest, where organisations oversee the development of the very role meant to offer independent support.

Impartial and credible Guardian services require independent foundations, not training and assurance overseen by host organisations and national bodies.

Guardian support

NHSE are proposing:

- *continued access to one-to-one support for guardians*
- *national EAP (Employment Assistance Programme) will cease (now that local organisation EAP services are available)*
- *continued peer support through regional networks*

The proposal for one-to-one support from NHSE requires careful qualification. Without clear boundaries, it risks becoming an escalation route for Guardian cases that NHSE, Guardians, and providers appear unprepared to manage.

Regional networks have become unwieldy, inconsistent and, in some cases, unwelcoming environments offering little meaningful support. The confidential and sensitive nature of Guardian work limits how much case-based advice and support can be shared through such structures.

Independent models of Guardian provision, such as those offered by GSL, provide more effective peer support without costly national infrastructures. The opportunity to grasp the nettle of assessing the true costs associated with how national direction has shaped Guardian arrangements and its reliance on national and regional networks, should be taken. Independent provision of Guardian support both provides a properly impartial support mechanism and eliminates the need for costly national interventions.

Guardian networks

NHSE are proposing:

- *regional networks will be supported by regional NHS England teams*
- *greater flexibility in how each region runs its network*
- *national networks will be supported by the NHS England national FTSU team*
- *optional attendance based on guardian needs and preferences*

The proposal to continue regional and national networks but make attendance optional raises fundamental questions about their value. Currently they do not function as an effective means of engagement with Guardians and optional attendance will diminish this further. Neither do they function as an effective means of peer-to-peer support given the limitations on sharing case information, the dominance of particular voices at meetings, and the continued emphasis on individual- and organisation-specific issues over meaningful support and learning. As noted above, nationally and regionally organised networks are of limited use, particularly to experienced Guardians and those given the support and infrastructure they need by organisations such as GSL.

More agile, relevant and supportive networking develops from the bottom up, not through centrally mandated structures. What, if anything, can networks led by NHSE add?

Enquiries

It is proposed that:

- *NHS England contact centre will handle general enquiries*
- *comprehensive FTSU frequently asked questions developed for common questions and updated on the website*
- *most information available through NHS England website*
- *specialist queries escalated to FTSU team*

The proposed changes to NHSE's enquiries function are broadly reasonable, but the nature of enquiries must be understood. Guardians may raise issues that constitute formal disclosures or require regulatory attention. NHSE must therefore be explicit about:

- what types of enquiries it will handle

- how disclosures will be recognised and escalated
- how confidentiality and independence will be protected

Clear boundaries are essential to avoid creating expectations that cannot be met or compromising Guardian independence.

About the Guardian Service

The Guardian Service Limited (GSL) provides independent and impartial Guardian support to over 30 NHS Trusts and nearly 400 GP practices – supporting around 350,000 workers to speak up. We operate 24/7/365, supporting people in person and virtually, actively promoting our service, and encouraging speaking up on-site and through virtual awareness raising and other activity. We provide training on speaking up matters and cultural openness, and other services to support any organisation to assess and open up its culture.

You can find out more about GSL here: <https://www.theguardianservice.co.uk/>

We are here to listen – if you would like to speak to us about our work we can be contacted at: information@theguardianservice.co.uk