

BI-COR-010 WHISTLEBLOWING POLICY

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Associated policies, procedures and guidance

This policy should be read in conjunction with:

BI-COR-007 Fraud & Bribery Policy
BI-HR-004 Grievance Policy
BI-COR-009 Complaints Policy
BI-HR-005 Disciplinary Policy
BI-HR-001 Code of Conduct
BI-COR-001 Trustee Code of Conduct
Research Misconduct policy (to follow)

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1. Definitions

“Whistleblowing”	To speak out when malpractice is encountered or suspected.
“Employee”	Institute employees on Institute or Babraham Institute Enterprise Ltd (BIE) terms and conditions, Institute employees on BBSRC or other terms and conditions, and Research Fellows on Institute terms and conditions.
“Staff”	Employees and Babraham Institute registered PhD students.
“Associates”	Research Fellows (honorary), Honorary Members of Faculty, visiting students, visiting researchers and workers (including consultants and secondees), workers provided by a third party / contractors, and Trustees.
“Individuals”	Staff, associates, visitors and members of the public.
“Workers”	The Public Interest Disclosure Act 1998 (PIDA) protects workers making a disclosure in the public interest from detrimental treatment or victimisation from their employer. For the purposes of PIDA, the term ‘workers’ includes all employees, staff and associates, defined above.
“Alleged Perpetrator”	A member of staff or an associate of the Institute who has been reported using this policy.

2. Commitment statement

- 2.1. At the Babraham Institute our mission is to be an international leader in research focusing on basic cell and molecular biology with an emphasis on healthy ageing through the human lifecycle.
- 2.2. We will not condone any form of malpractice in the workplace and are committed to creating a safe, fair and honest working environment. It is important that any fraud, misconduct or wrongdoing by workers is reported and properly dealt with.

3. Purpose

- 3.1. The Institute’s Whistleblowing Policy encourages and enables individuals to speak out when they encounter or suspect malpractice.
- 3.2. This policy is written in accordance with the Public Interest Disclosure Act 1998 (PIDA). The Act protects workers from detrimental treatment or victimisation from their employer if, in the public interest, they blow the whistle on wrongdoing.
- 3.3. No one who raises a genuine concern about malpractice will be at risk of losing their job or suffering any form of retribution or detriment as a result of doing so, including those reporting harassment or victimisation from another member of staff or an associate. All parties affected by this policy will be treated equitably and fairly and in a timely manner.

- 3.4. Everyone working at the Institute has a duty to report things that are not right, are illegal or if anyone at work is neglecting their duties. If you have a concern, you should raise it immediately using the processes outlined within this policy.
- 3.5. This policy is in line with [National Audit Office Assessment Criteria for Whistleblowing Policies](#)¹ as required by UKRI Terms and Conditions.

4. Scope

- 4.1. This policy applies to:
- Institute employees on Institute or Babraham Institute Enterprise Ltd (BIE) terms and conditions
 - Institute employees on BBSRC or other terms and conditions
 - Research Fellows on Institute terms and conditions
 - Research Fellows (honorary)
 - Honorary Members of Faculty
 - Babraham Institute registered PhD students
 - Visiting students
 - Visiting researchers and workers, including consultants and secondees
 - Workers provided by a third party / contractors
 - Visitors
 - Trustees
- 4.2. Members of the public, including professional bodies (funders, universities, etc.), can also raise a concern under this policy.
- 4.3. This policy is public facing on the Institute's website.

5. Whistleblowing principles

- 5.1. If an individual has any concerns regarding the behaviour of others (including illegal, improper or unethical acts), they can take confidential action to raise them.
- 5.2. The Individual will be protected from any detriment if:
- They raise a genuine concern in accordance with the procedures set out below, and
 - Their concern is covered by one of the categories set out in PIDA, and
 - It is made in the public interest and they have a reasonable belief that the behaviour in question is occurring, has occurred or is likely to occur.
- 5.3. Individuals should not normally disclose confidential information or concerns relating to the Institute, staff or associates without first raising them in accordance with the procedures set out in this policy. If the individual feels unable to raise their concerns with their Institute contact or line manager, they may raise them with the nominated contacts at the Institute (section 9) or external organisations (section 12).

¹ <https://www.nao.org.uk/wp-content/uploads/2014/01/Assessment-criteria-for-whistleblowing-policies.pdf>

- 5.4. If a member of staff or an associate is found to have raised a concern maliciously, they will lose the protection of the Whistleblowing Policy and may be subject to disciplinary action under the Institute's Disciplinary Policy (BI-HR-005) or their employer's policy.
- 5.5. All concerns will be treated in confidence and every effort will be made not to reveal anyone's identity in so far as this is consistent with the proper examination and investigation of the matter. No one should seek to identify those involved where their identity has not been disclosed as part of proper examination and investigation. If it is necessary to reveal the individual's identity as part of proper examination and investigation, this will be discussed with them at the earliest possible stage of the process.

6. Policies that can be used to raise a concern

- 6.1. The Whistleblowing Policy and procedure complement but do not replace existing procedures; staff should use the procedures in this section when the others are not appropriate.
- 6.2. The Institute's Grievance Policy (BI-HR-004) exists for staff to raise personal employment-related grievances. Further information on the difference between Whistleblowing and grievances are outlined in section 7. In addition, the Institute's Code of Conduct (BI-HR-001) and Trustee Code of Conduct (BI-COR-001) set out the standards of personal behaviour to which staff and associates must conform.
- 6.3. Allegations of misconduct in research can be raised through the Whistleblowing Policy but will be managed in accordance with the Institute's Research Misconduct Policy (to follow).
- 6.4. If the individual feels that their concerns have not been investigated properly then they can raise concerns using the appeals process outlined in the policy the concern was raised under, the Whistleblowing Policy or the Institute's Complaints Policy (BI-COR-009).
- 6.5. If an individual is in any doubt about the way in which they should raise their concern on a matter of public interest (PIDA) or otherwise, they should contact the HR team or a senior manager for confidential advice.

7. Whistleblowing or grievance

- 7.1. A protected disclosure (whistleblowing) is different from a grievance in that it will concern the conduct of another person(s) in the workplace (whether or not that conduct affects the complainant personally) in circumstances where the complainant genuinely believes that the conduct in question amounts to a criminal offence, a breach of a legal obligation, or is likely to endanger health or safety or damage the environment.
- 7.2. A grievance will concern an employee personally, e.g., an employee may have a complaint about their pay or working hours, the amount of work that they are expected to do, working conditions or being bullied by fellow workers.

Examples of the difference between a grievance and a protected disclosure

Grievance	Protected disclosure
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A member of staff's complaint about the type of work that they are being asked to do, e.g., if it is not covered by their contract	A disclosure that an individual has been instructed to carry out actions that they genuinely believe to be illegal, e.g., to falsify tax returns
A member of staff's complaint that they have received insufficient safety training	A disclosure that safety rules within the workplace are routinely being flouted, thus endangering safety
A member of staff's complaint about the hours that they are expected to work	A disclosure that the requirements imposed by a company on a group of staff or associates represent a breach of the working time legislation

8. Matters of concern that can be raised under this policy

8.1. To be protected under PIDA, the individual needs to make a 'qualifying disclosure' about alleged or actual malpractice. This could be:

- That a criminal offence has been committed, is being committed or is likely to be committed.
- That a person has failed, is failing or is likely to fail to comply with any legal obligation to which they are subject or has failed, is failing or is likely to fail to uphold professional standards or practice and / or behaviour, including suspected research misconduct.
- That the health and safety of an individual is being or is likely to be endangered.
- That the environment has been, is being or is likely to be damaged.
- That a miscarriage of justice has occurred, is occurring or is likely to occur.
- That a person is suspected of receiving, is receiving or has received unlawful bribes, financial incentives or inducements for personal gain or that a person is involved (or generally suspected of being involved) in fraud.
- That information on any of the above has been, is being or is likely to be concealed.

8.2. For the worker's disclosure to be protected by PIDA, it should be made to the right person and in the right way. The worker must reasonably believe that the information is substantially true. The worker must clearly state in writing that the information is being provided under PIDA and the Whistleblowing Policy.

8.3. Anyone wishing to raise a concern is encouraged to put their name to their allegation. Anonymous disclosures are less powerful and more difficult to investigate, but will be considered by Institute in the context of the following:

- The seriousness of the disclosure.
- The credibility of the concern.
- Fairness to the member of staff or associate who may be the subject of the concern raised.

- Whether there is a likelihood that the allegation can be confirmed using reliable sources.

9. Raising a concern under this policy

- 9.1. If the individual has concerns about wrongdoing under any of the categories listed in paragraph 8.1, and believes the matter cannot be resolved or has not been resolved satisfactorily by informal means, they should raise the concern in confidence with their line manager, Institute contact or a more senior manager within the Institute, making it clear that they are raising the concern under the Whistleblowing Policy.
- 9.2. Should your concern involve your line manager, you should report your suspicion to the next highest level of authority (or higher) without notifying the person concerned.
- 9.3. Where individuals feel unable to raise their concerns to their line manager, Institute contact or a more senior manager within the Institute, they may approach any of the following to report their concerns:
- The Institute Director;
 - The Chief Operating Officer (COO);
 - The Head of Finance;
 - The Head of HR;
 - Or email: whistleblowing@babraham.ac.uk. Emails sent to this account are sent directly to the Chair of the Institute's Audit Committee (who is a member of the Board of Trustees) and the COO.
- 9.4. The individual should set out their concerns and the reasons why they are a matter of public interest.

10. Formal investigation procedure

- 10.1. The Fraud and Bribery Policy (BI-COR-007) is supplementary to the Whistleblowing Policy for cases of suspected or actual fraud or bribery.
- 10.2. On receipt of a valid disclosure under this policy, a formal investigation procedure will be initiated.
- 10.3. In most cases the investigation will be carried out by a senior manager at the Institute (an Investigating Officer). In some cases, an independent external person may be appointed to conduct the investigation.
- 10.4. All investigations will be conducted confidentially. It will not be possible to protect an Individual's anonymity if they discuss the case with others outside the investigation.
- 10.5. The investigation procedure will be conducted as quickly as possible. A decision letter outlining the outcome of the investigation will be sent to the individual and alleged perpetrator at the conclusion of the investigation.
- 10.6. Dependent upon the outcome of the investigation and the employment status of the alleged perpetrator, disciplinary action under the Institute's Disciplinary Policy (BI-HR-005) may be taken.

- 10.7. The Whistleblowing Response Plan (Appendix 2) gives additional guidance on the conduct of the investigation and how the outcome of the investigation will be reported.

11. Appeals procedure

- 11.1.1. All those involved (individual or alleged perpetrator) have the right to appeal against the outcome of the original investigation. The purpose of the appeal is to review the outcome of the original investigation and the basis upon which the original decision was made.
- 11.1.2. The appeal should indicate the full grounds upon which it is made and must be sent in writing within seven working days of receipt of the decision letter. Details of the person to whom the appeal should be sent will be included in the decision letter sent at the end of the formal investigation or the end of the disciplinary hearing.
- 11.1.3. The appeal will be heard by a person who has had no previous involvement in the case. In exceptional cases the appeal may be heard by someone from outside of the Institute. The person hearing the appeal will be accompanied by an HR professional.
- 11.1.4. The person hearing the appeal will notify their decision to all relevant people, in writing, normally within ten working days.
- 11.1.5. The possible outcomes are as follows:
- Uphold the current decision, i.e., confirm the outcome of the original investigation, thereby rejecting the appeal.
 - Amend the current decision, i.e., substitute an alternative form of action. The decision could be changed in some way, e.g., any actions required might be redefined in some way.
 - Overturn the current decision, i.e., set aside the original decision, thereby upholding the individual's appeal.
- 11.1.6. The Whistleblowing Response Plan (Appendix 2) gives additional guidance on the appeals procedure.

12. Protection outside of this procedure

- 12.1. An individual can make a disclosure to the contacts at the Institute noted in 9.3 without following this procedure, or at any point in the procedure, if:
- They reasonably believe that they will be victimised if they raise the matter at a lower level or have suffered an identifiable detriment.
 - They reasonably believe that evidence is likely to be concealed or destroyed.
 - They have previously raised their concern at a lower level without a satisfactory outcome.
- 12.2. The individual should provide an overview of the issue(s) and
- Any action they have taken to date to resolve the issue or to follow the Whistleblowing Policy.
 - Why they feel they cannot, or are unable to continue to, raise the issue at a lower level.

- 12.3. Individuals who wish to seek free independent advice can contact:
- The charity Protect (formerly Public Concern at Work) on 0203 117 2520 or via their website www.protect-advice.org.uk
 - The National Audit Office (NAO) on 0207 798 7999 or visit their website www.nao.org.uk/contact-us/whistleblowing-disclosures/
 - BASIL (The Biomedical and Animal Science Integrity Line) on 05603 495014, quoting the Institute's unique reference number: 8QK451EN
 - The Charity Commission, by emailing whistleblowing@charitycommission.gov.uk
- 12.4. Staff and Research Fellows (honorary) can also contact the Employee Assistance Programme (EAP) on 0800 030 5182 (www.healthassuredeap.com).
- 12.5. Further information on whistleblowing and routes for raising a concern can be found on the gov.uk website.

13. Outside organisations

- 13.1. If an individual suspects wrongdoing whilst working for or based at an outside organisation, they should use the internal procedures and / or whistleblowing policy of that organisation, contacting the organisation's HR team if necessary.
- 13.2. Where appropriate, whistleblowing incidents relating to Research Fellows (Honorary), Honorary Members of Faculty, visiting students, visiting researchers and workers (including consultants and secondees), workers provided by a third party or contractors may be referred to their employer by the COO or Head of HR for appropriate action.

14. Further information

- 14.1. Please be aware that, should you wish to initiate civil proceedings, there may be statutory limitations in the applicable law.
- 14.2. This policy will be reviewed regularly to incorporate any changes, legislative or otherwise. The next review date is specified on the cover sheet.
- 14.3. Associated policies, procedures and guidance are listed on the cover sheet. The Policy Owner named on the cover sheet can be contacted with any queries.
- 14.4. This policy may be varied, withdrawn or replaced at any time by the Institute at its absolute discretion.

Appendix 1 – Responsibilities

Individuals

Individuals raising a concern should:

- Raise concerns through their line manager, contact at the Institute, a senior manager or Institute contacts outlined in section 9 as soon as possible. External contacts in section 12 may be notified where they are uncomfortable using internal points of contact.
- Ensure that concerns are reported under the Whistleblowing Policy and PIDA.
- Co-operate fully with any investigation. This will enable an immediate start to the process in order to ensure the investigation is completed as soon as possible.

The person who receives the concern

Individuals may raise concerns with any of the following: their line manager, a contact at the Institute, a senior manager or Institute contacts outlined in section 9. The person who receives the concern should:

- Ensure the individual raising the concern has access to a copy of the Whistleblowing Policy and is familiar with the content.
- Ensure all concerns raised are taken seriously. Respond to the individual's concerns immediately, and report the concern to HR, if appropriate, or another Institute contact outlined in section 9. By doing so this ensures all investigations are started as soon as the individual has lodged their concerns, and the investigation is concluded as soon as possible.
- Contact the individual within five working days of receiving the concern to acknowledge the concern and inform the individual of the next steps.
- Ensure complete confidentiality when handling sensitive, confidential information and maintaining anonymity where necessary. Ensure individuals are respected by taking their feelings into account and supporting individuals through this process.
- Evaluate the basis of any concern brought to their attention and referring upwards to a more senior manager where appropriate. If an individual is not happy with the way in which their concern has been handled, they can raise it with an appropriate senior manager listed in section 9.
- Seek assurance that individuals involved have received appropriate feedback on how issues that they speak up about are investigated.
- Assess the effectiveness of the process and liaise with HR in relation to any amendments that might be required.

HR

The HR team is responsible for:

- Communicating the Whistleblowing Policy, ensuring that staff, associates and line managers understand their responsibilities, and helping to create a culture where individuals feel able to speak up.
- Maintaining and updating the policy.
- Providing whistleblowing and / or investigator training if required.
- Appointing Investigating Officers, and supporting the investigation and any appeal.

- Maintaining a whistleblowing register. This will include all monitoring and handling of reports.

Investigating Officer

The Investigating Officer is appointed by HR. They should:

- Fairly and objectively carry out a full investigation.
- When the investigation is concluded, send the findings to HR.
- Assess the effectiveness of the process and liaise with HR in relation to any amendments that might be required and ensure these are implemented.
- Provide any assistance that may be required in ensuring that any lessons learnt are recorded, disseminated and implemented.

Chief Operating Officer

The Chief Operating Officer is responsible for:

- Fairly reviewing the handling of whistleblowing cases and any actions taken as a result.
- Working with HR to ensure that associated lessons learnt are recorded, disseminated and implemented.
- In the case of involvement of HR in the protected disclosure, taking on HR's responsibilities for the investigation and any subsequent procedures.
- Informing the Institute Director, Audit Committee or Board of Trustees of whistleblowing cases as appropriate.
- Working with the Communications Manager to respond to any press requests.

Appendix 2 – Whistleblowing response plan

- The Fraud and Bribery Policy (BI-COR-007) is supplementary to this response plan for cases of actual or suspected fraud or bribery.
- In the case of involvement or a conflict of interest of any of the named roles described in this response plan, alternative staff will be appointed by the COO, Chair of the Audit Committee or Head of HR.
- Flowcharts for the whistleblowing and appeals procedures are at the end of this appendix.

Notification

- Under the Whistleblowing Policy, individuals are encouraged to report concerns to their line manager, Institute contact or a senior manager.
- If individuals are reluctant to discuss concerns with these persons, they may approach:
 - The Institute Director;
 - The Chief Operating Officer (COO);
 - The Head of Finance;
 - The Head of HR;
 - Or via email to: whistleblowing@babraham.ac.uk. Emails sent to this account are sent directly to the Chair of the Institute's Audit Committee and the COO.
- The person receiving the concern should ensure that full details of the concerns are recorded and HR or the COO, as appropriate, notified as soon as possible.
- The COO will determine if and when to notify the Institute Director, Audit Committee and the Board of Trustees if they have not already been informed.

Acknowledgement

- The person receiving the concern will, normally within five working days of receipt of a concern, provide the individual with the following:
 - Written acknowledgement of receipt.
 - Confirmation that their concern(s) is / are being taken seriously and will be dealt with fairly.
 - Confirmation as to whether they may need to supply any further information and / or attend a meeting or interview (with the right to be accompanied as outlined below).

Formal investigation

- On receipt of a valid disclosure under this policy, a formal investigation procedure will be initiated. The investigation procedure will be conducted confidentially and as quickly as possible. It will not be possible to protect an individual's anonymity if they discuss the case with others outside of the investigation.
- The person receiving the concern should discuss with the HR or the COO whom to nominate to carry out the formal investigation (the Investigating Officer), which Institute

policies may need to be considered (e.g., Fraud & Bribery Policy [BI-COR-007], Research Misconduct Policy [to follow], Disciplinary Policy [BI-HR-005] etc.) and the format of the investigation.

- In most cases, the investigation will be carried out by a senior manager at the Institute (Investigating Officer). If the concerns involve, or may involve, a specific staff member or associate, the investigation will be dealt with by an Investigating Officer who is at least one pay band higher than the alleged perpetrator. There must be no actual or perceived conflict of interest for the Investigating Officer. If clashes with independence and impartiality exist (i.e., there is a personal or professional link with persons involved), the COO will preside. In some cases, an independent external person may be appointed to conduct the investigation.
- The Investigating Officer will meet with the individual as soon as possible to ascertain the details of their concern. A HR representative will be present at the meeting. The individual will be asked if they want to disclose their identity. It will not be possible to protect an individual's anonymity if they discuss the case with others outside the investigation. If the individual does not wish to make a written statement, the Investigating Officer will write a brief summary of the meeting. The individual will be given an opportunity to comment on the note, which should then be signed and agreed by both parties.
- As part of the investigation it will be necessary to establish facts and this may include interviewing other individuals involved in the case.
- Interviews with all relevant and affected individuals will be formally recorded in writing and witnessed by all persons present. All individuals have the right to be accompanied by an employee or an appropriate representative agreed in advance.
- As all concerns are different, the Investigating Officer in consultation with HR and the COO will decide at which point in the investigation the alleged perpetrator (if applicable) is informed.
- All allegations and reports of concern against Institute staff will be investigated and dealt with in line with the Institute's Disciplinary Policy (BI-HR-005) with the rights of the individual reporting the concern protected. Similarly, if at any time the investigation reveals circumstances in which disciplinary action against one or more members of Institute staff would be appropriate, the Investigating Officer (in consultation with HR) will take the necessary procedural steps in line with the Institute's Disciplinary Policy (BI-HR-005).
- The Investigating Officer should take steps to ensure that any papers, computer files or other material that may be needed as evidence in the investigation are secured as early as possible.
- In some cases the Investigating Officer may refer the matter to the COO because the resolution of the concern does not rest within their authority. In particular, this may be the case where action against a non-staff member is justified but responsibility sits outside of the Institute. In some circumstances, it may be appropriate to refer the individual's concerns to an independent external person; they will take whatever steps are necessary to consider the case in the spirit of this policy and resolve the problem.

- If at any stage of the investigation the Investigating Officer feels that the police should be involved, the Investigating Officer will contact the Head of HR and the COO. Any decision to notify the police will be made following discussion between COO, Head of HR and relevant Heads of Department, and with the agreement of the Institute Director. In particular, consideration will be given as to whether civil or criminal proceedings should be undertaken in order to protect the Institute's interests. Each case will be considered on its own particular merits in accordance with the expert advice obtained, with a view to considering the Institute's moral obligations and minimising losses (both monetary and otherwise) to the Institute.

Outcome

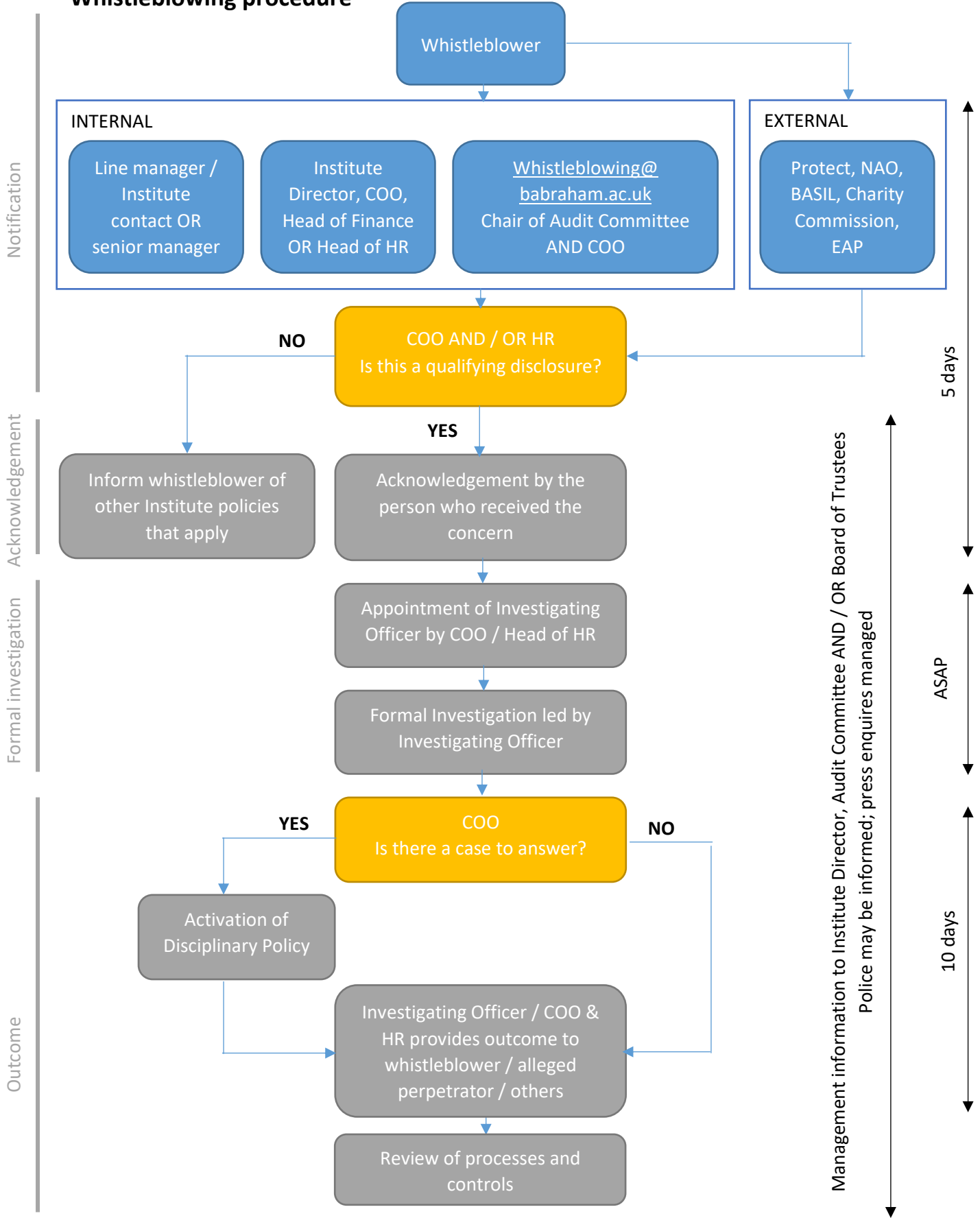
- The Investigating Officer will produce a report as soon as reasonably practical on the circumstances of the allegation for consideration as part of the investigation. The report will recommend whether there is a case to answer. This will be sent to HR, together with all other relevant paperwork. The COO will determine if the Institute Director, Audit Committee and / or Board of Trustees need to be informed, if they are not already aware of the incident.
- The COO will review the report and decide whether there is a case to answer. This may result in activation of other policies, e.g., the Institute's Disciplinary Policy (BI-HR-005), in which case a disciplinary hearing will be convened.
- The investigating officer or COO (supported by HR) will provide feedback to the individuals involved (e.g., the whistleblower, alleged perpetrator etc.) on the outcome of any investigation as soon as reasonably practical and normally within 10 working days of its conclusion. This should include details of the Appeals process and a contact to initiate this. The Institute may not be able to provide full details due to confidentiality in relation to the other people involved or due to legal constraints, in which case this will be explained to the individual. Similarly, the outcome of any Appeal will be appropriately notified to the individual.
- The COO, in conjunction with the Institute's Communications Manager, will be responsible for dealing with any enquiries from the press and other media.
- At the end of any investigation, whether internal or external (and whether the allegation is proven or not), consideration must be given to the following:
 - A thorough review of internal controls within the area of concern.
 - Making changes to standard operating procedures and Institute policies if appropriate.
 - The effectiveness of similar controls in other parts of the organisation.
 - An appropriate notification to the wider Institute raising any areas which would benefit from a greater degree of internal review.
 - The requirement to notify internal or external auditors of the incident.
 - Lessons learnt. Following all investigations a lessons learnt report will be produced based on the circumstances and conclusion of the case. Any conclusions in respect of weaknesses in systems will be shared and implemented where appropriate.

In all review processes, the identity of those involved should be protected. If it is necessary to reveal an individual's identity, this will be discussed with them at the earliest possible opportunity.

Appeals

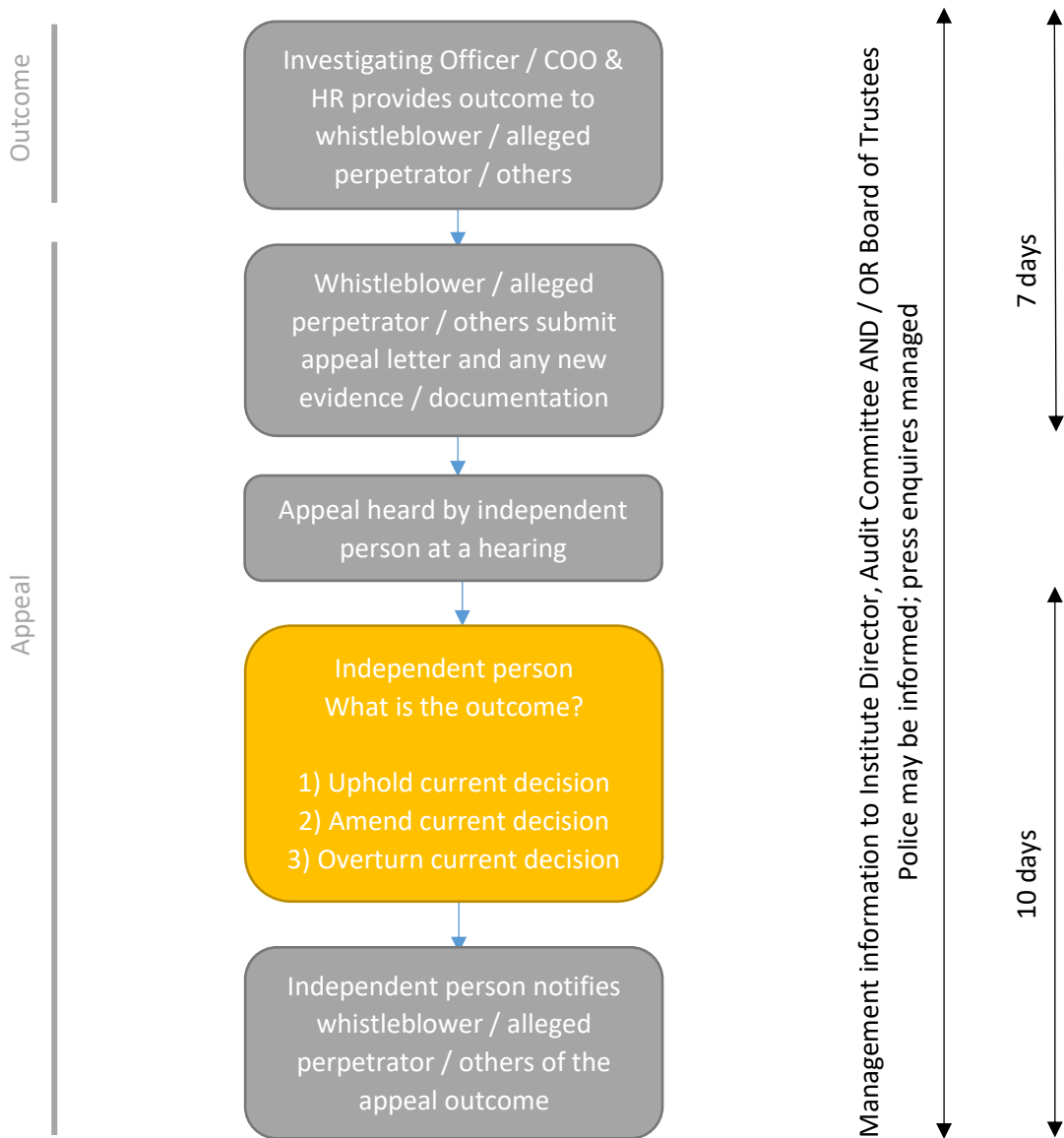
- All those involved (e.g., the individual who raised the concern, alleged perpetrator etc.) have the right to appeal against the outcome of the original investigation. The purpose of the appeal is to review the outcome of the original investigation and the basis upon which the original decision was made.
- The appeal should indicate the full grounds upon which it is made and must be sent in writing within seven working days of receipt of the decision letter. Details of the person to whom the appeal should be sent will be included in the decision letter.
- The alleged perpetrator or the individual who raised the concern can submit new evidence or information that they consider relevant to the appeal, raise procedural issues, or comment on those matters they believe have received insufficient consideration. They should enclose copies of any new documentation to support their case.
- The appeal will be heard by a person who has had no previous involvement in the case. In exceptional cases the appeal may be heard by an independent person outside of the Institute. The person hearing the appeal will be accompanied by an HR professional. Individuals have the right to be accompanied by an employee or an appropriate representative agreed in advance. A note of the meeting will be taken. Those interviewed will have the opportunity to comment but this will not delay a decision. Any disagreements will be recorded.
- The person hearing the appeal will notify their decision to all relevant people, in writing, normally within ten working days.
- The possible outcomes are as follows:
 - Uphold the current decision, i.e., confirm the outcome of the original investigation, thereby rejecting the appeal.
 - Amend the current decision, i.e., substitute an alternative form of action. The decision could be changed in some way, e.g., any actions required might be redefined in some way.
 - Overturn the current decision, i.e., set aside the original decision, thereby upholding the individual's appeal.

Whistleblowing procedure



KEY: People / organisation Process Decision point

Appeals procedure



KEY: People / organisation Process Decision point