

## **POLICY**

<b>Document Title</b>	<b>Whistleblowing (Public Interest Disclosure) Policy</b>
<b>Version</b>	<b>Version 1.4</b>
<b>Equality Impact Assessment Status</b>	<b>Complete</b>
<b>Approved by</b>	<b>Corporation Board</b>
<b>Date approved</b>	<b>15 July 2025</b>
<b>Effective date</b>	<b>16 July 2025</b>
<b>Date of next review</b>	<b>31 July 2028</b>
<b>Lead responsibility</b>	<b>Head of Governance</b>

# Whistleblowing (Public Interest Disclosure) Policy

## 1. Purpose

- 1.1. The purpose of this Policy is not only to promote a culture of openness and accountability but also to ensure that effective arrangements are in place to deal with any legitimate concern that is raised about malpractice or misconduct in a manner which is fair, consistent and expeditious.
- 1.2. The Whistleblowing Policy is often referred to as a Public Interest Disclosure Policy.
- 1.3. Whistleblowing is the disclosure of information by a worker which they reasonably believe shows wrongdoing, risk, or malpractice that is in the public interest.

## 2. General principles

- 2.1. The College is committed to the highest standards of integrity and accountability both in its strategic and operational management and in its corporate governance.
- 2.2. As evidence of this commitment, the Board of Corporation has:
  - adopted a Code of Conduct for its own performance.
  - instituted an annually updated register of interests (including gifts, hospitality etc) for Board members and for those College employees with major financial responsibilities.
  - accepted the 'Seven Principles of Public Life' as proposed by the Nolan Committee.
  - adopted a Policy on Public Access to Information which informs staff and members of the public how to get access to the above documents, to Board papers and to the Board itself.
  - adopted an Anti-Fraud, Bribery, Corruption and Money Laundering Policy.
  - Instituted regularly reviewed College Financial Regulations.
- 2.3. Malpractice will not be tolerated and should be prevented or identified through the normal process of management. On occasion a situation might arise where that process is ineffective in dealing with malpractice. In such a situation, it is important that employees and other workers have the means to make a bona fide disclosure, the encouragement to do so, the knowledge that the matter will be treated as confidential, and the assurance that they will suffer no repercussions.
- 2.4. It is the responsibility of every employee to disclose any incidence of malpractice that comes to their attention – and the College acknowledges that an individual who does this, in good faith, will be protecting the reputation of the College and helping to maintain public confidence in its management and governance.
- 2.5. The College is determined to operate wholly within the legal requirements of the Public Interest Disclosure Act (PIDA) 1998. Misuse of this Policy and Procedure knowingly to make false or malicious allegations may constitute an act of gross misconduct which could lead to dismissal.
- 2.6. This Policy and Procedure applies to all College employees, workers, trainees and apprentices and to all members of the Board of the Corporation.

### 3. Concern and disclosure

3.1. The kinds of concern or disclosure for which this Policy should be used must relate to the following kinds of malpractice or misconduct:

- criminal acts (e.g. fraud, financial irregularity, bribery, theft, corruption, blackmail);
- acts or omissions which may create a risk to health and safety and/or the environment;
- failures to comply with legal obligations;
- miscarriages of justice;
- acts or omissions by the Board in the conduct of Corporation business which are illegal, reckless or beyond its powers;
- deliberate concealment of information concerning these kinds of malpractice or misconduct.

3.2. In raising a concern or making a disclosure an individual must –

- be acting in good faith;
- reasonably believe that the substance of the disclosure is true;
- be seeking no personal gain or advantage – and declare any personal interest in the matter;
- be raising a matter that is of a genuinely serious nature;
- be clear that the matter is not covered by any other College procedure;
- be sure to use this Policy and Procedure inside the College, and not raising the matter externally/publicly except as a last resort where they have a reasonable belief that:
  - raising the matter internally will result in personal detriment or victimisation
  - evidence will be destroyed
  - the previous raising of the matter under this Policy and Procedure has been ignored, obstructed or otherwise not acted upon.

3.3. This Policy is **not** designed to:

- replace the Staff Grievance Procedure – which should be used where an employee feels aggrieved about an issue relating to their employment;
- deal with matters relating to the Safeguarding of young people or vulnerable adults, which should be addressed through the College's 'Safeguarding Young People and Vulnerable Adults Policy';
- replace the procedures of Health and Safety Policy – which should be used for routine health and safety matters;
- require an individual making a disclosure, or having suspicions, of malpractice to have more than a reasonable belief that this is the case (i.e. they do not have to have proof).

### 4. Reporting Process and Designated Postholders

4.1. The College has designated the following postholders to receive concerns or disclosures of alleged malpractice of the type listed in Clause 3.1:

- the Head of Governance is the first and primary contact for Whistleblowing disclosures ([elaine.gaines@derwentside.ac.uk](mailto:elaine.gaines@derwentside.ac.uk));
- the Principal and CEO if the Head of Governance is implicated ([c.todd@derwentside.ac.uk](mailto:c.todd@derwentside.ac.uk));
- the Corporation Chair ([david.allsop@derwentside.ac.uk](mailto:david.allsop@derwentside.ac.uk)) if the Principal and CEO is implicated;
- the Senior Independent Governor ([S.Corbridge@derwentside.ac.uk](mailto:S.Corbridge@derwentside.ac.uk)) if the Corporation Chair is implicated;
- the Corporation Chair ([david.allsop@derwentside.ac.uk](mailto:david.allsop@derwentside.ac.uk)) if the Senior Independent Governor is implicated.

4.2. An individual seeking to raise a concern or make a disclosure should do so, either orally or in writing, to the Head of Governance or relevant person identified above, who will convene a meeting with that individual as soon as possible in order to:

- establish the nature of the concern or disclosure by listening carefully and taking notes;
  - assess whether the concern or disclosure falls within the ambit of this Policy – advising the individual of the appropriate route to follow if it does not do so;
  - inform the individual that their concern or disclosure will be treated seriously, sensitively and in confidence;
  - reassure the individual if they are anxious about their own career or personal safety;
  - advise the individual of the likely timescales within which the matter will be dealt with.
- 4.3. The individual dealing with the disclosure will determine who should investigate. They may seek advice from:
- Head of Governance may seek advice from the Principal and CEO;
  - Principal and CEO may seek advice from the Corporation Chair;
  - Corporation Chair may seek advice from the Senior Independent Governor or Head of Governance;
  - Senior Independent Governor may seek advice from the Head of Governance.
- 4.4. Having established the nature of the concern or disclosure, the individual dealing with the disclosure will determine whether the matter should be -
- resolved by agreed action without the need for investigation;
  - investigated internally;
  - referred to the Internal College Auditors;
  - reported to the Police.
- 4.5. Within ten working days of receiving a concern or disclosure, the individual dealing with the disclosure will write to the individual (at their home address):
- acknowledging that the concern or disclosure has been received;
  - indicating how the matter will be dealt with;
  - giving an estimate of how long it will take to provide a final response;
  - whether an investigation will take place – and if not, why not.
- 4.6. If the matter is to be investigated internally, the individual dealing with the disclosure will undertake a formal investigation into the concern or disclosure –
- the purpose of an investigation is to enable the College to establish a fair and balanced view of the facts of a concern or disclosure;
  - the amount of investigation required will depend on the complexity of the concern or disclosure and will vary from case to case;
  - an investigation will involve –
    - enquiring into the circumstances surrounding the concern or disclosure – reviewing any relevant documents, interviewing employees and others, and taking witness statements;
    - giving the employee an opportunity to offer an explanation;
    - taking a balanced view of the information that emerges;
    - reaching a decision whether there are sufficient grounds to substantiate the concern or disclosure.
  - all employees must co-operate fully with an investigation – including informing the College of relevant witnesses, disclosing relevant documents and attending any investigative interviews if requested (at which an employee may make a reasonable request to be accompanied by a trade union representative or colleague);
  - an investigation will be completed, and an initial conclusion will be conveyed to the complainant within twenty days (except where there is an immediate danger of loss of life or serious injury, in which case the initial investigation will be completed without delay).
- 4.7. At the conclusion of an investigation, the appropriate individual dealing with the disclosure will make recommendations to the appropriate individual or body for any remedial or other action, as appropriate.

- 4.8. Where the Head of Governance wishes to raise a concern or make a disclosure about the conduct of Corporation business, the actions they should take are set out in the [DfE FE and sixth-form college corporation's governance guide](#) and successor documents:
- Firstly, they must make every effort to resolve the difficulty through the avenues available within the college, ensuring that their concerns are properly understood and have been adequately considered by those concerned by –
    - setting out the reasons for the concern in a letter to the Chair of the Corporation and the Principal;
    - informing the Chair of the Audit and Risk Committee if the issue is relevant to that Committee's terms of reference;
    - reporting their concerns to a meeting of the relevant committee or to the full Corporation Board, asking for this to be recorded in publicly available minutes;
    - informing the College's external auditors.
  - Secondly, they should obtain legal advice about whether the Corporation is acting, or has acted, inappropriately or beyond its powers.
- 4.8. Whilst anonymous disclosures will be considered, they may limit the ability to investigate the concerns. Whistleblowers are encouraged to provide their identity to facilitate the investigation process.
- 5. Appeal**
- 5.1. An individual who has raised a concern or made a disclosure and who is not satisfied that their concern has been properly investigated, has the right to raise the matter in confidence and to receive a written response within ten working days.
- 5.2. The individual will be requested to put in writing the reasons for being unable to accept the decision. This should be addressed to:
- the Principal and CEO where the Head of Governance has dealt with the disclosure ([c.todd@derwentside.ac.uk](mailto:c.todd@derwentside.ac.uk));
  - to the Corporation Chair ([david.allsop@derwentside.ac.uk](mailto:david.allsop@derwentside.ac.uk)) where the Principal and CEO has dealt with the disclosure;
  - the Senior Independent Governor ([S.Corbridge@derwentside.ac.uk](mailto:S.Corbridge@derwentside.ac.uk)) where the Corporation Chair has dealt with the disclosure;
  - the Head of Governance ([elaine.gaines@derwentside.ac.uk](mailto:elaine.gaines@derwentside.ac.uk)) where the Senior Independent Governor has dealt with the disclosure.
- 5.3. The College will make a written response to the individual within ten working days of their letter. If the College's written response still does not satisfy the individual, they may wish to exercise the right to approach appropriate external bodies (i.e. DfE, Ofsted, HSE).

## **6. Confidentiality**

- 6.1. The College is committed to handling all whistleblowing concerns with the highest level of sensitivity and discretion. Individuals raising concerns may choose to do so anonymously or confidentially.
- Anonymous disclosures are those where the individual does not reveal their identity at any stage. These will be considered and investigated as far as possible. However, individuals should be aware that anonymity may limit the College's ability to seek clarification, gather further evidence, or provide feedback on the outcome of the investigation.
  - Confidential disclosures involve the individual providing their identity to the College with the assurance that it will not be disclosed without their consent, unless required by law (e.g. in the event of a criminal investigation or safeguarding concern). This approach allows for more effective

communication and investigation while still protecting the individual's privacy.

- 6.2. The College encourages individuals to identify themselves when raising concerns, as this facilitates a more thorough and responsive investigation. However, the right to remain anonymous will be respected, and all disclosures—anonymous or not—will be handled with care and professionalism.
- 6.3. The College will maintain a confidential record of all concerns, disclosures, and investigations. This record will include, where known, the names of the individuals involved, dates, the nature of the concern, actions taken, and any follow-up or monitoring information.
- Records will be retained securely for six years;
  - Where a concern or disclosure is found to be unsubstantiated, this will be clearly recorded;
  - All records will be managed in accordance with the Data Protection Act 2018.
- 6.4. Any breach of confidentiality by those involved in handling a disclosure may result in disciplinary action under the Staff Disciplinary Procedure.

## **7. Protection of employees**

- 7.1. Any employee who raises a concern or makes a disclosure under this Policy, or who participates in any investigation under this Policy, in good faith, will be protected from any form of intimidation or victimisation that occurs as a result of their involvement.
- 7.2. Any employee who considers that they may have been subjected to any such intimidation should seek support from the Head of Governance or from the HR Team – or they may alternatively (or additionally) raise a complaint under the *Staff Grievance Procedure*.
- 7.3. It is a disciplinary offence, for which summary dismissal may result, to intimidate, victimise or retaliate against an employee who has, in good faith, raised a concern, made a disclosure or supported or assisted with an investigation under this Policy.
- 7.4. Any employee who, after investigation, is found to have provided false information or to have acted in bad faith in respect of a concern, disclosure or investigation under this Policy and Procedure will be subject to disciplinary action under the *Staff Dismissal Procedure* and *Staff Disciplinary Procedure*.

## **8. Equality and diversity**

- 8.1. An analysis of the effects on equality and diversity of this Policy has been undertaken
- 8.2. This analysis indicated that there was no potential differential negative effect on the grounds of age, disability, gender reassignment, pregnancy and maternity, race (including ethnic or national origins, colour or nationality), religion or belief (including lack of belief), sex, sexual orientation, marriage or civil partnership – and no potential breach of the Equality Act 2010.
- 8.3. The operation of this Policy will be monitored by the Director of Human Resources in order to establish that no unlawful discrimination is taking place and to identify opportunities for the enhancement of equality of opportunity and fair treatment.

## **9. Review**

- 9.1. This Policy will be reviewed by the Head of Governance at least every three years, to take account of the outcomes of the monitoring process, legislative changes and developments in good practice.
- 9.2. The outcome of the review will be reported to the Executive Team by the Head of Governance.

## 10. Related documents and sources of information

10.1. The following documents and sources of information are relevant to this policy:

- Grievance Procedure
- College Financial Regulations
- Anti-Fraud, Bribery, Corruption and Money Laundering Policy
- [ACAS Guidance on Whistleblowing](#)
- [Protect](#)
- [UK Government advice on whistleblowing](#)
- [Public Interest Disclosure Act 1998](#)
- Disciplinary Procedure
- [DfE FE and sixth-form college corporation's governance guide](#)

## 11. Document Identification

<b>Category</b> [select ONE only]	<input type="checkbox"/> Programmes/courses <input type="checkbox"/> Partnerships <input type="checkbox"/> Finance <input type="checkbox"/> Quality <input type="checkbox"/> Governance <input type="checkbox"/> Health and safety <input type="checkbox"/> Facilities <input type="checkbox"/> Computer Services <input type="checkbox"/> MIS <input type="checkbox"/> Admissions <input type="checkbox"/> Teaching and learning <input checked="" type="checkbox"/> Personnel
<b>Audience</b> [select ALL that apply]	<input checked="" type="checkbox"/> Employees <input type="checkbox"/> Learners <input type="checkbox"/> Partners <input type="checkbox"/> Suppliers

## EQUALITY IMPACT ASSESSMENT

This form must be completed when drafting a new policy/procedure or amending an existing policy/procedure. It should be completed at the earliest opportunity so any issues can be resolved/mitigated in advance.

POLICY / PROCEDURE DETAILS	
Name of policy / procedure:	Public Interest Disclosure Policy
Version:	1.4
Date of latest version:	16 May 2025
Manager responsible:	Vice Principal Finance and Resources
Others involved in this EIA:	

ASSESSMENT			
What evidence have you used? (This could be internal data, surveys, complaints/grievances or other external quantitative or qualitative research)	FE Sector guidelines on Public Interest Disclosure College principles and values Consistency with previous College policy regarding Public Interest Disclosure		
Who have you engaged / consulted with? (This could be individuals, groups, networks, or organisations)	Executive Team		
For each protected characteristic, does the evidence show that the policy/procedure...	does not inadvertently disadvantage or discriminate against staff, learners, or service users?	actively explores opportunity and fosters good relations between people of different protected groups and backgrounds?	Where 'no' is checked, or concerns have been identified detail them here:
Age (including older and younger people)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Disability (including those with physical disabilities, unseen disabilities, and mental health issues)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Sex (both men and women)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Gender reassignment or Gender identity (including trans staff and students who have transitioned, are considering transitioning or are in the process of transitioning from one gender to another, and also non-binary staff and students who do not identify with, or reject gender labels)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	



Marriage and Civil Partnership	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Pregnancy / Maternity (including breastfeeding mothers)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Race and Ethnicity (including nationality, colour, native language, culture, and geographic origin)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Religion and belief (including those with no religion or belief)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Sexual orientation (including, but not limited to, gay, lesbian, bisexual, queer, and straight staff and learners)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Intersectionality (although not a protected characteristic itself it is important to consider how characteristics intersect)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

ACTION PLANNING		
Issue Identified	Planned or completed remedial action	Person responsible and timeframe

MONITORING AND REVIEW
How will the impact of your policy and procedure be monitored and reviewed once agreed?
Monitored for number of incidents recorded as Public Interest Disclosures.

AUTHORISATION		
	Signature	Date
Manager responsible:	Tina Hannant	16 May 2025
EIA Panel:		
EIA Committee's Comments if applicable:		