

# WHISTLEBLOWING POLICY

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<b>Approved by:</b>	Audit Committee
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## 1. Context

The Group is committed to an environment where it is safe and acceptable for staff to raise concerns they may have about malpractice (as defined below) if they reasonably believe it exists. It would generally be expected that the staff member attempts first to raise the issue through the normal line management processes. If they believe that the matter has not been resolved, they should use the Group's procedure as detailed in Point 7 of this document.

2. **Definitions:** Whistleblowing is defined by the Group as the disclosure by a member of staff (see below) of information to a designated member of the Group which relates to malpractice – which is defined as dangerous fraudulent or other illegal conduct connected with the workplace, be it conduct by the employer, by fellow colleagues or a governor.

For the purposes of this policy “staff” is defined widely and includes employees and workers of all kinds, including agency workers and governors. Regardless of any implied or express contractual terms preventing staff from disclosing confidential information, staff are entitled to use this policy where appropriate.

## 3. The Public Interest Disclosure Act

Under the Public Interest Disclosure Act 1998 (“the Act”) members of staff are protected against dismissal or other detrimental treatment if they make disclosures in accordance with the Act. The Act protects disclosure if the staff member is acting in the public interest and can show that he/she had a reasonable belief in one of the following:

- That a criminal offence has been committed, is being committed or is likely to be committed;
- That a person has failed or is failing or is likely to fail to comply with any legal obligation to which s/he is subject;
- That a miscarriage of justice has occurred, is occurring or is likely to occur;
- That the health and safety of an individual has been, is being or is likely to be endangered. (It must indicate a greater danger than is associated with the normal use of the process/product, or danger that is not usually associated with it);
- That the environment has been, is being or is likely to be damaged; or
- That information tending to show any of the matters above has been, is being or is likely to be deliberately concealed.

## 4. The Group's Commitment

This Group is committed to the right and responsibility of staff to 'whistle blow' as defined within the Act and to their protection within the framework established by the Act and included in the Employment Rights Act. This document sets out the procedure to be followed by staff.

For the avoidance of doubt, the Group confers the same protection rights to senior staff (i.e. members of the Group Leadership Team) if they believe that the Chief Executive is not conducting himself / herself in line with the public interest.

## **5. The Group's Whistleblowing Policy**

This policy covers and should be used in situations where a member of staff has a reasonable belief that malpractice is present within the Group. This will include allegations of fraud, financial irregularities, corruption, bribery, dishonesty, criminal activities, failing to comply with a legal obligation, miscarriages of justice or creating, concealing or ignoring a serious risk to health, safety or the environment.

A member of staff who is subject to the Group's disciplinary procedures or who has lodged a grievance against the Group can only use this whistleblowing policy once any such process/es has/have concluded. The member of staff's concerns should be raised within the context of those pre-existing procedures, or in accordance with section 7.10 below if applicable.

## **6. Confidentiality**

Any member of staff will have the right to raise a concern under this policy. The Group will treat allegations of malpractice seriously and will investigate thoroughly any concern raised under this policy and in doing so the staff member's identity will remain strictly confidential and not be disclosed without their approval unless required for legal or regulatory purposes. The member of staff raising the concern(s) should not discuss the matter with colleagues (save with the colleague who has agreed to accompany him/her to a meeting under this policy, if applicable, on the basis that the colleague will similarly observe absolute confidentiality), or external sources other than to seek independent advice. Such advice may be obtained from the recognised trade unions in accordance with their normal procedures.

## **7. The Procedure to be followed**

- 7.1 If a member of staff has a reasonable belief that an act of malpractice (as defined above) has been, is being or is likely to be committed s/he should without delay make arrangements to discuss his/her belief with the Director of Governance who is the designated officer appointed for all whistleblowing cases (except if the allegation is made against the Director of Governance). This meeting will be held in strictest confidence. The person raising the concern should do so in a constructive manner and have as many facts/documentation/information available as possible to support their disclosure of malpractice.

- 7.2 Should the allegation be against the Director of Governance then the staff member should make an appointment through the Corporate Services Manager with the Chair of the Audit Committee.
- 7.3 The designated officer or the Chair of the Audit Committee (if 7.2 above applies) will hear the allegation, and then decide on the most appropriate person/body to conduct an investigation. The designated officer or the Chair of the Audit Committee can hear the allegation with an independent witness present, if they decide that this is appropriate. The staff member may bring a colleague or someone to support them, but this must be agreed in advance of the meeting by the designated officer or the Chair of the Audit Committee, and, for the avoidance of doubt, cannot be legal representation. The Group thereby ensures that the following principles are adhered to:
- the source of the allegation/s is/are protected;
  - and the Chair or the Director of Governance remains independent from the Group Management Structure.
- Should the allegation be against the Director of Governance, control of the process of investigation remains with the Chair of the Audit Committee, but other individuals may be involved in the investigation as judged appropriate by the Chair of the Audit Committee. A limited timescale will be set by the Director of Governance or the Chair of the Audit Committee for carrying out the investigation which will be dependent on the nature of the allegation. However, an investigation should not normally last longer than three weeks, unless there are exceptional circumstances surrounding the case.
- 7.4 Should the investigation prove to be a prolonged one, the Director of Governance /Chair of the Audit Committee to whom the allegation was first raised will keep the concerned member of staff informed in writing as to the progress of the investigation and a likely conclusion date. All correspondence will be sent to him/her at his/her home address or personal email address or handed to him/her in person by the Director of Governance/Chair of the Audit Committee. The internal mail system will not be used to send correspondence.
- 7.5 Following the investigation a decision will be made as to the necessary action, to be taken as a result of the investigation's findings. The member of staff who raised the allegations will be advised of the findings and any action to be taken as a result in writing. Again all correspondence will be sent to them at their home address or personal email address or handed to them in person by the designated officer. The internal mail system will not be used to send correspondence.
- 7.6 If the outcome of the investigation finds that malpractice has occurred or was intended then the necessary action will be taken in order to address the matter. This may involve

the disciplinary policy being invoked and dismissal of any wrong-doer may follow if appropriate.

- 7.7 If the investigation concludes that false and malicious accusations have been made against an individual/department and no malpractice has occurred then action will be taken against the staff member who raised the concerns. This may result in the disciplinary policy being invoked.
- 7.8 Should the staff member who raised the concerns feel that the investigation into their complaint has been handled in a unsatisfactory manner and/or returned unsatisfactory findings then s/he may refer the matter to the Chair of the Audit Committee, who will aim to resolve the concerns as soon as is practicable. If the Chair of the Audit Committee was the designated officer or led the investigation, or if the staff member remained concerned following an investigation and reference to the Chair of the Audit Committee, then the staff member may refer the matter through the appropriate channels within the Education and Skills Funding Agency (ESFA).
- 7.9 The Group will take the necessary precautions to protect staff raising concerns in line with this policy against detriment or dismissal for raising genuine legitimate concerns.
- 7.10 This policy does not prejudice the right of a member of staff to report directly to the Police in instances where there is clear and unambiguous evidence that a criminal offence has been committed or to disclose other very serious matters to appropriate external monitoring bodies if there are compelling reasons why these matters cannot be addressed internally in accordance with this policy.
- 7.11 The Director of Governance shall keep a register of any disclosures under this policy, which shall be reported at least annually to the Audit Committee.