



NHS BORDERS

Whistleblowing Flowchart



→ **Concern comes into the system**

(could be via a Confidential Contact or via a manager, politician, union or INWO)



Whistleblowing Co-ordinator (iris.bishop@nhs.scot) notified at first opportunity



Concerned employee/student/volunteer engaged with a NHSB Confidential Contact



CHECK : individual concern or in the public interest?

Could it be handled as grievance or a B&H complaint or ...or another more appropriate method?

If judged to be in the **public interest and fitting the definition of whistleblowing** ... what stage should things proceed at? And ..

- Champion/Executive Lead notified of basic detail of approach/concern
- Senior Manager from unrelated work area allocated to oversee case
- Investigating Manager identified & commissioned to look into concerns/claims
- Occupational Health proactively reach out to whistleblower, offering support



Senior Manager issues introductory letter to whistleblower – who will investigate in 20-day cycles, explaining what will happen at each stage



HR available for advice on matters of HR policy



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



Whistleblower reserves right to escalate to INWO if not satisfied with NHSB handling



Whistleblowing Co-ordinator (Iris Bishop) updates NHSB records and reports to INWO and NHSB Board

*Concerns about the actions of a Director should be directed to the Chief Executive or Chair
Concerns about the actions of a Non-Executive Director should be directed to the Chair
Concerns about the actions of the Chief Executive should be directed to the Chair
Concerns about the actions of the Chair should be directed to the Chief Executive
The Independent National Whistleblower Office (INWO) remains a backstop, a final arbiter*