

WHISTLEBLOWING POLICY

1. INTRODUCTION

The University of Suffolk is committed to the highest standards of openness, probity and accountability. It seeks to conduct its affairs in a responsible manner taking into account the requirements of the funding bodies and the standards in public life set out in the reports of the Nolan Committee.

Normally any concern about a workplace situation should be raised with the employee's line manager; in the case of students, concerns would normally be raised through the complaints procedures. However, it is recognised that because of the seriousness and sensitivity of some issues, together with the knowledge of who the employee (or student) thinks may be involved in wrongdoing, this may be difficult or even impossible.

The Public Interest Disclosure Act gives legal protection to employees against being dismissed or penalised by their employers as a result of publicly disclosing certain serious concerns provided that they are disclosed under procedures identified in the Act. It is a fundamental term of every contract of employment that an employee will faithfully serve his or her employer and not disclose confidential information about the employer's affairs. However, where an individual discovers information which they believe shows malpractice/wrongdoing within the organisation then there should be identified procedures to enable the individual to disclose the information without fear of reprisal, and it may be necessary for the disclosures to be made independently of line management.

This Policy sets out arrangements for individuals to raise serious concerns about malpractice or serious wrongdoing in ways which will protect them from reprisal. This Policy is intended to meet the requirements of the Act but it goes further in two aspects:

- Firstly, it extends the list of concerns where a protected disclosure may be made beyond those identified in the Act.
- Secondly, it extends protection for disclosure beyond employees to students and to other members of the University of Suffolk community.

It should be emphasised that this Policy is intended to assist individuals who believe they have discovered malpractice or serious wrongdoing provided that they make the disclosure in accordance with the Policy. It is not designed to question financial or business decisions taken by the University nor may it be used to reconsider any matters which have already been addressed under harassment, complaint or disciplinary procedures. Individuals who make disclosures outside the arrangements set out here will not be protected under this Policy and may not be protected under the Act.

2. SCOPE OF POLICY

This Policy is designed to enable employees or other members of the University of Suffolk community, including students and contractors to raise at a higher level concerns or disclose information about matters the individual believes shows malpractice.

A number of policies and procedures are already in place including grievance, discipline, complaints and guidelines for dealing with harassment. This Policy is intended to cover concerns which are in the public interest and may (at least initially) be investigated separately but might then lead to the using of such procedures. These might include:

- financial malpractice or impropriety or fraud;
- failure to comply with a legal obligation;
- dangers to health and safety of the environment;
- criminal activity;
- miscarriage of justice;
- academic malpractice;
- improper conduct or unethical behaviour;
- attempts to conceal any of the above.

This is not intended to be a comprehensive list and any matters raised under this Policy will be considered seriously.

3. PROTECTION

This Policy is designed to offer protection to those employees or other members of the University who disclose such concerns provided the disclosure is made:

- in accordance with the procedures laid down;
- in good faith, and;
- in the reasonable belief of the individual making the disclosure that it tends to show malpractice.

4. CONFIDENTIALITY

All such disclosures whether from internal or external sources will be treated in a confidential and sensitive manner. The identity of the individual making the allegation may be kept confidential so long as it does not hinder or frustrate any investigation. However, the investigation process may reveal the source of the information and the individual making the disclosure may need to provide a statement as part of the evidence required.

5. ANONYMOUS ALLEGATIONS

This Policy encourages individuals to put their name to any disclosures they make. Concerns expressed anonymously are much less powerful, but they will be considered at the discretion of the person to whom the disclosure has been made.

In exercising this discretion, the factors to be taken into account will include:

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

6. UNTRUE ALLEGATIONS

If an individual makes an allegation in good faith, which is not confirmed by subsequent investigation, no action will be taken against that individual. If, however, the investigation raises concerns that an individual has made a malicious or vexatious allegation, and particularly if he or she persists with making them, disciplinary action may be taken against the individual concerned.

7. INAPPROPRIATE USE OF THE WHISTLEBLOWING POLICY

There may be occasions when an employee or other member of the University may, in good faith, raise a matter through this procedure that would be more appropriately addressed by another means (for example, the staff grievance procedure, or the student complaints/academic appeals procedures). Where this is the case, the discloser will be referred to the appropriate channel through which their complaint or concern may be addressed.

8. PROCEDURES FOR MAKING A DISCLOSURE

1. The individual should make the disclosure in writing to the Vice-Chancellor (the designated person). If, however, the disclosure is about the Vice-Chancellor or a member of the University of Suffolk Board then the disclosure may be made to the Senior Independent Director of the Board. If the disclosure is about the Senior Independent Director of the Board, then the disclosure should be made to the Chair of the University of Suffolk Board. If any individual other than those listed above should receive a disclosure, it should be referred to the Vice-Chancellor or the Senior Independent Director.
2. The names and contact details of the members of the University of Suffolk Board are published on the University [website](#).
3. Disclosures will be acknowledged in writing within 5 working days of receipt.

Process

1. The person to whom the disclosure is made shall consider the information made available to him/her and decide on the form of investigation to be undertaken. This may be:
 - To investigate the matter internally
 - To refer the matter to the Police or other statutory agency
 - To convene an independent inquiry.
2. Where the matter is to be the subject of an internal investigation, the person to whom the disclosure

is made shall decide who should undertake the investigation, the procedure to be followed and the scope of the concluding report. Where it is appropriate to do so, the investigator may be assisted by another officer or an independent person, particularly where specialist expertise or knowledge is required. Any review undertaken will be carried out as soon as practicable and the Audit and Risk Committee informed at the first opportunity. The principles of natural justice shall prevail throughout this process.

3. The individual, should a meeting with the Investigator be required, may be accompanied at the meeting by a friend. The role of the friend is to act as an observer, give moral support and to assist the individual to make their case.
4. The subject of the disclosure shall be informed of the disclosure and will be invited to comment before the investigation is concluded.
5. As a result of the investigation, other internal procedures may be invoked, such as disciplinary or grievance procedures. In some instances, it may be appropriate to refer the matter to an external authority for further investigation.

9. FEEDBACK

The person to whom the disclosure was made shall inform the discloser what action, if any, is to be taken and, where it is appropriate to do so, give a rationale for the outcome.

A discloser who has reason to believe his/her complaint has not been dealt with effectively (or who feels the response is improper) may refer the complaint to the Chair of the Board. If the original complaint was about the Chair of the Board, the discloser should refer it to the Chair of the Audit and Risk Committee. This further recipient of the disclosure shall consider all the information presented, the procedures followed and the outcome. This review may result in no further action, or a further investigation. The outcome and appropriate rationale shall be provided to the discloser.

10. REPORTING OF OUTCOMES

The Audit and Risk Committee is to be informed of all disclosures and records shall be retained by the Secretary to the Board for three years.