

# Protected Disclosures Policy

## 1. **Scope of the Policy**

1.1 The Protected Disclosures Act 2014\* and the Statutory Instrument S.I. No. 464 of 2015\*\* provide a statutory framework within which information may be disclosed by staff regarding matters which they have reasonable belief are wrongdoings in the workplace in the knowledge that they will enjoy the protections of the Act. This legislation is available online at the following links:

\*<http://www.irishstatutebook.ie/eli/2014/act/14/enacted/en/pdf>

\*\*<http://www.irishstatutebook.ie/eli/2015/si/464/made/en/pdf>

The legislation requires public bodies to maintain procedures to encourage the making of protected disclosures internally and the addressing of these by the organisation in a responsible and effective manner. This document is the Policy to provide staff, students, or others working with DIT with information in relation to making a Protected Disclosure.

1.2 DIT recognises that staff, students, and others working with DIT have an important role to play in supporting the Institute's commitment to maintaining the highest standards of honesty, openness and accountability. Staff and students who become aware of potential irregularities are encouraged to raise their concerns as soon as possible through the usual academic and line management structures, which are the normal and appropriate mechanisms to address issues. They are also required to be aware of the other policies supporting standards which provide formal procedures in relation to specific areas including:

- *Fraud Policy and Response Plan – FR.1\**
- *Dignity at Work Anti Bullying & Harassment Policy - HRP018\*\**
- *Equal Opportunities - HRP026\*\**
- *Grievance Procedures - HRP023\*\**
- *Disciplinary Procedures - HRP019\*\**
- *Child Protection Policy & Guidelines for Staff - HRP058\*\**
- *DIT Student Dignity & Respect Policy\*\*\**
- *DIT Student Complaints Procedure\*\*\**

These policies are available online at [www.dit.ie](http://www.dit.ie) and the following links may prove convenient:

\* <http://www.dit.ie/intranet/finance/policiesandprocedures/>

\*\* <http://www.dit.ie/hr/hrpoliciesproceduresguidelinesatoz/>

\*\*\* <http://www.dit.ie/student-services/student-service-centres/dit-rules-regulations-for-students/>

1.3 Where an Individual is of the reasonable belief that is not appropriate to make a disclosure through the usual informal or formal mechanisms described above, this Protected Disclosures Policy sets out how staff, students, or others working with DIT may report information of significant matters of wrongdoing in relation to DIT which they reasonably believe to be true, and how such disclosures will be investigated.

1.4 However this Policy is not intended to be used to re-open any matters which have previously been addressed by it or any other DIT policies or procedures. Also this Policy is not designed to address matters which would be more appropriately investigated through the formal mechanisms established in other DIT policies.

## **2. Protected Disclosures Terminology**

2.1 A *Protected Disclosure* is the written disclosure of information in accordance with this Policy which came to the attention of an Individual in the course their work or study at DIT, and which, in the reasonable belief of the Individual, tends to show a wrongdoing.

2.2 An *Individual* is any DIT staff member, student, or other working with DIT.

2.3 A *Reasonable Belief* is one which may be demonstrated to have a reasonable basis in fact.

2.4 Relevant Wrongdoing is information connected with DIT which may include:

- (i) The commission of an offence.
- (ii) The failure of a person to comply with a legal obligation.
- (iii) A miscarriage of justice.
- (iv) A danger to the health or safety of a person.
- (v) Damage to the environment.
- (vi) An unlawful or improper use of DIT funds or resources.
- (vii) An act or omission by or on behalf DIT that is oppressive, discriminatory, grossly negligent, or constitutes gross mismanagement.
- (viii) Concealment or potential destruction of information in relation to (i) to (vii).

2.5 A *Recipient* is the person designated in this Policy who receives a written Protected Disclosure.

## **3. Process for Making a Protected Disclosure**

3.1 An Individual may make a Protected Disclosure to one of the following Recipients:

- (i) The Institute Secretary
- (ii) If the Individual has reasonable belief that it is not appropriate to report such a disclosure to the Institute Secretary, it may be reported to the Head of Internal Audit.
- (iii) If the Individual has a reasonable belief that it is not appropriate to report such a disclosure to either of the above, it may be reported to the Director of Corporate Services.

Contact details for these potential Recipients under (i), (ii), and (iii) above are available at <http://dit.ie/tools/contacts/> or from the Institute Secretary's Office.

- (iv) If the Individual has a reasonable belief that it is not appropriate to report such a disclosure to any of the above, it may be reported to the Chair of the Audit Committee of Governing Body at [protecteddisclosure@dit.ie](mailto:protecteddisclosure@dit.ie)

3.2 The Individual should make the Protected Disclosure to the Recipient in writing setting out:

- (i) The Individual's name and position in relation to DIT.
- (ii) That the information is a Protected Disclosure.
- (iii) How the information came to the attention of the Individual.
- (iv) A description of the wrongdoing which is reasonably believed to have taken place.
- (v) Whether there were witnesses or supporting documentation.

3.3 This Policy encourages Individuals when making a Protected Disclosure to identify themselves and thereby providing as much information as possible in relation to the matter. While anonymous disclosures will be treated as Protected Disclosures, subsequent investigations may be limited in effectiveness without the support of Individual making the disclosure.

3.4 The Individual is required to maintain confidentiality in respect of the making of the Protected Disclosure and all matters in relation to any subsequent investigation and outcome.

3.5 DIT will take all reasonable measures to protect the identity of the Individual making the Protected Disclosure except in cases where:

- (i) The Recipient reasonably believes that due to the nature of the Protected Disclosure the disclosure of the Individual's identity is required by law or is necessary to prevent a serious risk to health, safety, security, or the environment.
- (ii) The Recipient reasonably believes that the disclosure of the Individual's identity is necessary to an effective investigation of the Protected Disclosure.

3.6 Any person found to have abused the Protected Disclosures Policy by deliberately making false allegations or repeating allegations found to be unsubstantiated under this or other DIT policy may be subject to disciplinary procedures.

3.7 Any person found deterring, or attempting to deter, an individual from making a Protected Disclosure may be subject to disciplinary procedures.

#### **4 Process for Investigating a Protected Disclosure**

4.1 Upon receipt of a Protected Disclosure the Recipient will convene a meeting of a Protected Disclosure Review Group (PDRG) comprising a minimum of three persons which will include the Institute Secretary, the Internal Auditor, the Director of Corporate Services, or other persons considered relevant by the Recipient. The PDRG may seek additional members or specialist support to it considers necessary to complete the Review. Any person who is the subject of the Protected Disclosure under review will not serve on the PDRG. All members of the PDRG are required to maintain confidentiality in relation to all matters of the Review. The PDRG will appoints its Chair and take the following actions:

- (i) Decide whether the matter was previously dealt with, or would be more appropriately addressed by the formal mechanisms established in another DIT policy.
- (ii) Take what actions are required to complete the Review.
- (iii) Prepare a report to be submitted by the PDRG Chair for consideration by the Audit Committee which will include an anonymised summary of the disclosure, the review findings, whether the matter was found to be substantiated by other evidence, and a recommendation whether the matter may be regarded as concluded or should be investigated further.
- (iv) The Audit Committee will decide whether the PDRG Review report and recommendations are sufficient to conclude the matter, whether a further investigation by the PDRG is required, and what other actions are to be carried out arising from the Protected Disclosure.
- (v) Subject to the decision of the Audit Committee, the PDRG will either conclude its review or conduct an investigation into the Protected Disclosure, which may include engaging external consultant support and reporting the matter to an external body.
- (vi) Following the investigation, the PDRG will report its findings for consideration to the Audit Committee.
- (vii) When concluded, the PDRG will inform the Individual who made the Protected Disclosure of the outcome of the review or investigation.

## **5 Reporting**

The Institute Secretary will forward to SLT a periodic report comprising an anonymised summary of concluded Protected Disclosures together with any actions taken.

The Institute Secretary's Office will prepare for publication not later than the 30<sup>th</sup> June each year an anonymised summary of concluded Protected Disclosures received, together with any actions taken.

## **6 Review**

This policy comes into force following its approval by the Governing Body. It will be reviewed in light of any legislation or other relevant indicators. The owner of this policy is the Institute Secretary's Office. The Institute Secretary's Office may be contacted with any queries, or clarifications required, on this policy. Any changes to the policy will be notified to staff by reference to the appropriate procedures or such other method as may be determined from time to time.