



# Whistleblowing Policy and Procedure

## 1. Policy Statement

- 1.1** Ravensbourne is committed to conducting its business with honesty and integrity and it expects all members of staff to maintain high standards. However, all organisations face the risk of things going wrong from time to time, or of unknowingly harbouring illegal, unlawful or unethical conduct. A culture of openness and accountability is essential in order to prevent such situations occurring, with them being addressed when they do occur. Ravensbourne is committed to ensuring that all staff feel able to raise concerns they may have about such conduct.
- 1.2** As a staff member, you may often be the first to notice any wrongdoing or potential danger within the Institution. However, you may not feel comfortable expressing your concerns because you feel that speaking up may be disloyal to your colleagues or to the Institution. You may also fear harassment or victimisation. In these circumstances you may feel that it may be easier to ignore the concern rather than report what may be just a suspicion of malpractice. This policy aims to address those concerns.

## 2. Aims

- 2.1** The aims of this Policy are:
- 2.1.1** to encourage members of staff to raise genuine concerns about malpractice at the earliest possible stage. Malpractice within the Institution is taken very seriously;
- 2.1.2** to provide safeguards and guidance to enable you to raise genuine concerns about malpractice in connection with the Institution. The aim is to provide a rapid mechanism under which genuine concerns can be raised internally without fear of repercussions for the individual; and
- 2.1.3** to seek to balance the need to provide safeguards for employees who raise genuine concerns about malpractice against the need to protect other members of staff, members of the Governing Body and the Institution against uninformed or vexatious allegations which can



cause serious difficulties and/or harm for individuals and Ravensbourne.

### **3. Malpractice**

**3.1.1** The following are the types of malpractice specified in the relevant legislation, which this policy covers:

**3.1.2** criminal activity;

**3.1.3** failure to comply with a legal or regulatory obligation;

**3.1.4** miscarriage of justice;

**3.1.5** endangering the health and safety of an individual;

**3.1.6** endangering the environment; and

**3.1.7** deliberate concealment of any of the above.

Ravensbourne also considers the following to constitute malpractice and members of staff may also raise concerns about the following matters in accordance with the terms of this Policy:

**3.1.8** fraud, dishonesty or financial mismanagement;

**3.1.9** negligence;

**3.1.10** serious breach of the Institute's internal policies and procedures;

**3.1.11** conduct intended to or likely to damage the Institute's reputation;

**3.1.12** unauthorised disclosure of confidential information; and

**3.1.13** bribery.

**3.2** If you have a genuine concern about any of the above types of malpractice and you wish to raise a concern, please follow the procedure set out below.

**3.3** The procedure applies to disclosure by an individual (described in this procedure as "the Discloser") who is an employee, worker or agency contract worker employed or engaged by Ravensbourne and who has reasonable grounds to believe that malpractice has occurred, is



occurring or is likely to occur in the Institute (whether on the part of another employee or any other person or persons) and that disclosure would be in the public interest.

- 3.4** Grounds for belief will be more than just a possibility or risk of malpractice – there must be a genuine concern and the Discloser will need to report what he or she thinks are the facts and why he or she believes that those facts are or may be evidence of malpractice.
- 3.5** This Procedure should not be used for complaints relating to an employee’s own personal circumstances, such as the way an employee has been treated at work. Employees should use the Grievance Procedure as appropriate.
- 3.6** If you are uncertain whether a concern falls within the scope of this Policy, then you should seek advice from a Designated Officer whose contact details appear at the end of this Policy.

#### **4. Procedure**

- 4.1** The Discloser shall as soon as practicable disclose the concerns about malpractice to both the Director of Human Resources and the Director of Finance (via email at [whistleblowing@rave.ac.uk](mailto:whistleblowing@rave.ac.uk), both of whom have been designated by the Institution as members of staff with appropriate experience and standing to handle such disclosures. Each of the above-named persons will now be described in this procedure as the “Designated Officer”. If your concern of malpractice relates to either the Director of Human Resources or Director of Finance please contact the Chief Operating Officer and the alternative Designated officer (please do not use [whistleblowing@rave.ac.uk](mailto:whistleblowing@rave.ac.uk)).
- 4.2** Any disclosure shall be in writing, where feasible, providing details of the practice about which you are concerned and the Discloser should provide as much supporting evidence as possible about the disclosure and why it is thought to amount to malpractice.
- 4.3** Any concerns you raise under this policy will be treated confidentially. Whilst we value your anonymity we do discourage anonymous disclosures as this can make effective investigation very difficult. You can talk through your concerns with the Designated Officer.
- 4.4** On receipt of the disclosure the most appropriate Designated Officer will arrange a meeting with the Discloser, to take place as soon as practicable after the initial disclosure. The Discloser may be



accompanied by a work colleague at the meeting and the companion must respect the confidentiality of your disclosure and any subsequent investigation. The Designated Officer may be accompanied by an appropriate colleague to take notes.

- 4.5** The Designated Officer or the appointed appropriate colleague will note down a written summary of your concern and provide you with a copy after the meeting. The Designated Officer will also aim to give the Discloser an indication of how he/she proposes to deal with the matter.

## **5. Further steps**

- 5.1** As soon as practicable following the meeting and an initial assessment, the Designated Officer will recommend what further steps are to be taken. These may (without limitation) include one or more of the following recommendations:

**5.1.1** that the matter be reported to the police;

**5.1.2** that the matter be investigated further internally by a member of the Institute's senior management or by external auditors or investigators appointed by the Institute; and/or

**5.1.3** that the Discloser be given the opportunity to seek redress through the grievance procedure.

**5.2** A recommendation of no further action may be made if the Designated Officer is:

**5.2.1** aware that the matter is already subject to legal proceedings, or has already been referred to the police or other public authority;

**5.2.2** aware that the matter is already (or has already been) the subject of proceedings under one of the Institute's other procedures; or

**5.2.3** satisfied after investigation that the malpractice has not occurred or is not likely to occur.

**5.3** Any recommendations under this procedure will be made by the Designated Officer to the Vice Chancellor (or nominee) unless it is alleged that the Vice Chancellor is involved in the alleged malpractice in which case the recommendations will be made to the Chair of the Governing Body. In any event the allegations will be made without



identifying the Discloser save as outlined below. The recipient of the recommendation(s) shall implement the recommendation(s) except to the extent that in the view of the recipient there are good reasons for not doing so.

- 5.4** The Designated Officer will aim to keep the Discloser informed of the progress of the investigation and its likely timescale. However, sometimes the need for confidentiality may prevent the Designated Officer from giving the Discloser specific details of the investigation and of any disciplinary action taken as a result. The Discloser should treat any information about the investigation as confidential.
- 5.5** If the conclusion is that the Discloser has made false allegations maliciously or with a view to personal gain the Discloser will be subject to disciplinary action.

## **6. Where the Discloser is not satisfied**

- 6.1** Whilst Ravensbourne cannot always guarantee the outcome you are seeking it will try to deal with your concerns fairly and in an appropriate way. By using this Policy, you can help the Institution to achieve this.
- 6.2** If you are not happy with the way in which your concern has been handled, you can raise this with one of the other key contacts set out below. Alternatively, you may contact the Vice Chancellor or the Chair of the Board of Governors. Contact details are set out at the end of this Policy.

## **7. External disclosure**

- 7.1** The aim of this Policy is to provide an internal mechanism for reporting, investigation and remedying any malpractice in the workplace. In most cases you should not find it necessary to alert anyone externally.
- 7.2** In some circumstances however, the law recognises that it may be appropriate for the Discloser to report concerns to an external body such as a regulator. Ravensbourne strongly advises the Discloser to seek advice before reporting a concern to anyone outside the Institution. It will very rarely if ever be appropriate to alert the media. The Independent Charity, Public Concern At Work, operates a confidential helpline. Their contact details are at the end of this Policy. A list of prescribed regulators for reporting certain types of



concern can be found on the link -  
<https://www.gov.uk/government/publications/blowing-the-whistle-list-of-prescribed-people-and-bodies--2> .

**7.3** Concerns about malpractice usually relate to the conduct of staff but they may sometimes relate to the actions of a third party such as a supplier, examination body or accreditation provider. The law allows you to raise a concern in good faith with a third party where you reasonably believe it relates mainly to their actions or something for which they are legally responsible. However, the Institution encourages you to report such concerns internally in the first instance to the Designated Officer.

## **8. Safeguards and confidentiality**

**8.1** The Discloser will not, where practicable, be identified unless the Discloser consents in writing or there are grounds to believe that the Discloser acted maliciously. In the absence of consent or concerns about the Discloser's motives, the Institute will only identify the Discloser:

**8.1.1** if this is a legal obligation;

**8.1.2** if the information is already in the public domain;

**8.1.3** if this is necessary, to a professionally qualified lawyer, for the purposes of obtaining legal advice; or

**8.1.4** where it is necessary as part of the proper investigation.

In these circumstances the Designated Officer will discuss this decision with you.

**8.2** Ravensbourne does not encourage staff to make disclosures anonymously. Proper investigation may be more difficult or even impossible if the Institute cannot obtain further information from you. It is also more difficult to establish whether any allegations are credible. Where a Discloser is concerned about possible reprisals if his/her identity is revealed, he or she should nonetheless speak to the Designated Officer who will then take appropriate measures to preserve the Discloser's confidentiality. If the Discloser is in any doubt he/she can seek advice from the Institution's external confidential counselling hotline or Public Concern At Work. Their contact details appear at the end of this Policy. However, whilst all practical steps



will be taken to avoid revealing the identity of the Discloser, the Discloser must accept that in some circumstances it may inevitably be possible to deduce his or her identity as the discloser of the information. Confidentiality of the Discloser's identity cannot therefore be guaranteed.

- 8.3** Any documentation (including computer files and disks) in relation to the matter will be kept secure. This will ensure that as far as practicable, any documentation prepared will not reveal the identity of the individual as the discloser of information under this procedure.
- 8.4** Where the identity of the Discloser is made known by the Discloser to a work colleague, the Discloser will be under an obligation to use all reasonable endeavours to ensure that the work colleague keeps this matter strictly confidential except as permitted under this procedure, as required by law or until such time as it comes into the public domain.

## **9. Protection against detriment for making a disclosure**

- 9.1** Disclosers may understandably be worried about possible repercussions. Ravensbourne aims to encourage openness and will support staff who raise genuine concerns under this Policy even if they turn out to be mistaken.
- 9.2** No detriment will be imposed and no disciplinary action will be taken against the Discloser because of a disclosure made in accordance with this procedure. Detriment includes dismissal, disciplinary action, threats or other unfavourable treatment connected with raising a concern. If a Discloser believes that he/she has suffered any such detriment, he/she should inform the Designated Officer immediately. If the matter is not remedied it should be raised formally using Ravensbourne's Grievance Procedure.
- 9.3** Staff must not threaten or retaliate against a Discloser in any way. Anyone involved in such conduct would be subject to disciplinary action.
- 9.4** In cases where there are grounds to believe that a disclosure has been made maliciously, vexatiously, with a view to making personal gain or where external disclosure is made in breach of this procedure without reasonable grounds the Institute may bring disciplinary action against the Discloser.



## **10. Amendment**

- 10.1** This Policy and procedure does not form part of the Contract of Employment and may be amended by the Institution from time to time.





## 11. Contact Details

Designated Officer	Contact Details
Director of human resources & organisational development and Director of Finance	whistleblowing@rave.ac.uk
Margaret Bird Director of human resources & organisational development	Tel: 07958386797 Email: <a href="mailto:m.bird@rave.ac.uk">m.bird@rave.ac.uk</a>
Phil MacDonald	Email: <a href="mailto:p.macdonald@rave.ac.uk">p.macdonald@rave.ac.uk</a>
Andy Cook Vice Chancellor	Tel: 020 3040 3561 Email: <a href="mailto:a.cook@rave.ac.uk">a.cook@rave.ac.uk</a>
Andrew Summers Chair of the Board of Governors	C/O Maureen Skinner, Clerk to the Board of Governors Email: <a href="mailto:m.skinner@rave.ac.uk">m.skinner@rave.ac.uk</a> Please address the Email, Confidential: Whistleblowing FAO Chair of Board of Governors.
Independent Counselling Confidential Counselling Hotline	Tel: 0800 -030 5182
Public Concern At Work (Independent Whistleblowing Charity)	Helpline: 02074046609 Email: <a href="mailto:whistle@pcaw.co.uk">whistle@pcaw.co.uk</a> Website: <a href="http://www.pcaw.co.uk">www.pcaw.co.uk</a>