

Raising serious concerns: Whistleblowing Policy

Contents

1	Introduction and purpose.....	3
2	Scope.....	3
3	Responsibility for the policy	4
4	Confidentiality	4
5	Anonymous disclosures.....	5
6	Raising a concern	5
7	Investigation	6
8	Conclusion of investigation and outcomes.....	7
9	If you are not satisfied.....	8
10	Disclosures not pursued under this policy.....	8
11	External disclosures.....	8
12	Protection and support for disclosers	9
13	Malicious allegations and breaches of the policy	9
14	Monitoring and reporting on the operation of this policy.....	9
	Appendix A: Contacts and Information	11

1 Introduction and purpose

- 1.1 The university is committed to conducting its business with honesty and integrity, and expects all staff to maintain the highest standards of professional conduct in accordance with the **Code of Conduct for DMU Staff**. However, all organisations face the risk of things going wrong from time to time, or of unknowingly harbouring illegal or unethical conduct ('malpractice').
- 1.2 The university recognises that staff members are often the first to notice potential malpractice within an organisation and this policy aims to:
- 1.2.1 Encourage staff to report concerns as soon as possible, in the knowledge that they will be taken seriously and their concerns investigated as appropriate.
 - 1.2.2 Provide staff with a mechanism to raise concerns in confidence within the university.
 - 1.2.3 Reassure staff that they should be able to raise genuine concerns without fear of reprisals, even if they turn out to be mistaken.
 - 1.2.4 Balance the need to protect individuals who raise genuine concerns against the need to protect members of staff and the university against false allegations that are made maliciously and which can cause serious difficulties for innocent individuals.
- 1.3 This policy does not form part of any employee's contract of employment and the university may amend it at any time.

2 Scope

- 2.1 This policy applies to all employees of the university together with other categories of workers at the university such as agency workers, consultants, contractors, casual and freelance workers. It also applies to volunteers including members of the Board of Governors. It should be used to raise genuine concerns about malpractice which may (at least initially) be investigated separately to any existing grievance or disciplinary procedures. It is, however, acknowledged that disclosures may lead to the instigation of such procedures.
- 2.2 The policy is not designed to allow individuals to question the financial, business or managerial decisions taken by the university. Nor should this policy be used to reconsider any matters that have already been addressed under the grievance or disciplinary procedures or where the concern relates to an individual's personal circumstances.
- 2.3 This policy should be used to raise concerns that in the reasonable belief of the worker relate to suspected malpractice or dangers at work. Such concerns will normally be in the public or collective student interest. This might include:
- Criminal offences that have been, are being, or are likely to be committed (for example financial irregularity, fraud (see Appendix A Financial Regulations), serious financial maladministration, bribery (see Appendix O Financial Regulations), blackmail or corruption), or offences under the Data Protection Act.

- Failure to comply with a statutory duty or regulatory obligation or with the university's codes, procedures or regulations.
- Failure to report a serious incident (as defined by the Higher Education Funding Council for England (HEFCE)/Charity Commission).
- Endangering the health and safety of an individual; which has occurred, is occurring or is likely to occur.
- Safeguarding concerns for example concerns about harm or risk of harm to children, vulnerable adults or to animals.
- Concerns about slavery or human trafficking.
- Endangering the environment, which has occurred, is occurring or is likely to occur.
- Miscarriage of justice, which has occurred, is occurring or is likely to occur.
- Attempts to conceal information relating to any of the above.

2.4 Genuine concerns relating to any of the above should be reported under this policy. If you are uncertain whether your concern is appropriate for this policy, you may seek advice from one of the named Recipients at 6.3 in this policy.

2.5 Concerns about suspected misconduct in research should be raised in accordance with the **Misconduct in research – investigation procedure**.

3 Responsibility for the policy

3.1 The Board of Governors has overall responsibility for this policy, and for reviewing the effectiveness of actions taken in response to concerns raised under this policy.

4 Confidentiality

4.1 Confidentiality is an important part of this policy and the university will use all reasonable endeavours to protect the identity of staff who raise genuine concerns under this policy. Details of concerns raised and the names of any individuals involved must only be disclosed where it is absolutely necessary to do so and only on a strict 'need to know' basis, provided that this does not compromise any investigation or any issue related to the safety of individuals.

4.2 The university encourages staff to raise concerns openly under this policy. However, if you have concerns about possible reprisals if your identity is revealed you should approach one of the named Recipients at 6.3 and such measures as are appropriate or possible may then be taken to protect your identity insofar as this does not hinder or frustrate any investigation.

4.3 While the university will do all it can to protect individuals, the university cannot guarantee that your identity will remain secret for example in the following circumstances:

- Disclosure of your identity is a legal obligation.
- Your identity as discloser is already in the public domain.
- Disclosure is to a professionally qualified lawyer for the purposes of obtaining legal advice.
- Disclosure is necessary to complete due diligence in the investigation.
- Your identity as the discloser can be deduced from the information provided.

4.4 If the investigation process may itself reveal you as the source of the information, or it is difficult to properly investigate without revealing you as the source, this will be discussed

with you and you will be informed as to the degree of protection afforded to you under this policy and/or the law. This will not however hinder or frustrate any investigation.

- 4.5 Where a concern has been raised about a named individual, that person will be made aware of the concerns raised and, unless there are compelling reasons why you or any witnesses need to remain anonymous, will be given the name(s) of those raising the concerns together with the name(s) of any witnesses.
- 4.6 Subject to section 11 of this policy, no public statements should be made by any party to the concern raised without the prior approval of the university.
- 4.7 Any breach of confidentiality may lead to disciplinary action up to and including dismissal.

5 **Anonymous disclosures**

5.1 Anonymous disclosures are not encouraged. Concerns expressed anonymously are much less powerful, but they will be considered at the discretion of the university. In exercising this discretion, the university will consider:

- the seriousness of the issues raised
- any evidence presented in the disclosure, and
- the likelihood of confirming the information from attributable sources.

Nothing in this clause limits the university from taking such action in response to anonymous disclosures as it considers appropriate.

5.2 If you are raising a concern anonymously you should be aware of the following:

- Proper investigation may be more difficult or impossible if further information cannot be obtained from you.
- It is more difficult to establish whether the information is credible.
- It may not be possible for the university to provide feedback to you in relation to the concerns raised and any action taken to investigate concerns could be limited.
- It can be more difficult to qualify for legal protection as a 'whistleblower' because there will be no documentary evidence linking you to the disclosure of information.

6 **Raising a concern**

6.1 Any disclosure made under this policy shall, whenever possible, be in writing but concerns may be raised in person.

6.2 You can raise concerns with your immediate line manager. They may be able to agree a way of resolving your concern quickly and effectively.

6.3 You may also raise concerns with any of the following named "Recipients":

- Executive Director of People and Organisational Development
- Executive Director of Finance
- Chief Operating Officer
- Deputy Vice Chancellor
- Head of Legal Services
- Clerk to the Board of Governors

- 6.4 The Recipient will acknowledge receipt of the disclosure in writing, normally within five working days.
- 6.5 The Recipient will arrange a meeting with you as soon as possible to discuss your concern. You may bring a colleague or trade union representative to any meetings under this policy. Your companion must respect the confidentiality of your disclosure and any subsequent investigation.
- 6.6 You should provide as much supporting information as possible about your concern. You do not need to provide 'proof' but your concern must be a disclosure of "information", as distinct from allegation or opinion. For example, saying "health and safety requirements are not being complied with" is not disclosing information whereas providing specific examples of health and safety failures is.
- 6.7 The Recipient will take down a written summary of your concern and provide you with a copy after the meeting.
- 6.8 If the disclosure is about all of the Recipients as named in this policy then you may report directly to the Vice Chancellor. If the disclosure is about the Vice Chancellor then the Recipient may report directly to the Chair of the Board of Governors and if the disclosure is concerning alleged financial malpractice may also inform the Chair of the Audit Committee.
- 6.9 Whistleblowing concerns may sometimes relate to the actions of a third party, such as a partner organisation, a supplier or service provider. In some circumstances the law will protect you if you raise the matter with the third party directly. However, you are encouraged to report such concerns internally first.

7 Investigation

- 7.1 Once you have raised a concern, the Recipient will carry out an initial assessment of the information made available to them in consultation with appropriate colleagues (for example HR or a fellow Recipient as defined in paragraph 6.3) to determine if the matter is appropriate for this policy and the scope of any investigation required. The Recipient may seek additional information from you at this stage.
- 7.2 Following their initial assessment the Recipient will inform you of the outcome eg if there is no further action required or that there is a need to take action such as to investigate the matter internally or refer the matter to the police or other external body.
- 7.3 If the Recipient considers the matter is appropriate to be raised under this policy they will inform the Vice Chancellor and Chair of the Board of Governors as soon as reasonably practicable of the action that is being proposed or if no further action is proposed. Where a disclosure is not pursued under this policy – see section 10.
- 7.4 In cases involving financial malpractice, the Recipient shall refer the issue to the Director of Finance who will work with the Recipient and other appropriate colleagues in investigating the matter.
- 7.5 The nature and scope of any investigation required will depend on the nature of the concern raised; however, the Recipient will ensure in each instance that the investigation is reasonable and fair, impartial and sufficiently documented. In some instances the Recipient together with other colleagues, may recommend that the disclosure is referred to another

university procedure eg the grievance or disciplinary procedure or the research misconduct procedure.

- 7.6 In some cases the university may appoint an investigator or team of investigators including staff with relevant experience of investigations or specialist knowledge of the subject matter.
- 7.7 The Recipient will aim to keep you informed of the progress of the investigation and its likely timescale and you may be required to attend additional meetings in order to provide further information. However, sometimes the need for confidentiality may prevent the university giving you specific details of the investigation or any disciplinary action taken as a result. You should treat any information about the investigation as confidential (see [Confidentiality](#)).
- 7.8 Any individual against whom a disclosure is made will be told of it, and of the evidence supporting it. Both the person against whom the disclosure is made and the discloser will be allowed to comment before the investigation is concluded, or further action taken.

8 Conclusion of investigation and outcomes

- 8.1 At the conclusion of the investigation, the person carrying out the investigation will make a report to the relevant Deciding Officer who for the purposes of this policy will be:
- The Chairman of the Audit Committee (if the matter concerns financial malpractice), or
 - The Vice Chancellor and/or the Chair of the Board of Governors.
- 8.2 The report may make recommendations for actions to be taken which may include:
- Reviewing and making recommendations for changes to internal procedures, risk assessments, risk management procedures, action plans, training, management and governance oversight to minimise future risks.
 - Recommending the instigation of disciplinary proceedings against DMU employees.
 - Notifying/reporting to any external body or regulator eg HEFCE, the Health and Safety Executive (HSE), Financial Conduct Authority (FCA), General Medical Council (GMC), Information Commissioner's Office (ICO), or making a referral to the Disclosure and Barring Service (DBS).
- 8.3 Once the Deciding Officer has reached a decision, they will inform you of this, if possible within 10 working days.
- 8.4 You will not have any right to be informed of the outcome of any disciplinary proceedings or other action taken against individuals nor any right of appeal in respect of any such action taken.
- 8.5 In accordance with HEFCE's Memorandum of Assurance and Accountability, the university will report "serious incidents" to HEFCE (as defined by HEFCE), including issues that are suspected or alleged, shortly after discovery. This will include incidents that have resulted, or could result in, a significant loss of funds or a significant risk to the university's reputation, known or alleged links (other than for legitimate academic reasons) between staff, students or anyone else associated with the university and proscribed organisations or terrorism.
- 8.6 Depending on the nature of the incident there may be a separate duty to report it to the police or other appropriate authority - for example, if criminality is suspected.

- 8.7 The Deciding Officer shall implement the recommendations, unless in their view there are good reasons for not doing so.
- 8.8 If the university concludes that false allegations have been made maliciously or with a view to personal gain, you may be subject to disciplinary action or other sanctions. See [Malicious allegations and breaches of the policy](#).

9 **If you are not satisfied**

- 9.1 The university cannot guarantee any particular outcome to any concern raised, but will try to deal with concerns raised under this policy fairly and appropriately.
- 9.2 If you are not happy with the way in which your concern has been handled, you can raise it with one of the other Recipients listed at 6.3. Alternatively you may contact the Vice Chancellor or the Chair of the Board of Governors or, if the disclosure is concerning alleged financial malpractice, the Chair of the Audit Committee. This other person will consider all the information presented, the procedures that were followed and the reasons for the action taken or the reasons for taking no action. The outcome of this will be either to confirm that no further action is required or that further investigation is required and will follow the procedures referred to in section 7.

10 **Disclosures not pursued under this policy**

A decision not to pursue a disclosure may be taken before investigation if the Recipient decides that it does not fall within the remit of this policy. In such cases, they may refer you to other internal procedures for example, the university's grievance procedure if, in fact, the concerns relate to your personal circumstances rather than malpractice within the university. In addition, a decision not to pursue a disclosure may be taken before or after investigation, if the Recipient or the Deciding Officer as applicable is:

- Satisfied, after investigation, that malpractice has not occurred or is not likely to occur.
- Aware that the matter is already subject to legal proceedings, or has already been referred to the police or relevant bodies.
- Aware that the matter is already, or has been, the subject of proceedings under one of the university's other procedures, and/or
- Satisfied that the discloser does not have reasonable grounds to believe that malpractice within the meaning of this policy has occurred, is occurring, or is likely to occur.

11 **External disclosures**

- 11.1 The aim of this policy is to provide an internal mechanism for reporting, investigating and remedying any suspected malpractice occurring or likely to occur within the university. In most cases you should not find it necessary to alert anyone externally.
- 11.2 If, having followed this policy, you are not satisfied with the steps taken, you may raise the matter confidentially with the police, HEFCE, the Department for Education and Skills, a Member of Parliament or other appropriate public authority (the government publish a list of 'prescribed persons' to whom disclosures may be made – see [Appendix A: Contacts and Information](#)). Before taking any such action, you must inform the Deciding Officer.

- 11.3 You may also raise the matter externally, as set out in 11.2 if you have reasonable grounds for believing that the Recipient or the investigators and/or the Deciding Officer/s referred to in this policy are or were involved in the alleged malpractice.
- 11.4 The law recognises that in some circumstances it may be appropriate for you to report your concerns to an external body such as a regulator. It will very rarely if ever be appropriate to alert the media. We strongly encourage you to seek advice before reporting a concern to anyone external.
- 11.5 You may, at any time, disclose the matter to a professionally qualified lawyer for the purpose of taking legal advice.

12 **Protection and support for disclosers**

- 12.1 It is understandable that disclosers (or “whistleblowers”) are sometimes worried about possible repercussions. The university encourages openness and will support staff who raise genuine concerns under this policy, even if they turn out to be mistaken.
- 12.2 Disclosers must not suffer any detrimental treatment as a result of raising a genuine concern. Detrimental treatment includes dismissal, disciplinary action, threats or other unfavourable treatment connected with raising a concern. The university will not tolerate the victimisation of individuals who raise genuine concerns under this policy and a person who threatens or retaliates against a discloser in any way may be subject to disciplinary action up to and including dismissal.
- 12.3 You may be supported by a trade union representative or a colleague at any meetings held under this policy.
- 12.4 If you are a DMU employee, you are able to access the confidential Employee Assistance Programme free of charge.
- 12.5 You can seek advice from Public Concern at Work, the independent whistleblowing charity, who offer a confidential helpline.

See [Appendix A: Contacts and Information](#).

13 **Malicious allegations and breaches of the policy**

Where the university has grounds to believe that a false allegation has been made without reasonable belief in its truth or where an external disclosure is made in breach of this policy without reasonable grounds or otherwise than to the external bodies set out in section 11, disciplinary action may be taken against you, up to and including dismissal.

14 **Monitoring and reporting on the operation of this policy**

- 14.1 The Head of Legal Services will keep a confidential record of all disclosures and any subsequent actions taken and will retain such reports for five years. The information referred will be used to report to the Audit Committee the outcomes of any investigation, in detail where the issue falls within its terms of reference, and in summary in other cases as a means of allowing the Committee to monitor the effectiveness of the policy.
- 14.2 The Audit Committee will report annually to the Board of Governors on the operation of this policy, which will be publicly available.

Appendix A: Contacts and Information

Public Concern at Work - the whistleblowing charity

<http://www.pcaw.org.uk>

Whistleblowing Advice Line: 020 7404 6609

General enquiries: 020 3117 2520

UK advice line: whistle@pcaw.org.uk

Acas (Advisory, Conciliation and Arbitration Service)

<http://www.acas.org.uk/>

Gov.uk

<https://www.gov.uk/whistleblowing/what-is-a-whistleblower>

List of prescribed persons: <https://www.gov.uk/government/publications/blowing-the-whistle-list-of-prescribed-people-and-bodies--2>

Employee Assistance Programme

<http://www.dmu.ac.uk/dmu-staff/your-staff-experience/staff-benefits/health-and-wellbeing/employee-assistance-programme.aspx>
