

COLLEGE POLICY

Whistleblowing Procedure

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Whistleblowing Procedure

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Whistleblowing Procedure

1.0 Introduction

- 1.1 This document sets out the procedure that will be followed about Whistleblowing investigations and record management in line with the policy. This procedure will be reviewed regularly, and changes made as may be appropriate.

2. Protected disclosures

- 2.1 The College Senior Leadership Team encourage every individual to raise concerns they may have about working here under the relevant procedure.
- 2.1.1 This procedure has legislation which protects individuals who, out of a sense of public duty, want to reveal suspected wrongdoing, unlawful activities, failure to comply with legal responsibilities, malpractice, miscarriages of justice, or reporting risks to health & safety to individuals or the environment.
- 2.1.2 The law allows individuals to raise what it defined as a 'protected disclosure'. To be a protected disclosure, a disclosure must relate to a specific concern, as referred to in section 2.1, and the disclosure must be made in an appropriate way in line with the procedure and clear that it is whistleblowing (**See Appendix 1**).
- 2.2 Policy is designed to offer protection to those individuals of the College who disclose such concerns provided that:
- a) The disclosure is made in good faith, and the information they are disclosing is true to the best of their knowledge.
 - b) The individual has reasonable evidence that the specific concern has happened, is happening or is likely to happen soon.
 - c) The individual has reasonable belief the disclosure evidence malpractice or impropriety and they have make the disclosure to an appropriate designated person (**Appendix 2**).
 - d) There is no evidence of potential malicious or vexatious allegations (this may be identified during any investigation or is subject to any information available in relation to the individual making the disclosure).

3.0 Safeguards and support for individuals

3.0 Safeguards for Making a Disclosure

- 3.1 Strict confidentiality is of paramount importance when individuals make a disclosure and will be maintained throughout application of this procedure. Your feedback is important, and any concerns raised under this policy and procedure will be treated with strict confidentiality and in compliance with the Public Interest Disclosure Act 1998 and General Data Protection Act Legislation.
- 3.2 Information will only be shared on a 'need to know' basis, and in the pursuance of any investigation required to gain evidence and clarity as to the specific concerns raised. College designated staff and/or Corporation Members will take steps to ensure that the name of the whistle-blower is not referred to during any investigation

or documented in any reports and recommendations, unless written consent has been first obtained and/or it is considered safe and appropriate to do so.

- 3.3 It is important to note, that subject to the nature of the specific concern raised, and who may have been involved or who knew or was told about something, it may not always be possible to maintain complete anonymity.
 - 3.3.1 There are situations where the information is so specific it is not possible to maintain anonymity and/or through any investigation it may inevitably reveal the identity of the whistle-blower. In such situations, the designated person will consider the concerns raised and discuss with the whistle-blower and they are made fully aware of the investigation and procedure to protect and support them prior to the start of any investigation.
 - 3.3.2 If an anonymous concern is raised under the whistleblowing policy, this may limit the investigation process. Transparency is essential to enable the College designated persons to investigate thoroughly and be able to take appropriate action.
- 3.4 No formal disciplinary action will be taken against an individual on the grounds of making a protected disclosure under this policy and procedure. Any individual who raises specific concerns under this policy and procedure will not suffer dismissal or any detrimental action of any type by the College for making a disclosure in accordance with this policy and procedure. Equally, where an individual is threatened, bullied, pressurised, or victimised by a colleague for making a disclosure, disciplinary action will be taken by the College against the colleague in question.
- 3.5 **Support for the Whistle-blower**
 - 3.5.1 Throughout the investigation the Investigating Officer will maintain regular communication with the whistle-blower to ensure that they feel supported within the workplace and to keep them informed of progress.
 - 3.5.2 Once the investigation and outcome process has been concluded, appropriate support will be offered to the whistle-blower. This may include counselling, mediation, one to one support, as may be appropriate. This will be discussed with the whistle-blower.
 - 3.5.3 The Director People & Organisational Development will maintain regular communication with the whistle-blower for up to 6 months after the investigation process is concluded to ensure that they are supported within the workplace and that do not feel discriminated against in any way. If the allegations are against the Director People & Organisational Development, then another designated person will maintain contact with the whistle-blower for up to 6 months from the date the process was concluded and to contribute to health & wellbeing management.
- 3.6 **Support for Designated Persons**
 - 3.6.1 It is recognised that there may be occasions, subject to the nature of the allegations / concerns raised under this procedure that the designated persons involved with discussions relating to the whistleblowing concerns or investigation process may need some advice and support, especially if dealing with highly contentious, sensitive, or safeguarding matters.

- 3.6.2 The Director People & Organisational Development or relevant designated persons, will maintain communication with the designated person(s) involved in the whistleblowing disclosure and any investigation to ensure they are supported and provide advice and guidance on the support available.
- 3.6.3 The Director People & Organisational Development / other designated persons / Clerk to the Corporation, as may be appropriate will maintain communication with the relevant designated persons at regular intervals and for up to 6 months after the matter has been investigated and concluded to contribute to health & wellbeing management.

4.0 How do I make a disclosure?

4.1 Who do I disclose information to?

- 4.1.1 A list of designated person members and who the concerns are against is summarised below. Names of the current postholders can be found on the Management Structure Chart on the intranet, and Corporation members can be found in the 'About Us' section of the College external website. (**Appendix 1**: if role titles / names change this procedure will be automatically updated and a new version published without formal consultation):

Concerns against individual's	Designated Person(s)	
<ul style="list-style-type: none"> Concerns relating to staff should be disclosed to the relevant Head of Department and Head of Human Resources. Concerns that relate to staff employed in these roles must be disclosed to the relevant Senior Management Team Member. 	Heads of Department	<ul style="list-style-type: none"> Academic Heads of Department Support Heads of Department Operations Director, Logistics
<ul style="list-style-type: none"> Concerns relating to Heads of Department report to the Senior Management Team Concerns relating to staff employed in these roles must be disclosed directly to the relevant Senior Leadership Team member. 	Executive Board	<ul style="list-style-type: none"> Vice Principal, Corporate Resources Vice Principal Curriculum (FE & HE) Vice Principal, Innovation, Growth & Employer Engagement) Assistant Principal, Curriculum Assistant Principal, Student Experience Director of Management Information Systems Director Apprenticeship & Employer Engagement Director Quality, Teaching & Learning Director People & Organisational Development /
<ul style="list-style-type: none"> Concerns relating to the Senior Management Team. Concerns relating to staff employed in these roles must be disclosed directly to the Chair and Clerk to the Corporation 	Senior Leadership Team	<ul style="list-style-type: none"> Principal & Chief Executive Deputy Principal & Chief Executive
<ul style="list-style-type: none"> Concerns relating to members of the Senior Leadership Team Concerns relating to Governors engaged 	Corporation	<ul style="list-style-type: none"> Chair of Corporation Clerk to Corporation

<ul style="list-style-type: none"> Concerns relating to individuals engaged as Corporation members report to Principal & Chief Executive of the College 		
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4.2 Whistleblowing – Safeguarding

4.2.1 Any concerns regarding the safeguarding of children or vulnerable adults must be referred via the Safeguarding Policy and Procedure and reporting matter to either:

- Head of Wellbeing & Safeguarding in relation to students and / or
- Director People & Organisational Development in relation to staff / contractors / agency workers / volunteers.

4.2.2 In such situations, it may not be possible, due to the nature of the allegations to maintain the absolute confidentiality of the whistle-blower. Whomever receives the whistleblowing information must contact the whistle-blower and explain that they will need to consult Head of Wellbeing & Safeguarding and / or Director People & Organisational Development / and their name may need to be disclosed. The confidentiality of the whistle-blower will be protected as much as possible; however, they need to understand that if there is a safeguarding risk, this must take priority and there are different policies and procedures in place which must be followed to safeguard staff and students as appropriate.

4.3 What should I disclose?

4.3.1 Disclose to the designated person that you are making a 'protected disclosure' and provide relevant details. **Do not** investigate yourself or take any action such as speaking with anyone directly involved as this may raise suspicions. It is important for you to consider the following and provide as much information as you have initially observed, identified, or have available:

- What hard evidence do you have to support your claim? If you have a suspicion, is there evidence you can initially collect discretely to protect.
(Can you provide, dates, times (if known), location, department, who was involved, who knew, what evidence do you have access to? (emails, screen shots, reports, notes of meetings, is there CCTV evidence that we could obtain, do you have text messages / phone messages etc etc?)
- Consider the seriousness of the issues you are raising. Is there a breach of policy, is there a breach of financial regulations, is it a potential criminal offence?
- The credibility of the concerns, and how likely it is that the concern can be confirmed from attributable sources, evidence available.
- Are you sure that your concerns could not be raised informally to an appropriate member of the management team to allow them to decide the appropriate policy to apply, or raise your concerns through the usual grievance procedure or, or have you already raised them and believe that no action has been taken or you are not being listened to and need to escalate further?

5.0 How will my disclosure be managed? (Refer to workflow - Appendix 3)

5.1 When an individual makes a disclosure to a designated person (see section 4.0), they will receive a response in writing within **3 working days** (subject absence / work commitments), this may be sooner if a serious issue is disclosed such as

safeguarding or serious breach of policy / procedure or if the Police may need to be involved.

- 5.2 The designated individual who received the whistleblowing information will immediately report the concerns to the Clerk to the Corporation who will be the independent lead on all Whistleblowing allegations reported.
- 5.3 The Clerk to the Corporation will on an absolute need to know basis, discuss the allegations with either the Chair of Corporation, Senior Leadership Team Member(s) and / or Director People & Organisational Development / (subject to who the allegations are against and severity).
- 5.4 As part of the initial discussion the designated individuals may need to consider whether the matter is referred to the relevant external agency, such as the Police or one of the LADO's (Local Authority Designated Officer), if safeguarding before any action is taken internally by college staff or Governors.
- 5.4.1 In this situation, the relevant external agency members will provide advice and guidance to the college. This may include not taking any action to avoid alerting any staff of the potential investigation or potential arrest and under police / external investigation. In this situation the college can only comply with the advice given. It must be noted that any action the college may take, which does not comply with the advice may harm or have a negative impact on any external investigation process, as they are dealing with potential criminal law rather than employment law.
- 5.5 The Clerk to the Corporation in discussion with a Senior Leadership Team member will determine if the disclosure requires further investigation. There may be a discussion with the Director People & Organisational Development, subject to whether the concerns relate to or involve them.
- 5.5.1 **Decision made not to investigate further:**
If the Clerk to Corporation / Senior Leadership Team Member considers that the disclosure does not have sufficient merit to warrant further action, the individual who whistle blew will be notified in writing of the reasons for the College's decision and advised that no further action will be taken within 10 working days from the date they submitted their concerns.
- 5.5.1.1 The following will be considered when making this determination:
- a) If the College is satisfied that an individual does not have a reasonable belief that suspected malpractice is occurring; or
 - b) If the matter is already the subject of legal proceedings or appropriate action by an external body; or
 - c) If the matter is already subject to another relevant College policy and procedure such as, Disciplinary, Capability, Grievance or any other policy and procedure.
- 5.5.2 **Decision made to Investigate Further**
If the College considers that the disclosure does have sufficient substance or merit warranting further action, the Clerk to the Corporation in discussion with a Senior Leadership Team Member / Director People & Organisational Development / will appoint an Investigating Manager.

The College will act as it deems appropriate (including action under any other relevant and applicable College policy). Possible actions could include internal investigation, referral to the College's auditors; referral to relevant external agencies such as the Police, Ofsted, Awarding Body, University Partner, Health and Safety Executive or the Information Commissioner's Office.

- 5.5.2.1 If an internal investigation is decided upon, an appropriate designated person will be appointed to investigate who is independent, and without any direct association with the individual to whom the disclosure relates, or by an external investigator appointed by the College. Consideration will be given as to whom the whistleblowing is against or involves as to the seniority of the person appointed to investigate.

5.6 The Investigation

- 5.6.1 The Investigating Officer will take appropriate action to investigate the concerns raised as a priority. Subject to the nature of the allegations there may be some urgency required in carrying out initial investigations as it may warrant a member of staff's suspension from employment or to secure specific documentation / information.
- 5.6.2 The whole investigation process should take no longer than between 20 working days, subject to the nature and complexity of the allegations under investigation. The whistle-blower will be kept informed of progress. Investigation guidance is provided in **Appendix 2**.
- 5.6.3 Any recommendations for further action will be made by the Investigating Manager to the Principal and Chief Executive or Chair to the Board of Governors as appropriate. The recipient will take necessary steps within their power to ensure the recommendations are implemented unless there is good reason for not doing so.
- 5.6.4 The individual who made the disclosure will be notified of the outcome and any action taken by the College under this policy and procedure within a reasonable period after the investigation is completed.
- 5.6.4.1 If the individual is not satisfied that their concern has been appropriately addressed, they can appeal against the outcome by raising the issue with the Principal and Chief Executive within 5 working days of receiving written notification of the outcome. The Principal and Chief Executive will make a final decision on action to be taken and notify the individual accordingly.

6.0 Disclosure to external bodies

- 6.1 This policy and procedure is designed and implemented to encourage and enable individuals to raise specific concerns internally within the College and be assured that appropriate action will be taken. Individuals do however have the right to make a disclosure outside of the College where there are reasonable grounds to do so in accordance with the law.
- 6.2 Individuals may make disclosures to the appropriate external body prescribed by the law. The list of 'prescribed' organisations can be found on the government whistleblowing website: www.gov.uk/whistleblowing.

6.2.1 PROTECT

6.2.1.1 Individuals may also contact PROTECT, which is the UK's whistleblowing charity. They aim to stop harm by encouraging safe whistleblowing. They provide confidential advice line support across all sectors, and conduct research, and help inform public policy and legal protection of whistle-blowers. You can access their support via:

- website via: <https://protect-advice.org.uk/>
- Email: whistle@protect-advice.org.uk
- Telephone: Advice Line so you can contact them via 020 3117 2520

6.2.2 NSPCC

6.2.2.1 Individuals may report their concerns directly to the NSPCC (National Society for the Prevention of Cruelty to Children). This relates to any form of abuse, even if you are unsure, report it so that it can be investigated by the relevant officials. Reporting can be done anonymously if you wish. The NSPCC provide various options to enable you to report concerns as below and they provide the option of hiding their website quickly on your screen to protect and safeguard you:

- Telephone: NSPCC: **0808 800 5000** and they have dedicated helplines.
- email@ help@nspcc.org.uk
- Report on line by filling on forms via their website: [How to Report Child Abuse Without Any Worries | NSPCC](#)

6.3 The list on the Government website does not include any press or media organisations or placing information on social media accounts, or sending anonymous emails to other organisations, but may include a practicing and registered solicitor or barrister on a confidential basis.

6.4 If an individual seeks advice and/or shares information in relation to a specific matter of concern with someone outside of the College or an external organisation, they must be careful not to breach the General Data Protection Act Legislation, confidentiality contractual obligations or damage the College's reputation in doing so.

6.5 Any disclosure made to an external body which does not comply with the list of 'prescribed organisations' will be investigated and appropriate action taken under the relevant College policy and procedure, and action will be taken to manage the college reputation.

7 Record Keeping

7.1 The College will keep all records raised under this policy and procedure in accordance with the General Data Protection Regulations.

7.2 All information relating to any whistleblowing disclosure and / or investigation process, will be stored in college electronic systems. This means the following:

- a) Only College email accounts will be used for communicating. Private / Personal or emails addresses that relate to another individual's employment will not be used. The only exception to this rule is where the whistle-blower is not an employee or someone who does not have a college email account.

- b) All records will be stored manually in a secure lockable storage unit and in an electronic secure folder held in college systems and stored in line with GDPR limitations with restricted access to designated persons as appropriate.

7.3 For the purpose of this procedure records will refer to everything relating to the initial disclosure, investigation, and outcome, and will include but is not limited to the following:

- The initial communication in which the whistleblowing was disclosed. This may be letter, email, or any other form of written communication.
- The letter to the individual acknowledging receipt of the disclosure.
- The Complaint / Compliment / Whistleblowing electronic Form – available from the College intranet.
- Investigation interview transcripts carried out with the individual who made the disclosure, which should be signed as true and accurate.
- Investigation interview transcripts carried out with all witnesses, which should be signed as true and accurate.
- All documentation requested and obtained as part of the formal investigation.
- Physical evidence, such as CCTV, gifts, evidence from phones / transcription of phone messages, photographs etc.
- The letter confirming the outcome to the individual who made the disclosure

7.3 The Director People & Organisational Development and Executive Support Team Manager will retain an electronic copy of all the evidence as referred to in section 7.2 in a secure folder where there is limited access to the information contained therein. If the concerns relate to the Director People & Organisational Development / , then, the Principal and Chief Executive will retain a copy and not the Director People & Organisational Development.

8.0 Anonymous Whistleblowing Disclosures

8.1 Individuals are required to identify themselves when making a disclosure. If an anonymous disclosure is received, the College will not be able to notify the individual who raised the concerns of the outcome or of action taken. Anonymity also means that the College will have difficulty in investigating such a concern, especially if limited information is provided and the designated persons are not able to meet with you to ask questions and clarify concerns raised.

8.2 The College and Corporation Members reserve the right to determine whether to apply this procedure in respect of an anonymous disclosure having considered the following:

- a) The seriousness of the issues raised in the disclosure.
- b) The information that has been provided.
- c) The credibility of the concern.
- d) How likely it is that the concern can be confirmed from attributable sources.

9.0 Malicious or Vexatious Whistleblowing Concerns

9.1 If through the investigation process the evidence collated identifies that the whistleblower has made a malicious or vexatious disclosure, or the disclosure was made to an external organisation, without reasonable grounds of foundation / evidence, then

the relevant evidence must be discussed with an independent / impartial designated person (section 4.0) and Director People & Organisational Development (if the allegation is not against them).

- 9.2 It is important that the relevant evidence is fully considered, which may include if procedures have been applied under other College policies, and a decision made whether to pursue further investigation or action against the whistle-blower in line with the College disciplinary policy and procedure.

10.0 Role of Human Resources

- 10.1 The Director People & Organisational Development or another appropriate member of the HR Department may be involved at any stage within this policy and procedure and the application. They will provide advice and guidance, or support during an investigation process as may be required. They will maintain communication with the Clerk to the Governors throughout any investigation and provide appropriate support on conclusion and following the outcome of an investigation to ensure staff are fully supported.

11.0 Further Advice

- 11.1 The College will not tolerate any harassment or victimisation of individuals who make disclosures. If at any stage of this procedure an individual feels that they are being subjected to pressures, bullying or harassment due to making a disclosure, they should raise their concerns in writing to the Director People & Organisational Development immediately. The Director People & Organisational Development, will discuss with the individual the appropriate action or support that may be required.

END

Appendix 1: List of Designated Persons and Email Addresses (Section 3) Contact Details

The following individuals are considered key designated persons working at the College in relation to section 3.3 as to whom you should send communication to in relation to whistleblowing. Emails received in relation to whistleblowing will be acted on within 48 hours (wherever possible and subject to not working when the email is received), alternatively, you may telephone on the numbers available on the College intranet.

Key Designated Persons

Senior Leadership Team Members

Denise Brown	Principal & Chief Executive Officer	denise.brown@southessex.ac.uk
Anthony McGarel	Deputy Principal & Chief Executive Officer	anthony.mcgarel@southessex.ac.uk
Steve Smith	Vice Principal Corporate Resources	steve.smith@southessex.ac.uk
Adam Fahey	Vice Principal Curriculum (FE & HE) (Interim)	adam.Fahey@Southessex.ac.uk
Jayne Sheehan	Vice Principal Innovation, Growth & Employer Engagement	jayne.sheehan@southessex.ac.uk

Executive Board Members

Nicki Kelly	Assistant Principal, Curriculum	nicki.kelly@southessex.ac.uk
Brad Brooks	Assistant Principal, Student Experience	brad.brooks@southessex.ac.uk
Ansar Mahmood	Director, Management Information Systems	ansar.mahmood@southessex.ac.uk
Matt Twitchett	Director, Quality, Teaching & Learning	Matthew.twitchett@southessex.ac.uk
Roney Brooks	Director, People & Organisational Development	roney.brooks@southessex.ac.uk

Corporation Members

Elizabeth Sipiery	Corporation Chair	elizabeth.sipiery@southessex.ac.uk
Lana Jackman	Clerk to the Corporation	lane.jackman@southessex.ac.uk

Alternatively, you may wish to speak with / email your Head of Department for the areas you work within.

Appendix 2: Investigation Guidance

1.0 Investigating a Whistleblowing Matter

- 1.1 Carrying out an investigation requires effective planning and a methodical approach considering care and attention. It must take place promptly to avoid potential evidence being tampered with or lost, and so that individual memories do not fade or become distorted by other versions of the truth being discussed and influenced by others.
- 1.2 The investigation will often require the cooperation of managers, staff, governors and possibly students. This may also involve external agencies as may be appropriate.
- 1.3 Whilst the operational business needs should continue to operate effectively you must also consider the nature of the investigation, and the importance of a fair and thorough investigation and resolving the whistleblowing disclosure promptly in the best interest of the College and individuals involved.

2.0 Role of Designated Lead

- 2.1 The designated lead, as referred to in **Section 5.3** will work with a Senior Leadership Team Member and/or Director People & Organisational Development to appoint an Investigating Officer and will maintain communication with them throughout the investigation process through to conclusion.
- 2.2 Where an external agency is involved in the situation, such as the Police / LADO (Local Authority Designated Officer), then they and or the Director People & Organisational Development (if the allegations are not against them), will maintain communication with the designated external agency contact and ensure compliance with advice received.

3.0 Role of the Investigation Manager

3.1 Investigation Purpose

- 3.1.1 The purpose of any investigation is to consider the information received from the whistle-blower, establish the facts, collate relevant information whether physical or documented, analyse all information, and make a judgement, and recommendation as to the outcome and way forward. This will involve, but not be limited to:
 - a) Interviewing / taking a further statement from the whistle-blower
 - b) Maintaining strict confidentiality as to the name of the whistle-blower
 - c) Interviewing / taking a statement from any potential witnesses referred to, or individual who may have relevant information as to the concerns raised.
 - d) Pursue / investigate all leads, without bias or discrimination, keep an open mind.
 - e) Collecting and reviewing all relevant documents, whether held manually or electronically.

- f) Collecting and reviewing all physical evidence, this could include transcripts of phone messages / text messages, CCTV, photographs etc.
- g) Checking whether there is custom and practice in place as to 'how things are done' within the College
- h) Obtaining and checking College policies and procedures and whether complied with or if there are any breaches.
- i) Obtaining and checking any regulatory documentation, including but not limited to awarding bodies, professional bodies, government guidance etc.
- j) Checking, are there potential legal implications.
- k) Making a recommendation to the Whistleblowing Lead as to whether any external agencies need to be involved if further evidence is collated through the investigation which may mean the internal process needs to be placed on hold.
- l) Analysing the information collated, check dates, times, events, who was / may be involved, individuals' recollection of events noting areas of similarity, potential collusion or disparity which may require further investigation, or which may be significant to the matter under investigation.
- m) Maintain communication with the Whistleblowing Lead and key designated members on a need-to-know basis and the whistle-blower throughout the investigation process ensuring they are kept informed as to progress.
- n) Liaise and communicate with all relevant persons related to this investigation.
- o) Maintain accurate records of all communications and evidence electronically on college systems and using College email addresses.
- p) Consider whether there is any potential damage to the College reputation and liaise with the Whistleblowing Lead / Designated Persons as to any appropriate action to take to minimise the risk or deal with any external communications / publicity.
- q) Produce a written report detailing all the findings and analysis of the evidence collated along with recommendations for the Whistleblowing Lead and designated persons to consider.
- r) Be mindful about any advice you provide/ If you have any concerns seek advice from the Designated Lead and / or Director People & Organisational Development.

3.2 Interviews

- 3.2.1 When interviewing either the whistle-blower or potential witnesses, the College procedures do allow for them to be accompanied by a work colleague, Union representative of which they are a member, or a member of the Staff Consultation Group. You must confirm this information to them in any email / letter written communication with them and verbally when talking to them.
- 3.2.2 Arrange a mutually convenient time and location to meet as soon as possible. It should be made clear that there is a priority to investigate and obtain information as soon as possible.
- 3.2.3 Individuals must also be advised that subject to the information / evidence collated the Designated Persons, may need to take further action under relevant College Policies and Procedures and may need to refer to an external agency.

- 3.2.4 Provide reassurance to anyone you are interviewing, to assure them of confidentiality and request that they maintain strict confidentiality to ensure a full, fair, and thorough investigation process. You should also advise them that you may not be able to maintain witness names, subject to the nature of the concerns / allegations made and potential outcomes.

3.2.5 Interview Questions

Ask only questions that relate to the specific concerns / allegations and to uncover the facts and obtain evidence. You may need to establish:

- a) The sequence of events, dates, times, and locations.
- b) Who was involved (who did what, and who may have witnessed it and what are their contribution to the concerns /allegations raised)?
- c) What has taken place
- d) Have staff complied with and implemented management decisions (note level of seniority within the College structure) and whether individuals have questioned any concerns or whether they have had to comply with direct instructions to.
- e) What documented evidence is available (e.g.: minutes of meetings, e-mails, mobile phone text messages, letters, employment contracts, 121 meeting notes, performance, and development review documents,
- f) What physical evidence is available (e.g.: transcripts of phone messages, text messages, CCTV, photographs_
- g) Custom and Practice: Whether there is custom and practice in place as to what 'normally' happens, although it may not be documented in a procedure or document anywhere. It's impossible to document every process or who people report things to for example.
- h) What are the working relationships like within the team?
- i) Has anything occurred under another policy or procedure involving individuals including in this investigation that may have a bearing or influence on what's been disclosed as part of whistleblowing, or the whistle-blower?
- j) Whether there are any whistleblowing circumstances
- k) Whether and what policies and procedures may have not been followed or breached, and whether it is a minor or serious breach.

- 3.2.6 Prepare your questions in advance of the interviews. Take care to ensure you ask similar / same questions of all subjects to their alleged involvement to cross check evidence collated. The questions may be generic or specific in relation to the concerns / allegations raised, whilst maintaining confidentiality of the whistle-blower. Ask open questions rather than leading questions unless you want to know if a specific incident / action took place. The object is to ask questions to find out what happened, not to catch the individual out, so be mindful of cross-examination questions, or challenging them as to whether they did see / witness something. Remember to go back over your questions at the end of the interview, check you have asked everything you need to, and check your understanding of what the individual has said to ensure you have recorded or understood the situation /what's been said.

- 3.2.7 The individual / witness may ask questions, and you may or may not be able to answer them.
- 3.2.8 Take notes of everything you ask and everything that is said. You may want an official confidential note taker present with you. If you do, ensure you tell the whistle-blower witness at the point you contact them and invite them to an investigation interview meeting. Disclose that the notes will not be taken verbatim but should accurately reflect the questions asked and their responses, and the notes will be typed up and sent to them to approve within 2 working days from the date of interview and they need to reply within 2 working days, otherwise they will be taken as accurate for the investigation purpose. Ideally, the notes should be approved by the individual, but this is not always possible.
- 3.2.9 Remember that the individual may feel guilty, scared, and concerned about information they are disclosing or their own involvement. They may also be worried as to any potential impact of them being involved or the information they disclose. Remember to remain calm and empathetic, never promise anything or provide an assurance on something that you are not able to do.
- 3.3 Reporting your findings.
- 3.1 Once you have concluded your investigation, during your investigation process, you must draft a report. It may appear obvious, but it is suggested the report is broken down into specific sections to help the Whistleblowing Lead / Designated persons to consider the findings, evidence, and recommendations.
- a) **Cover Page:**
This should state it's a management report and its strictly confidential with restricted circulation
 - b) **Contents Page:**
Table showing the contents and appendices you may refer to.
 - c) **Methodology / chronology:**
What action have you taken to investigate and chronology of timelines may be helpful
 - d) **Introduction:**
This should state the purpose of the report, and why the investigation was commenced.
 - e) **Concerns / Allegations:**
This section should outline what is alleged to have taken place / what are the specific concerns under investigation
 - f) **Findings:**
For each concern raised / allegations you must clearly record:
 - Whether the concerns / allegation have been proven, not proven, or whether there is insufficient evidence to prove or refute them.
 - A summary of evidence collated from each witness / documentation / physical, referring to appendices
 - An analysis, so what if 4 out of 5 witnesses concur the incident took place, or what if one or two did and others did not etc, what is there is contradictory evidence and it's difficult to conclude something did happen

- What documentary / physical evidence is clear and factual and can be undisputed.
- Policies / procedures / regulatory authority / legal: document any breaches whether minor or significant.
- Impact: what is the impact of what's happened?

g) Conclusion:

Summarise your conclusions in relation to each of the concerns /allegations raised. In reaching your conclusion you must focus on hard /factual evidence, and what you reasonably believe to be the facts. You must be fair and consistent and must not discriminate on any grounds. Also be clear we are compliant with employment law, so decisions are made on 'balance of probability', based on the evidence, we are not under criminal law where the burden of proof is 'beyond all reasonable doubt'.

h) Recommendations:

What are your recommendations from the observations and conclusion? This could involve further action being taken under the relevant College Disciplinary Policy and Procedure.

3.4 Outcome of Investigation

- 3.4.1 The report must be disclosed to the Whistleblowing Lead / Designated Person as appropriate for them to review and decide as to the recommendations.
- 3.4.2 The decision will then be communicated appropriately, along with further action to be taken to the appropriate Leadership and Management Team Members.
- 3.4.3 The whistle-blower should be informed that the investigation has been concluded and appropriate action will be taken. It is not permitted to disclose to them the full outcome and College decisions to maintain strict confidentiality of other relevant parties. You may be able to share some of the recommendations.
- 3.4.4 The Designated Persons will report to the Senior Leadership Team and relevant Corporation Members the outcome, along with recommendations and action the College will take to minimise / eradicate the risk of any further / similar situations arising.

4.0 Record Keeping / Communications

- 4.1 A full copy of all documentation, appendices and everything collated and communicated in relation to the Whistleblowing disclosure, investigation and outcome must be retained in line with GDPR as referred to within the procedure.

5.0 Reflection / Lessons Learnt

- 5.1 It is important to reflect on all concerns / allegations made, and the investigation process to review, reflect and learn from each situation that arises. A meeting should be arranged with the key relevant designated persons, and to have information shared with SLT members / corporation and appropriate.

Document End