

Policy name: Protected Disclosures (Whistleblowing) Policy

Approved: 25th November 2016

Revision 1 approved 10th March 2017

Revision 2 approved 6th December 2018

Revision 3 approved by Trinity Academic Council 13th May 2020

1. Context

- 1.1 The Royal Irish Academy of Music, hereinafter referred to as RIAM or the Academy, is committed to the highest standard of openness, probity and accountability.
- 1.2 It is a fundamental term of employment that an employee will display loyalty to their employer, and will not disclose confidential information about that employer's operations which is calculated or likely to destroy the mutual trust and confidence on which the employment relationship is based. However, where an individual discovers information which they believe shows malpractice, impropriety or wrongdoing within the organisation, then disclosure of this information should not be jeopardised by any fear of reprisals, provided it is made lawfully, without malice and in the public interest (a 'protected disclosure' – see 2.1 below).

2. Purpose

- 2.1 The purpose of this policy is to give effect to the underlying principle set out in the Protected Disclosures Act 2014, (the 'Act'), which is to provide a mechanism for an employee to make a protected disclosure in the reasonable belief that the information disclosed shows malpractice, impropriety or wrongdoing within RIAM. Employees of RIAM are expected to use the procedure set out in this policy. Any employee who makes a disclosure outside of RIAM (including, for example, to the press) without using this procedure may not be protected under the Act and may be subject to internal disciplinary procedures as detailed in the Staff Disciplinary Policy.
- 2.2 In accordance with the Act, this policy is concerned with alleged malpractice, impropriety or wrongdoing in the workplace. It is not intended that the procedure be used by individuals to question financial or business decisions taken by RIAM, and it offers no protection to such individuals. In addition, the policy should not be used to seek reconsideration of any matters which have already been addressed under other institutional procedures such as grievance, disciplinary and capability, nor to support a claim from an employee about a breach of their own contract of employment.

3. Scope

- 3.1 This policy is intended to assist individual employees who believe they are aware of, or have discovered malpractice within RIAM, and covers concerns that are in the public interest and that may (at least initially) be investigated separately, but might then lead to other established procedures being invoked, or other forms of appropriate action being taken.
- 3.2 These concerns could include:
 - (i) Financial malpractice, impropriety or fraud.
 - (ii) Academic or professional malpractice.

- (iii) Failure to comply with legal obligation or statutes.
- (iv) Serious failure to comply with Academy rules and regulations.
- (v) Dangers to Health and Safety or the environment.
- (vi) Criminal activity.
- (vii) Miscarriages of justice.
- (viii) Improper conduct or unethical behaviour.
- (ix) Attempts to conceal any of these.

4. Benefits

- 4.1 Malpractice itself will be discouraged by the protection given to those who disclose information that is genuinely in the public interest.

5. Policy

5.1 Protection

5.1.1 No employee will suffer any kind of detriment should they disclose concerns, provided the disclosure is made in good faith and in the reasonable belief of the employee making the disclosure that *prima facie* it shows malpractice. No action will be taken against any employee who makes a disclosure, which is, after investigation not subsequently substantiated. If, however it is considered that an employee has made a malicious or vexatious allegation, then disciplinary action may be considered against that person. It is important, therefore, that in making a disclosure, the individual should exercise due care to ensure the accuracy of the information provided.

5.2 Confidentiality

- 5.2.1 RIAM will treat all such disclosures in a confidential and sensitive manner.
- 5.2.2 The identity of the individual making the allegation may be kept confidential so long as it does not hinder or frustrate any investigation.
- 5.2.3 However, the investigation process may reveal the source of the information and the individual making the disclosure may need to provide a statement as part of the evidence required.

5.3 Anonymous Allegations

- 5.3.1 This policy encourages individuals to put their name to any disclosure they make.

A concern may be raised anonymously. However on a practical level it may be difficult to investigate such a concern. We would encourage workers to put their names to allegations, with our assurance of confidentiality where possible, in order to facilitate appropriate follow-up. This will make it easier for us to assess the disclosure and take appropriate action including an investigation if necessary.

6. Procedures

6.1 Procedures for Making a Disclosure

6.1.1 Initially the disclosure should be made in writing to the Secretary. In cases where the disclosure directly concerns the post of Secretary, the disclosure should be made to the Director. If the subject of the disclosure concerns the Secretary and/or the Director then the disclosure should be made to the Chair of the Audit and Risk Committee. For the purpose of this procedure these three persons will be referred to as the 'Designated Persons.'

6.2 Process once a disclosure has been made

6.2.1 The Designated Person will consider the information made available by the discloser and will decide whether the matter that has been raised falls within the scope of the procedure and, if so, whether there appears to be any case to answer. If the Designated Person considers there are grounds for proceeding further, they will decide whether a formal investigation should be conducted and, if so, who should undertake it and what form it should take. This will depend on the nature of the matter raised and may involve:

- (i) An internal investigation conducted by a senior member(s) of the College staff.
- (ii) Instigation of the Staff Disciplinary procedure.
- (iii) Referral to the Gardaí.
- (iv) Referral to an independent external authority e.g. the Health and Safety Executive.

6.2.2 Should a formal investigation be invoked, the Designated Person will use the outcome of this to decide whether or not the matter should be pursued further.

6.2.3 If the disclosure has been made against or involves named individual(s), those individuals should, at a time deemed appropriate by the Designated Person, be informed of the allegation and the evidence that supports it, and be given an opportunity to respond.

6.2.4 The Designated Person will feedback to the individual who has made the disclosure their decision together with any action that has been already been taken, or that it is intended to take.

6.2.5 If the Designated Person has decided that the matter does not fall within the scope of the procedure or that there is no case to answer, the individual who has made the disclosure will be informed at the earliest opportunity together with the reasons why.

6.3 Requests for further consideration

6.3.1 If the person who has made the disclosure does not feel satisfied with this outcome, or they are not satisfied with the action taken by the Designated Person, they can if they wish make the disclosure to another party in line with the details below:

Original disclosure to:

Secretary
Director
Chair of the Audit and Risk Committee

Second disclosure to:

Director
Chair of the Audit and Risk Committee
Chair of the Board of Governors

We acknowledge that there may be circumstances where an employee wants to make a disclosure externally, and the legislation governing disclosures — The Protected Disclosures Act 2014 — provides for a number of avenues in this regard.”

6.4 Timescales

6.4.1 Due to the varied nature of these sorts of complaints, which may involve internal investigators and/or the police, it is not possible to lay down precise timescales for such investigations.

6.4.2 The investigating officer should ensure that the investigations are undertaken as quickly as possible without affecting the quality and depth of those investigations.

6.4.3 If the investigation is a prolonged one, the investigating officer should keep the complainant informed, in writing, as to the progress of the investigation and as to when it is likely to be concluded.

6.4.4 All responses to the complainant should be in writing and sent to their home address.

6.5 Reporting

6.5.1 A written record of all disclosures and of any subsequent action will be maintained by the RIAM Secretary for a period of three years. A detailed report of the outcomes of any investigation will be submitted to the Audit and Risk Committee where the issue falls within its remit, and a summary report will be provided in other cases as a means of allowing the Committee to monitor the effectiveness of the procedure.

7. Responsibility

7.1 The RIAM Secretary is responsible for overseeing this policy and its operational procedures.

8. Legislation and Regulation

8.1 [Protected Disclosures Act 2014.](#)

9. Related Documents

9.1 [Guidance for Members of the Public on Protected Disclosures Act.](#)

9.2 [A New Era for Whistleblowing in Ireland.](#)

9.3 [Trinity Protected Disclosures Policy.](#)

9.4 Staff Disciplinary Policy.

10. Document Control

Approved by Board of Studies 25th November 2016.

Revision 1 approved by Board of Studies 10th March 2017.

Revision 2 approved by Board of Governors 6th December 2018.

Revision 3 approved by Trinity Academic Council 13th May 2020.

Next review: Academic year 2020/21.