HEALTH AND SPORT COMMITTEE

CONSULTATION ON THE PROPOSALS FOR NEW INDEPENDENT NATIONAL WHISTLEBLOWING OFFICER ROLE

SUBMISSION FROM Care Inspectorate

How will the order affect the whistleblowing process?

The Care Inspectorate expects the order to result in improved compliance with PIDA for healthcare. Considering the proposed order and explanatory document, the Care Inspectorate suggests that greater clarity regarding the scope of the order and the new powers of the SPSO could be beneficial. For example, there could be more clarity about whether the INWO can carry out primary and direct investigation of a whistleblowing complaint or whether the complainant is required to use the healthcare provider’s internal complaints procedure in the first instance. If a whistleblower can go straight to the INWO and bypass the provider, what are the circumstances that would justify the INWO using these powers? Similarly, specifying whether the INWO can investigate anonymous and confidential complaints would enhance understanding of the new role.

> Should the Ombudsman fulfil the role of Independent National Whistleblowing Officer?

Yes, the Care Inspectorate supports this role being fulfilled by the SPSO. With this function being located with the SPSO rather than HIS as the scrutiny body for healthcare, this raises the question of whether a similar function should be introduced for social work provision not currently regulated by the Care Inspectorate. While the Care Inspectorate has responsibility for investigating complaints about regulated social care (which includes complaints about services from staff whistleblowing) and the SPSO has oversight of how local authorities/integrated bodies operate their internal complaints procedures regarding social work, should a specific role be introduced covering whistleblowing for social work? Given the Care Inspectorate’s existing duties regarding complaints for regulated social care and the SPSO’s oversight of the Care Inspectorate’s own complaints procedure, it would be logical for this role to sit with the Care Inspectorate. This would also be logistically more straightforward and could avoid the need for separate legislation to be introduced.

> Does the order give the Independent National Whistleblowing Officer adequate powers?

With regard to powers of direct first-hand investigation, clarifying expectations regarding providers being notified of a whistleblowing complaint and unannounced visits would be helpful.

Given the complexity of commissioning and contracting arrangements across healthcare, confirming whether the powers extend to any aspects of provision where staff and volunteers do not work directly for the commissioning healthcare provider would enhance understanding.

> Is there anything you would add, amend or remove from the order?
With care services increasingly consisting of a blend of health and social care and with public policy being designed to deliberately blur professional boundaries, there are likely to be overlapping and shared responsibilities between the INWO and the Care Inspectorate. Consequently it might be worth adding a duty of co-operation between the agencies and the Care Inspectorate being added to the list of bodies for disclosure.