

## **Whistleblowing Policy**

### 1. Introduction

The University 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 Seven Principles of Public Life, set out by the Nolan Committee i.e. selflessness; integrity; objectivity; accountability; openness; honesty; and leadership.

The Public Interest Disclosure Act 1998, which came into effect on 1 January 1999, gives legal protection to employees against being dismissed or penalised by their employers as a result of disclosing serious concerns. Where an individual discovers information which is believed to show malpractice or wrongdoing within the institution, then this information should be disclosed by the individual without fear of reprisal.

This policy is intended to assist individuals, who believe that they have discovered malpractice or impropriety to raise any genuine concerns, at the earliest opportunity, and in the most appropriate way.

### 2. What is covered by the Whistleblowing Policy?

The Whistleblowing Policy covers the disclosure of information which, in the reasonable belief of the individual making the disclosure, tends to show one or more of the following:

- Failure to comply with a legal obligation or the University's Statutes and Regulations;
- Financial malpractice, impropriety or fraud;
- Criminal activity;
- Dangers to health and safety or to the environment;
- Academic or professional malpractice;
- Improper conduct or unethical behaviour;
- Attempts to conceal any of the above.

The University is not just concerned about financial improprieties but also areas such as, but not limited to, fraud, corruption, bribery, blackmail and criminal offences.

### 3. Protection of Whistleblowers

Where an individual makes a disclosure under the Whistleblowing Policy, they will be protected under the Act, provided the disclosure is made in good faith, and in the reasonable belief of the individual that it will highlight genuine impropriety or malpractice.

Any false or malicious allegations made may be treated as a disciplinary offence.

#### 4. Other University Policies and Procedures

The Whistleblowing Policy is not intended to be used where there are other more appropriate policies and procedures available – where this is the case, the individual raising the concern will be advised accordingly.

Should the disclosure relate to fraud, or suspected fraud, those raising a concern should, in the first instance, follow the Fraud Policy and Procedures contained within Section 11 of the University's Financial Procedures Manual, which can be accessed at: (<http://www.qub.ac.uk/directorates/FinanceDirectorate/FPM/>).

#### 5. Who can raise a concern?

Any individual who has a reasonable belief that his/her disclosure will highlight impropriety or malpractice may make a disclosure under the Whistleblowing Policy - this will include, inter alia:

- Members of staff;
- Students;
- Members of Senate and its core Committees;
- Members of the Public.

Individuals are encouraged to put their name to any disclosure they make, in the interests of openness and transparency. The University may not be in a position to effectively address a disclosure raised anonymously but may attempt to do so after taking account of the following:

- The seriousness of the issue raised;
- The credibility of the disclosure;
- The likelihood of being able to investigate the matter and to use alternative sources to verify the allegation;
- Fairness to any individual(s) mentioned in the disclosure.

Anonymous disclosures will be handled under the Stages detailed in Section 7.

#### 6. What if the person does not want to reveal their identity?

The identity of the Whistleblower will be protected, if so requested, for as long as possible, provided that this is compatible with a full and proper investigation.

If the disclosure reveals an activity, which may have criminal implications, then it is unlikely that confidentiality will be preserved in a full and complete investigation. If this is the case, the University may have no option but to relinquish confidentiality - in such circumstances, the University will discuss the requirement for disclosure with the individual making the disclosure, at the earliest opportunity.

#### 7. Concerns raised by staff/students

An individual wishing to make a disclosure must do so, in writing, clearly stating that the disclosure is being made under the Whistleblowing Policy. The correspondence

should set out the full detail of the disclosure, along with any supporting evidence/documentation.

### 7.1 Stage One

A member of staff should make the disclosure, in the first instance, to his/her Head of School/Director, who may be able to address the concern at a local level. Alternatively, the employee may ask his/her Line Manager to make the disclosure on his/her behalf, or as a joint disclosure. If these approaches are not appropriate, for any reason, the disclosure should be made in line with Stage Two below.

A student should make the disclosure, in the first instance, to his/her Head of School, who may be able to address the concern at a local level.

Where a disclosure relates to a lay member of Senate/University Committee, or to a member of the University's Senior Management Group, the disclosure should be made directly to the Registrar and Chief Operating Officer, in line with Stage Two below.

Under Stage One, the individual making the disclosure will be asked to meet with the Head of School/Director, or nominee, to discuss the disclosure further.

After this meeting, and as soon as practically possible, the Head of School/Director will write to the individual summarising his/her concerns, and setting out how these will be handled.

### 7.2 Stage Two

An individual who has raised a matter with either a Head of School or Director, and is concerned about the response, or lack of response, should report their concern, in writing, to the Registrar and Chief Operating Officer. This correspondence should detail the nature of the disclosure, along with any previous action taken to address the disclosure under the Whistleblowing Policy.

Where a disclosure relates to a lay member of Senate/University Committee, or to a member of the University's Senior Management Group, the disclosure should be made directly to the Registrar and Chief Operating Officer.

Under Stage Two, the individual making the disclosure will be asked to meet with the Registrar and Chief Operating Officer, or nominee, to discuss the disclosure further.

After this meeting, and as soon as practically possible, the Registrar and Chief Operating Officer will write to the individual summarising his/her concerns, and setting out how these will be handled.

### 7.3 Stage Three

An individual who feels that they are unable to raise their concern under Stages One or Two, for whatever reason, should report their concern to the Head of Internal Audit (HIA), Mr Ian Howse, on 029 2026 4319 or by email to [ihowse@deloitte.co.uk](mailto:ihowse@deloitte.co.uk)

In invoking this stage, the individual will be required to provide the HIA with a written statement outlining his/her concerns and detailing any previous action taken to address the disclosure under the Whistleblowing Policy. The HIA will liaise with the Registrar and Chief Operating Officer to consider how best the disclosure should be

handled and, in particular, to agree the appointment of a Designated Officer. The HIA will advise the individual of this appointment and the individual will be invited to meet with the Designated Officer to discuss the disclosure further.

After the meeting, and as soon as practically possible, the Designated Officer will write to the individual summarising his/her concerns and setting out how these will be taken forward.

#### 7.4 Audit Committee

Where the nature of the complaint requires it to be considered at a non-executive level, then the matter may be raised confidentially with the Chair of the Audit Committee. The Chair will liaise with the Vice-Chancellor/Registrar and Chief Operating Officer and the HIA, in determining how the issues raised should be handled in the most appropriate way.

Contact details for the Chair of the Audit Committee are available from the Registrar's Office, on request.

#### 8. Concerns raised by Members of Senate/University Committees or by Members of the Public

Any member of Senate/University Committee or member of the public wishing to make a disclosure should do so directly, in writing, to the Registrar and Chief Operating Officer.

If, for any reason, it is not appropriate to raise a concern internally, this should be directed to the Head of Internal Audit, or to the Chair of the Audit Committee, in line with Sections 7.3 and 7.4 above.

#### 9. How the matter will be handled

Disclosures made under the Whistleblowing Policy will be handled in line with the Whistleblowing Policy: Investigation Procedure – a copy of this procedure is attached as Annex A.

Due to the varied nature of disclosures under the Whistleblowing Policy, it is not possible to define precise timescales for internal investigations. The University will ensure that any investigations are undertaken as quickly as possible, without affecting the quality and depth of those investigations. If the investigation is a prolonged one, the individual making the disclosure will be kept informed as to the progress of the investigation and as to when it is likely to be concluded.

The purpose of the Whistleblowing Policy is to enable the University to investigate and deal with possible malpractice. While the University will give the individual making the disclosure as much feedback as possible, it may not be able to tell the individual the precise action to be taken, where this would infringe a duty of confidence owed by the University to someone else, or where it might prejudice any future action the University might take (including legal action).

## 10. Safeguards

As outlined in Section 3, where an individual makes a disclosure under the Whistleblowing Policy, they will be protected under the Act, provided the disclosure is made in good faith, and in the reasonable belief of the individual that it will highlight genuine impropriety or malpractice.

### 10.1 Harassment or Victimisation

The University recognises that the decision to report a concern can be a difficult one to make not least because of the fear of reprisal from those responsible for the malpractice. Harassment or victimisation of individuals, who have raised concerns, will not be tolerated and will be treated as a serious disciplinary offence which will, where relevant, be dealt with under the appropriate disciplinary procedures.

Any investigation under the Whistleblowing Policy, into allegations of malpractice, will not influence or be influenced by other University procedures which may already be in train. Similarly, any ongoing internal procedures will not be halted as a result of an individual raising concerns under this policy.

### 10.2 False Allegations

If an allegation is made in good faith, but is not confirmed by the investigation, no action will be taken against the person making the allegation. If, however, an allegation is established to have been made frivolously, maliciously or for personal gain, disciplinary action may be taken against the individual, if an employee or student, in accordance with the appropriate disciplinary procedures.

## 11. If you are dissatisfied

If you are unhappy with the University's response to any disclosure made, please put your concerns, in writing, to the Registrar and Chief Operating Officer or, alternatively, to the Chair of the Audit Committee.

Contact details for the Chair of the Audit Committee are available from the Registrar's Office, on request.

## 12. Further Information

Further information is available from the Registrar's Office, on request.

Alternatively, independent advice concerning public interest disclosures is available from the independent charity – Public Concern at Work (PCAW) ([www.pcaw.co.uk](http://www.pcaw.co.uk)) on 0207 404 6609, or email [helpline@pcaw.co.uk](mailto:helpline@pcaw.co.uk). PCAW provides free and confidential advice on matters relating to public interest disclosures.

Members of University staff may also contact their Trade Union for appropriate advice.

Approved by the Audit Committee  
17 May 2012

Updated with new Head of Internal Audit details (Section 7.3) on 23 January 2014

## **Whistleblowing Policy**

### **Investigation Procedure**

#### 1. **Introduction**

- 1.1 The University's Whistleblowing Policy and Procedure have been designed to enable individuals to raise concerns, at a high level, and to disclose information which they believe shows impropriety or malpractice.
- 1.2 This procedure provides guidance to the discloser about how and with whom a concern should be raised and outlines how disclosures, made under the Whistleblowing Policy, will be handled.

#### 2. **Initial Disclosure**

- 2.1 In line with Section 7 of the policy, any individual making a disclosure must do so, in writing, clearly stating that the disclosure is being made under the Whistleblowing Policy. The correspondence should set out the full detail of the disclosure, along with any supporting evidence/documentation.
- 2.2 For the purposes of this procedure, the individual receiving the disclosure (i.e. the Registrar and Chief Operating Officer/Head of School/Director) is referred to as the Designated Officer. The Designated Officer for disclosures made under Stage 3 of the policy will be determined by the HIA, in consultation with the Registrar and Chief Operating Officer.
- 2.3 The Designated Officer should contact the individual making the disclosure within five working days of receipt of the disclosure to arrange a meeting to obtain further clarification on the issues raised, as required.
- 2.4 This meeting should take place within ten working days of the receipt of the disclosure (or within another mutually agreeable timeframe).
- 2.5 The individual making the disclosure should be advised that they have a right to be accompanied at the meeting by a work colleague or Trade Union representative.

#### 3. **Initial Assessment of the Disclosure**

- 3.1 The Designated Officer should consider, based on the information disclosed and the seriousness of the disclosure, whether there are sufficient grounds for a formal investigation.
- 3.2 A filenote should be kept, setting out the basis for the assessment and the proposed action.
- 3.3 If an investigation is not warranted, the individual raising the concern should be advised accordingly. Advice should also be offered where the concern falls more appropriately within an alternative University policy.
- 3.4 If further investigation is warranted, the individual making the disclosure should be advised on how this will be handled.

#### 4. Completion of Investigation

- 4.1 If sufficient grounds for an investigation exist, the Designated Officer will appoint an Investigating Officer to pursue the investigation internally.
- 4.2 The selection of the Investigating Officer will depend on the nature of the disclosure received.
- 4.3 It is the Investigating Officer's role to:
  - Fully investigate the disclosure with the assistance, where appropriate, of University colleagues;
  - Interview staff affected by the disclosure and advise them of their right to be accompanied at the meeting by a work colleague or Trade Union representative;
  - Report on the outcome of the investigation to the Designated Officer.
- 4.4 A judgement concerning the validity of the disclosure will be made by the Designated Officer. This judgement will be detailed in a written report containing the findings of the investigation and the reasons for the judgement.
- 4.5 The Designated Officer will determine the most appropriate action to take, arising from this investigation. If the disclosure is shown to be justified, then he/she will be entitled to invoke the disciplinary or other appropriate University procedures against those under investigation.

#### 5. Involvement of Internal Audit

Where the Registrar and Chief Operating Officer determines that Internal Audit should be appointed as the Investigating Officer, the required investigation will be factored into the Internal Audit Operational Plan, either by postponing a lower priority review and reallocating the days accordingly, or by increasing the total days allocated to the Operational Plan.

The Internal Auditor will present the revised Operational Plan, including an overview of the additional work required, at the next scheduled meeting of the Audit Committee – this overview will include a request for retrospective approval for the agreed reallocation of resources.

#### 6. Keeping the Discloser Informed

- 6.1 Contact will be maintained with the individual making the disclosure, throughout this process, to advise on progress where appropriate.
- 6.2 Where possible, the individual making the disclosure will be advised of the outcome of the investigation and on any action that will be taken as a result. It may not, however, be appropriate to tell the discloser the precise action to be taken where this would infringe a duty of confidence owed by the University to someone else or where it might prejudice any future action the University might take (including legal action).

7. Disclosure Notification

The Registrar's Office should be notified of all disclosures made under this policy – this will help the University assess the effectiveness of the Whistleblowing Policy and to identify any emerging issues/trends.

In notifying the Registrar's Office of any disclosures received, a summary should be provided, detailing the action taken to resolve the issues or, where the matter was more appropriately handled under another University policy, the advice given to the individual making the disclosure.

8. Audit Committee Reporting

The Registrar's Office will retain a log of disclosures made under this policy, and will report on the effectiveness of the policy and emerging trends, to the Audit Committee, on an annual basis.