

3. Who is covered under this policy
- 3.1 This policy applies to all staff, students and lay members of the University regardless of location.
- 3.2 Staff and students in collaborative partnerships are encouraged to use this policy, but it may be that issues raised comes under the responsibility of the collaborative partner. In this case, depending on the nature of the disclosure, and always with the

5. Relationship to other policies and procedures

5.1 The nuance between matters for whistle blowing and an individual's interests is not always clear. We will always encourage people to disclose a concern, but it may be that another University process or regulation, such as the staff grievance process or student complaints procedures, might be a better means to seek resolution. While not true in every case, as a common indicator, if the individual disclosing is seeking a personal outcome then it is likely not to be whistle blowing.

5.2 Where there is one better considered through an alternate process these will normally be used in the first instance.

5.3 The University recognises that it works closely with other bodies where alternate reporting arrangements may be in place, for example the NHS, and that there may be times where these alternate arrangements are the appropriate route for raising a concern.

5.4 The University is included on the [University Policies and Procedures webpage](#) within its Publication Scheme. Staff can also access policy details via the [University Policies and Procedures webpage](#).

6. Protection

6.1 The University considers retaliation against persons who have disclosed a

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anonymity. However, the University cannot guarantee that people will not speculate, particularly where the issues come into the public sphere. Where a person is inadvertently identified the University will act to protect the individual from reprisal.

8. Malicious reporting

8.1 The University expects all persons using this process to do so in good faith and with respect. Where this is not the case, and where the University suspects that a report is malicious or vexatious or where someone intentionally misuses the process, it will consider disciplinary action.

8.2 For the avoidance of doubt, a report made in good faith but, following investigation, is in error, will not be considered malicious.

9. The process

9.1 When someone sees that something might be wrong the University hopes that the

The commissioning manager, when not the Chair of Audit Committee, may want to
decision-making.

- 9.13 Where the commissioning manager decides (i) or (ii), the whistle blower will be informed and feedback provided as appropriate (see section 11).
- 9.14 Where the commissioning manager decides (iii) or (iv), a formal investigation will take place. The commissioning manager will determine who will undertake the investigation. Good practice would suggest that for serious cases a small independent panel including both senior university and lay membership, with external expertise (for example a solicitor or accountant) present as required and a clerk. The subject(s) of the allegation will be informed, unless this has already happened as an aspect of risk management, and provided with the evidence (redacted as required). Unless legally required, the status of the anonymity of the whistle blower does not change at this stage except through the whistle blower consent.
- 9.15 The panel will conduct its investigation as sensitively and quickly as possible maintaining records of its meetings, interviews and other evidence gathered. The person(s) facing the allegation will be offered a meeting with the panel and each can bring a friend or representative. The whistle blower, if not anonymous, will also be offered a separate meeting to provide information to the investigation. However, the whistle blower will not be provided with any additional materials gathered either as part of the initial investigation or as part of the formal investigation.
- 9.16 The panel will produce a report and recommendations following the same format as the initial investigation and provide this to the commissioning manager. The commissioning manager will make a determination that might include, but is not limited to:
 - (i) no further action to be taken, save to inform those involved of the outcome and provide feedback as allowed;
 - (ii) t

9.18 The review will be a paper-based review of process and will comment only on whether due process was followed and natural justice attained. Should the review determine that the outcome is not robust the matter will be referred to the Vice-Chancellor for consideration

14. Record keeping and retention

14.1 Records of disclosure, the associated process and outcomes will be kept in Strategic Planning and Governance. These will be retained for the duration of the process and any subsequent actions or procedures, internal or external. Usually, records of disclosure would be retained only until the investigation or disciplinary process is completed. Should a case be subject to criminal proceedings, the information will be retained for 7 years after the end of the criminal case. This is the longest period the University will retain disclosure data. Following completion of procedures basic information will be retained to support business operations and archival purposes, including protection of the whistle blower from retaliation.

14.2 Records of disclosure will not be kept on formal staff or student records.

15. Oversight and review

15.1 The University Council will maintain overall responsibility for this policy and associated process, with no amendments made to it without Council approval. Oversight of the implementation of the policy and associated process will rest with the University Audit Committee.

15.2 Strategic Planning and Governance will maintain responsibility for operation of this policy and associated process, working with the Finance Division, Human Resources, Student Based Services and others as required for its proper implementation.

15.3 Periodic audits of the effectiveness of this policy and associated process will be conducted, reporting to Audit Committee with any recommendations for change going to Council for approval.

16. Legal obligations

16.1 The following are the key documents that set out our legal obligations in relation to whistle blowing.

Lancaster University Charter 1964 sets the requirement for the University to be an institution within the law to question and test received wisdom, and to put forward new ideas and controversial or unpopular opinions, without placing themselves in jeopardy of losing their jobs or privileges

Education Reform Act 1988 enshrines the principle of academic freedom.

Public Interest Disclosure Act 1998 sets out the key principles and requirements for public disclosure.

Enterprise and Regulatory Reform Act 2013 further refines the principles and requirements from the 1998 act

17. Advice and support for using the process

17.1 Staff and lay members of the University who would like advice and support can seek it via the [Employee Assistance Programme](#), via their trade union, or via their professional body (for example AUA). The Secretary to the University Audit Committee as the University- provide impartial advice on the implementation of this policy and process, but cannot provide case specific advice or advocacy support.

17.2

[Government Guidance](#)

[Protect](#) (previously Public Concern at Work (PCaW))
(an independent whistle blowing support service)

[Staff Grievance Procedures](#)

[Student Complaint](#)