

NELSON MANDELA UNIVERSITY

INSTITUTIONAL REGULATORY CODE (IRC) (Policies, Procedures, Rules etc.)

To be completed by initiator of policy/policy owner:

1. POLICY TITLE:	Whistleblowing Policy and Procedure
2. FIELD OF APPLICATION: (All persons to whom policy applies)	All staff, students and third parties
3. COMPLIANCE OFFICER(S): (Persons responsible for ensuring policy implementation)	The Registrar
4. STAKEHOLDER CONSULTATION (State the stakeholder group/s consulted during policy formulation /revision)	Legal Services, Employee Relations, Internal Audit, Transformation and Engagement Office
5. DESIGNATION OF POLICY OWNER: (Person responsible for maintaining policy)	The Registrar

POLICY HISTORY (To be completed by policy owner)

(Refer to last page of policy for full history)

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Definitions/Acronyms

Concept	Description
Disclosure	<p>Means any disclosure of information regarding any conduct of an employer, or an employee of that employer, made by any employee who has reason to believe that the information concerned shows or tends to show one or more of the following:</p> <ol style="list-style-type: none"> a. That a criminal offence has been committed, is being committed or is likely to be committed. b. that a person has failed, is failing or is likely to fail to comply with any legal obligation to which that person is subject. c. That a miscarriage of justice has occurred, is occurring or is likely to occur. d. That the health or safety of an individual has been, is being or is likely to be endangered. e. That the environment has been, is being or is likely to be damaged. f. Unfair discrimination as contemplated in the Promotion of Equality and Prevention of Unfair Discrimination Act, 2000 (Act No.4 of 2000); or g. That any matter referred to in paragraphs (a) to (f) has been, is being or is likely to be deliberately concealed.
Ethics risk	<p>The ethics-related opportunities, uncertainties, threats, or barriers to which an organisation must respond in order to achieve its objectives.</p>
Ethics risk profile:	<p>A collation of the results and findings of an ethics risk assessment in a report that describes the organisation's state of ethics or ethics status.</p>
Governance of ethics	<p>The process by which strategic direction and oversight of the organisation's ethics are provided by the governing body, mainly through a subcommittee.</p>
Impropriety	<p>means any conduct which falls within any of the categories referred to in definition of "disclosure", irrespective of whether:</p> <ol style="list-style-type: none"> a. The impropriety occurs or occurred in the Republic of South Africa or elsewhere. b. The law applying to the impropriety is that of the Republic of South Africa or of another country;

Concept	Description
Occupational detriment	<p>In relation to the working environment of an employee, means:</p> <ol style="list-style-type: none"> a. Being subjected to any disciplinary action. b. Being dismissed, suspended, demoted, harassed, or intimidated. c. Being transferred against an individual's will. d. Being refused transfer or promotion. e. Being subjected to a term or condition of employment or retirement which is altered or kept altered to an individual's disadvantage. f. Being refused a reference, or being provided with an adverse reference, from an individual's employer. g. Being denied appointment to any employment, profession, or office. h. Being threatened with any of the actions referred to paragraphs (a) to (h) above; or i. Being otherwise adversely affected in respect of an individual's employment, profession, or office, including employment opportunities; work security including physical safety.
Protected Disclosure	<p>'Protected disclosure' means a disclosure made to</p> <ol style="list-style-type: none"> a. A legal adviser - any disclosure made to a legal practitioner or to a person whose occupation involves the giving of legal advice; and with the object of and while obtaining legal advice, is a protected disclosure. b. An employer - any disclosure made in good faith and substantially in accordance with any procedure authorised by the employer for reporting or otherwise remedying the impropriety concerned and the employee, student or third party has been made aware of the procedure. c. Any employee or worker who, in accordance with a procedure authorised by an individual, makes a disclosure to a person other than an individual, is deemed, for the purposes of this Act, to be making the disclosure to an individual's employer.
Third party	<p>A generic legal term for any individual who does not have a direct connection with a legal transaction but who might be affected by it.</p>
Whistle-blower	<p>A person or entity making a protected disclosure is commonly referred to as a whistle-blower. Whistle-blowers may be University employees (academic, professional and support staff), applicants for employment, students, third parties or the general public. The whistle-blower's role is as a reporting party. They are not investigators or finders of fact, nor do they determine the appropriate corrective or remedial action that may be warranted.</p>
Whistleblowing	<p>Whistleblowing has several definitions:</p>

Concept	Description
	<ul style="list-style-type: none"> a. An act of an individual believing that the public interest overrides the interest of the organisation he serves, blows the whistle that the organization is involved in corrupt, illegal, fraudulent, or harmful activity. b. A legal definition of whistleblowing states it as “the disclosure by a person, usually an employee in a government agency or private enterprise, to the public or those in authority, of mismanagement, corruption, illegality, or some wrongdoing” c. Transparency International (2009) declares that whistleblowing is “the disclosure of information about a perceived wrongdoing in an organisation, or the risk thereof, to individuals or entities believed to be able to effect action. d. The Council of Europe’s Resolution on the protection of whistle-blowers defines whistleblowing as “concerned individuals sounding the alarm in order to stop wrongdoings that place fellow human beings at risk”.

1.POLICY STATEMENT

One of the key obstacles faced in the fight against corruption is the fact that individuals are often too intimidated to speak out or blow the whistle on corrupt and unlawful activities they observe occurring in the workplace, although they may be obliged to in terms of their conditions of employment. Whistleblowing is a positive rather than a negative act, and it's a key tool for promoting individual responsibility and organisational accountability. Whistle-blowers act in good faith and in the public interest to raise concerns around suspected impropriety within their place of employment. However, they often risk victimisation, recrimination and sometimes dismissal. (Source: The Public Service Commission's guide to the Protected Disclosures Act).

The Nelson Mandela University Whistleblowing Policy and Procedure aims to facilitate a culture wherein whistleblowing is done in a responsible manner and in terms of statutory guidelines. The Policy further describes the University's commitment to supporting and protecting whistle blowers, the steps that should be taken if an individual wishes to speak out (whistleblow) about improprieties in the workplace (known as making a "protected disclosure") and how the University shall respond.

2.INTRODUCTION

The Protected Disclosures Act provides that employers have a responsibility to authorise appropriate internal procedures for receiving and dealing with information about improprieties and take reasonable steps to bring the internal procedures to the attention of every employee. Furthermore, employers have a duty to ensure that all necessary steps are taken to protect employees from any detriment, because of their disclosure of such information.

3.REGULATORY FRAMEWORK

3.1 The Constitution

The Constitution broadly sets out sections that offer whistle blowers protection as follows:

- Section 9.1, "everyone is equal before the law and has the right to equal protection and benefit of the law".
- Section 16.1 (b), "everyone has the right to freedom of expression, which includes freedom to receive or impart information or ideas"; and
- Section 23.1," everyone has the right to fair labour practices".

3.2 Protected Disclosures Act of 2002

The Protected Disclosures Act (PDA), also known as the Whistleblowing Act. This Act applies to individuals in both the public and private sectors; however, while the PDA is aimed at employees, it excludes volunteers and independent contractors.

- The main aim of the PDA is to protect whistle blowers from being subjected to occupational detriment in their work environment. These acts include dismissal, suspension, harassment, and intimidation.
- According to the PDA, disclosure is classified as a 'protected disclosure' under the PDA if:
 - The disclosure contains information about "impropriety"; and
 - The disclosure has been made to the right person, as detailed further in this policy.

3.3 The Labour Relations Act

The Labour Relations Act protects whistle blowers through three sections, namely sections 186 (2)(d) and 187(1)(h), which refer to unfair labour practice and unfair dismissal, and section 191 (3), which empowers an employee to refer a dispute concerning an unfair labour practice, if the employee has suffered occupational detriment by an employer who has breached section 3 of the PDA.

3.4 The Protection Against Harassment Act of 2011 (PAHA)

Under Section 2 of the PAHA, a citizen can get a protection order against a person harassing them. This is granted by the Magistrate's Court and prohibits the perpetrator from harassing the victim any further.

This policy must be read in conjunction with the following institutional policies:

- Employees disciplinary procedure and code
- Code of Ethical Conduct (12/12/13)
- Integrated Policy for the Promotion of Equality and the Prevention of and Protection Against Unfair Discrimination
- The Sexual Harassment and Sexual Offences Policy
- The Supply Chain Management Policy

4.OBJECTIVES

The objective of this policy is to outline the following:

- 4.1 To simplify the use of reporting channels, access supportive and protective measures where required for whistleblowing journey.
- 4.2 To give effect the rights of individuals in terms of the regulatory framework and how this shall be institutionalised at Nelson Mandela University.

5.SCOPE OF APPLICABILITY

- 5.1 This policy shall be applicable to all employees, students and any third party who has made a disclosure.
- 5.2 To qualify for support and protection, a disclosure made by an employee, student or third party must be one that is regarded as "protected" under the PDA. Section 1 of the PDA defines a disclosure as the disclosure of information by an employee, regarding any conduct of an employer, or an employee of that employer, which shows that:
 - 5.2.1 A criminal offence has been committed or is being committed or is likely to be committed.
 - 5.2.2 A person has failed, is failing or is likely to fail to comply with any legal obligation which they have.
 - 5.2.3 A miscarriage of justice has occurred, is occurring or is likely to occur.
 - 5.2.4 The health or safety of an individual has been or is likely to be endangered.
 - 5.2.5 The environment has been, is being or is likely to be damaged.
 - 5.2.6 Unfair discrimination is taking place, as contemplated in the Promotion of Equality and Prevention of Unfair Discrimination Act 4 of 2000; or
 - 5.2.7 Any matter related to the above, has been or is likely to be deliberately concealed.
 - 5.2.8 Disclosure which has been made in terms of the PDA need not be factually accurate, rather, the disclosure made must be in good faith, and the employee, student or third party making such disclosure must reasonably

believe that the information disclosed is substantially true. Furthermore, the disclosure may not be made for the purposes of personal gain.

- 5.3 Despite the PDA excluding volunteers and independent contractors, the spirit and mechanisms as defined in this Policy and Procedure shall be extended to such individuals, as well as student and third parties. This policy is not to be used to pursue complaints against the University for service-related matters, these should be directed to the appropriate function.
- 5.4 Disclosures relating to impropriety may relate to another employee, a group of employees, the University, or another part of the University.
- 5.5 This policy is not a substitute for the University's other policies and procedures on matters such as personal grievances, academic grievance, bullying and harassment, health and safety, sexual harassment, or complaints. It should also not be used to raise matters relating to an employee's own terms and conditions of service.
- 5.6 If the University finds that allegations have been made maliciously or for personal advantage, action be taken against the student and / or employee making the allegation in accordance with the University's disciplinary policies and the Student disciplinary code.
- 5.7 In the instance where a third party has made allegations maliciously or for personal advantage the University will report the matter to the police official in the Directorate for Priority Crime Investigation in terms of Section 34(1) of the Prevention and Combating of Corrupt Activities Act, 2004 (Act 12 of 2004).

6.THE WHISTLEBLOWING PROCEDURE

6.1 Reporting channels for raising a concern by making a disclosure:

- 6.1.1 Every individual has a duty to raise serious issues of concern so that these can be appropriately addressed. This procedure outlines how an individual ought to proceed should they wish for their concerns to be treated as a 'protected disclosure'.
- 6.1.2 The identity of the person raising the matter will be kept confidential, if so requested, for as long as possible if this is compatible with a proper investigation. Where a person's identity has been shared it will only be disclosed to those individuals responsible for investigation purposed. Proper investigation may be more difficult or impossible if further information cannot be obtained from the person making the disclosure. It is also more difficult to establish whether any allegations are credible.
- 6.1.3 The University offers a variety of methods for reporting that do not require 'chain of command' reporting.
- 6.1.4 In the first instance an individual should raise issues and concerns with their direct line manager verbally, written, with/without any evidence gathered. There may, however, be instances where the seriousness of a concern, or the involvement of the line manager, means that an individual needs to go straight to the head of their department or director.
- 6.1.5 Similarly, students may report directly to their lecturer verbally, in writing with/without any evidence gathered. Should the student have a reason to believe that the lecturer is involved, they may proceed to the next level of Faculty Management.
- 6.1.6 In some situations, employees may wish to take advice from and/or involve Trade Union Representatives. In the case of students, they may wish to take advice and/or involve the Student Representative Council. The University

welcomes this involvement as it can help to give confidence to make disclosures that a student might not otherwise feel comfortable/ able disclosing to Senior Management.

- 6.1.7 In the more serious cases or where an individual does not feel able to or comfortable to raise concerns within the portfolio that they are part of, a direct disclosure to the University's Ethics Hotline can be made.
- 6.1.8 It is imperative that line managers/academics recognise the nature of the disclosure and if it is within the scope of this policy and procedure and that it should be reported using the Ethics Hotline or referred to the Ethics Office of the University.
- 6.1.9 Should managers/academics require guidance with addressing a disclosure which has been made the Ethics Office may be approached for advice and guidance.
- 6.1.10 In accordance with best practice the University has made an Ethics Hotline facility available to employees, students and third parties, to report violations in an independent anonymous environment, should they so wish. The reporting facilities enables the disclosure (anonymously or otherwise). The hotline is independently administered by an external service provider that can be contacted using any one of the following channels as provided for in Annexure B.
- 6.1.11 The reporting facility can field calls/information supplied in eleven major official Southern African languages. The operators will use a client-specific format that would address the needs of the University. The line operators will prepare a Hotline Memorandum detailing the information and provide it securely to the Fraud Response Group at the University.
- 6.1.12 The Fraud Response Group's (FRG) role is to receive the Hotline Memorandum and assess the disclosure which has been made to decide if an investigation should be conducted or not or requires referral to another person or body. Where it is decided that an investigation should be conducted, the FRG will advise which function shall conduct the investigation. The FRG will be responsible for monitoring and advising the Ethics Office of progress of cases to facilitate timeous feedback to employees, students and third party on disclosures which have been made through the Ethics Hotline.
- 6.1.13 In addition to the FRG the Hotline Memorandum will be sent to the VC, Registrar and Senior Director: Legal Services.
- 6.1.14 Hotline Memorandum which implicates any representative on the Fraud Risk Group will be not be shared with the relevant representative escalated to the representative's line manager.
- 6.1.15 Hotline Memorandum which implicates the SD: IA, will be referred to the VC and Chair of ARC.
- 6.1.16 Hotline Memorandum which implicates the VC will be sent to the Chair of Council.
- 6.1.17 The composition of the Fraud Response Group and contact details of representatives is provided below:
- Institutional Risk Advisory and Ethics Office
 - Human Resources – Employee Relations
 - Internal Audit
 - Legal Services

The following information will be logged in relation to each allegation:

- Report reference number
- Date received
- Incident category
- Location of allegation
- Date of acknowledgement of receipt to reporter
- Report assigned to
- Date of closure
- Date of feedback to reporter

6.1.18 Depending on the nature of the allegations made, the Fraud Response Group may arrange for the disclosure to be:

- 6.1.18.1 Investigated internally by the Portfolio Management, or a Senior Manager from another directorate, or by another independent professional such as Internal Audit, Protection Services or the Transformation and Engagement Office in accordance with the roles and responsibilities as detailed in this policy.
- 6.1.18.2 Referred to the External Auditor to be investigated; and/or
- 6.1.18.3 Referred to the Ombud and/or
- 6.1.18.4 Referred to the appropriate law enforcement agency.

- 6.1.19 Upon receipt of an incident, the FRG representatives will assess the allegation using the following criteria:
- 6.1.19.1 Seriousness and credibility of the allegation which has been made.
 - 6.1.19.2 The prospects of being able to investigate the matter based on the sufficiency of information provided.
 - 6.1.19.3 Fairness to any individual mentioned in the allegation.
 - 6.1.19.4 Risks to the University's reputation, the environment, or its stakeholders.
 - 6.1.19.5 Does the allegation entail a criminal offence.
 - 6.1.19.6 Is the disclosure a normal disclosure or a protected disclosure.
 - 6.1.19.7 Is there a possibility of the matter being reported or leaked to the media.
 - 6.1.19.8 Was this allegation reported previously, and if so, was the allegation investigated sufficiently and correctly.
 - 6.1.19.9 Does the allegation involve senior employees.
 - 6.1.19.10 Does it need to be referred to law enforcement agencies.
- 6.1.20 The outcome of this assessment of the allegation report may include doing one or more of the following:
- 6.1.20.1 In some situations, urgent action may need to be taken prior to any investigation process (e.g. to protect the safety of individuals, or if immediate action is needed to secure relevant information etc.).
 - 6.1.20.2 Suspected employee may be suspended or given a leave of absence in line with the employee relations policies and processes.
 - 6.1.20.3 Business with the supplier or any other party doing business with the University who is suspected to be involved in fraud and/or corruption or related activities may be suspended until conclusion of the investigation.
 - 6.1.20.4 Gather more information.
 - 6.1.20.5 Implement preliminary measures such as suspending the implicated person and securing evidence.
 - 6.1.20.6 Ensure that the whistle-blower's safety and security are not compromised when an individual's identity is known.
 - 6.1.20.7 Refer the whistle-blower to other procedures such as the University's grievance procedure.
- 6.1.21 Any individual who is aware of any impropriety must refrain from:
- 6.1.21.1 Contacting the suspected individual to establish facts or demand restitution.
 - 6.1.21.2 Discussing the case, facts, suspicions, or allegations with anyone unless specifically asked to do so, in writing, by the investigating function.
- 6.1.22 On receipt of a disclosure the FRG will have a reasonable period, but not more than 21 working days after the disclosure has been made to decide whether to investigate the matter or not and refer the disclosure to the appropriate function for investigation. An acknowledgement of receipt of the disclosure will be provided to the employee, student or third party, where known, of the decision to investigate the matter, and where possible, the timeframe within which the investigation will be completed. If a decision not to investigate the matter was made the reasons for such decisions will be disclosed. Alternatively, the disclosure may be referred to another person or body.
- 6.1.23 The person or body to whom a disclosure is referred must, as soon as reasonably possible, but in any event within 21 days after such referral, decide whether to investigate the matter or not; and in writing inform the employee, student or third party of the decision to investigate the matter, and where possible, the timeframe within which the investigation will be completed; or not to investigate the matter and the reasons for such decision.
- 6.1.24 Where the FRG, the person or the body to whom a disclosure has been made is unable to decide within 21 days, the employee, student or third party must be notified and on a regular interval, not more than 2 months at a time, be informed that the decision is still pending.
- 6.1.25 A decision must be made as soon as is reasonably possible, but in any event within six months after the disclosure has been made or after the referral has been made, as the case may be, in writing to inform the employee, student

or third party of the decision to investigate the matter, and where possible, the timeframe within which the investigation will be completed or not to investigate the matter and the reasons for such decisions.

- 6.1.26 At the conclusion of an investigation the Deputy Director: Risk Advisory and Ethics must inform the employee, student or third party of the outcome thereof, unless the identity or contact details of the employee, student or third party are unknown or if it is necessary to avoid prejudice to the prevention, detection or investigation of a criminal offence.

6.2 Investigation:

- 6.2.1 Investigations will be planned and controlled to ensure a thorough and speedy conclusion.
- 6.2.2 Should an investigation or referral lead the appropriate University authority to conclude there has been a breach of University discipline, the employee or group of employees responsible may, in addition to disciplinary action be subject to any civil or criminal proceedings, in accordance with the appropriate disciplinary procedures for the relevant category of employee. It is therefore vital that the employee's line manager be informed when an investigation commences and is kept informed of progress.
- 6.2.3 On a quarterly basis MANCO will be provided with a case log reflecting new investigations and status of in – progress investigations.

6.3 Reporting of outcomes

- 6.3.1 A report of all disclosures and subsequent actions taken will be made by the persons deciding on the issues and reported to the FRG. This record will be updated and maintained by the Ethics Office. Reports will normally be retained for at least five years.
- 6.3.2 In all cases a report of the outcomes will be made to MANCO, The Audit and Risk Committee, Governance and Ethics Committee.
- 6.3.3 If a whistle-blower is dissatisfied with the response to the allegation which has been made, the whistle-blower should put their concerns in writing to the Ombud, who will submit concerns to the Vice – Chancellor who will arrange for the concerns to be reviewed.

7. CONFIDENTIALITY

- 7.1 The University individuals responsible for the investigation of an allegation shall protect the integrity of investigation by:
- 7.1.1 Treating all the records and information provided during the investigation with confidentiality and ensure these are properly safeguarded.
 - 7.1.2 Ensuring protected disclosure of whistle-blowers who choose to remain anonymous.
 - 7.1.3 Entering into verbal confidentiality agreements with the witnesses interviewed during the investigation.
 - 7.1.4 Ensuring that investigation results are not disclosed or discussed with anyone other than those who have a legitimate need to know. This is important to avoid damaging the reputations of individuals suspected who may be found innocent of any wrongful conduct and to protect the University from potential liability.
 - 7.1.5 Exercise greater care to avoid mistaken accusations or alerting suspected individuals that an investigation is under way.
- 7.2 No individual is authorised to supply any information regarding allegations or incidents of fraud and/or corruption to the media without the express permission of the Senior Director: Communications and Marketing.
- 7.3 Any violation of the confidentiality requirements of the investigation will be dealt with in accordance with the Employee Disciplinary Procedure and Student Disciplinary Code.
- 7.4 Confidentiality must be preserved, as far as possible, by limiting communication to persons who are affected and/or implicated by the disclosure; or persons to whom disclosure is necessary in terms of their official position and responsibility; or persons with the specific responsibility to assist in the investigation and or resolution of the disclosure.

8. COMPLAINTS OF RETALIATION AS A RESULT OF DISCLOSURE

- 8.1 The University accepts that it has an obligation to ensure that employees, students and third parties who make a disclosure in accordance with this policy are protected, regardless of whether or not the concern raised is upheld. An individual who has made a disclosure and who feels that, as a result, he or she has suffered adverse treatment should submit a formal complaint under the relevant grievance procedure for their designated group detailing what their concerns are.
- 8.2 Such adverse treatment may include acts of harassment and / unfair discrimination. Where it is determined that there is a prima facie case that the individual has suffered adverse treatment, harassment or victimisation as a result of an individual's disclosure, a further investigation may be conducted and disciplinary action may be taken against the perpetrator in accordance with the Mandela University Integrated Policy for the Promotion of Equality, the Prevention, Protection against Unfair Discrimination or any other applicable university policy,

9. SUPPORT MECHANISMS

Appropriate protective and supporting mechanisms (Psychosocial and medical) will be made available to whistleblowers where necessary, based on an understanding of the whistleblowers situation and needs.

10. ROLES AND RESPONSIBILITIES

Role	Responsibility Area/s	Response Tasks/Duties/Functions
Fraud Response Group (FRG)	Initial assessment of reported allegations and determination on whether to proceed with an investigation or not.	<ul style="list-style-type: none"> • Upon receipt of an allegation the FRG to convene within a reasonable period, not longer than 21 working days to assess the allegation in terms of the criteria referred to in this policy. FRG to be led by the Deputy Director: Risk Advisory and Ethics. • Consider and decide on whether to proceed with an investigation or not and which function will lead the investigation. • If there is a decision not to proceed with an investigation stipulate reasons for the decision. • Informing relevant MANCO members and Senior Directors, /Directors/Deans/Heads of Departments of non – fraud related matters which have been disclosed, for them to investigate or address as necessary.
Internal Audit	Investigation into fraud and corruption committed by employees, service providers, and other outside third parties.	<ul style="list-style-type: none"> • Internal Audit's role will entail promoting Whistleblowing good practices, testing and monitoring systems and advising on change where it is required. • The Senior Director: Internal Audit will be informed of all whistleblowing reports so that the function can consider what impact it has on its overall opinion to the University's Council concerning risk management and internal control in the organisation. • Internal Audit will be actively involved in the Whistleblowing process through the performance of investigations which have been referred to it, from the FRG. • Appropriate safeguards should therefore be implemented to ensure the following: <ul style="list-style-type: none"> • Independence and objectivity when providing assurance on the effectiveness of the Whistleblowing procedures. • Internal Audit's core functions and wider assurance roles are not compromised. • Internal Audit is appropriately resourced with regards to staffing and skills. • Conduct preliminary and/or full investigations into allegations of fraud and corruption involving employees, students, service providers as well as other third parties. • Request relevant departments to implement litigation holds as and when required.

Role	Responsibility Area/s	Response Tasks/Duties/Functions
		<ul style="list-style-type: none"> • Liaise with Employee Relations, when investigators, during an investigation, deem suspension of an employee may be prudent as a precautionary measure for a decision on suspension. • Direct written requests to the Chief Information Officer (VC)/ DVC People and Operations/Director ICT, for access to ICT controlled resources during investigations, such as University email accounts, master files, audit logs, transaction logs, security logs, and data tools for data interrogation etc., who must officially authorise each request before any information is released by ICT. • Compile investigation files and collation of evidence (electronic, documentary, witness testimony). • Issue preliminary or full investigation reports and make recommendations on corrective action, including tracking corrective action implementation. • Provide witness testimony at disciplinary proceedings. • Report all outcomes of investigations related to fraud and corruption to the Audit Committee. • Evaluate fraud trends from investigations undertaken across University departments, divisions, units for consideration and inclusion in the annual audit plan.
Protection Services	Investigation into fraud, corruption and theft committed by Students	<ul style="list-style-type: none"> • Conduct investigations into all allegations of theft or related irregularities involving employees and students. • Conduct investigations into physical security breaches of University property, as well as losses and damage to University property (immovable and moveable assets) involving employees, students, service providers, as well as other third parties. This will be done in conjunction with relevant Law enforcement agencies. • Implement litigation holds for relevant documents and data under Protection Services control, when instructed. • Compilation of Investigation files and collation of evidence. • Issue investigations reports and make recommendations on corrective action including tracking corrective action implementation. • Report all outcomes of investigations to the Deputy Director: Risk Advisory and Ethics Office for onward reporting to MANCO, the Audit and Risk Committee and the Governance and Ethics Committee, as well as to the individual who made the allegation. • Provide witness testimony at disciplinary proceedings.

Role	Responsibility Area/s	Response Tasks/Duties/Functions
		<ul style="list-style-type: none"> • Supervise suspended employees or students when leaving the premises to ensure that there is no destruction of University property. • Take possession of all University keys, equipment, access cards and restrict access pertaining to employees or student who have been placed on suspension and retain possession until resolution. (To be advised promptly by ER for employee suspensions or Legal Services for student suspensions immediately upon the decision being made). • Offer advice on other means to deny access for suspended employees and students or blacklisted service providers and monitor unauthorised access to University premises by suspended employees or students.
Legal Services	Investigations requiring Legal privilege, legal support and legal advice.	<ul style="list-style-type: none"> • Oversee investigations into cases of fraud and corruption as decided by Council or the Vice-Chancellor. • Oversee investigations where legal privilege is required at the outset of the investigation. • Report all outcomes of investigations relating to fraud and corruption to the Deputy Director: Risk Advisory and Ethics and/or the Ethics Officer for updating the Case Management Log and for onward reporting to MANCO ,the Audit and Risk Committee and the Governance and Ethics Committee, as well as to the individual who made the allegation. • Provide legal advice prior to, during, and after investigations into fraud and corruption as required. • Provide advice, in conjunction with Human Resources/Employee Relations, on the appropriateness of the suspension of employees implicated in fraud and corruption. • Instruct departments to implement litigation holds as and when required. • Provide advice to Management on decisions in respect of laying of criminal charges and initiation of civil recoveries in fraud and corruption cases where applicable. • Initiate legal proceedings into the recovery of University funds, against responsible parties, as result of losses incurred by the University through fraud or corruption by instituting criminal recovery processes or through civil proceedings. • Advise Protection Services and ICT immediately when employees are suspended to enable prompt action to remove University

Role	Responsibility Area/s	Response Tasks/Duties/Functions
		accesses (physical and ICT systems), and to seize other University property or equipment.
Ombud Office	Investigations reported by dissatisfied complainants (both employees and students & third parties).	<ul style="list-style-type: none"> • Investigations pertaining to matters where all other internal reporting, investigation and resolution processes have been exhausted, but where the whistle-blower is unhappy with the processes undertaken or is dissatisfied with the management of the investigation. • Issue investigation reports and make recommendations on corrective action. • Report all outcomes of investigations to the Vice-Chancellor and Council.
Employee Relations/Human Resources	Investigation, coordination and oversight over employee misconduct and grievance procedures.	<ul style="list-style-type: none"> • Conduct investigations into misconduct, grievances and oversee discipline processes related thereto. • Conduct Investigations into incapacity for Ill health or injury. • Conduct Investigations into Poor Work Performance. • Issue investigation reports and make recommendations on corrective action. • Provide advice, in conjunction with Legal Services, on the appropriateness of the suspension of employees implicated in fraud and corruption. • Advise Protection Services and ICT immediately when employees are suspended to enable prompt action to remove University accesses (physical and ICT systems), and to seize keys and other University equipment. • Assist management in drafting charge sheets for implicated employees in conjunction with investigators in preparation for disciplinary proceedings. • Perform oversight over initiation through to conclusion of disciplinary processes emanating from investigations undertaken and reported by different departments. • The Human Resources function has a leading role in ensuring that all Employee's understand how to both raise and receive concerns. In addition, the Human Resources Office is also responsible for fostering a culture of openness through various mechanisms. • The Human Resources Office will ensure that all new Employees are made aware of relevant policies and procedures relating to Whistleblowing, specifically the Anti – Fraud and Corruption Policy, The Whistleblowing Policy and Procedure and the Ombud Policy.

Role	Responsibility Area/s	Response Tasks/Duties/Functions
Engagement and Transformation Office	Investigations into discrimination, victimization and sexual harassment.	<ul style="list-style-type: none"> • Conduct investigations into unfair discrimination and victimization. • Conduct investigations into sexual harassment. • Conduct investigations into gender-based violence. • Issue investigation reports and make recommendations on corrective action.
Information and Communication Technology (ICT) Services	Investigations into ICT breaches/cyber-crimes ICT support to investigations as required.	<ul style="list-style-type: none"> • Conduct investigation into all ICT breaches/cyber-crimes that occur on University owned ICT infrastructure, in conjunction with Internal Audit and /or specialist service providers as required. • Compile of Investigation files and collation of evidence. • Issue investigation reports and make recommendations on corrective action. • Share outcomes of investigations with the SD: IA for onward reporting to the ARC. • Implement litigation holds for ICT resources, as and when instructed. • Action the removal of all ICT access privileges for employee/s or student/s upon their immediate suspension or dismissal. (To be advised promptly by Employee Relations for employee suspensions or Legal Services for student suspensions). • Assist Internal Audit and other departments with data retrieval, restoration and data analytics during investigation processes. • Facilitate access and data tools for data interrogation, provide access to employee and student email accounts, access to master files, audit logs, transaction logs, security logs etc. • Provide expert witness testimony at disciplinary proceedings relating to ICT systems, processes and operations, as and when required. • Ensure that the provision of data and related information for investigation purposes is carried out in a controlled and accountable manner in compliance with relevant laws and regulated ICT protocols.
Communications and Marketing	Interaction with all media for enquires relating to investigations into fraud and corruption.	Communicate with the media on all queries/requests for information relating to allegations of fraud, corruption and other irregular conduct, when approached for comment during ongoing or completed investigations.
Finance Department	Support Investigations and provision of evidentiary documentation.	<ul style="list-style-type: none"> • Respond to requests timeously for, and provision of supporting financial related documents for investigation purposes. • Implement litigation holds for financial documents and data under Finance Department control, when instructed.

Role	Responsibility Area/s	Response Tasks/Duties/Functions
		<ul style="list-style-type: none"> • Assist with the recovery and recording of University funds as result of fraud or corruption, where recovery processes have been initiated. • Provide expert witness testimony relating to Finance systems, processes and operations, as and when required. ▪ Notify University insurance service provider in cases of defrauded amounts by employees, where a fidelity insurance claim is identified.
Risk Advisory Office	Monitor and mitigate risks highlighted during investigations.	<ul style="list-style-type: none"> • Receive the Executive Summary or full investigation report into fraud and corruption from Internal Audit, Protection Services, Legal Services and Ombud Office for consideration and inclusion during risk assessment evaluations and updating of risk registers. • Facilitate prompt fraud and ethics risk assessments for areas/functions identified as high-risk during investigations and recommend mitigating control measures, in consultation with Management, to address identified risks.
Ethics Office	Maintain and update Case Management System.	<ul style="list-style-type: none"> • Manage the Ethics Hotline and Case Management Log. • Recording/logging and updating of all reported allegations received through direct reports and through the Ethics Hotline. • Convene meetings of Fraud Response Group (FRG) as soon as reasonable possible, but not longer than 21 working days to make a decision on a disclosure which has been made. • Update the Case Management Log with decisions made by the FRG. • Communication with whistleblower on investigation status and outcomes of investigation, where applicable. • Ethics Office is kept informed on investigation processes and updates the database. • Submit monthly reports to MANCO of new cases logged and status of investigations. • Submit whistleblowing management reports to MANCO and the Governance and Ethics Committee and Audit and Risk Committee on a quarterly basis. • Maintain and update the University's Ethics Risk and Opportunity profile and submit to the Governance and Ethics Committee. • Monitor and implement the University's Ethics Strategy. • Develop and implement ethics related policies and procedures. • Liaises with the Risk Advisory Office, to jointly or address the ethics risks and opportunities which has been identified.

Role	Responsibility Area/s	Response Tasks/Duties/Functions
		<ul style="list-style-type: none"> • Advise whistleblowers of appropriate psychosocial support that is available where necessary. • With the consent from the affected employee, the Occupational Health Unit shall be informed to initiate and coordinate further psychosocial support for the employee via the Employee Wellness Programme.
Management	Participation, cooperation and support during investigations and disciplinary proceedings.	<ul style="list-style-type: none"> • Report promptly to the Deputy Director: Risk Advisory and Ethics Office and/or the Ethics Officer allegations of fraud and corruption directly received from employees or students to ensure that the disclosure is considered by FRG. • Protect employees or students who, in good faith report suspected actions of fraud or corruption, against any form of reprisal resulting from such reporting. • Review, and immediately improve the effectiveness of the internal controls which may have failed, where fraud or corruption have been identified within their area of accountability, take steps to prevent similar irregularities from taking place in the future. Reflect such changes in the relevant risk registers. • Provide their full cooperation during the investigation of fraud or corruption including providing witness testimony at disciplinary proceedings as required. • Lead evidence at disciplinary proceedings involving subordinate employees under the guidance of Employee Relations, as required. • Open criminal cases in cases of employee fraud, assisted by Legal Services/Internal Audit/Protection Services, with law enforcement agencies when instructed, and as applicable.
Employees	Cooperation during investigations.	<ul style="list-style-type: none"> • All employees should disclose matters that they reasonably believe constitutes misconduct, with the confidence that they will be acted upon appropriately and as a whistleblower will not be negatively impacted on for doing so. • Provide their full cooperation during investigations into fraud or corruption, including providing witness testimony at disciplinary proceedings as required. • Exercise confidentially and do not discuss details of ongoing investigations with fellow employees, students, services providers, or other third parties or with persons implicated in fraudulent activity.
Students	Cooperation during investigations.	<ul style="list-style-type: none"> ▪ All students should disclose matters that they have a reasonable believe constitutes a misconduct, with the confidence that they will

Role	Responsibility Area/s	Response Tasks/Duties/Functions
		<p>be acted upon appropriately and as a whistleblower will not be negatively impacted on for doing so.</p> <ul style="list-style-type: none"> ▪ Provide their full cooperation during investigations into fraud or corruption, including providing witness testimony at disciplinary proceedings as required. ▪ Exercise confidentiality and do not discuss details of ongoing investigations with fellow students, University employees, services providers, third parties or with persons implicated in fraudulent activity.
Service Providers	Cooperation during investigations.	<ul style="list-style-type: none"> ▪ Provide full cooperation during investigations into fraud or corruption, including providing witness testimony at disciplinary proceedings as required. ▪ Exercise confidentiality and do not discuss details of ongoing investigations with students, University employees, other services providers, third parties or with persons implicated in fraudulent activity.
Vice-Chancellor	Oversight of Investigations	<ul style="list-style-type: none"> ▪ Receive Hotline Memorandum which have been made through the Ethics Hotline ▪ Initiate and appoint, in consultation with the Chairperson of the ARC, parties outside of the University to conduct investigations where the SD: IA is implicated of fraud and corruption. ▪ In consultation with the Chairperson of the ARC, oversee investigations into the SD: IA. ▪ Review on a periodic basis, significant cases of employee fraud and corruption and misconduct and satisfy that consequence management is applied where fraud has been confirmed. ▪ Report all fraud involving amounts of R100,000 or more as required by the Prevention and Combatting of Corrupt Activities Act, 2004. ▪ Publication of sanctions for allegations investigated, in consultation with Senior Management.
Audit and Risk Committee	Oversight of risk management and co-ordination of risk management.	<ul style="list-style-type: none"> ▪ Initiate and appoint, in consultation with the Vice-Chancellor, parties outside of the University to conduct investigations where the SD: IA is implicated of fraud and corruption. ▪ Ensuring that Council is informed of key institutional risks including Fraud and Ethics risks faced by the University. ▪ Oversight of risk management and actions taken to address any internal control deficiency identified during investigations.

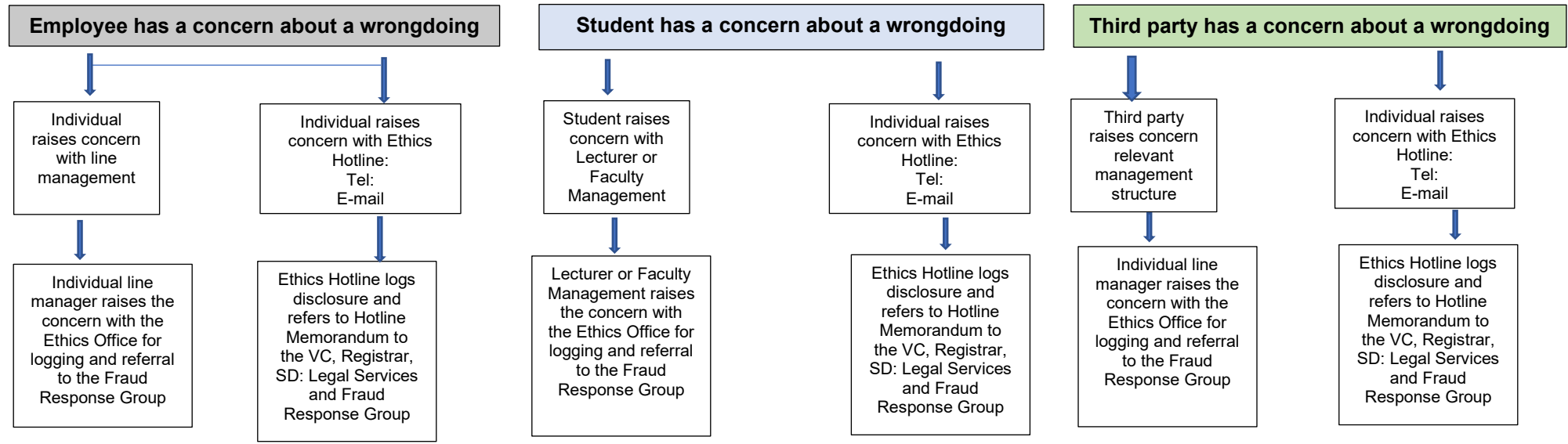
Role	Responsibility Area/s	Response Tasks/Duties/Functions
		<ul style="list-style-type: none"> ▪ Oversight over the Internal Audit and to receive periodic reports on the assurance and consulting engagements of Internal Audit, which will include Investigation Reports conducted by Internal Audit.
Governance and Ethics Committee	Ensuring that the University's ' ethics is managed effectively	<ul style="list-style-type: none"> ▪ Oversight of material ethics risks and ethical issues of the University's as reflected in the ethics risk and opportunity profile and related mitigation plans. ▪ Monitors progress of the ethics management strategy. ▪ The GEC reports to ARC and Council on the Ethics risks and opportunities and how these are being managed.
Council	Oversight of Investigations.	<ul style="list-style-type: none"> ▪ The Chairperson of Council in consultation with Chairperson of the GEC, will initiate and appoint parties outside of the University to conduct investigations where the Vice-Chancellor is implicated in fraud, corruption, or irregular conduct. ▪ Periodically receive and review reports on employee fraud and misconduct from the Governance and Ethics Committee.

11. POLICY REVIEW

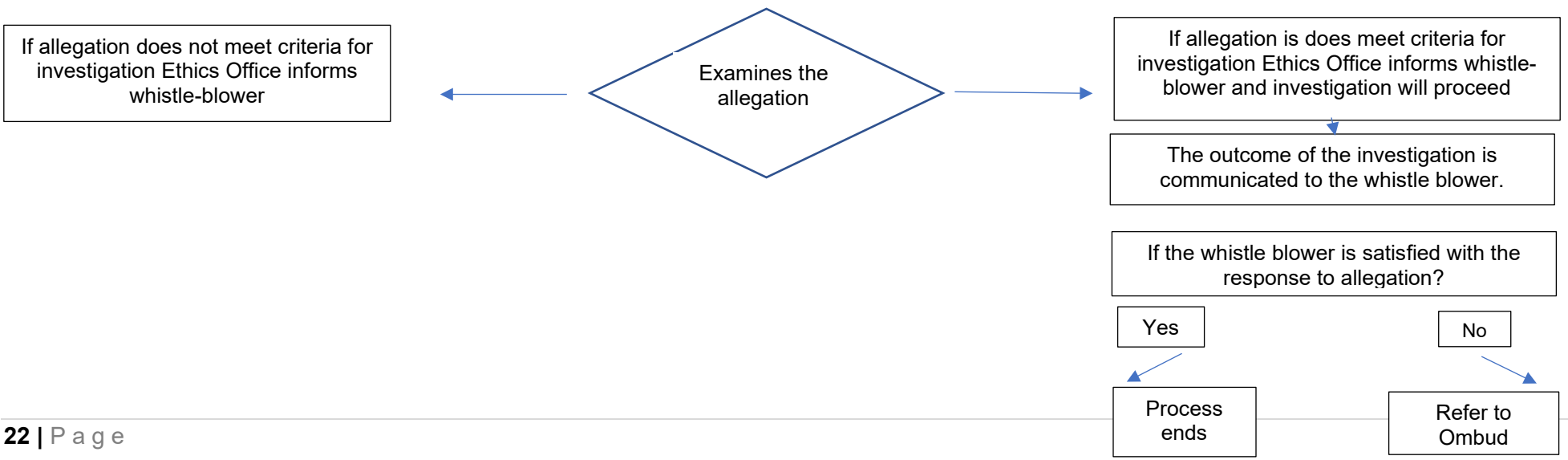
This policy shall be reviewed a year after its effective date to determine its effectiveness and appropriateness. This policy may be assessed before that time as required to reflect substantial institutional changes or any change required by law.

ANNEXURE A: Whistle-blower Process Flow

Whistleblowing and Raising a Concern



Fraud Response Group



ANNEXURE B: Whistle-blower Steps to Making a Disclosure

Step 1: Select a communication channel

- 24/7/365 Hotline: 0800 438 737
- SMS: 33490 (a caller using the SMS receives an automatic response advising that an Information Agent shall call them back)
- WhatsApp: +27 (0) 71 868 4792
- Email: nelsonmadelauni@whistleblowing.co.za
- Online Web Platform: www.whistleblowing.co.za
- App: Download the Whistleblower App from Google Play or the Apple App Store

Your calls shall be received by an information agent who has been trained by professional, experienced investigators in the use of specialist interviewing techniques. Callers shall be put at ease and assisted in providing all the information they are able to share about the matter that they are reporting, including that which they may not have known would be important to include in the report.

Information which you may want to gather when making a disclosure:

- Who is involved or doing what?
- What has happened?
- How was it done and how often was it done?
- Where is it done - exact location or place?
- When was the incident observed - dates and times?
- Value involved - estimated monetary value if this can be determined.

Step 3: Investigation

You shall receive a confidential reference number from the reporting channel that was used. The matter shall then be investigated internally. It may also be referred to a law enforcement agency.

Keep the reference number confidential as you shall need this number for follow – up (you can make calls at a later date to provide additional information to the original report) and/or feedback (you can call and request feedback on the matter earlier reported).

The service provides guarantees anonymity.

All reporting channels can be used anonymously. Callers are advised that there is no need to reveal their identity. Reference numbers and code names are used for following up reports and discussions.