



University of
Salford
MANCHESTER

Whistleblowing Policy

Version number 4.3

Effective from: January 2025

Author: Director of Legal Services

Department: Legal and Compliance Services

Acronym key

Acronym	Meaning
ARC	Audit and Risk Committee
E&D	Equality and Diversity
Exec	Executive
GNEC	Governance, Nominations and Ethics Committee
HR	Human Resources
LPG	Legal and Policy Group
N/A	Not applicable
QEO	Quality and Enhancement Office
USSU	University of Salford Students' Union
UKVI	UK Visas and Immigration
VC	Vice-Chancellor
VCET	Vice-Chancellor's Executive Team

Document control information

Revision history and authorisation

Author	Summary of changes	Version	Authorised and date
E Pateman Salt	Replace GNEC with ARC to reflect movement in terms of reference between committees regarding whistleblowing and add financial fraud policies.	4.3	Council, 11 April 2025
A. Hartley	Update to amend review date, as policy reviewed and updated April 2022.	4.2	26 October 2023
A. Hartley	Update following VCET and GNEC considerations.	4.1	5 April 2022
A Hartley	Updates to Government website links.	4.0	10 February 2022; Director of Legal Services
A Hartley	Cessation of Expolink Hotline reporting and introduction of whistleblowing reports via a functional email address.	3.0	22 October 2020, Director of Legal Services; 24 September 2020, GNEC; 22 September 2020, ARC
C Price	General review and minor changes. Amendment of annual reporting responsibility from ARC to GNEC.	2.2	20 March 2017, University Secretary; also referred to GNEC for information on 2 March 2017
C Price	URL updated at 3.3 part ii in line with updated Government list of prescribed	2.1	14 October 2014, University Secretary

	bodies.		
C Price	Revision incorporating new legislation and reporting structures.	2.0	29 April 2013, Exec; 23 May 2013, Council
HR	New policy (Public Interest Disclosure Policy).	1.0	2004

Policy management and responsibilities

Area	Details
Owner	This policy is issued by the Director of Legal Services, who has the authority to issue and communicate the policy and has delegated day-to-day management and communication of the policy to all University staff.
Others with responsibilities	All subjects of the policy are responsible for engaging with and adhering to this policy.

Advisory team assessments

Advisory team	Outcome
Equality Analysis (E&D, HR)	Submitted March 2017.
Legal implications (LPG)	Discussed with University Secretary and Head of Quality and Enhancement.
Information Governance (LPG)	N/A
Student facing procedures (QEO)	N/A

UKVI Compliance (Student Admin)	N/A
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Consultation

Consultation group	Outcome
Staff Trades Unions via HR, students via USSU, relevant external bodies	N/A

Review

Review item	Details
Review due	Biannually, by January 2027

Document location and publicity

Item	Details
Document location:	Whistleblowing Policy – Legal (internal link, requires staff login)
Publicity responsibility	The owner and author are responsible for publicising this policy document.

1.0 Purpose

The purpose of this policy is to specify the University Whistleblowing Policy (sometimes known as 'making a disclosure in the Public Interest' or 'Public Interest Disclosure Policy') for all Members of the University Community.

Whistleblowing is the process by which an employee in an organisation raises concerns about possible unethical behaviour, fraud, crime, danger or other serious risk that could threaten students, customers, colleagues, stakeholders, the public or the University's own reputation. Essentially whistleblowing is the raising of a concern about a danger or risk so that it may be investigated.

- This policy has been developed in the context of the following legislation:
- Employment Rights Act 1996
- Public Interest Disclosure Act 1998 (PIDA)
- Bribery Act 2010
- Enterprise and Regulatory Reform Act 2013

2.0 Scope

This policy applies to all staff, PGR students and all members of the University Council (and its Committees) hereafter known as 'Members of the University Community'. This policy does not apply to students (except PGR students, or students during employment at the University), the Students' Union, conference delegates or visitors, unless they are deemed employees of the University. Staff at affiliated or accredited organisations should usually follow their own whistleblowing policy and procedure. Where disclosures from an affiliated or accredited partner are received by the designated officer, he / she will determine whether any action is required by the University (action may be required for example in situations where there is potential impact on the reputation of the University of Salford).

The policy is designed to enable Members of the University Community to raise concerns at a high level and/or disclose information which the individual believes to show serious malpractice and/or impropriety within the organisation. The disclosure should be in the 'public interest' and, therefore, the policy cannot be used to raise purely private matters (e.g. relating to a member's individual contract) or in relation to a grievance which seeks to redress a wrong done to oneself.

The policy is not designed for Members of the University Community to question financial or business decisions taken by the University and it cannot be used to deal with matters

which should or have already been addressed under other associated policies (see Related Documentation).

3.0 Policy statements

3.1 Protected disclosure

The University is committed to the highest standards of ethics, openness, probity and accountability. It seeks to conduct its affairs in a responsible manner, taking into account the requirements of the funding bodies and the standards in public life set out in the reports of the Nolan Committee and the associated legislation (see Purpose).

It requires all employees and other Members of the University Community to conduct themselves in a manner consistent with these values.

Within the UK, there is legal protection to employees against being unfairly dismissed, penalised by their employer, or harassed by their colleagues if they make a disclosure (that is in the public interest) about wrongdoing / malpractice in their organisation.

All Members of the University Community are protected from unfair dismissal or being penalised or harassed as a Whistleblower if they:

- Reasonably believe that malpractice (Section 3.2 - Qualifying Disclosure) in the workplace is happening, has happened in the past or is likely to happen in the future;
- Are making the disclosure in the public interest; and
- Follow the whistleblowing procedure (Section 3.3 – How To Make A Disclosure).

3.2 Qualifying disclosure

A 'qualifying disclosure' means any disclosure of information where the Member of the University Community reasonably believes (and it is in the public interest to report it) that one or more of the following matters is either happening, has taken place or is likely to happen in the future.

- A criminal offence;
- The breach of a legal obligation;
- A miscarriage of justice;
- A danger to the health and safety of any individual (includes risks to the general public as well as other employees or students of the University);

- Damage to the environment;
- Deliberate attempt to conceal any of the above.

3.3 Whistleblowing procedure – how to make a disclosure

Action points summary and a flowchart outlining the whistleblowing procedure can be found in Appendix 1 and Appendix 2. Disclosures or ‘blowing the whistle’ on malpractice should be made as specified below.

- I. Where Members of the University Community are able, they should make the disclosure in writing to the Director of Legal Services (as the designated officer) via whistleblowingreports@salford.ac.uk. Where the Director of Legal Services is the subject of the disclosure it should be made to the Chair of the University Council’s Audit and Risk Committee (ARC) via ChairofARC@salford.ac.uk.
- II. Where Members of the University Community feel the University:
 - Would cover up the alleged malpractice;
 - Would treat them unfairly if they complained; or
 - If they have previously made the disclosure to their employer (including a disclosure to the designated officer, or as appropriate to the Chair of ARC) and they have not acted upon it.

They should tell an independent prescribed person or body about the malpractice. It must be the correct prescribed person or body for the issue.

The Government provides a list of prescribed people and bodies to whom a disclosure can be made: [Gov.uk: Whistleblowing for employees](#)

3.4 Principles for handling a disclosure

(and any subsequent investigation)

All concerns raised by an individual will be treated fairly and properly.

Disclosures will be treated in a confidential and sensitive manner and all related material will be stored securely.

The information produced when handling a disclosure will be kept confidential, limiting access to those people relevant to the investigation. This includes the identity of the individual making a disclosure (where the identity is known).

Requests and investigation of ICT activity logs are handled by the Information Security team. To start an investigation, the requestor must submit an Investigation Request Form (see Related Documentation section for further information).

Official written records will be kept at each stage of the whistle-blowing investigation process.

Any individual making a disclosure can retain their anonymity unless they agree otherwise. It must be noted that anonymous concerns carry less credibility and the University will have discretion whether to continue with an anonymous disclosure. In exercising discretion, consideration will be given to:

- The seriousness of the issues raised
- The degree of credibility of the concern
- The likelihood of confirming the allegation from alternative credible sources

Disclosures will be investigated as sensitively and quickly as possible.

The University will not tolerate reprisals against, or harassment or victimisation of any individual raising a genuine concern that is in the public interest.

On receipt of the disclosure, the designated officer will consider the disclosure and the information made available to him/her and decide whether prima facie (on the face of it) the disclosure falls within the scope of this policy or whether it would be more appropriately considered through another policy.

The designated officer will issue an acknowledgement of receipt of the disclosure to the individual making the disclosure (where their identity is known).

Where the disclosure falls within the scope of the Whistleblowing Policy, the designated officer will decide whether to:

- Appoint someone internal to the University to lead an investigation
- Appoint someone external to the University to lead an independent inquiry, or
- Refer the matter to the police for investigation.

Where the matter is to be investigated internally within the University, the investigator will normally be a member of the University Management Team independent of the area in which the malpractice or impropriety is alleged to have occurred.

Where reasonably practicable the investigation should be completed within 20 working days.

3.5 Untrue allegations

If an individual makes an allegation in good faith, which is not confirmed by subsequent investigation, no action will be taken against the individual.

If an individual makes malicious or vexatious allegations, and particularly if that individual persists in making malicious or vexatious allegations, internal disciplinary action may be taken against the individual concerned.

3.6 Action following investigation of disclosure

Once an investigation (whether internal or independent inquiry) has been completed, a written report will be submitted to the designated officer who will determine what action, if any, should be taken in the circumstances. This might include invoking other University Policies (e.g., Disciplinary Policy) or reference to an external agency as appropriate. These may include

- Police
- Office for Students
- HM Revenue and Customs;
- Health and Safety Executive;
- Office of Fair Trading;
- Environment Agency;
- Serious Fraud Office;
- Director of Public Prosecutions.

3.7 Summary reporting of outcomes

The individual who made the disclosure will, where their identity is known, be informed of the outcome of the investigation. If no action is to be taken, the individual will be advised of the reasons for this and informed that, should they be dissatisfied, they may escalate the disclosure to the Chair of the Audit and Risk Committee (ARC). If the original disclosure was made to the ARC Chair, the escalation may instead be made to the Chair of the University Council.

The Chair of the Audit and Risk Committee or the Chair of Council will either confirm the decision that no further action is required or determine what further action should be

taken and the process to be followed. In doing so, they may call upon other independent members of Council to assist in considering the disclosure.

The designated officer will produce an annual summary of all disclosures and their subsequent investigation, determination and resolution for ARC (which will in turn report to the University Council). Summary reports will not identify the individuals who made the disclosures or the subject of the disclosures. Information relating to whistleblowing disclosures will be retained for a minimum period of six years.

4.0 What happens when the policy is not followed?

The Director of Legal Services is responsible for overseeing and enforcing this policy. Failure to comply with this policy may lead to;

- Reputational damage to the University;
- Staff loss of confidence and belief in the integrity of senior officers of the University; and
- Risk of disclosures being reported to an external regulator or statutory body leading to possible civil or criminal action against the University.

5.0 Related documentation

Policies listed below can be found at [Governance and Management: Finance policies](#).

- Anti-Bribery Policy
- Anti-Money Laundering Policy
- Counter Fraud and Response Policy
- Criminal Finances Act Policy

The below listed policies and documents are available internally to staff only via HUB Pages.

- Investigation Request Form
- Staff Grievance Policy
- Staff Disciplinary Policy
- Dignity at Work and Study Policy

Members of the University Community can also contact **Protect**, a charity that provides independent advice and guidance on whistleblowing:

- **Website:** [Protect - Speak up stop harm](#)
- **Telephone:** 020 3117 2520

6.0 Appendices

6.1 Appendix 1: Whistleblowing procedure (action points)

6.2 Appendix 2: Whistleblowing procedure illustration (text and visual versions)

Appendix 1: Whistleblowing Procedure action points



Identify concern

Is there malpractice within the University?



Assess belief

Do you reasonably believe malpractice has happened, is happening, or likely to happen?



Check qualifying disclosure.

Refer to Policy 3.2.



Evaluate public interest

Ensure disclosure is not personal.



Decide next step

If not qualifying, then no further action is required or use other University policy. If qualifying, then disclose to Director of Legal Services or ARC. Refer to Policy 3.3.



Acknowledgement

Designated Officer acknowledges receipt of concern raised.



Initial assessment

Designated Officer appoints internal or external (independent) Investigating Officer.



Investigation

Investigating Officer completes investigations promptly and reports findings to Designated Officer.



Outcome

If true the disclosure will be referred to statutory body, Executive/VC for action plan and a report submitted to ARC. If not true, the Whistleblower may escalate. Refer to Policy 3.6.



Feedback.

Feedback/outcome is provided to the whistleblower where known.

Appendix 2a: Whistleblowing Procedure decision tree (text version)

1. **Identify the concern.** An individual member of the University community identifies a concern about malpractice within the University.
 - **Decision:** Do they reasonably believe that malpractice has happened, is happening, or is likely to happen?
 - **No:** No further action is taken under this procedure.
 - **Yes:** Proceed to step 2.
2. **Determine whether the concern qualifies.** The individual considers whether the concern meets the definition of a qualifying disclosure under section 3.2 of the policy.
 - **Decision:** Is it a qualifying disclosure?
 - **No:** Request action under another relevant University policy.
 - **Yes:** Proceed to step 3.
3. **Apply the public interest test.** The individual considers whether the disclosure is in the public interest and is not a purely personal matter.
 - **Decision:** Is the disclosure in the public interest?
 - **No:** Request action under another relevant University policy.
 - **Yes:** Proceed to step 4.
4. **Make the disclosure.** The individual makes the disclosure to the Director of Legal Services or, where appropriate, to the Audit and Risk Committee.
5. **Initial response by the designated officer.** The designated officer acknowledges receipt of the disclosure, where the individual is known, and undertakes an initial assessment. This may include appointing an internal investigator or an external independent investigator.
6. **Investigation.** The investigating officer completes the investigation as quickly as possible and reports the findings to the designated officer.
7. **Assessment of findings.** The designated officer considers whether the disclosure is found to be true.
 - If the disclosure is found to be true:

- The case may be referred to a relevant statutory body for legal action where appropriate.
 - Feedback is provided to the individual who made the disclosure, where that individual is known.
 - The matter is referred to the Executive or Vice-Chancellor to agree an action or response plan.
 - The matter is included in summary reporting to the Audit and Risk Committee.
- If the disclosure is not found to be true:
 - Feedback is still provided to the individual, where known.
 - If no action is taken following the investigation:
 - The whistleblower may escalate the disclosure in accordance with section 3.6 of the policy.

Notes on roles

- Individual member of the University community: the person raising the concern.
- Designated officer: Director of Legal Services.
- Audit and Risk Committee (ARC): oversight body receiving disclosures and reports.
- Executive or Vice-Chancellor (VC): responsible for agreeing response actions.
- Statutory body: external authority where legal action may be required.

Appendix 2b: Whistleblowing Procedure illustration (visual flowchart version)

