

1. Introduction

- 1.1 Staffordshire University has a duty to conduct affairs in a responsible and transparent way and to take account of the requirements of its funding bodies for the proper use of public funds and of the standards required in public life.
- 1.2 Where an individual discovers information which they reasonably believe shows malpractice or impropriety within the organisation then this information should be disclosed without fear of reprisal, and may be made independently of line management.
- 1.3 The Board of Governors has overall responsibility for this policy and procedure.
- 1.4 This policy does not form part of any member of staff's contract of employment and the University may amend it at any time.

2. Scope of the Policy

- 2.1 This policy applies to University staff, including 'workers', as they are referred to in the Public Interest Disclosure Act 1998 ('the Act'). This policy does not apply to students or to members of the general public.
- 2.2 The policy is intended to cover disclosures of information within the University which are in the public interest and which the individual making the disclosure reasonably believes tend to show one or more of the following has occurred, is occurring, or is likely to occur:
 - financial malpractice including fraud
 - a miscarriage of justice
 - failure to comply with a legal obligation (this may include, for example, obligations such as freedom of speech and academic freedom, obligations under the Equality Act, or compliance with the University's regulations)
 - danger to the health or safety of any individual
 - damage to the environment
 - criminal offence
 - and/or deliberate concealment of information tending to show any matter falling within any of the above.
- 2.3 This policy and procedure is not designed to:
 - challenge financial or business decisions properly taken by the University;
 - consider any matters relating to a member of staff's employment or work, or a student's study or personal circumstances which should be, are being, or have been addressed, under the University's separate procedures, for example staff discipline, staff grievance, bullying and harassment, student complaints
 - to consider any matters which fall outside of those outlined in 2.2 above and/or under other University procedures.
- 2.4 If you are uncertain whether something is within the scope of this policy, you should seek advice from the Clerk to the Board of Governors, whose contact details are at the end of this policy. If the matter refers to the Clerk to the Board, you should seek advice from the Vice Chancellor and Chief Executive or Chair of the Audit and Risk Committee as outlined in Section 5 of this policy.

3. Safeguards

3.1 Protection

- 3.1.1 Anyone raising a genuine concern in accordance with this policy is entitled to not be subjected to any detriment as a result of having done so. If an individual reasonably believes that they have suffered such treatment, the individual should raise it formally using the University's Grievance Procedure.
- 3.1.2 The individual will also be protected if they make the disclosure to an appropriate person/body outside the University, such as a regulator or professional body or an MP. A list of the relevant prescribed people and bodies for this purpose and the areas for which they are responsible is available on the GOV.UK website at: <https://www.gov.uk/government/publications/blowing-the-whistle-list-of-prescribed-people-and-bodies--2>
- 3.1.3 The University will not tolerate any threat, retaliatory action or harassment against an individual because they have raised a concern. Any person involved in such conduct may be subject to disciplinary action and in some cases will be liable to a claim for compensation brought against them personally.
- 3.1.4 Independent advice on the protection offered to workers who disclose public interest concerns is available from Protect. This charity offers free, impartial and confidential advice and guidance to potential whistleblowers. Its details are Protect, The Green House. 244 – 254 Cambridge Heath Road, London, E2 9DA, (Email: whistle@protect-advice.org.uk, Tel: 020 3117 2520).

3.2 Confidentiality

- 3.2.1 The University will treat all disclosures of information raised in accordance with this policy 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 and engage in the process as part of the evidence required.

3.3 Anonymous Allegations

- 3.3.1 This University encourages individuals to put their name to any disclosures they make. Concerns expressed anonymously are generally more difficult to investigate and whether they will be considered is at the discretion of the University.

3.3.2 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.

3.4 Unfounded Allegations

- 3.4.1 If an individual makes a disclosure of information in the reasonable belief that it tends to show one or more of the items in paragraph 2.2 above and it is in the public interest, even if this is found not to be the case (whether at the outset, by a subsequent investigation or otherwise), no action will be taken against that individual. If, however, an individual makes a disclosure of information, which is found to be malicious and/or vexatious, disciplinary action may be taken against the individual concerned.

4. Procedures

4.1 Initial Step

- 4.1.1 The University strongly encourages any individual to use the procedure outlined at Section 4 and seek appropriate advice prior to raising complaints externally.
- 4.1.2 The University hopes that in many cases an individual will be able to raise any concerns with their line manager in the first instance, verbally or in writing. They may be able to agree to a way of resolving the individual's concern quickly and effectively.
- 4.1.3 However, where the matter is more serious, the individual considers that their line manager has not addressed their concern, or the individual would prefer not to raise it with their line manager for any reason, then they should make the disclosure to the Designated Person, who is the Clerk to the Board of Governors. If, however, the disclosure is about the Clerk to the Board of Governors then the disclosure may be made

to the Vice-Chancellor or the Chair of the Audit and Risk Committee of the Board of Governors. Contact details are listed in Section 5 of this procedure.

4.1.4 The individual will generally need to provide the following information as a minimum:

- the details of the concern and why the individual believes it to be true; and
- the background and history of the concern (giving relevant dates where possible).

4.1.5 The University may ask the individual for further information about the concern raised, at any stage of the procedure and the individual should respond to the request as promptly and comprehensively as possible.

4.1.6 If the disclosure is received in writing, then a written acknowledgement will normally be provided within five working days.

4.2 **Process**

4.2.1 The Designated Person, or their nominee (or Vice-Chancellor or the Chair of the Audit and Risk Committee of the Board of Governors if the disclosure is about the Designated Person), will consider the information made available to them. Normally within two weeks of the concern being received in accordance with paragraphs 4.1.3 and 4.1.4 above, they will decide whether they consider that there is a prima facie case that should be considered further in accordance with this policy or not. If they consider that it should, they will decide whether:

- to investigate the matter internally or externally;
- to refer the matter to the Police or other appropriate authority; and/or
- to take other action as deemed appropriate.

4.2.2 If an investigation is to be commenced, the Designated Person will then decide :

- who should undertake the investigation;
- the procedure to be followed; and
- the scope of the investigation.

4.2.3 Investigations should not be carried out by the person who will have to reach a decision on the matter.

4.2.4 Normally within a week of the decision by the Designated Person, the Designated Person will then commission the investigation to commence.

4.3 **Investigation and Next Steps**

4.3.1 Any investigation will be conducted as sensitively and speedily as possible. This should normally be within one month of the concern being received in accordance with paragraphs 4.1.3 and 4.1.4 above.

4.3.2 The party instructed to undertake the investigation (the "Investigating Officer") will arrange a meeting as soon as possible to discuss the concern raised by the individual. The individual may bring a colleague or trade union representative to the meeting. The companion must respect the confidentiality of the disclosure and any subsequent steps undertaken.

4.3.3 Save for certain circumstances where it may not be appropriate (for example, when an external authority requests the University not to), where a disclosure is made, the person or persons against whom the disclosure is made will be informed, provided with the evidence supporting it and will be allowed to respond as part of any investigation.

4.3.4 Once the investigation has been completed, a copy of the report will be sent to the Designated Person, or their nominee, who will retain such reports in accordance with any applicable document retention requirements. Normally within a month of the investigation being completed, the Designated Person, or their nominee, will decide whether further action should be taken. This may include the commencement of a formal procedure, other appropriate action and /or no further action.

4.3.5 In some instances, it might be necessary to refer the matter to an external authority for further investigation.

4.4 **Feedback**

4.4.1 Where it is not prevented due to the confidentiality, or particular sensitivity and /or other reasons relating to the matter, the individual complainant and/or accused will normally be given an update on the progress of the matter and details of the outcome of the investigation or any further action taken as a result. Whilst there is no entitlement to receive any such information, the individual complainant and /or accused should treat any information they do receive as confidential. Neither the complainant nor the accused has any right to appeal against the findings or any decision made in accordance with this Policy. The Chair of the Audit and Risk Committee will ensure that the Chair of the Board of Governors is kept reasonably informed, as they deem appropriate.

4.5 Reporting

4.5.1 Reporting to those other than the complainant and the accused (which are addressed in paragraph 4.4.1 above) on the instigation, progress, outcomes or further action of any investigation will depend on the nature of the concern raised and the resulting findings. It may include internal or external reporting. The Designated Person or nominee will normally (if they determine it to be appropriate in the circumstances) inform the Chair of the Audit and Risk Committee of the instigation of the procedure and provide updates. In all cases a summary report of the outcomes of any investigation will be made to the Audit and Risk Committee. Any report made will be in accordance with applicable data protection legislation and any safeguards necessary to maintain the integrity of the procedure undertaken.

5. Contacts

- 5.1 The University website address is www.staffs.ac.uk
- 5.2 The Chair of the Audit and Risk Committee of the Board of Governors is Jonathan Chapman (email jonathan.chapman@staffs.ac.uk)
- 5.3 The Clerk to the Board of Governors is Ian Blachford, also the Chief Operating Officer (email i.blachford@staffs.ac.uk)
- 5.4 The Vice Chancellor and Chief Executive is Professor Martin Jones (email martin.jones@staffs.ac.uk).

6. Approval

- 6.1 The equality impact of this policy has been taken into account during the development of this policy and all protected characteristics have been considered as part of the Equality Analysis undertaken.
- 6.2 This policy was reviewed and updated by the audit and Risk Committee on 12 February 2025.