



NHS BORDERS : Whistleblowing Flowchart

Concern comes into the system
Could be via Confidential Contact or via another route (MSP/MP/INWO)



Whistleblowing Co-ordinator * notified at first opportunity



Concerned employee (E) / student (S) / volunteer (V) put in touch with NHSB Confidential Contact, if not already engaged with Confidential Contact



Individual versus Public interest?

Matter could be handled as Grievance or B&H Complaint or ...even back to Business As Usual

If judged to be whistleblowing ... what Stage and

- Chief Executive/Director of Quality & Improvement notified : E/S/V, job family, work area, broad concern type
- Senior Manager from different work area allocated to case (pref. Director)
 - Investigating Manager identified
- Signpost to areas of support OHS, HR, Partnership etc.



Senior Manager issues introductory letter to whistleblower – who will investigate, 20-day cycles, what will happen next etc.



HR available for advice on matters of Once for Scotland policy



When investigation complete, Senior Manager provides letter summarising findings and recommended actions, offering face-to-ace, Teams or telephone contact



Whistleblowing Co-ordinator updates NHSB records

*Whistleblowing Liaison Officer/Co-ordinator is the Board Secretary

If someone wants to blow the whistle on a (Exec) Director, they should go to the Chief Executive or Chair.

If someone wants to blow the whistle on a Non Executive Director, they should go to the Chair.

If someone wants to blow the whistle on the Chief Executive/Chair, they should go direct to INWO.