

PUBLIC INTEREST DISCLOSURE (WHISTLEBLOWING) POLICY AND PROCEDURES

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PUBLIC INTEREST DISCLOSURE (WHISTLEBLOWING) POLICY

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PUBLIC INTEREST DISCLOSURE (WHISTLEBLOWING) POLICY (the “Policy”)

1 Introduction

Our University is committed to the highest standards of openness, probity, and accountability. We strive to conduct our affairs in a responsible manner taking into account relevant legislation, the requirements of our funding bodies and the nine principles set out by the Committee on Standards in Public Life (Duty, Selflessness, Integrity, Objectivity, Accountability & Stewardship, Openness, Honesty, Leadership and Respect). We expect all staff to uphold these Principles in the work that they do.

We want staff to feel secure about raising concerns where they consider that these Principles are not being upheld. Where a member of staff discovers information which they reasonably believe shows malpractice or wrongdoing within the University that they believe to be in the public interest, then we encourage this information to be disclosed to us without fear of suffering a detriment.

The Public Interest Disclosure Act (1998) gives legal protection to employees against being dismissed or penalised by their employers as a result of publicly disclosing certain serious concerns that they believe to be in the public interest.

This Policy is intended to assist individual staff members who believe they may have discovered malpractice or impropriety. It is designed to allow staff members to raise concerns or to disclose information which the individual believes shows malpractice and is in the public interest. It provides guidance on:

- Who can raise a concern under this Policy;
- The type of concerns dealt with under this Policy;
- How to raise a concern;
- The procedure that will normally be followed when a concern is raised; and
- The support and protection that staff are afforded when raising a concern.

The University Secretary and Compliance Officer (USCO) is the Designated Person with responsibility under the Policy.

2 Application

This Policy applies to all University staff (including employees, workers and agency workers). Any reference to “staff” should be construed accordingly.

3 Principles

The University expects individuals to work together in an open and honest environment, in compliance with the law, as well as University governance regulations, policies, and the University’s values. Where an individual discovers information which they believe is evidence of malpractice or wrongdoing within the University, disclosure of which they believe to be in the public interest, then this information should be disclosed without fear of reprisal. Disclosures under this Policy will be dealt with in accordance with the Public Interest Disclosures (Whistleblowing) Procedures detailed after the Policy (the “Procedures”).

4 Types of Concerns Covered by the Policy

This Policy is intended to assist staff who have concerns about the University's activities that are in the public interest, e.g. because they have implications for students, staff, the public or third parties more generally.

Concerns relating to the University's activities that may be reported under this Policy include (but are not limited to):

- That a criminal offence has been, is being or is likely to be committed (e.g. fraud, theft, corruption, bribery, blackmail);
- That a person has failed, is failing or is likely to fail to comply with a legal obligation (e.g. financial or academic malpractice or impropriety, failures to comply with Statutes, Ordinances and Regulations of the University);
- That a miscarriage of justice has occurred, is occurring or is likely to occur;
- That the health and safety of any individual has been, is being or is likely to be damaged;
- That the environment has been, is being or is likely to be damaged;
- That a person has behaved in a way that would constitute academic or professional malpractice;
- That the conduct of an individual has been improper or unethical; or
- That information tending to show any matter falling into the above categories has been or is likely to be deliberately concealed.

This Policy is intended to supplement and not replace other University policies (including, but not limited to, the [Fraud Prevention Policy](#), the [Complaints Handling Procedure](#), the [Research Code of Practice](#), the [Dignity and Respect Policy](#), the [Staff Personal Relationship Policy](#) (forthcoming) and the [Disciplinary Procedure](#)). Rather, this Policy is intended to address concerns which relate to the public interest and may (at least initially) be investigated separately but might then lead to the invocation of such policies or procedures. Where appropriate, matters raised under this Policy may ultimately be considered under another University policy or procedure.

Concerns about an individual's contract of employment or personal circumstances at work would not normally be dealt with under this Policy. For further information about other relevant policies, please see:

- [Grievance Procedure](#)
- [Dignity and Respect Policy](#)

5 Safeguards

5.1 Protection

This Policy is designed to offer protection to those staff members of the University who disclose concerns in the reasonable belief that it tends to show malpractice and is in the public interest. The individual will also be protected if they make the disclosure to an appropriate person/body as identified in this Policy and Procedures. Individuals are encouraged to follow this Policy and the Procedures so that the matter may be dealt with appropriately.

All concerns raised will be taken seriously, treated fairly and managed appropriately. Individuals raising a concern can expect to be treated with respect, and will be informed of the officer who is handling the matter. The University will not tolerate harassment or victimisation of anyone raising a concern. Nor will any individual be disciplined as a result of raising a concern, even if they are mistaken. However, this assurance is not extended to someone who maliciously raises a matter they know to be untrue or should reasonably have known to be untrue.

5.2 Confidentiality

The identity of the individual raising the concern will be kept confidential so long as it does not hinder or frustrate any investigation, unless it is required by law, is unavoidable or unless they agree otherwise. The investigation process may, for example, reveal the source of the information provided. If it is anticipated that this will happen the person reporting the concern will be informed.

The individual making the disclosure may need to provide a statement as part of the evidence required. When making such a statement the individual may wish to be accompanied by a work colleague or a Trade Union representative.

The individual making the allegation has a responsibility to ensure that the disclosure and relevant details are kept strictly confidential.

5.3 Anonymous Allegations

This Policy encourages individuals to put their name to any disclosures they make. Where concerns have been raised anonymously (for example, through the University's [Report & Support](#) incident form), there is likely to be a limit to the extent of the investigation that can be performed, if any. In the case of Anonymous Allegations which are investigated, it will not be possible to provide feedback to the individual(s) raising the concern.

Concerns expressed anonymously will be considered at the discretion of the University. In exercising this discretion, the factors to be considered will include:

- the seriousness of the issues raised;
- the credibility of the concern; and
- the likelihood of confirming the allegation from attributable sources.

When considering Anonymous Allegations made under this Policy, the advice of the Designated Person should be sought.

5.4 The Right of Response

Where an allegation or allegations are made under this Policy against any individual, that person will be informed of the allegation(s) and of the supporting evidence. They will be given the opportunity to respond to those allegations in writing.

5.5. Independent Advice

If anyone has concerns about raising a relevant matter, or if they wish further advice, then they can contact the Designated Person under the Policy, the University Secretary and Compliance Officer, or the Head of Internal Audit.

If they would prefer to speak to someone outwith the University then they can contact Protect, the free, confidential whistleblowing advice service 020 3117 2520. Or they may visit the [Protect website](#).

Further support and information can be found at:

- Government whistleblowing webpages: <https://www.gov.uk/whistleblowing> ;
- ACAS website: www.acas.org.uk ; and
- Various Trade Union websites.

6 POLICY REVIEW

This Policy will be reviewed every 4 years, or more frequently if required, for example in response to changes in legislation. Any feedback on the Policy content should be directed in the first instance to the University Secretary and Compliance Officer, who will consider this as part of the regular review.

PUBLIC INTEREST DISCLOSURE (WHISTLEBLOWING) PROCEDURES

To be read in conjunction with the Public Interest Disclosure (Whistleblowing) Policy

1 Procedure for Making a Disclosure

1.1 Provision of Information

Members of staff are encouraged to provide as much information as possible when raising a concern, preferably in writing. As a minimum the member of staff should provide:

- Details of the nature of the concern;
- Reasons why the member of staff believes this concern to be accurate with accompanying evidence; and
- The background / history to the concern.

While members of staff are encouraged to raise concerns, the raising of malicious, vexatious or knowingly untrue concerns will not be actioned under this Policy and may be regarded as a breach of discipline.

1.2 Raising a Concern

The individual should normally make the disclosure to their line manager in the first instance.

If the member of staff feels that they are unable to raise the concern with their line manager or the concern relates to their line manager, the concern should be raised with their Head of Department/School or Professional Services Director.

If the member of staff feels that they are unable to raise the concern with their line manager, Head of Department/School or Professional Services Director, or the concern relates to that individual, the concern should be raised with their Executive Dean, the University Secretary & Compliance Officer, Chief Commercial Officer, Chief Financial Officer or Chief People Officer, as appropriate.

In exceptional circumstances, where it is inappropriate to follow either of the routes above, the disclosure can be made to the Head of Internal Audit or the Convener of the Audit & Risk Committee. In these circumstances the advice of the Designated Person will be sought on the investigation process.

If the disclosure concerns the Designated Person, the advice of either the Chief Financial Officer or the Chief People Officer should be sought.

1.3 By or About a Senior Officer

If:

- a member of staff wishes to raise a concern about a Senior Officer of the University other than the Principal (Associate Principals, Associate Principals & Executive Deans, University Secretary & Compliance Officer, Chief Commercial Officer, Chief Financial Officer, Chief People Officer); or
- the member of staff is an Executive Dean or other Senior Officer of the University,

then the disclosure should be made to the Principal.

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If the member of staff feels that they are unable to raise the concern with the Principal, the concern should be raised with either:

- the Head of Internal Audit;
- the Convener of the Audit & Risk Committee; or
- the Convener of Court.

If a member of staff wishes to raise a concern about the Principal of the University under this Policy, the disclosure should be made to the Convener of Court.

In these instances, the advice of the Designated Person will be sought on the investigation process.

1.4 Financial Malpractice

If a member of staff wishes to raise a concern about financial malpractice, the concern should be raised with the Chief Financial Officer, who will inform the Principal, as the University's Accounting Officer for public funding.

In exceptional circumstances, where the member of staff feels that they are unable to raise the concern with the Chief Financial Officer, the concern should be raised with either:

- the Head of Internal Audit;
- the Convener of the Audit & Risk Committee; or
- the Convener of Court.

The advice of the Designated Person, the University Secretary and Compliance Officer, will be sought on the investigation process.

Where relevant and under the terms of the Financial Memorandum, the University is required to inform the Scottish Funding Council (SFC) of any instances of financial irregularity involving SFC funds.

2 Procedure for Dealing with A Concern

On receipt of a disclosure, the following procedure will normally apply.

2.1 Review of Information

Receipt of the disclosure should be acknowledged, in writing, within 5 working days from the date of receipt. The Designated Person will consider the information made available by the discloser and will decide whether there are grounds for proceeding further with the case.

If the Designated Person considers there are grounds for proceeding further, the Designated Person will decide:

- (i) Whether an investigation should be conducted and, if so, who should undertake it and what form it should take; the appropriate body to conduct the investigation will depend on the nature of the matter raised and may be:
 - an internal investigation (see 2.2 below); or
 - referral to the appropriate external authority e.g. Police, the Scottish Further and Higher Education Funding Council.
- (ii) Whether the matter should be referred directly to an existing policy or procedure as set out in Section 4 of the Policy.

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2.2 Internal Investigation

Where the matter is the subject of an internal investigation, under 2.1(i) above, the Designated Person may ask the Head of Internal Audit Services or another University Officer to undertake an investigation to establish all the relevant facts and to report his/her findings. As the Designated Person is required to decide what action to take in the light of this report, the Designated Person must not personally conduct the investigation and must remain separate from it.

The purpose of an investigation is solely to establish the facts of the matter. Investigations will be conducted sensitively and without undue delay, bearing in mind the significance and complexity of the issues raised.

The Designated Person or nominee will contact the discloser, normally within 10 working days of receipt of the disclosure and will inform them of the name of the officer chosen to conduct the investigation. The individual raising the concerns has 5 working days to notify the Designated Person, in writing, if they have any reasonable objection to that officer carrying out the investigation.

The individual raising the concern may be interviewed as part of the investigation, as noted above. If this is necessary, they have the option to be accompanied by a work colleague or a Trade Union representative to the meeting.

Where concerns have been raised anonymously, they will be considered under section 5.3 of the Policy.

2.3 The Right of Response

Where an allegation or allegations are made against any individual under this Policy and an internal investigation is to be carried out, that person will be informed of the allegation(s) and of the evidence supporting them. They will be given the opportunity to respond to those allegations in writing.

3 Outcomes

Once the investigation has concluded, the Designated Person shall determine what further action, if any, is required (e.g. disciplinary action under the Disciplinary Procedure). The Designated Person shall take appropriate advice on the outcome and next steps, where required.

In some instances, it might be necessary to refer the matter to an external authority for further investigation. The Designated Person will consider the circumstances and take advice, as appropriate, before deciding if the matter should be referred to an external authority for further investigation.

3.1 Feedback

The Designated Person will inform the individual making the disclosure, in writing, of what action, if any, is to be taken (to the extent possible, bearing in mind the University's obligations in respect of confidentiality and data protection). If no action is to be taken, either because the Designated Person considers there is no *prima facie* case to be investigated, or after an internal investigation, then the individual concerned should be informed of the reason for this.

The Designated Person will inform that individual against whom an allegation or allegations were made under the Policy of the outcome and whether or not further action will be taken.

Where the concern was raised anonymously, it is unlikely to be possible to provide further information to the individual(s) raising the concern.

3.2 Reporting of Outcomes

A report of all disclosures and any subsequent actions taken will be made by the Designated Person. Such reports will be retained for a period of six years in the Office of the University Secretary and Compliance Officer. The Designated Person shall also prepare a summary report for the Audit & Risk Committee, which will use the report to:

- Monitor the effectiveness of this Policy; and
- Report to the University Court on cases dealt with under this Policy.

Process Chart for Raising a Concern

