



WHISTLE BLOWING POLICY



1. Scope and Purpose

The IREDE Foundation (TIF) 'Whistle Blowing' Policy is intended to cover serious public interest concerns that fall outside the scope of other procedures. These, as stated in the policy are that in the reasonable belief of the employee, the following matters are either happening now, have happened, or are likely to happen:

- A criminal offence
- The breach of a legal obligation
- A miscarriage of justice
- A danger to the health and safety of an individual.

The Board, Executive Director and the staff are committed to the effective implementation of this policy and procedure. The aim of the procedure is to ensure that an appropriate process exists which supports the resolution of matters raised, in response to any disclosure of wrongdoing or irregularity and in a manner, which is fair, expedient, and discreet.

2. Responsibilities

2.1 The Executive Director

The Executive Director is the nominated board sponsor for the Whistleblowing Policy and Procedure across the foundation, ensuring that all concerns raised are dealt with fairly, thoroughly and in accordance with the policy.

2.2 Managers

All managers are responsible for ensuring that staff are aware of the policy and its application, and for creating an environment in which staff can express concerns freely and without fear of reprisal.

2.3 Individuals (Staff)

The individual has a responsibility to raise concerns providing s/he has a reasonable belief that malpractice and/or wrongdoing has occurred.

3.0 Your Safety

If you raise a genuine concern under this policy, you will not be at risk of losing your job or suffering any detriment (such as reprisal or victimization). Provided you are acting in good faith (effectively this means honestly), it does not matter if you are genuinely mistaken or if there is an innocent explanation for your concerns.

This assurance is not extended to those who maliciously raise a matter they know is untrue. If following a thorough investigation, it is found that you raised a matter maliciously; this will be dealt with under the foundation's Code of Conduct Policy.

3.1 Your Confidence/Anonymity

With these assurances, we hope you will raise your concern openly. However, we recognize that there may be circumstances when you would prefer to speak to someone in confidence first. If this is the case, please say so at the outset. If you do not wish to disclose your identity, this will not be done without your consent unless required by law. You should understand that there may be times when we are unable to resolve a concern without revealing your identity, for example where your personal evidence is essential (for example in court cases). In such cases, we will discuss with you whether and how the matter can best proceed.

Please remember that if you do not tell us who you are it will be much more difficult to investigate the matter. We will not be able to protect your position or to give feedback. Accordingly, you should not assume we can provide the assurances we offer in the same way if you report a concern anonymously.

Where an individual does not wish to come forward as a witness, the foundation retains the right to pursue the matter further but will respect the anonymity of the individual. However, it must be noted that this may ultimately prevent the foundation from being able to proceed.

Concerns expressed anonymously are much less powerful but will be considered at the discretion of the foundation. In exercising this discretion, the factors to be considered would include:

1. The seriousness of the issues raised
2. The credibility of the concern
3. The likelihood of confirming the allegation from attributable sources.

The procedures contained below should ensure that your concern can be addressed and dealt with internally, however if you believe that a disclosure of information should be made externally in the public interest this should be soundly based and you should first seek independent and/or specialist advice.

IF IN DOUBT – RAISE IT!

4. Whistle Blowing Procedure

4.1 How to raise a concern

If you are unsure about raising concern at any stage, you can get independent advice from your direct line manager. However, we do ask that you explain as fully as you can the information or circumstances that gave rise to your concern.

4.2 Internal Stages

Once you have reported your concern, we will assess it and consider what action may be appropriate. This may involve an informal review, an internal inquiry, or a more formal investigation. We will tell you who will be handling the matter, how you can contact them and what further assistance we may need from you. When you raise the concern, it will be helpful to know how you think the matter might best be resolved. If you have any personal interest in the matter, we do ask that you tell us at the outset. If we think your concern falls more properly within our grievance, harassment and bullying or other relevant procedure, we will inform you

accordingly.

The following stages will normally apply (see also summary flowchart below):

Stage 1

If you have a concern about a risk, malpractice, or wrongdoing at work, we hope you will feel able to raise it firstly with your manager which may be done verbally or in writing. You may involve a Representative, a friend or a colleague at this stage, providing that that person is not involved in the investigation. Managers must help to create a climate where staff feel able to talk in confidence without the threat of disciplinary action being taken against them. The manager will identify the nature of the issue by undertaking a preliminary investigation.

Stage 2

If stage 1 of the investigation and any resultant action does not resolve the matter, or if a concern involves your direct line manager, the member of staff should raise the concerns with the HOO, who will refer the case to the ED. At this stage, you will be asked whether you wish your identity to be disclosed and will be reassured about protection from possible victimization. You will also be asked if you wish to make a written statement. In either case, the designated officer will write a summary of the interview, which will be agreed by both parties.

4.3 The Formal Investigation

If the concern raised is profoundly serious or complex, a formal investigation may be held. The investigation may need to be carried out under the terms of strict confidentiality i.e. by not informing the subject of the complaint until it becomes necessary to do so. In certain cases, however, such as allegations of ill-treatment of members/clients, suspension from work may have to be considered immediately. Protection of members/clients details is paramount in all cases.

The designated officer will offer to keep the member of staff informed about the investigation and its outcome. If the result of the investigation is that there is a case to be answered by any individual, the Foundation's Code of Conduct policy will be used and the details discovered by the formal investigation transferred to that process.

Where there is no case to answer, but the employee held a genuine concern and was not acting maliciously, the designated officer will ensure that the employee suffers no reprisals.

If there is no case to answer but there is evidence that the allegation was made frivolously, maliciously or for personal gain, disciplinary action will be taken against the complainant.

The matter will be dealt with promptly at each stage. Where appropriate, immediate steps will be taken to remedy the situation as soon as practicably possible. An outcome may take more time but a final resolution at each stage should be available within ten working days.

4.4 Following the investigation

The ED will advise the designated officer as to the possible options open to the foundation because of the outcome of the investigation. The designated officer will then arrange a meeting with the member of staff (where the identity has been disclosed) to give feedback on any action taken. (This will not include details of any disciplinary action, which will remain confidential to the individual concerned). The feedback will be provided as soon as possible. If the member of staff is not satisfied with the action taken/not taken, the foundation recognizes the lawful rights of employees and ex-employees to make disclosures to prescribed persons.

4.5 Complaints about the Executive Director

In the event that the concern is about the Executive Director, this concern should be made to the Chairman of the Board of Trustees, by either the member of staff, their manager or the designated officer, who will decide on how the investigation will proceed.

4.6 Raising Concerns with outside bodies

The purpose of this policy is to ensure that staff are aware of the way to raise their concerns in-house and for staff to see that action is taken promptly to remedy a situation. It is hoped that this procedure will give the foundation staff the confidence to raise concerns internally.

However, it is recognized that there may be circumstances where staff may feel they wish to report matters to outside bodies such as the Police, or if the concern is about fraud and corruption, the SCUML Fraud Hotline. If members of staff are contemplating making a wider disclosure, they are strongly advised to first seek further specialist guidance from professional or other representative bodies.

The foundation also recognizes that staff may, after taking account of advice, wish to continue to raise their concerns using other avenues. Staff should bear in mind that this action, if done unjustifiably could result in disciplinary action and could undermine public confidence in the service.

However, disclosure may attract statutory protection from victimization/other detriment where all of the following apply:

1. They have an honest and reasonable suspicion that the malpractice/wrongdoing has occurred, is occurring, or is likely to occur;
2. They honestly and reasonably believe that the information and any allegation contained in it are substantially true;
3. The disclosure has not been made for personal gain;
4. The concern has been raised with the foundation or a prescribed regulator (unless there was reasonable belief of victimization, there was no prescribed regulator and there was reasonable belief there would be a cover up);

5. The matter was exceptionally serious.

4.7 Independent Advice

If you are unsure whether to use this policy or you want confidential advice at any stage, you may contact any of the following:

- A statutory body such as the Police, SCUML, NFIU

5. Training Requirements

There are no mandatory training requirements associated with this Policy. However, training on the implementation of this framework is available from the Administrative Department.

6. Monitoring and Compliance

This policy shall be reviewed by the Head of Administrative Department and will be agreed through the Foundation.

The Head of Administrative Department is responsible for collating details of any cases which are dealt with under this procedure and will provide an aggregated report to the ED on an annual basis. The latter report will outline the nature of the concern and the outcome in a form that does not endanger the employee's confidentiality.

'WHISTLEBLOWING' POLICY & PROCEDURE

The Whistle-Blowing Policy covers the following: -

- conduct which is an offence or a breach of the law, e.g. fraud, corruption, or theft
- disclosures related to miscarriages of justice
- health and safety risks, including risks to patients/visitors as well as other employees
- damage to the environment, e.g. green issues
- Verbal, sexual, or physical abuse of patients, or other unethical conduct/behaviour
- discrimination on grounds of sex, tribe or disability or religion
- professional misconduct
- nepotism

This list is neither exclusive nor exhaustive and there may be other serious public interest concerns, which would come under this Policy.

IF IN DOUBT – RAISE IT!

Guidance on Information Required when Raising a Concern under the Whistleblowing Policy and Procedure

Checklist

To assist us in assessing or investigating your concerns, it would be helpful if you could be as clear as possible with the details. As a minimum we need to understand the following:

- Date(s) of incident(s)
- Type of incident (see appendix 1 for guidance)
- Description of incident(s)/details of concerns
- Where did it happen?
- Who has been involved?
- If possible, explain how you think the matter may be best resolved or start thinking about it in preparation for any meetings you may be required to attend (if you have shared your identity)



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