

# Whistleblowing Recording Form



This form has been designed for the purpose of supporting the NHS Orkney work force and service providers including, current and former employees, bank or agency staff, contractors, third sector providers, trainees, students, volunteers, GP Practices and those within Health and Social Care partnerships to raising a Whistle- blowing concern.

Contact by email:

ork.whistleblowing@nhs.scot

Date Concern was received:

Name of Whistle-blower:

Does this person wish to remain anonymous?

Yes | No

How was this concern received (i.e. letter, email):

What is the Preferred method of contact?

### Contact Details

Email :

Telephone/Mobile :

Address :

Is this concern being raised on the behalf of another person?

Yes | No

If "Yes", do you have the consent of the person this concern relates to?

Yes | No

***(When submitting this form, please provide evidence of the obtained consent.)***

What is the Service(s) or area(s) this concern relates to? :

Please Describe the concern:

*When describing the concern please include as much factual details as possible:*

Does this concern relate to patient safety: Yes | No

Owner: Corporate Services

Date: 11/03/2021

Final v.2

Please explain your patient safety concern:

*When describing please include as much factual details as possible:*

*For the next question please Circle those that are relevant*

Does the Concern relate to any of the following patient issues?

**Access | Admission | Appointment | Communication | Confidentiality | Consent | Transfer or Discharge**

Are you aware if an incident has been reported on NHS Orkney's incident management system? Yes | No

If "Yes" do you know the reference number? Yes | No

If known please include the Reference W-

Does this concern relate to staff issues? Yes | No

*For the next question please Circle those that are relevant*

Does the Concern relate to any of the following staff issues?

**Bullying | Harassment | Other**

If "Other" was selected, please define Other:

Has the person raising this concern suffered any detriment? Yes | No

Please describe the detriment experienced:

Thank you for completing this form, before sharing please ensure you have completed all fields relating to this concern.