

PUBLIC INTEREST DISCLOSURE

SUMMARY OF SUBSTANTIVE CHANGES

General changes

This document should be read in full.

(Amendments to version 02.0, UPR GV12, are shown in italics.)

1 INTRODUCTION

- 1.1 The regulations and procedures set out in this document have been approved by the Board of Governors and form part of the regulatory framework for the implementation of the University's policy and regulations relating to Bribery and Corruption and compliance with the Bribery Act 2010¹.
- 1.2 Public Interest Disclosure *legislation* gives legal protection to employees (section 3, refers) against being dismissed or penalised by their employers as a result of publicly disclosing certain serious concerns.
- 1.3 It is a fundamental term of every contract of employment that an employee will serve his or her employer faithfully and not disclose confidential information about the employer's affairs. However, where an individual discovers information which he or she believes shows malpractice or wrongdoing within the organisation, then this information should be disclosed without fear of reprisal and may be made independently of line management.
- 1.4 **'Whistle-blowing' and 'raising and escalating concerns'**
- This policy uses the term 'public interest disclosure' which is commonly known as 'whistle-blowing' or within the National Health Service, as 'raising and escalating concerns'.*

2 STUDENTS

- 2.1 *The policy and procedures set in this document (Appendix I, UPR GV12), may only be used by employees (as defined in section 3) and by members of the Board of Governors, to raise issues of concern in relation to possible malpractice or wrongdoing by the University, its wholly-owned subsidiary companies and their wholly-owned subsidiaries.*
- 2.2 *Many students enrolled on programmes leading to University of Hertfordshire awards undertake compulsory or optional placements that form part of their programmes of study or attend Study Centres recognised by the University.*
- 2.3 *The University has no authority to apply the policy and procedures set out in this document (Appendix I, UPR GV12) to another organisation, such as a placement provider or Study Centre.*
- 2.4 *In order to comply with legislation, placement providers and Study Centres should have their own Public Interest Disclosure ('whistle-blowing' or 'raising and escalating concerns') policies and procedures. Students experiencing difficulty in obtaining placement providers' or Study Centres' own policies and procedures should seek advice from the University (STEP 1 of the flowchart, refers).*

¹ Board of Governors minutes: Minute 356, 17 December 1998; 487.2, 22 March 2011, refer.

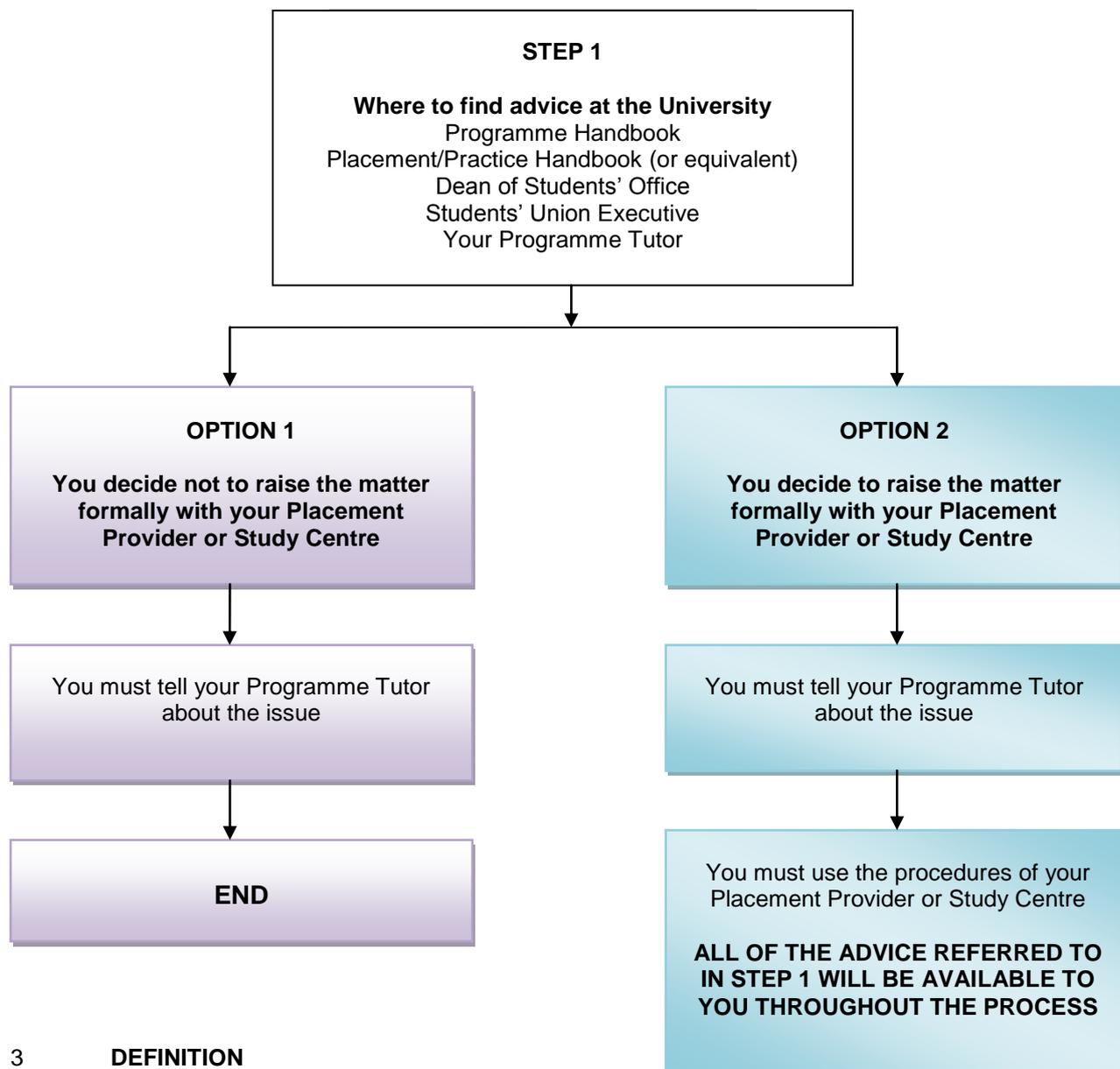
2.5 *Where a student (as defined in section 3.1, ii) on placement or attending a Study Centre discovers evidence of malpractice or wrongdoing within the organisation providing his or her placement or at a Study Centre, the student should:*

- i refer to the flowchart (below);*
- ii refer to the guidance given in his or her Placement Handbook, Programme Handbook or Practice Handbook (or equivalent) noting also that advice may also be obtained from the Dean of Students' office, the Students' Union Executive and his or Programme Tutor, and*
- iii in all cases, inform his or her Programme Tutor at the earliest opportunity;*
- iv raise his or her concerns using the placement provider's or the Study Centre's internal procedure.*

(Note for guidance:

*Where a student feels unable to raise a matter with the placement provider or Student Centre, he or she may wish to refer the matter for consideration by the relevant regulatory body which in the case of the Health professions might, for example, be the National Health Service or the Care Quality Commission. In these circumstances, students may seek advice from the University (**STEP 1** of the flowchart, refers).)*

If you are a student and wish to raise an issue of concern relating to your Placement Provider or Study Centre



3 DEFINITION

3.1 For the purposes of this document the following definitions will apply:

i **'employee':**

employees of the University and its wholly-owned subsidiary companies *and their wholly-owned subsidiaries*, agency workers and self-employed workers;

ii **'student':**

an individual registered on a programme of study, delivered on University's premises or at the premises of a wholly-owned subsidiary company of the University or that company's wholly-owned subsidiaries, leading to a University of Hertfordshire award. Students of the Hertfordshire International College are specifically excluded from this definition.

4 SCOPE

The policies, procedures and regulations set out in this document *may be used by* employees (section 3, refers) and members of the Board of Governors. They *may not be used by* to students or providers of services through a business or profession.

5 PURPOSE

5.1 It must be emphasised that this policy is intended to assist individuals who believe they have discovered malpractice or impropriety. It is not designed as a means of questioning financial or business decisions taken by the University; nor may it be used to reconsider matters which have already been addressed under the approved harassment, grievance or disciplinary procedures.

5.2 This policy is designed to allow employees and members of the Board of Governors to raise, at a high level, concerns or to disclose information which the individual believes show malpractice. A number of policies and procedures, for example, grievance, harassment, disciplinary, are already in place but 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 invocation of such procedures.

5.3 These concerns might include but are not necessarily limited to:

- a financial malpractice or impropriety or fraud;
- b failure to comply with a legal obligation or with the rules and regulations of the University;
- c dangers to health and safety or the environment;
- d criminal activity;
- e academic malpractice;
- f improper conduct or unethical behaviour;
- g attempts to conceal any of the above.

6 POLICY

6.1 The University's policy in relation to bribery and corruption is set out in UPR GV12² of which this document forms part.

6.2 The University will comply with *all* Public Interest Disclosure *legislation*.

7 SAFEGUARDS

7.1 Protection

This policy and its supporting regulations and procedures are designed to offer protection to those employees or *members of the Board of Governors* who disclose such concerns provided the disclosure is made:

- a in good faith;
- b in the reasonable belief of the individual making the disclosure that the matter being disclosed tends to show malpractice.

7.2 Confidentiality

7.2.1 The University will treat all such disclosures in a confidential and sensitive manner.

² UPR GV12 'Bribery and Corruption'

7.2.2 The identity of the individual making the allegation will be kept confidential so long as it does not hinder or frustrate the investigation. However, it must be appreciated that 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.

7.2.3 Only in exceptional circumstances will anonymous allegations be considered.

7.3 Whistle-blowing Hotline

The University will provide a whistle-blowing hotline to operate during normal working hours, excluding Public and University Holidays (Monday – Thursday: 08.30 – 17.00 hours; Friday: 08.20 – 16.00 hours).

(Note for guidance:

*The number of the Whistle-blowing Hotline is: **01707 285842.**)*

7.4 Frivolous or Vexatious 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, an individual makes malicious or vexatious allegations and, particularly, if he or she persists in making them, disciplinary action may be taken against that individual.

8 MAKING AND INVESTIGATING DISCLOSURES

8.1 Making a disclosure

8.1.1 An individual wishing to make a disclosure *should* do so in writing. Disclosures *made in writing* must be directed as follows:

Where the disclosure concerns:	Designated person to whom the disclosure is to be made:
Governor or Vice-Chancellor:	Chairman of the Audit Committee <i>of the Board of Governors</i>
Chairman of the Audit Committee <i>of the Board of Governors</i> :	Chairman of the Board <i>of Governors</i>
Deputy Vice-Chancellors, <i>Group Finance Director</i> , Secretary and Registrar, any other members of the University:	Vice-Chancellor

8.1.2 Whistle-blowing Hotline

Where a declaration is made via the whistle-blowing hotline, a confidential note of the declaration made will be directed for action in accordance with section 8.1.1.

8.1.3 The designated person *will*:

- i acknowledge receipt in writing;
- ii *ensure that all disclosures, including those referred to him or her from the Whistle-blowing Hotline (section 8.1.2, refers), are reported in confidence to the Head of the Internal Audit Service;*

- ii in writing, advise the individual making the disclosure within ten (**10**) working days, or *as soon as possible thereafter*, of the action he or she intends to take;
- iii follow the appropriate procedures set out in this section (8).

8.2 Investigation of a disclosure

8.2.1 The designated person will consider the information which has been made available and will decide if there is a prima facie case to answer. Where appropriate, he or she may arrange for a preliminary investigation to be conducted.

8.2.2 Preliminary investigation

The designated person will identify an independent person within the University to carry out a preliminary investigation and to report to him or her (the recipient of the disclosure) concerning the findings of the investigation. Such an investigation should be conducted as sensitively and speedily as possible and must not be carried out by the person who will be required to reach a decision on the matter.

8.2.3 Using the information obtained through the preliminary investigation, and depending upon the nature of the matter raised, the recipient will decide on the course of action to be taken. This may be:

- a to investigate internally or
- b to refer the matter to the Police or
- c to refer the matter to an independent enquiry.

(Internal procedures, such as those relating to discipline, may be followed or it may be decided that a special investigation should be put in hand. In some cases it might be necessary to refer the matter to an external authority for further investigation.)

8.3 Notification to the subject(s) of the disclosure

Where a disclosure is made, the person or persons against whom the disclosure is made will be told of it by the designated person, provided with the evidence supporting it and allowed to respond before any investigation or further action is concluded.

8.4 Feedback to the person who has made the disclosure

8.4.1 The designated person will inform the person who has made the disclosure, in writing, of the action, if any, which has been taken. If no action is to be taken then the person making the disclosure will be informed of the reason for this and provided with one further opportunity to remake the disclosure to another appropriate person, for example, to the Chairman of the Audit Committee of the Board of Governors (where he or she was not the recipient of the original disclosure) or to the Chairman of the Board of Governors.

8.4.2 This other person will decide on an appropriate course of action based on the information available to him or her.

8.5 Reporting of outcomes

A report of all disclosures and of any subsequent actions will be made to the Audit Committee of the Board of Governors. The Secretary and Registrar will retain such reports for a period of not less than seven (**7**) years. In all cases, a report of the outcomes of any investigation will be made to the Audit Committee of the Board of Governors.

Mrs S C Grant
Secretary and Registrar
Signed: **22 April 2014**