

Public Interest Disclosure (Whistleblowing) Procedure

1. Introduction

1.1 This procedure sets out the internal process through which individuals can raise serious concerns i.e. make a disclosure, which is in the public interest and sets out how those concerns will be dealt with. This procedure is underpinned by and shall be applied in accordance with the University's Code of Practice on Freedom of Speech and Academic Freedom.

2. Qualifying Disclosure

2.1 A disclosure can be made either in writing or verbally to a Member of the [University Executive Board](#) (this person is referred to from here as a '**designated person**').

2.2 Qualifying disclosures under this procedure are disclosures of information which the staff member (or any other person within the scope of this Policy such as casual workers, students and lay members of University bodies) reasonably believes is either happening now, took place in the past or is likely to happen in the future (and it is in the public interest to report it) and it must relate to one of the following matters:

- a)** a criminal offence;
- b)** a failure to comply with any legal obligation;
- c)** a miscarriage of justice;
- d)** endangering the health or safety of any individual (includes risks to the general public as well as other employees or students of the University);
- e)** damaging to the environment;

f) deliberately concealing information demonstrating that one or more of the above are taking place;

g) sexual harassment.

2.3 Examples (not exhaustive) within the Higher Education context could include:

a) financial or non-financial maladministration and malpractice, bribery or fraud;

b) evidence of academic or professional malpractice e.g. falsifying or misrepresenting academic qualifications;

c) failure of an individual(s) to disclose a serious conflict of interest;

d) action or inaction that could lead to a serious breach of health and safety such as a failure to notify management of any health and safety issues which may cause injury to an individual on University premises

e) any breaches of relevant requirements relating to medical trials or research which is governed by legislation/statutory requirements. In this example, if a disclosure is made in relation to potential research misconduct the designated person may determine that it would be more appropriate for the issue to be considered under the policy on 'Investigating and responding to allegations of research misconduct' and allocate the disclosure to an appropriate manager in line with that procedure. In such circumstances the Member of the University Executive Board notified of the disclosure will inform the individual who raised the concern, to whom it has been forwarded, for consideration under this other policy.

2.4 Although the person making the disclosure is not expected to prove the truth of any allegation, they will need to demonstrate that there is a sufficient basis for initial enquiries to be conducted.

2.5 The Public Interest Disclosure Act provides protections for those making a qualifying disclosure as follows:

- a) All 'workers' making a qualifying disclosure in line with the legislative requirements are protected under the Public Interest Disclosure Act from detriment
- b) 'Employees' in addition, have the right not to be dismissed, if the reason for dismissal is them making a protected disclosure.
- c) The Public Interest Disclosure Act and its protections do not apply to students or lay members of the University bodies, however, the University will also afford protections equivalent to those of 'workers' to such individuals making a qualifying disclosure to the University's designated persons (i.e. an internal disclosure).

3. Confidentiality

3.1 All disclosures under this procedure will be treated in a confidential and sensitive manner. The identity of the person making the disclosure will be kept confidential for as long as possible. However, during any investigation into the disclosure it may be necessary to reveal the source of the disclosure and accompanying information to enable a thorough investigation to take place. The individual making the disclosure may need to make a statement or be interviewed as part of the investigation.

4. Anonymous Disclosures

4.1 Individuals making a disclosure are normally expected to identify themselves, since part of the purpose of this policy is to promote openness and discourage a fear of reprisals. Disclosures raised anonymously are also far less capable of being addressed effectively. However, such disclosures may be considered after taking into account:

- a) the seriousness of the issue
- b) the credibility of the concern
- c) the likelihood of being able to investigate the matter
- d) the likelihood of being able to verify the allegation via alternative sources
- e) fairness to any named individual cited in the disclosure.

An anonymous disclosure can be made in writing or verbally to a designated person. However, it is also important to note that the ability to provide relevant feedback and protect against victimisation will depend on the University knowing the identity of the individual making a disclosure.

5. Process for making an internal disclosure

5.1 It is expected that most concerns will be raised openly with managers (or in the case of students, their academic Head of School /Supervisor) in the first instance. Where a manager is uncertain as to which procedure is most appropriate to address an issue, advice can be sought in confidence from a member of the Human Resources team.

5.2 Where an individual considers that it may be necessary or appropriate to raise the matter formally under this procedure, i.e. their concerns fulfil the criteria defined in section 2.2 above, such a disclosure should be made verbally or in writing to a designated person. The individual should advise the designated person that they are raising their concern under the Public Interest Disclosure (Whistleblowing) Policy. If a disclosure involves or implicates a designated person then it should be made to another of the designated persons, as appropriate.

5.3 Where the member of staff believes that their disclosure relates to a financial irregularity they can alternatively choose to raise any financial concerns directly with an Authorised Financial Officer and/or Head of School (unless otherwise implicated), instead of the above-designated persons, where it will be considered under the [University's Fraud Response Plan](#) (staff login required). The Authorised Financial Officer is defined in paragraph 6.7 of the [Financial Regulations](#) (staff login required). In such cases, if the concerns are not deemed to fall under the Fraud Response Plan's remit the Authorised Financial Officer or Head of School will refer this issue to a designated person, to be considered under the Public Interest Disclosure (Whistleblowing) Procedure.

6. Responding to a disclosure

6.1 The designated person to whom the disclosure has been made will acknowledge receipt of a disclosure to the individual (where their identity is known), usually within 3 working days, before initially considering the matters disclosed. The designated person will notify the University Secretary that a qualifying disclosure has been received and share the disclosure with them. The University Secretary will report the matter to the Audit and Risk Assurance Committee, the President & Vice-Chancellor, Council and/or the Office for Students as appropriate.

Having given initial consideration to the matters disclosed, the designated person will:

- Determine whether there are sufficient grounds to consider the disclosure formally
- decide whether an investigation should be conducted;
- determine what form the investigation should take;
- appoint a relevant person(s) to carry out the investigation where an internal investigation is deemed appropriate.

In some cases, the University Secretary may direct how the disclosure should be dealt with, on behalf of Council.

6.2 If the designated person decides that there are no grounds for proceeding further, they will inform the person who made the disclosure of this decision and the reasons for this.

6.3 If the designated person considers that the disclosure falls within the scope of another procedure, such as the grievance procedure, they will advise the individual of this and refer it to a relevant manager for appropriate action. This does not mean that a concern is not taken seriously but that it can be addressed more effectively using another procedure. The individual will be informed which procedure will be used to address the concerns they have raised.

7. Investigation

7.1 The designated person to whom the disclosure has been made will not personally conduct the investigation and will remain separate from it, having assigned a relevant person(s) to undertake the investigation. In the event that the relevant person(s) leaves the University before the conclusion of the investigation (or is unable to complete the investigation in a timely manner for some other reason) then the designated person will appoint a replacement relevant person to take over and conclude the investigation.

7.2 The investigation may involve the individual making the disclosure and others giving a written statement or being interviewed. The individual's statement (or minutes of their interview) will be taken into account. During the course of the investigation they may also be asked to comment on any new or additional evidence obtained, as appropriate.

7.3 Any individual being interviewed as part of the investigation may be accompanied by a colleague or a Trade Union representative should they wish.

7.4 When an allegation is made against a "named individual", that person will be informed of the allegation and supporting evidence. The point at which this occurs will depend on the specific nature of the case. They will be given an opportunity to respond either in writing or verbally and, if interviewed about the matter, will be given an opportunity to be accompanied by a colleague or a Trade Union representative should they wish.

7.5 Disclosures relating to financial matters may be investigated by the Internal Audit Service/or Audit and Risk Assurance Committee as set out in the Fraud Response Plan, and the Authorised Financial Officer will normally be informed.

7.6 When the matter has been investigated a report outlining the findings of the investigation will be presented to the designated person and University Secretary. The designated person will determine what action, if any, should be taken in the circumstances. This may include the initiation of formal procedures within the University or reference to an appropriate government department or regulatory agency depending upon the circumstances of the case.

7.7 In circumstances where the individual who has made the disclosure leaves the University before an investigation has been concluded or an outcome has been reached, the process of investigation will continue so far as is possible with an outcome report presented to the designated person to enable them to reach a decision on the disclosure and any subsequent action required.

7.8 The outcome will be reported to the University Secretary and the Audit and Risk Assurance Committee. In appropriate cases, depending upon the nature of the disclosure, the University Secretary and Chair of the Audit and Risk Assurance Committee may decide to report the matter to the President & Vice-Chancellor, the Chair of Council, and/or the Office for Students as appropriate.

7.9 In cases where an investigation report makes recommendations for further action, or to prevent a recurrence of the circumstances that have given rise to the disclosure, then the Audit and Risk Assurance Committee will monitor progress against such actions on an ongoing basis until they are resolved.

7.10 If no action is to be taken, the reason for this will be explained to the individual who has made the disclosure.

8. Seeking Independent Advice

8.1 An individual considering reporting a concern may wish to seek independent advice, before doing so, particularly if (ideally having first sought to address the concern under this internal procedure) they are considering making a disclosure to a regulator/prescribed person or other external body, as this must be made to the correct prescribed person or body for the issue and has additional requirements that will need to be met in order to qualify for the protections provided under the Public Interest Disclosure Act. The independent whistleblowing charity, **Protect**, operates a confidential helpline. Their contact details are found on **the Protect website**. A list of the prescribed people and bodies to whom a disclosure can be made is available on the **government website**.

9. False Allegations

9.1 A qualifying disclosure that is not confirmed by subsequent investigation, will not lead to any action, penalty or detriment against the person making the disclosure. However, individuals who knowingly make false allegations or who deliberately misuse this process may be subject to disciplinary or other appropriate action.

10. Victimisation

10.1 It is unacceptable to subject an individual to a detriment or victimisation because they have made a qualifying disclosure under this policy. Any complaints of such action will be treated seriously and may provide grounds for grievance, disciplinary or other appropriate action. It is important to note that individual members of staff who victimise or cause a detriment to an individual who has made a disclosure can be named personally in a legal complaint and may be required to pay compensation personally to a successful claimant.

11. Timescales

11.1 Investigations will be conducted as speedily as possible, whilst having regard to the nature and complexity of the disclosure.

12. Feedback throughout the process

12.1 The person making the disclosure will be kept informed as to the handling of the matter and given as much feedback as appropriate in respect of the outcome, within the law governing confidentiality and personal data (General Data Protection Regulation).

13. Records

13.1 All disclosures raised and action taken in response to qualifying disclosures will be recorded centrally by the University Secretary. Written disclosures and investigation reports will be retained by the "designated person" for 5 years and also shared with the Director of HR to be stored confidentially and securely in a confidential central record to support any monitoring and reporting requirements.

13.2 A written record should be kept of each stage of the procedure.

14. Approval

14.1 Approved on behalf of Council by the University Executive Board on 5 November 2024.

Document Control

Last updated: 04/2026

Section	Changes	Type of Change
2.2	New item added: g) sexual harassment	Compliance with Employment Rights Act (2025)