

## National Guardian – Consultation Questions

Much of the role of National Guardian (NG) falls outside the remit of local Healthwatch except in so far as that the changing of culture within the NHS organisations should ensure that patient experience is improved over the long term.

As commissioners and providers of services are required to have in place processes to receive whistle-blowing reports from their employees, and the CQC provides a 'back-stop' should those processes fail Healthwatch Worcestershire in liaison with Healthwatch England has not seen that its role extends to taking reports from employee whistle-blowers. We acknowledge the role employee whistle-blowers can fulfil in protecting patients from unsafe practice and abuse, and that they can be more aware that services are unsafe than patients that have received the services. Therefore Healthwatch Worcestershire is concerned to see that the processes referred to above work to protect patients.

We have recently escalated a case to Healthwatch England in which it was alleged that a NHS employee had been failed by the local processes and more importantly the existing CQC process for whistle blowers. The purpose of the escalation was to seek assurances about the effective operation of the CQC process. Consequently we welcome the introduction of a National Guardian to support the Local Freedom to Speak Up Guardians, to review how staff concerns have been handled, to support and advise providers and to provide challenge and support for the system.

1. Do you agree with the proposed scope for the National Guardian (NG)?

It seems reasonable to limit the scope for the National Guardian to NHS Trusts and NHS Foundation Trusts – extending it to independent healthcare providers who deliver NHS services under the standard contract, social enterprises etc We would welcome the extension of the role to include Primary Care and Adult Social Care when it becomes appropriate.

Whilst we recognise that the National Guardian will have no role in dealing with concerns raised by the public we hope that there will be a signposting role to ensure that members of the public are directed to the separate systems available to them.

2. Do you agree that these principles are the right ones? Are there any missing?

The principles do seem to be the right ones. It is difficult to argue with 'independence', wide discretion, etc. however it is crucial that robust and accountable mechanisms are in place to ensure, that whilst the NG has no statutory powers of it's own, the relevant regulatory body is engaged where appropriate.

There is some concern whether 'challenge and support the system to change culture, including where they believe processes could be improved' – will feel enough to some staff who feel let down by the systems in place locally.

3. Do you agree that the proposed arrangements will be enough to ensure the National Guardian's independence, and provide effective governance?

The arrangements seem reasonable and sensible. The NG is both independent and subject to oversight by the CE & Board of the CQC. Will there be a mechanism in place to resolve conflict should it arise?

4. How should communications from the National Guardian be branded?

Communications should be branded with all four 'accountable bodies' as this will reinforce the perceived authority of the NG.

5. Do you agree with our proposal that the National Guardian should build a strong network of Local Freedom to Speak up Guardians, and do you have additional ideas for how this could be delivered?

The NG should build a strong network of 'Local Freedom to Speak up Guardians' (LFSG). In the original 'Freedom to Speak Up' review the appointment of a 'LFSG' is a recommendation for NHS Trusts and Foundation Trusts not a requirement – is this likely to change?

The consistent framework, person specification and standard training is important so that the role is understood & recognised by staff moving between NHS Trusts. Will there also be training aimed at the Boards of Provider Trusts to ensure the full understanding and range and purpose of the role. It is important that it is understood by the organisations from the top down that the LFSG is a driver for culture change and learning and not just paying 'lip service' to an idea.

6. Do you agree with our proposal that the National Guardian should review how concerns have been handled in individual cases, where serious issues appear to exist, and do you have additional ideas for how this should be delivered?

The issue is likely to be how the NG prioritises cases and ensures that they are handled in a timely manner. This will be a matter for the NG but is of critical importance as if cases are not dealt with in a timely fashion the process will lose credibility.

7. Do you agree with our proposal that the National Guardian should support and advise providers, and do you have additional ideas for how this should be delivered?  
The NG should support and advise providers.

See 7 above - training for Board members of Provider Trusts or at least consistent training materials available.

8. Do you agree with our proposal that the National Guardian should provide support and challenge the system, and do you have any additional ideas as to how this should be delivered?

The NG should provide support & challenge the system – with no statutory powers, the effectiveness of the role will depend upon

9. Do you agree that the four functions described are the right ones to enable the National Guardian to discharge its role, as described in the 'Freedom to Speak Up Review'?

The four functions appear to be the right ones to enable the NG to discharge its role as described in the Freedom to Speak up review.

10. Do you have any further views on how the National Guardian should discharge its role?

11. Do you agree with the assessment of drivers of costs and benefits of the National Guardian and its functions? Can you provide further examples of likely drivers of costs and benefits?

It is likely that the main driver of costs will depend upon cases/issues referred and this in turn to a certain extent will depend upon how effective the role of NG is seen to be. Perhaps after period of time there will be sufficient cultural change within the NHS that an NG will no longer be required.