Lunch and Learn Webinar for Freedom to Speak Up Guardians:
Well Led and Freedom to Speak Up - Q and A

Question	Answer
How do you assess record keeping given the confidentiality aspect?	Inspectors will be looking to see there is a robust system for recording and, if there is a process to identify themes or particular staff groups, clinical areas raising matters. We would not look at any individual names.
I am the Guardian for Primary care in Derbyshire - will you speak to me when inspecting practices to see if there have been any issues raised?	Inspectors should make every attempt to speak with the guardian, be that face to face in person or via a team call.
The record keeping- is the database we use for cases enough for record keeping or will we need another form of records?	The record keeping system which works for you is perfectly acceptable. There is no expectation to have separate/different system.
Will we have an opportunity to read the Freedom to Speak Up aspects of the report prior to it being made public?	Draft reports are sent to the provider for factual accuracy comments. Hopefully such reports are shared with those who contributed to the provision of evidence. If the report is not shared with you, I would recommend requesting to see it. NB: Reports are much briefer than they used to be, so there may not be as much detail in the relevant section as you might expect to see.
What is the view of the CQC with regards to alternative, acceptable line reporting for the Freedom to Speak Up guardian if not the CEO? e.g Chief Nurse? Chief People Officer are both thought to be ok by the CQC?	Where not reporting to the CEO it is reasonable to report to the chief nurse and have a non-executive director championing the cause too. Separating out the connection to people manager/HR leader will assist in people understanding the role of a guardian is different.
Can you clarify through any data, how the speaking up culture, out with Freedom to Speak Up Guardian processes, are gauged, as Freedom	We consider the culture of an organisation in several ways: Speaking to a range of staff, seeking examples from them about their experiences of speaking up, raising matters

to Speak Up should be that safety valve? I may have missed this.	and if they have a response or see evidence of learning/changes. Survey results are a useful source, as are action plans/progress reports arising from these. Whistleblower information and responses from the leadership, where we ask relevant questions.
I experienced a really positive inspection last year and the inspector really knew her stuff re Freedom to Speak Up. I know from other Guardians this isn't the case for many. Have you and CQC reviewed the possibility of having specialist advisors who are Freedom to Speak Up Guardians to support inspections?	I am not aware of us asking specifically for Freedom to Speak Up guardians coming on inspection as a specialist advisor. I will certainly raise this. Inspectors should have an understanding of the role and what to look at, as they have guidance/information to support them in the inspection methodology.
Thanks for the presentation. Some Freedom to Speak Up guardians can have difficulty being given access to review draft reports. Does the CQC have input on this?	Please see earlier response. I would suggest you ask the CEO if you can look at the draft once it arrives.
How will you include Freedom to Speak Up in Primary care then if the guardian is for the county and the practice would probably have champions/ambassadors only? It is all new in Primary care and a big learning curve.	Although PC is not my area, I can only assume that inspectors will explore how the role is set up, how it works, whether there are ambassadors etc. They will want to know how information is collected and used to make improvements for the practice which is under inspection. The same principles will apply for speaking with staff and considering other data, such as surveys etc.
Thank you for sharing all of this information. The recent National Guardian's Office's ambulance review has shown that ambulance trusts work very differently to acute trusts and have a different/additional set of challenges and barriers to engaging and supporting staff with their concerns. Can you advise if this	The challenges of remote working and multiple sites is considered when inspecting ambulance services. The well-led aspects of inspection would not be different in terms of what we look at. We would however, do our best to speak with staff by going to the various areas, EOC, out with crew, some ambulance stations. We can also

will be considered as part of their CQC inspections?	undertake focus group discussions, which can give a rich source if information.
Great presentation, thanks Stella. You mentioned looking at providers staff survey results - do CQC do any analysis of the NHS staff survey and do those results feed into your inspections?	Yes, we look at the staff survey results and will speak to leaders about this, seek to gather information about any necessary actions, progress and improvements.
How are the individual (often anonymous) speaking up cases raised directly with CQC included in the evidence for inspection. Can these cases be re-branded as speaking up and not 'whistleblowing'?	This is a good point. In our data base we only have certain options for coding information which comes into us. We don't have an option for speaking up. Most whistleblowing comes in anonymously and often with little information, supporting details by way of examples. This makes it difficult to explore further. That said, if there are points stated which we can ask for information about, we will approach the contact person in the organisation to raise. Sadly, we can't feedback to the WB. Where we have a name and contact details, we will explore further with the individual and seek permission to approach the provider. We include information in n inspection report where it is corroborated through additional evidence.
What speaking up related theme have you noticed repeatedly from staff?	My personal reflections only here. Not being heard and lack of action taken to change on the part of the organisation. I have not seen or heard any negative comments about the guardian role.
Is the CQC interested in or could they ask about whether the Trust provides external or confidential supervision locally for the Guardians? This is a real problem for some Guardians across the Country and it's an important consideration especially when some Freedom to Speak Up guardians are still working as one on their own.	We do try to consider if there is a supportive network/person for guardians, recognising the role is not easy. If you don't have such support and this is impacting you, you can raise this with CQC, through the Newcastle office. The information will then be received by the relationship owner (inspector).

When staff raise concerns with CQC do you attempt to sign post them back to the Guardian? And if they don't wish to do you question why they don't wish to and feed this back to the organisation? I think to get a better understanding of this would be helpful	Yes. We always ask the person, where we can speak to them or correspond, if they have raised the matter with the guardian. If not, we will encourage to do so. We may still need to ask the provider for information.